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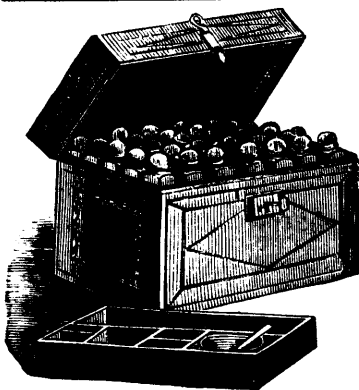
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Lecturer on the Eye, Ear and Throat.</p> |
|--|---|

MATRICULATION.—Students are advised before commencing their medical studies, to pass the Matriculation Examination of the Medical Council of Ontario or Quebec, either of which will be accepted by the University of Trinity College. Students from the Maritime Provinces, Ontario, or the United States, who do not desire to pass the Council Examination, will be admitted to attendance on Lectures, but must present themselves for the Matriculation Examination of Trinity University, or the Matriculation in Toronto University at the usual time. The matriculation of the Universities may be passed at any time before graduation.

REQUIREMENTS FOR DEGREE.—The candidate must be 21 years of age; and (1) must have studied medicine four years, and during that time attended *four winter sessions*; or (2) present a certificate of one year's study with a medical practitioner, and tickets of subsequent attendance upon *three winter sessions*.

HOSPITALS.—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients daily is also very large, and thus abundant opportunities are enjoyed by students, for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had its staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

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THE CANADA LANCET.

VOL. XV.

TORONTO, JUNE, 1883.

No. 10.

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INCORPORATED 1866.

A Hospital for the treatment of Alcoholism and the Opium Habit.

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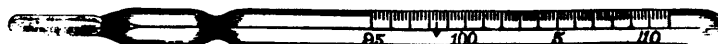
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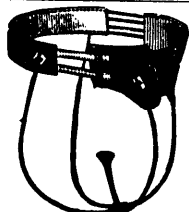
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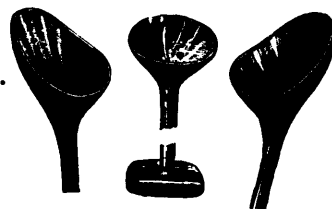
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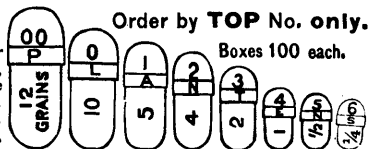
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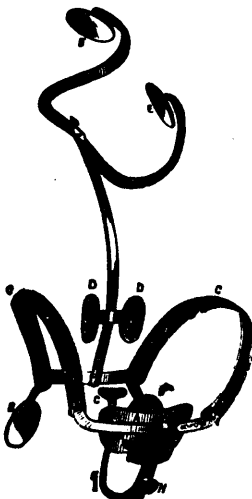
Fig. No. 8 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

THE IMPROVED BODY BRACE.
FIG. 8.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.
FIG. 8.

No. 8 is general and grateful support to the hips, abdomen, chest, and spine, simultaneously and by itself alone, is ordinarily successful; but when not so particularly in spinal and uterine affections, the corresponding attachments are required.



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report to the Medical Journals and to us that cases of

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FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES
1st. Around the body, two inches below the tips of hip bones.
2nd. Around the chest, close under the arms.

3rd. From each armpit to corresponding tip of hip bone.
4th. Height of person. All measures to be in inches.
Measure over the linen, drawing the measure moderately tight.

No. 19. — THE IMPROVED REVOLVING SPINAL PROP, for sharp angular curvature, or "Pott's Disease" of the spine. Recent and important improvements in this have led to its adoption by the most eminent physicians.

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The following formulæ are specially adapted for the purposes set forth in the annexed therapeutics. When ordering or prescribing be careful to specify Warner & Co.

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THERAPEUTICS.—The dose of Iodide Iron Pills is from one to two at meal time and is recommended and successfully used in the treatment of *Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Abscesses, Chronic Discharges, Dyspepsia, Loss of Appetite, &c.* Each containing one grain of the Iron Salt so prepared as to guard against oxidation and assuring an unchanged condition, though kept for years. A coating of pure sugar renders them easy to administer, and insures further protection from atmospheric influences. In cases where Iodide of Iron is prescribed, it is absolutely necessary for the physician who relies on the therapeutic action for beneficial results, that the salt should be so prepared and protected as to remain unaltered and stable; with this important fact in view, we have devoted special study to the manipulation of Iodide of Iron in pillular form, and our product will sustain the assertion that WARNER & CO.'S IODIDE OF IRON PILLS meet all requirements, and are the only perfect preparation of the kind. A pill cut through presents all the characteristics of a perfect mass, and the presence of Iodide of Iron without free Iodine, and will dissolve readily, forming a clear solution if thrown into a glass of water.

To guard against imitations and to render identification easy, we have colored the coating a light pink and put them up only in bottles containing one hundred, each wrapper bearing our autograph.

Price per 100, 85 cents.

PIL: IODOFORM ET FERRI. (Warner & Co.)

℞ Iodoform 1 gr.
Ferri Redacti, 1¼ gr

THERAPEUTICS.—A powerful general tonic and alterative, valuable as a remedy in Anæmia, Scrofula, Neuralgia, Chlorosis, Rheumatism, etc.

Iodoform is one of the most important of modern remedies. Since its introduction by us, it has grown in permanent favor as an indispensable remedy, possessing the properties of a powerful alterative, nerve, sorbifacient, antiperiodic and tonic.

Pil. Iodoform et Ferri may be given in doses of from one to two pills as occasion may require.

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PIL: DIGESTIVA. (Warner & Co.)

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Pv. Nuc. Vom. ¼ gr Sulphur, 1-8 gr

THERAPEUTICS.—Useful in relieving various forms of Dyspepsia and Indigestion, and permanent benefit in cases of enfeebled digestion where the gastric juices are not properly secreted. It is also of a gentle laxative and excellent dinner pill, may be taken one after dinner or one before each meal, three times daily.

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[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurrence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others. Sulphide of Calcium is usually administered in doses of from 1-10 to ¼ grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress or severity of the case.

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ALTERATIVE	Per 100	ANTI-PERIODIC	Per 100	ASTRINGENT	Per 100	TONIC	Per 100
ALTERNATIVE	50	ANTI-CHILL	1 00	Ext. Geranii	2 grs.	ALOE ET NUC VOM.	50
{ Mass. Hydrarg.	1 gr.	{ Chinoidin,	1 gr.	{ P. Opil,	1/2 gr.	{ Pulv. Aloes Soc.	1 1/2 gr.
{ Pulv. Ipecac.	aa 1/2 gr.	{ Ferri Ferrocyanid,	1 gr.	{ Ol. Menth. Pip.	1-20 gr.	{ Ext. Nuc. Vomice	1/2 gr.
ANTIMONIUM COMP. U. S. P.	40	{ Ol. Piper. Nig.	1 gr.	{ Ol. Res. Zing.	1-20 gr.	ASSAFETIDE COMP.	40
CALCIUM SULPHIDE, 1-10 gr.	50	{ Ac. Arsenious,	1-20 gr.	OPIL ET PLUMBI ACET.	60	{ Assafetide,	2 grs.
CALCIUM SULPHIDE, 1/2 gr.	60	QUININE SULPH.	1 gr.	{ Pulv. Opil,	1/2 gr.	{ Ferri Sulph. Exsic.	1 gr.
CALCIUM SULPHIDE, 1 gr.	75	{ Cinchonide Sulph.	1/2 gr.	{ Plumbi Acet.	1 1/2 gr.	DAMIANA CUM PHOSPH.	1 50
CALOMEL, 1/2 gr. 1, 2 and 3 grs.	1 00	{ Ferri Sulph. Exs.	1/2 gr.			{ Ext. Damiana,	2 grs.
COFAIBÆ, U. S. P.	50	{ Ac. Arsenious,	1-40 gr.			{ Phosphori,	1-100 gr.
COFAIBÆ COMP.	80	ANTI-MALARIAL	1 00			{ Ext. Nuc. Vom.	1/2 gr.
{ Pil. Copalb.		{ (Philadelphia.)				FERRI (Quevennes) 2 grs.	75
{ Resin Guaiac.		{ Ferri Sulph.	1 gr.			FERRI CARB. (Vallet's)	40
{ Ferri Citrat.		{ Pv. Capsicum,	1/2 gr.			{ U. S. P. 3 grs.	40
{ Oleo-Resin Cubebe.		{ Cinchonid. Sulp.	2 grs.			FERRI CITRAT. 2 grs.	50
DUPUYTREN	50	{ Strychnie,	1-30 gr.			FERRI IODID. 1 gr.	80
{ Pulv. Guaiac.	3 grs.	QUININE CUM CAPSICUM	1 50			FERRI ET QUAS. ET NUC. VOM.	75
{ Hyd. Chlor. Cor. 1-10 gr.		{ Quinine Sulph.	1 gr.			{ Ferr. per Hydros.	1 1/2 gr.
{ Pulv. Opil	1/2 gr.	{ Capsici.	1/2 gr.			{ Ext. Quassia,	1 gr.
GOMORRHEA.	60	ANTI-PERIODIC	80			{ Ext. Nuc. Vom.	1/2 gr.
{ Pulv. Cubebe.	2 grs.	{ Cinchonide Sulph.	1 gr.			{ Pulv. Saponis,	1/2 gr.
{ Bals. Copalb. Solid.	1 gr.	{ Res. Podophylli,	1-20 gr.			FERRI ET STRYCHNIE	75
{ Ferri Sulph.	1/2 gr.	{ Strychnie Sul.	1-33 gr.			{ Ferrum per Hydr.	2 grs.
{ Terebinth. Venet.	1 1/2 grs.	{ Gelsem.	1-20 gr.			{ Strychnie,	1-60 gr.
HYDRARGYR. U. S. P., 3 grs.	40	{ Ferri Sulph. Exs.	1/2 gr.			FERRI SULPH. EXS. 2 grs.	40
HYDRARGYR. COMP.	75	{ Ol. Res. Capsici,	1/2 gr.			NEURALGIC	2 75
{ Mass. Hydrarg.	1 gr.	CHINOIDIN, 2 grs.	50			{ Quinine Sulph.	2 grs.
{ Pulv. Ipecac.	1/2 gr.	CHINOIDIN COMP.	1 00			{ Morphie Sulph.	1-20 gr.
{ Pulv. Ipecac.	1/2 gr.	{ Chinoidin,	2 grs.			{ Strychnie,	1-30 gr.
HYDRARG. IOD. ET OPIII.	75	{ Ferri Sulph. Exsic.	1 gr.			{ Acid Arsenious,	1-20 gr.
{ (Ricord's.)		{ Piperina,	2 grs.			{ Ext. Aconiti,	1/2 gr.
{ Hydrarg. Iodid.	1 gr.	CINCHONID. SULPH. 2 grs.	75			NEURALGIC (Brown Sequi)	2 00
{ Pulv. Opil	1/2 gr.	CINCHONIDÆ SALIC. 2 1/2 grs.	1 75			{ Ext. Hyocyami,	1 gr.
IODOPORUM ET FERRI	1 50	CINCHONIDÆ SULPH. 1 gr.	75			{ Ext. Conii,	1/2 gr.
{ Iodoform,	1 gr.	CINCHONIDÆ SULPH. 2 grs.	1 35			{ Ext. Ignat. Amar.	1/2 gr.
{ Ferri Redact.	1 1/2 gr.	CINCHONIDÆ SULPH. 3 grs.	1 95			{ Ext. Opil,	1/2 gr.
IODOPORUM ET FERRI, ET	1 50	QUININE SULPH. 1/2 gr.	90			{ Ext. Aconiti,	1/2 gr.
{ Nuc Vom.		QUININE SULPH. 2 grs.	1 40			{ Ext. Cannab. Ind.	1/2 gr.
{ Iodoform,	1 gr.	QUININE BI-SULPH. 1 gr.	2 75			{ Ext. Stramon.	1-6 gr.
{ Ferri Redact.	1 gr.	QUININE BI-SULPH. 2 grs.	2 75			{ Ext. Belladon.	1-6 gr.
{ Ext. Nuc. Vom.	1/2 gr.	QUININE BI-SULPH. 3 grs.	4 00			QUININE COMP.	1 50
IODOPORUM, 1 gr.	1 00	QUINAMINE, 1 gr.	70			{ Quinine Sulph.	1 gr.
POLASS. IODID. 2 grs.	85	QUINAMINE, 2 grs.	1 35			{ Ferr. Carb. (Vall.)	2 grs.
ACID ARSENIOSUM, 1-20, 1-30	40	QUINAMINE, 3 grs.	1 95			{ Acid Arsenious,	1-60 gr.
and 1-50 grs.	40					QUININE ET FERRI	1 50
MERCURY IODIDE, 1/2 gr.	40					{ Quinine Sulph.	1 gr.
MERCURY IODIDE, 1/2 gr.	50					{ Ferr. per Hydros.	1 gr.
MERCURY IODIDE RED. 1-16 gr.	40					QUININE ET FERRI CIT. 2 grs.	1 00
						QUININE ET FERRI ET	1 50
						{ STRYCH. PHOS.	1 gr.
						{ Ferri Phos.	1 gr.
						{ Strychnie Phos.	1-60 gr.
						QUININE IODOFORM ET FERRI	2 25
						{ Iodoform,	1 gr.
						{ Ferr. Carb. (Vall's) 2 grs.	1 gr.
						{ Quinine Sulph.	1/2 gr.
						QUININE ET FERRI, (Vall's) 2 grs	3 00
						TONIC.	60
						{ Ext. Gentiane,	1 gr.
						{ Ext. Humuli,	1/2 gr.
						{ Ferri Carb. Sacch.	1/2 gr.
						{ Ext. Nuc. Vom.	1-20 gr.
						{ Res. Podophylli,	1-25 gr.
						{ Ol. Res. Zingiber	1/2 gr.
						ZINCI PHOSPHIDE AND NUC VOM	1 00
						{ Zinci Phos.	1/2 gr.
						{ Ext. Nuc. Vom.	1/2 gr.
						STRYCHNIE, 1-16, 1-20, 1-30, 1-32,	40
						1-40 and 1-60 gr.	40
						STRYCHNIE SULPH. 1-32 gr.	40
						ZINC PHOSPHIDE, 1-6 and 1/2 gr.	75
						PIL. PHOSPHORI, 1-25, 1-50,	1 00
						1-100 grs.	1 00
						PIL. PHOSPHORI COMP.	1 50
						{ Phosphori,	1-100 gr.
						{ Ext. Nuc. Vom.	1/2 gr.
						PIL. PHOSPHORI CUM NUCE VOM	1 50
						{ Phosphori,	1-60 gr.
						{ Ext. Nuc. Vom.	1/2 gr.
						PIL. PHOSPHORI CUM FERRI	1 50
						{ Phosphori,	1-50 gr.
						{ Ferri Redact.	1 gr.
						PIL. PHOSPHORI CUM FERRO ET	1 50
						{ Nuc Vom.	1-100 gr.
						{ Phosphori,	1-100 gr.
						{ Ext. Nuc. Vom.	1 gr.
						PIL. PHOSPHORI CUM FERRO ET	1 50
						{ Phosphori,	1-100 gr.
						{ Ferri Carb.	1 gr.
						QUINIA ET NUC VOM.	2 00
						{ Phosphori,	1-100 gr.
						{ Ferri Carb.	1 gr.
						{ Quinine Sul.	1 gr.
						{ Ext. Nuc. Vom.	1/2 gr.
						PIL. PHOSPHORI CUM QUINIA	2 00
						{ Phosphori,	1-50 gr.
						{ Quinine Sul.	1 gr.
						PIL. PHOSPHORI CUM QUINIA Co	1 50
						{ Phosphori,	1-50 gr.
						{ Ferri Redact.	1 gr.
						{ Quinine Sul.	1/2 gr.
						QUININE ET FERRI CARB.	1 50
						{ Quinine Sulph.	1 gr.
						{ Ferri Carb.	2 grs.



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Original Communications.

TREATMENT OF DIPHThERIA BY COLD WATER.*

BY A. WORTHINGTON, M.D., CLINTON, ONT.

Mr. President and Gentlemen,—The treatment of diphtheria is a subject on which there is much difference of opinion in the profession, and I may say at the outset that in many respects I have departed from the course usually pursued. The fatality of this disease is so great that any reasonable suggestion as to treatment ought not to be rejected without due consideration. Among over twenty authors whose treatment I have carefully read, no one of them (Prof. Jacobi excepted) mentions the application of cold to any part of the surface. My reason for using cold water (and ice if necessary) in the treatment of diphtheria, is that I have for 27 years used it successfully in the treatment of all forms of scarlatina, and saw no reason why it would not be equally useful in controlling the temperature in diphtheria, and I have not been disappointed. In the following cases I adopted the cold water treatment in addition to other means.

CASE 1.—I was called, on the 7th November, 1881, in great haste, to see J. M. W—, aged upwards of three years, his father saying that he was dying with croup, and exhibited great distress. I may mention here that only two weeks before they had lost a fine boy of six years with what was supposed to be croup.

Previous history.—Has been quite healthy till within the last four or five days. Some white spots were then noticed on his tonsils, and a cold, wet cloth was applied to the throat, after which he seemed better. At noon on the day previous to my visit he was noticed to cough, and also in the

afternoon. They gave him a vapor bath, and applied cloths wrung out of hot water to his throat and chest, and repeated them till noon the next day, and gave him a decoction of bloodroot in vinegar.

Present condition.—Is very dull and takes very little notice of anything; his cough is hoarse but not croupy, and he appears exhausted. 2 p.m.—Pulse 130, temp. 102½ F., resp. 36. The soft palate and tonsils and as far down as could be seen, were covered with diphtheritic deposit, but there was not yet sufficient invasion of the larynx to interfere seriously with respiration. The breathing was that of exhaustion, but there was no dyspnoea. Prescribed ⅛ drop doses of ext. of aconite every half hour for four hours, without benefit; then changed to quinia sulph. gr. j. every two hours, and to have brandy and milk freely. Pulse came down to 116, temp. 101 F., resp. 36 and greatly laboured. The improvement was only temporary, and he died at 8 a.m. the next morning, 20 hours from the time I first saw him and 46 hours after the attack was first noticed to be serious.

The termination of this case was rapid, but I think there can be no reasonable doubt that the zymotic action of the poison was materially increased by the hot applications. Had his temperature been taken in the first of the attack, and the throat examined, and the proper treatment given by a physician, there is little doubt but he would have been saved.

CASE 2.—On the following morning, 7 a.m., while case 1 was dying, my attention was called to his brother, T. R. W., aged 10 years. Examination of the throat revealed a small diphtheritic deposit on the left tonsil. The whole arch and pharynx were much inflamed, and he was giddy on attempting to walk. Pulse 120, temp. 103 F., resp. 28. Prescribed ¼ m. fl. ext. aconite every hour, and throat to be washed with acid carbol. 1 to 60 every two hours. 2.15 p.m.—Pulse 126, temp. 104½, resp. 32. Changed the treatment to the following prescription:—

R. Pot. chlor..... ʒ ij.
Syrup limonis ʒ j.
Aqua..... ʒ iij. M.

A dessert-spoonful to be given every two hours; and quinia sulph. gr. i. in same time. Abundant nourishment to be given. Tepid sponging was

*Read before the Ontario Medical Association, June, 1882.

ordered at first, but I said to his mother that the disease was gaining ground so fast that I feared a fatal result if cold water was not used to control the temperature. She at once assented, and a cold, wet cloth, large enough to cover the entire body, was wrapped around him, to be changed every half hour for a fresh one, and covered with dry flannel. A wide bread and water poultice to be put three-fourths round the neck and changed as soon as it became at all warm. 4 p.m.—Pulse 120, temp. 103½, resp. 28; feels much better.

November 9th, 9.30 a.m.—Pulse 112, temp. 99½, resp. 24. The patch of false membrane, which had enlarged considerably yesterday, is now nearly gone; fauces still very red; the coating on the tongue, which was thin and white, had rapidly become thick, dark and dry, but is now moist; has been sweating all night and is moist all over. 8.15 p.m.—Pulse 104, temp. 99½, resp. 20. Is in every way better; throat quite clean. To continue treatment at longer intervals at discretion. Nov. 14th, was again called. 7 p.m.—Pulse 90, temp. 100. The membranous deposit began again last evening with a general increase of all the symptoms. At 3.30 a.m. to-day his mother noticed a patch of membrane, the size of a pea, which had increased by 12 m. to the size of a ten cent piece. Frequent washings with carbolic acid had taken it all away but a little on the left tonsil where the exudation first appeared. Prescribed the following:

R. Pot. chlor..... ʒ ij.
Tr. ferri chlor..... ʒ ij.
Syrup simp. ʒ iv. M.

Dose.—A teaspoonful every four hours, and quinia sulph. gr. i. every four hours, to alternate. His convalescence from this was gradual.

CASE 3.—C. M. McG—, aged about four years. Was telegraphed for on the 15th Nov., 1881. Has been quite healthy up to the present. She is pale and has a somewhat anxious expression, and is quite hoarse when coughing or speaking. There is considerable inflammation of the fauces and pharynx, but no fibrinous deposit. Pulse 126, temp. 100½, resp. 33; no lung difficulty. Prescribed the following:

R. Pot. chlor..... ʒ ij.
Tr. ferri chlor..... ʒ ij.
Syrup simp. ʒ iv. M.

Dose.—A teaspoonful every four hours and car-

bolic acid wash to be used every four hours alternately with the medicine.

November 19th.—Telegraphed for again; patient worse; fibrinous patches on both tonsils. 12 m.—Pulse 130, temp. 101½, resp. 36. There is almost complete aphonia. To have above dose every two hours with quinia sulph. gr. ½ in same time, alternately. New milk to be given from the first as freely as she would take it. Cold water to be applied as heretofore directed. 2.30 p.m.—Pulse 120, temp. 101½. To continue same treatment. 20th, 12 m.—Pulse 112, temp. 98½, resp. 22. Appearance of fauces better, and pseudo membrane nearly all disappeared. There is a possibly increased hoarseness. 3.30 p.m.—Pulse 100, temp. 98½, resp. 22. Is much better, except the laryngeal trouble. Same treatment to be continued. 21st, 12 m.—Pulse 116, temp. 98½, resp. 24. Passed an uncomfortable night; diphtheritic patches have disappeared; larynx more affected, but the cough is loose. 4.30 p.m.—Pulse 136, temp. 101½, resp. 32. 7 p.m.—Pulse 150, temp. 102, resp. 32. Ordered thorough application of cold to throat and trunk. Continue same treatment, and to have two grs. quinine every two hours, and brandy and milk at same time. 22nd, 11 a.m.—Pulse 135, temp. 101½, resp. 36. Passed a very bad night; had a high fever; was very sore and did not care to be moved; cough dry and tight, and quite a ring to it. Ordered the cold water more thoroughly applied to the throat and trunk. Lactic acid spray was commenced yesterday, a sort of hood having been formed over the patient's head to retain the spray from the steam atomizer. 10.30 p.m.—Pulse 116, temp. 99½, resp. 24. Is very much better, though there is a good deal of hoarseness when sleeping. 23rd, 8.45 a.m. Pulse 120, temp. 99½, resp. 30. Passed a good night, sleeping the most of the time; pseudo-membrane has appeared again on both tonsils. 9.30 p.m.—Pulse 98, temp. not taken, resp. 26. Appears better; has had no fever since morning; patches darker and mucous membranes clearing; the laryngeal trouble seems better, the hoarseness being slightly loose; the left submaxillary gland is enlarged and tender and the tissue around swollen. She is sleeping soundly, with a loose rattle in the larynx. 24th, 9.30 a.m.—Pulse 90, temp. 97½, resp. 23. She has slept the most of the night. Continue quinine and change former prescription to the following:

R Pot. chlor..... ʒ ij.
 Syrup limon ʒ j.
 Aqua..... ʒ iij. M.

A teaspoonful every four hours, and the throat to be washed every hour with carbolic acid 1 to 60. Is much better and has recovered her voice. 8.30 p.m., pulse 80, temp. 96½, resp. 22. The cold water treatment has evidently been continued a little too long; had all the wet things removed and replaced with dry warm flannel. 10.40 p.m., pulse 82, temp. 96½; had bottles of hot water placed around her and hot flannels around her limbs; is sleeping very quietly and does not cough. 25th, 6 a.m., pulse 84, temp. 96½, resp. 24; directed a linseed-meal poultice with mustard on the throat. 7.30 p.m., pulse 90, temp. 96½, resp. 26; is lively and seems much better; arms and legs quite cool, body warmer. She complains of nothing. Still some pseudo-membrane to be seen; to stop the pot. chlor. and use the tr. ferri. with quinine and simple syrup; continued the brandy and nourishment freely, also the hot flannels and bottles of hot water.

26th, 1.30 p.m., pulse 86, temp. 97½, resp. 24; passed a good night, but it is still difficult for her to articulate on account of the laryngeal trouble. The diphtheritic deposit has disappeared. To continue the medicine and use the lactic acid spray again for a time. She recovered slowly from this time.

Remarks—Laryngeal diphtheria as a rule is fatal, and case three appears to have been laryngeal in character but probably not severe; the stage of incubation was at least four or five days, giving ample time for thorough blood poisoning. Of the three forms this case appears to have been "diphtheritic," (the other two forms being "croupous" and "necrotic"). A fatal termination, I think, might have been looked for with certainty but for the cold water, as on the 21st and 22nd the disease was making progress just in proportion to the non-thoroughness of its application. A crisis came somewhat unexpectedly, and the cold water was possibly continued longer than was necessary. The vocal cords are said not to be affected as a rule although the primary breeding place of this and other germ diseases, but not necessarily more serious though requiring much more time for convalescence.

Conclusions.—1st. The treatment of diphtheria must be begun with the invasion of the disease to secure any safety to the patient—not a moment's time should be lost. 2nd. The cold water applications should be made on the first appearance of a rise in temperature, and its continuance governed by the tendency of the extremities to become cool. 3rd. The most careful attention should be given to the nourishing of the patient from the first. 4th. Adynamic symptoms should be anticipated by the free use of stimulants and tonics, and the application of artificial heat if necessary.

THE DISEASE OF A DISEASE.

BY EDWARD PLAYTER, M.D., TORONTO.

The belief is maintained by many observers that almost all, if not all diseases, excepting those of a traumatic character or arising from violence, are caused either by want of some one or more of the normal essential ingredients or nutrient elements of the blood; or the presence in the circulating fluids of some substance or substances of an abnormal or extraneous character. In theory it seems plausible, and in practice we are called upon to treat nearly all diseases upon one or other of these propositions. By far the larger proportion of diseases, and indeed nearly all those of a serious or malignant character, arise from the last-named condition—that of foreign, more or less poisonous, matters in the system, and most of these matters, we have now good reason to believe, are living organisms. The parasitic nature of the various "fevers" is almost universally acknowledged, and it seems not improbable that many morbid processes now regarded as true inflammations, may yet be found to have a parasitic origin, or to have their starting-point in some form of obstruction by foreign matter.

With a view to more successful treatment—prevention and cure,—of disease, investigators are laboring toward determining the relations of such foreign matters, especially living organisms, to pathological processes and conditions, and herein is a large field for investigation. We now have a fair knowledge of the way in which some of the parasites produce disease. The tænia do so by consuming nutritive matter which ought to go to the sustenance of the body; and such as the echi-

nococcus, it appears, simply by their presence in such delicate organs as the eye and the heart. The trichinæ create general irritation and a febrile condition by their migrations from the intestines to the muscles and in the muscles. In the case of the microscopic parasites of the septic process, it is probable that the oxidation which is essential to the processes of their growth and multiplication, and the consequent heat thereby developed in the body, gives rise to the fever and intestinal irritation with which their presence in the body is accompanied. Regarding the peculiar way in which the more specific organisms of such constitutional diseases as tuberculosis, syphilis and leprosy produce the morbid processes associated with them, we know but little.

In referring to investigations such as above mentioned, the *Medical Times and Gazette* (London), intimates that in such attempts there has been probably far too little disposition to take advantage of well ascertained facts respecting the life, history and mode of pathological action of the larger animal parasites, and the analogy of these promises now to supply a valuable link in tracing the relation of organisms to disease. During the last few years, Dr. Patrick Manson has been making investigations into the filaria disease and several of his articles on it have been published in the *China Customs Gazette* and re-published in the *Medical Times and Gazette*. He has shown that "there could be no reasonable doubt that the *filaria sanguinis hominis* was associated with certain 'lymph diseases', such as chyluria, lymph-scrotum, and other forms of elephantiasis; but it was equally certain that in the majority of instances of filaria disease no lymph disease was to be found." In the words of Dr. Manson, "there is abundant evidence that *filaria sanguinis hominis* does not always, or even generally, give rise to disease. As a rule, parasite and host live together for years in perfect harmony."

It has been shown by Dr. Manson, in papers published during the last few years in the *Medical Times and Gazette*, that the *filaria sanguinis hominis* which infests the blood is the embryo form of a parent worm, 250 times larger, which inhabits the lymphatic vessels; and in every instance of filaria in the blood there must be a parent filaria in some part of the lymphatic system. But evidence of the presence of the parent, in the form of

lymph disease, is the exception and not the rule. It follows, therefore, that it is only in special conditions that the parent gives rise to chyluria or elephantiasis. What are these conditions? "What is the link between the mature parasite and elephantiasis? How comes it that in but one subject out of many, serious disease is the result of the presence of such a tenant?" Dr. Manson has shown that it is because the parent worm, whilst naturally viviparous, occasionally aborts, and that the ova give rise to the lymph disease. He has now found two cases in which abortion had occurred, and refers to them as follows:

"Here, then, are two cases in which the ova of the parasite were found in the lymphatics. It is evident that my first case was not exceptional. Occasionally, ova are passed into the lymphatics. Like other animals, therefore, the parent filaria is liable to miscarry. This, at first sight, would appear to be a matter of little importance, but reflection will show that this is by no means the case. The accident is fraught with danger, and is, in fact, the cause of the elephantoid diseases, and the key to their intimate pathology.

"In the instances in which the parent worm has been discovered, she was found in lymphatic vessels on the distal side of the glands. This has been shown to be in many, if not in all, cases her normal habitat. Her progeny, therefore, must travel along the afferent vessels, through the glands, and so on to the thoracic duct, and thence into the blood. The long, sinuous, and powerful body of the embryo is well adapted to perform this journey. But suppose, instead of this mature embryo, an ovum is launched into the lymph-stream prematurely, and before the contained embryo has sufficiently extended its chorion, then this passive ovum must certainly be arrested at the first lymphatic gland to which it is carried by the advancing lymph-current. It measures $\frac{1}{100}$ " \times $\frac{1}{100}$ ", whereas the outstretched embryo is only about $\frac{1}{300}$ " in diameter. It is much too large to pass the glands; and the embryo, rolled up in its chorionic envelope, cannot aid itself. It becomes, in fact, an embolus. Now, filariæ are prodigiously prolific. Myriads of young are expelled in a very short time. I have watched the process of parturition in the minute *filaria corvi torquati*. Every few seconds a peristaltic contraction, beginning low down in the uterine horns and extending to the vagina, expels

some twenty or thirty embryos. If this process of parturition occurs prematurely, or peristalsis is too vigorous, and extends to a point high up in the uterine horns where the embryo has not yet completely stretched its chorionic envelope, then ova are expelled. These, as they reach the glands, where the afferent lymphatic breaks up into fine capillary vessels, act as emboli, and plug up the lymph-channels one after another until the fluid that carries them can no longer pass. In this way the gland or glands directly connected with the lymphatic in which the aborting female is lodged, are thoroughly obstructed. Anastomoses for a time will aid the passage of lymph, but the anastomosing vessels will carry the embolic ova as well as the lymph. The corresponding glands will then, in their turn, be invaded, and so on until the entire lymphatic system connected directly or indirectly with the vessel in which the parent worm is lodged becomes obstructed.

"This, I believe, is the true pathology of the elephantoid diseases:—1st, parent filaria in a distal lymphatic; 2nd, premature expulsion of ova; 3rd, embolism of lymphatic glands by ova; 4th, stasis of lymph; 5th, regurgitation of lymph and partial compensation by anastomoses; 6th, renewed or continued premature expulsion of ova; 7th, further embolism of glands. This process, according to the part of the lymphatic system it occurs in, the frequency of its recurrence, and its completeness, explains every variety of elephantoid disease.

"It may be objected that I have assumed too much in supposing that the parent worm is liable to miscarry. But I have sufficient evidence in the two cases I have narrated that it has occurred; and if it has happened twice in a limited number of cases, it certainly happens not unfrequently. Perhaps I have examined lymph from scrotum, glands, or urine in 200 cases; yet in this limited number of observations evidence of premature birth of ova was obtained twice. Therefore, the thing cannot be of very rare occurrence, although to have sampled the lymph at the proper time, and in a suitable case, must be regarded as a fortunate circumstance not often to be encountered."

There is, then, at least one disease in man caused by the disease of a parasite in his body.

CINCHONA deposits may be readily cleaned from bottles by using aqua ammonia.

PRIMARY PNEUMONIA AS A COMPLICATION OF SEPTICÆMIA.

BY H. MCNAUGHTON, M.D., ERIN, ONT.

Mrs. R., æt. 30, the mother of five children, had an attack of articular rheumatism about five years ago. Since that time she has suffered a good deal from soreness and swelling of the wrist-joints and fingers, but there does not appear to be any organic affection of the heart.

About the end of January last, when within about six weeks of her expected confinement, she had a sudden attack of uterine hæmorrhage; fourteen days afterwards it returned with increased profusion. On my arrival, the dilatation was sufficient to enable me to rupture the membranes. The pains came on promptly, and in a short time she was delivered of a dead fœtus. On the ninth day her pulse was 90, there was nothing abnormal and beyond a slight tenderness in her breasts, she felt as she expressed it, "very well"

On the twentieth day she complained of an intense pain in the right middle finger; on the following morning it was much increased and the finger was greatly swollen. On making an incision, a considerable quantity of matter escaped and she experienced some relief. The next morning, the swelling had extended to the neighboring fingers and the palm of the hand. There was a red streak up the arm and tenderness in the axillary space; at the same time the left foot began to swell and was very painful. The pulse was 130; respirations 45 per minute. She had a short cough and complained of a sharp pain in her right side. There was rusty-colored expectoration and the usual physical signs of engorgement of the posterior and lower portion of the right lung. On making incisions in the hand and dorsum of the foot, a free discharge of matter took place.

Three days after the trouble began in the fingers, the cough grew loose and there was less difficulty of breathing. She continued to improve from this time.

The discharge from the incisions continued for about four weeks. The pain and swelling which troubled her so much previous to her recent illness have nearly disappeared and she has regained the use of her joints to a corresponding extent. Can it be that the pneumonia was due to a septic condition of the blood, as a result of the puerperal

state? Such a complication invariably terminates in death. The recovery of the patient renders the existence of a secondary pneumonia extremely improbable.

During the first night of her suffering from the finger, she was exposed to a current of cold air and was frequently in and out of bed. The probability is that the affection of the lung developed under the same influence that produces what we commonly call a "cold,"—that it ran its course concurrently with the septic trouble which was due to the puerperal state.

The treatment consisted in the application of warm poultices to the chest and affected parts and the free use of quinine, muriated tincture of iron and chlorate of potash.

Correspondence.

PROVINCIAL TARIFF OF FEES.

To the Editor of the CANADA LANCET.

SIR,—I would like to suggest that at the coming meeting of the Ontario Medical Association there be some discussion and settlement of the vexed question of "Tariff of Fees." The profession should in this Province adopt a tariff which might be published with the proceedings of the meeting in the newspapers, and in this way be brought before the public. There is now a gross irregularity in some sections in reference to the fees charged for professional services. In one city which I shall not mention, one medical man charges one dollar per visit in town, while a few steps further on another medico charges fifty cents per visit. Both men write M. R. C. S., Eng., after their names. The charge for visits in the country also demand attention, and should be fixed by some established tariff.

The Ontario Medical Association will deserve the thanks of the profession and the public if this matter is settled at the coming meeting. I would suggest that this subject occupy the earnest attention of the Association, and that the medical men of this Province turn out in large numbers to show their interest in having a permanent tariff of fees established for the whole Province.

Very sincerely yours,

PROTECTION.

UNPROFESSIONAL.

To the Editor of the CANADA LANCET.

SIR,—As I have always noticed, the "CANADA LANCET" endeavours to elevate the status of our profession and to chastise irregularities, and as we have medical men here needing notice for their delinquencies, I wish to briefly call your attention to the following :—

Dr. ——— wishes to announce to the public that hereafter he will make 25 per cent. discount on his already low charges, and adopt the three months system of settling his books, thereby relieving those who are willing to pay their bills promptly, from making up for the loss accruing out of the long standing bills and bad debts of others.—Amherst, N. S.

His practice is to charge fully up to or beyond our tariff in cases where he can get the opportunity, but "his already low charges" are just exactly 50% less than the tariff, and now he proposes another 25% discount. This he does to secure the office of medical attendant of the township, and also of Working Men's Unions, etc., etc.

Yours truly,

May 3rd, 1883.

M. D.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

SANITARY CONVENTION AT REED CITY, MICH.

(Reported for the CANADA LANCET.)

The convention was held April 26 and 27, 1883, and was a very successful one, being fairly attended by the citizens of the place, by health officers of townships, cities and villages in the surrounding counties, and by sanitarians from other parts of the State.

After introductory remarks by the President of the convention, Rev. J. W. Hallenbeck, and an address of welcome by Mr. W. M. Slosson, of Reed city, and a statement of the purposes of the convention by Hon. John Avery, M.D., president of the State Board of Health, a paper was read by H. D. Bartholomew, C.E., city engineer of Lansing, Mich., on "Drainage and Sewerage," in which he stated the principles which should govern the laying-out and construction of drains, the principles which should govern the construction of sewers,

calling attention to the different requirements in the two cases, drains requiring ready entrance of water throughout the entire system, while sewers should be watertight at all places except at entrances and exits provided. He spoke of the rules to be observed in calculating the size where it was attempted to make one set of conduits fulfil both these requirements, and pointed out the advantages of the separate system under certain circumstances where applicable. He then made special recommendations for the conditions at Reed city.

Dr. E. S. Richardson, of Reed city, the secretary of the convention, in his paper on the water-supply of Reed city, showed diagrams illustrating the subject. The first was a profile of the Flint and Pere Marquette Railway from Ludington to Midland, showing that the water-supply of Reed city must come largely from the rainfall on the circumscribed area west of Reed city. Another diagram exhibited a section of the earth down to the level of the bottom of the wells from the depôt to the cemetery, the latter being on the highest ground, and the soil being sandy. Extraordinary precautions will need to be taken to prevent the leaching down from the cemetery and privy-vaults in the town, to the water-supply beneath. Out of a large number of wells examined in the place, he had found but two contaminated, and samples of the water from them were exhibited, illustrating the evidence of sewage-contamination; he also showed a sample of water from a well outside of town, on premises where there are cases of typhoid fever, and one recent fatal case; the water was very foul, as might be anticipated from the position of the well, between the house and the barn, which are on banks of clay, reaching into a stratum of sand which has no continuous protecting layer of clay over it and receives the washings from the barn.

Mr. O. P. Dewey, of Reed city, presented the subject of the mischief done to public health by means of patent medicines and quack doctors.

F. J. Groner, M.D., of Big Rapids, gave a very interesting and able resumé of the present literature of the subject of germs in disease, including a list of a large number of diseases now known or believed to be caused by their own specific germs. Incidentally, he referred to several grounds for hope that, in the near future, several of these diseases might be favorably modified by means similar to that by which small-pox is modified by vaccination.

Hon. John Avery, M.D., president of the Board, read a paper on house ventilation.

C. H. White, M.D., of Reed city, gave a concise history of diphtheria, and a short account of what is now known of that disease. In the discussion which followed, Henry B. Baker, M.D., secretary of the State Board of Health, presented a short paper, entitled, "Epidemic-waves of Diphtheria," showing that the disease tends to recur in a community at comparatively regular periods, and that this period seems to be shorter in cities than in sparsely settled countries. The evidence seemed to indicate that diphtheria was usually spread from person to person, and from country to country. Dr. Richardson mentioned cases illustrating the great contagiousness of the disease, and the general tendency of the discussion was in the same direction, and at the close of the discussion the document issued by the State Board of Health, on the restriction and prevention of diphtheria, was distributed to the audience. Several other papers of interest were read and discussed, after which the convention closed.

ONTARIO BOARD OF HEALTH.

The Provincial Board of Health met again on the 10th ult, Dr. Oldright in the chair. Present: Prof. Galbraith, Drs. Covernton, Yeomans, Cassidy, Rae, and Bryce. The chairman delivered his annual address, which consisted of a retrospect of the past year, and also a consideration of the prospective work of the board. He advocated the appointment by the Municipal Council of every city, town, incorporated village, and township of a local board of health, which in turn shall appoint a health officer for the municipality, or for several adjoining municipalities, should it be necessary for the purpose of avoiding expense or for other reasons.

He also referred to the restriction and prevention of contagious and infectious diseases, the neglect of the act requiring notification of infectious diseases, and the misconception regarding the object of the clause, many supposing the object to be the removal of the infected person, instead of its being in the vast majority of instances for the purpose of securing a sufficient separation of the infected from those who would otherwise be likely to become so.

Again, some medical practitioners object to the manner in which certain health authorities have

provided for the notification of cases of infectious disease by an open post-card. With a few another reason exists in false notions regarding the demands of professional confidence. The legal practitioner is most scrupulous in reference to this point; he regards as sacred any knowledge that he may possess regarding the actions of his client who has committed a homicide; but even *he* does not consider it any part of his duty to connive at the continuance of the careless acts of a client by which the lives of others are endangered. Neither is it any part of the duty of a medical practitioner to connive at the disregard of his patient as to whether he sends the seeds of death and disease amongst his neighbour's or it may be his customer's children.

He further alluded to the outbreak of small-pox in Shuniah, Lake Superior, and the rapidity with which it was stamped out by the energetic action of Sheriff Clark, M.D., health officer, Drs. Smellie and McCammon.

Dr. Cassidy read the report of the Committee appointed to consider the desirability of having instruction in hygiene regularly imparted in schools, the general conclusions of which were: That greater prominence should be given in Public and High Schools to the study of hygiene, and that to accomplish this end in the most expeditious and satisfactory way, physiology and hygiene should be made a compulsory subject for the fourth class in public schools and for Intermediate examination. The report was adopted.

The Board then discussed, in an informal manner, the question of epidemics, and the duties of health officers in such exigencies.

Dr. Canniff gave his opinion as to the *modus operandi* to be followed in such cases, and believed that every victim of small-pox should at once be conveyed to the small-pox hospital, and that persons down with the scarlet fever should be properly isolated. He also dwelt upon the necessity of disinfectants.

Dr. Covernton held the same views. As to disinfection, he contended that the process should be carried on entirely under the supervision of a duly qualified officer, who would see that the matter was properly done.

Prof. Galbraith read the report of the Committee appointed by the Board, and composed of himself and Dr. Oldright, on the disposal of sewage. The report recommended the advisability of abolishing

the privy-pit by law, and after referring to the various methods of disposal of solid excrement, viz.: the water-works system, the Hull ash-closet system, the dry earth system, and the Rochdale pail system, concluded with a recommendation of the ashes or earth system, on account of their deodorizing properties and the freedom from putrefactive decomposition. The report was adopted.

On motion of Dr. Cassidy, seconded by Dr. Yeomans, it was resolved to forward a circular to all the municipalities in the Province, containing a number of questions regarding the health of the population and other matters.

Dr. Yeomans was appointed to watch legislation in connection with the Board, and Drs. Oldright, Cassidy, and Prof. Galbraith to be the publication committee.

Selected Articles.

DIABETES MELLITUS.—TYSON.

The patient whom I show you is 70 years of age, a tailor, who was admitted to the hospital August 31, 1882. According to his own account, he always had fair health until three years ago, when he noticed that he was passing more urine than usual, and was continually thirsty. At the same time he was annoyed by a dryness of his throat and mouth.

It was with these symptoms that he was admitted to the hospital, and they at once suggested an examination of his urine, which was found to contain sugar. Our first note is dated September 7th, when he passed 96 ounces with a specific gravity of 1032, and the next day he passed 112 ounces, having the same specific gravity. The first quantitative analysis was made on the 10th, when the urine was found to contain 21 grains to the fluid ounce. I apply the tests in your presence, and you notice both the Fehling's copper test and Bötger's bismuth test respond promptly, the former precipitating the red cupric sub-oxide, and the latter black metallic bismuth.

You will find in the books, in addition to those named, quite a long category of symptoms, which are at times found associated with saccharine diabetes, but those we note in our patient, viz., dryness of the mucous membranes, unusual thirst, and the passing of an increased quantity of urine, of high specific gravity, and containing sugar, are, after all, those essential to a diagnosis. A frequent mode of termination of the disease is by tubercular phthisis, when, of course, are super-added the symptoms incidental to it. Among others, is an annoying itching about the *meatus*

urinarius, caused by the constant passage of the sugar-charged urine over it, and in females this sometimes extends to surrounding parts, producing a distressing *pruritus vulvæ*. Emaciation, great muscular weakness, and the loss of sexual inclination are symptoms incident to the mal assimilation of ingested food, which, though taken sometimes in more than sufficient quantities, fails to serve its purpose.

Without delaying further, therefore, to discuss the less essential symptoms of the disease so evidently present, let us ask ourselves the question, what is diabetes mellitus? It is scarcely necessary for me to say to you that it is not a disease of the urinary organs. Its study has naturally fallen into the hands of those interested in these diseases, because it requires for its recognition a study of the urine. But the kidneys are simply the organs which eliminate the sugar from the blood, which is there in undue quantity. Glycosuria, or saccharine urine, implies glycæmia, or saccharine blood. If there is no sugar in the blood, there can be none in the urine.

A certain relation of the nervous system to glycosuria has been known to exist since Bernard's discovery that puncture of the floor of the fourth ventricle produced it. Since then it has been found to succeed upon section of the medulla oblongata, the optic thalami, and great crura cerebri; by destructive lesions of the pons, and middle and posterior crura cerebelli; section of the spinal cord above the second dorsal vertebra; by section of filaments of the sympathetic nerve ascending from the first thoracic ganglion to accompany the vertebral artery; by removal or injury of the superior cervical ganglion; and sometimes, but not always, after section of the sympathetic in the thorax; and even after section of the nerve trunks of the limbs, as the sciatic.

With such glycosuria is invariably associated an active hyperæmia of the liver. It must be remembered, also, that an important function of the liver is the formation of the so-called glycogen or animal starch from the starchy and saccharine articles of food, and to a slight extent from albuminous food. Thus produced, it is stored in the liver, but re-converted into sugar and passed into the blood in such quantities as are demanded by the organism, for oxidation. Remembering this function of the liver, there are two ways in which an excess of sugar may get into the blood. Either the grape sugar, formed by the digestion of sugar and starches, may pass too rapidly through the hyperæmic liver to permit its conversion into glycogen, or having undergone this conversion, it is too rapidly re-converted into grape sugar to be oxidized. The blood soon acquires an excess of glucose, and the latter then appears in the urine. It has been ascertained by experiment that when the amount of glucose in the blood exceeds one-

quarter of one per cent. it makes its appearance in the urine.

But in whichever of these ways the result is produced, the hyperæmia of the liver is always present. Hence it follows that whatever will produce such hyperæmia may produce diabetes, whether it operate through the nerve centres or not. Two cases of diabetes have come under my notice in which the symptoms were preceded by biliary colic and passage of gall-stones. The one has disappeared under treatment, the other remains uncured. Artificial irritation of the liver by needles and galvanic currents has also produced glycosuria. While injuries and diseases of the nervous system are often accompanied by glycosuria, there are many cases in which it is impossible to discover any relation between the two conditions, and not all cases of diabetes, nor even a majority, dare be considered diseases of the nervous system. It is not unlikely that sometimes the hyperæmia of the liver is a reflex one, being caused by irritative influences operating through the pneumogastric nerve (which is the sensory, and not the motor, nerve of the sugar-forming process) upon the diabetic centre, and thence through the vaso-motor nerves in the spinal cord and sympathetic upon the blood-vessels of the liver. Among these reflex relations must be placed derangements of digestion, which, acting upon the end filaments of the pneumogastric, produce the requisite irritation and its reflex results. It must be admitted, however, that there are still many difficulties in the way of explaining the phenomena of diabetes mellitus. Thus, admitting that a certain number of cases, which cannot be due to central nervous lesions or disease, are the result of reflex irritation, how are we to account for the continuation of the symptoms after the irritation has apparently disappeared? Can it be that the liver, once thrown into the hyperæmic state, by reason of a sort of inertia, cannot return to its natural condition while such articles of food are given as stimulate its glycogenic function?

In autopsies, alterations in the liver, both of a gross and microscopic character, are sufficiently frequent to make it reasonable that temporary or permanent changes in this organ are at the bottom of a large number of cases of diabetes. These changes are chiefly of size, color, and consistence. The liver is darker and harder, and, while sometimes it is only slightly enlarged, at others it is three times as large as in health. For the more minute changes I must refer you to the books. But it cannot be denied that these changes may be the result of hyperæmia also. Diabetes has been associated, not infrequently, with pancreatic disease.

It is not impossible also that a transient glycosuria—it should scarcely be called saccharine diabetes—may result from an over-ingestion of

sugar-forming substances. Any one may produce on himself a glycosuria by the too free consumption of saccharine and amylaceous foods.

Whatever may be the difficulties in the way of explaining the phenomena of diabetes from the standpoint of digestive derangement, that some such relation exists is shown by the result of *treatment*. For by far the most frequently successful plan of treatment is that which excludes saccharine and farinaceous articles from the diet. It occasionally happens that this fails to relieve the symptoms, and when this is the case we may infer that some serious lesion of the nervous system is at the bottom, or more likely, perhaps, that the liver has become secondarily so much altered that it cannot resume its functions, and that now even albuminous foods are being converted into sugar. Of the selected food, that which gives the most satisfactory results is a diet of *pure skimmed milk*, or buttermilk. Our patient has been carefully tested on this system of diet. On referring to the notes, I discover that on October 30th he was passing 56 ounces of urine, of a specific gravity of 1029, and containing 18 grains of sugar per fluid-ounce. On the day before this he passed 76 ounces, specific gravity 1038, and containing 23 grains of sugar to the fluid ounce. On the 30th day he was placed entirely upon a milk diet, and we had an immediate diminution in the amount of sugar passed. On November 1st, there were only 10 grains of sugar per ounce; the amount of urine passed in 24 hours still remained at 56 ounces. Replacing him upon a mixed diet, immediately the quantity of urine and the proportion of sugar rose, to be again reduced on restoring the skim-milk diet.

It is found sometimes that a patient is not able to bear a milk diet, although this occurs less frequently than might be supposed. Pure skimmed milk is to be preferred, chiefly because of its easier assimilation. Some observers, of whom Dr. Donkin is the chief exponent, claim that the skimmed milk has a special curative action, but I cannot see any reason for this. All that is removed from it by skimming is the fat, and fat is not converted into sugar in the liver. It is most interesting to observe that under the use of large quantities of milk how much less urine is passed than fluid ingested. The body weight can easily be maintained on a milk diet, although it is impossible to lay down a rule as to absolute quantity required. I have known the weight to be maintained by two quarts per day, and I have known five and seven a day to be necessary. The milk is best administered at stated intervals and in fixed quantities. I always begin with eight ounces (an ordinary tumblerful) every two hours, increasing as required.

If a milk diet cannot be borne, a restricted diet can be obtained, which is better than a mixed diet. A purely albuminous diet is almost unendurable for any length of time, but there are certain vege-

tables which contain but a small amount of sugar-producing substance which may be added to meat. Such are the "green" vegetables, including spinach, cabbage, tops of celery, green peas, beans, etc., as well as the acid fruits, and, by a diet such as this, the most surprising results may be obtained. It appears that the vegetable sugars, as those found in berries, are more easily assimilated than cane sugar. Even where a skim-milk diet is well borne, my practice, after the sugar has disappeared, is to gradually add other articles, in the shape of oysters, game, and green vegetables, watching the urine for any return of the sugar; and it is always important to keep a case under observation for some time after sugar has disappeared from the urine.

An article of food which is much missed by some is *bread*, and it is scarcely necessary to say that it is one of the most objectionable, because of the large amount of starch it contains. And I regret to say that I have not found gluten bread a satisfactory substitute. A recent experience will illustrate. I have now under my care, a lady who had been for nine months under treatment for diabetes before I saw her, but in whose case the pure skimmed milk had never been tried. She had finally, in despair of recovery, been allowed to take anything she wanted, and when I first saw her, was drinking a quart of champagne daily to quench her thirst. It is needless to say this was discontinued, and she was put upon a pure skim-milk diet, and an unlimited amount of Apollinaris water. In ten days the sugar had disappeared, and shortly thereafter I permitted the gradual addition of other articles of diet, including green vegetables. All went well until she asked to be allowed to take some gluten bread, which I permitted. In three days I examined the urine, and sugar was again present. The gluten bread was discontinued, and in three days the sugar had disappeared. The resumption of gluten bread was followed by the return of sugar, and its withdrawal by the disappearance of the sugar. Such an experiment is, I think, conclusive. Of course, it is not claimed by the makers of gluten flour, that it is completely free from starch, but as it is already a rather uninviting food in its present state, the inference is, that when it is entirely freed of starch, the bread made from it will be scarcely tolerable. At the same time it must be admitted that the gluten bread contains less starch than the ordinary wheaten bread, and there may be cases in which the starch of the former is assimilated, when the quantity in the latter could not be. The same may be said of the so-called "bran-bread," made of unbolted flour. With other substitutes for wheaten flour, as the almond flour of Pavy, bran flour, inulin, etc., I have had no experience.

Are drugs of any use in the treatment of diabetes? I believe they are, although if compelled

to rely upon drugs or diet alone, I should prefer diet. The most efficient remedy is probably *codeia*, although I am almost afraid to say this, for a few months ago I should have given the palm to *ergot*, and until recently I have always used it first. The use of *ergot* is based upon scientific principles, since it is well determined that it exerts a contractile influence upon the walls of bloodvessels, thus counteracting hyperæmia. I have frequently used it, and have no doubt whatever of its efficiency. The best preparation is the fluid extract, which is given in doses of from twenty drops to a fluid-drachm four times a day. *Codeia* is not a new remedy in this disease, having been suggested by Dr. Pavy fifteen years ago. We have found marked results from its use in the case before us. The plan I usually adopt is to begin with half a grain three times a day, gradually increasing the dose, watching its soporific effects, as well as that upon the pupil. I have given patients in this house as high as ten grains a day, and fifteen grains a day have been given. In this patient, after giving one and one-half grains a day for a few days, we were struck with the smallness of the pupil, but on discontinuing its use for a short time, we discovered that the patient naturally had a very small pupil.

You may ask, have you ever cured a case with *codeia*? I cannot say I have; possibly, perhaps, because I should be afraid to rely solely upon it, or any other one drug. But such cases of recovery are reported. As is the case with all diseases difficult to cure, there is in addition to those named, a long list which have been put forth as cures. *Bromide of potassium*, also an old remedy, has recently been again brought forward by the French school as peculiarly efficient. I can easily understand how, in a certain class of cases, it would be of value, as those due to hyperæmia of the brain, cases which may be characterized as nervous. We know that emotional causes are often at the bottom of diabetes. Both mental anxiety and physical fatigue have been known to produce the disease, and when purely emotional causes have operated, the bromides may be beneficial, but I have never found them so.

Within the last few days the medical journals have published the treatment of Dr. Clemens, of Frankfort-on-the-Main, by a solution of what he calls *brom-arsen*, which is probably a bromide of arsenic. Dr. Clemens bestows the most extravagant praises upon the remedy; so extravagant, indeed, that I mistrust it, although arsenic itself has long had a reputation in the treatment of diabetes, and not without reason. I shall, however, make an early test of it. He makes it by adding bromine and arsenious acid to glycerine and water, in such proportions that one drop represents $\frac{1}{8}$ th grain* of bromide of arsenic. Clemens recom-

mends it to be given, along with a selected diet, beginning with one drop three times a day, and gradually increasing until eight or ten drops are given per day. He gives it in a given quantity until it ceases to have an effect, and then he increases it, one drop at a dose, until, as he claims, the disease is cured. He also recommends the use of the *constant current* from 20 to 24 cells, one pole being placed at the nape of the neck and the other over the liver. This has been recommended by other German therapeutists. I believe I have tried most of the other numerous remedies recommended in the books for diabetes, but have found them valueless as to specific effects.

Certain it is that we must make different classes of cases of diabetes, and we should never begin treatment until we have as nearly as possible classified our case in accordance with its course. There are cases which can be easily cured by a selected diet; others in whom, while a cure is apparently impossible, the disease may still be kept in abeyance for years, and the patient is practically well. Others again have had sugar in their urine for many years, and seemed not to be seriously affected by it. These are generally stout persons and past middle life. Clemens says, in the article referred to, that the disease in thin, spare persons is generally due to some nervous lesion, and in stout persons to defective assimilation, and in this he is not far wrong. In other cases still, all treatment seems unavailing. The amount of sugar passed may be reduced by treatment, but the patient does not gain any strength. But I believe there are comparatively few cases which, if discovered sufficiently early, are not amenable to treatment. The disease is occasionally overlooked until it has existed for some time. It is well known that it is very much more serious in young persons—say under 20 years of age—than in adults. Yet within the past two years I have known a young girl of 12 years under the care of one of my professional friends recover completely.

Diabetic patients should be careful about permitting any surgical operation. One of the terminations of the disease is gangrene, to which there

theary, corner of Broad and Spruce Streets, Philadelphia, has prepared for me a solution of bromide of arsenic, in the following manner: 77 grains of metallic arsenic in powder are added in small portions to 240 grains of bromine, the latter being placed in a long test-tube immersed in ice-water to prevent too rapid reaction, which is very violent. One hundred grains of the terbromide thus obtained are then dissolved in sufficient distilled water to make ten fluid-ounces. One minim will then contain one forty-eighth of a grain.

Since the above lecture was delivered, I have tried the remedy in two cases, both using an unselected diet. In the one case it could not be borne on account of an obstinate diarrhoea. In the second there appeared to be no effect on the quantity of sugar or urine, but the patient has gained a pound a week in weight for three weeks. The quantity reached was 8 drops a day, or $\frac{1}{8}$ th grain.

* Mr. R. F. Fairthorne, with Mr. James T. Shinn, apo-

is a peculiar tendency, and any operation is apt to be followed by gangrene. A year ago a diabetic under my care in this house was blistered upon the foot, and serious sloughing followed.

Cataract is not an infrequent complication, but the operation is not to be recommended for the reasons above given.—*Med. News.*

GASTRIC CANCER.—TYSON.

Before making a personal examination of this patient, I wish to call you attention to her extremely cachectic appearance. This is seen not only in the pallor of her face, but also in the almost bloodless condition of her lips. The little bloodvessels, which, seen through the transparent mucous membrane, give the red color to the lips, are either almost empty, or filled with blood which is deficient in red corpuscles.

As to her history, she is 40 years of age; is married; her husband living; she has had two children. Three years ago a hard lump appeared at the left angle of the mouth. This gradually ulcerated, and was removed two years ago by Dr. Wilson, at the Woman's Hospital. The growth, she tells us, was pronounced a cancer. The scar left by its removal is still visible, but there has been no re-appearance of the disease *in loco*. Before the operation there had been a gradual failure of strength and weight, and instead of her general condition improving after the removal of the tumor, it seemed rather to continue to fail.

She was admitted to the hospital September 15, 1882. At that time she complained of dyspepsia. The indigestion was characterized by acidity and the disposition to discharge acid fluid. This was the only trouble complained of. The efforts to counteract this acidity by the ordinary alkaline mixtures were but partially successful, and it was only by the use of large quantities of lime-water and other alkalies, and the final adoption of a pure-milk and lime-water diet, that this acidity was relieved sufficiently to secure her tolerable comfort, and at present she does not suffer much from this symptom. There soon supervened upon this condition a tendency to nausea, and a disposition to vomit. In this vomiting there was not, nor has there been since, anything like regularity, nor a fixed relation to the meals. Large quantities have never been vomited, and this has never been a troublesome symptom. The matters discharged were usually an acid fluid and partially digested food; occasionally, however, she vomited matters different from those described, and to these I shall refer in a few moments. There has always been some constipation, not obstinate constipation, for the bowels are easily relieved by ordinary aperient remedies.

As to the second kind of vomited matters, she

tells us that they consist of a substance resembling coffee grounds. She says that last night, for instance, she vomited a teacupful of this brown substance, which, in her own language, looked like the sediment which remains in the cup after the coffee has been drained off. This description is spontaneous, and, although we have never seen the substance, I do not think we dare doubt its nature. It is altered blood. The vomiting of this occurs at very irregular intervals, sometimes every week, and sometimes only once a month. She says that this peculiar vomiting occurred even before she came to the hospital. This, then, is her history so far as subjective symptoms are concerned.

On her admission we were impressed by her extreme pallor, and therefore frequently examined the abdomen for a tumor. She was also carefully examined for uterine cancer, but none was found, and there is no other disease of the womb. In the absence of anything distinctive in the symptoms, leukæmia suggested itself, and I had the blood examined by Dr. William E. Hughes, who reports that he found in a cubic millimetre of blood 1,999,000 red corpuscles, and 15,000 white corpuscles—one white to about 133 red. The red corpuscles were also small, but the disproportion between the two kinds was not considered sufficient to justify a diagnosis of leukæmia.

About the middle of November the looked-for aid to diagnosis presented itself—a tumor. This is now much more distinct than it was then. Even at a considerable distance you can see an elevation of the triangular space included between the lower border of the ribs and a line drawn from the angle of this border on the right side, through the umbilicus almost to the superior spinous process of the ilium on the left. In addition to this diffuse swelling there is a distinct tumor, nearly circular in outline and about two and a half inches in diameter, just to the left of the umbilicus; that is, a line drawn vertically through the umbilicus bounds the right edge of the tumor as a tangent does a circle, the mass of the tumor being to the left. I should have stated earlier that soon after admission, that is, about October 1st, there was not only tenderness in this region, but she also complained of pain independent of pressure, although no tumor was detected until a month later.

Let me briefly recapitulate the symptoms:

An intensely anæmic woman has suffered for some time from gastric symptoms, these symptoms being almost constant acid dyspepsia and a disposition to vomit, the vomiting occurring at irregular intervals and with no definite relation to the meals. Occasionally there has been vomiting of altered blood. There is a circumscribed tumor to the left of the umbilicus. The question as to what is the matter, is immediately answered by the suspicion, that it is a case of cancer in the stomach.

There are, however, some doubts upon this point, and it is partly for the purpose of trying to determine this question that I brought her before you to-day. While many of the symptoms of cancer of the stomach are present, some of the most distinctive are wanting. One of them is obstruction of the pylorus. There is no symptom of obstruction at this situation. In the vast majority of cases of cancer of the stomach, the pylorus is the point affected—in fact, the pyloric orifice of the stomach is, next to the uterus, the most frequent seat of carcinoma. There may of course be cancer of the cardiac orifice with obstruction, but under such circumstances the food is regurgitated immediately after ingestion and little altered. On the other hand, when the obstruction is at the pylorus, the vomiting comes on a couple of hours or even longer after a meal. It may not occur for several days after the food has been taken, but the longer the interval the greater the amount vomited. This is owing to the fact that the stomach becomes gradually dilated, and the longer the case lasts the less frequent is the vomiting. I recall an instance of cancer of the pylorus, in which this was particularly marked. In this patient the vomiting was sometimes at intervals of ten days, and then a bucketful was ejected. At the autopsy, there was found cancer of the pylorus with great dilatation of the stomach, from which I removed over a gallon of fluid. In the present case there has been nothing of this kind.

Let me again refer to the situation of the tumor, which lies to the left of the umbilicus. This is, however, not inconsistent with the view that there is cancer of the pylorus. I have several times called attention to this fact. If you examine the books, you will find that they state that the most frequent situation of the tumor in cancer of the pylorus is in the epigastric region, a little to the right of the median line, and below the free border of the ribs. I do not know how many cases of this disease I have seen, but in at least half a dozen the tumor was exactly in the position occupied by the mass in this case. In the patient with the enormous dilatation just alluded to, the tumor was in the same situation, but a little to the right. At present, I recall no case in which the tumor has not been in the umbilical region. The situation of the pylorus in health cannot be said to be fixed, but it is probably most frequently to the right of the median line, and a couple of inches below the ribs. I cannot but think that writers have been misled by this normal position, to expect that a tumor of the pylorus is always found in the same place. But it must be remembered that the tumor soon acquires weight, and that the stomach is easily displaced; to such displacement dilatation often contributes. Apart from this, if you examine the position of the pylorus after death, in cases where there has been no disease of the stomach,

you will find that it is not constant, and that it is as frequently to the left of the median line as to the right. So that, although we find the tumor in this position, we have in this fact nothing to diminish the probability of this disease being cancer of the pylorus; the strongest point against cancer of the pylorus being the fact that there is no obstruction.

What else could it be? The most likely disease after cancer of the stomach, would be cancer of the pancreas. I have seen two or three cases of cancer of this organ, in which the tumor occupied this situation. In a case which I had a year ago, there was a tumor in precisely this situation. The autopsy proved it to be cancer of the pancreas, as had been suspected before death. Is there anything which will help us in this dilemma? In the first place, in a large proportion of cases of cancer of the pancreas, there is jaundice; there is no jaundice in our patient. Again, in cancer of the pancreas there are symptoms of indigestion, which resemble those present in this patient more than they do those of typical cancer of the stomach, excepting the vomiting of blood, which does not occur in pancreatic cancer. In the latter there is a tendency to diarrhoea, and frequently the liquid stools contain fat; sometimes this is very manifest. In the case to which I have just alluded, the diagnosis was made from the presence of indigestion with irregular vomiting, and the characteristic condition of the stools. By the use of opium, bismuth, etc., the diarrhoea is checked for a time, but in a few days the liquid discharges seem to burst through a barrier which held them temporarily in check. In the patient before you to-day, there is but one of these symptoms, *i.e.*, indigestion. The stools have been carefully examined, but no fatty matter has been found; neither is there any diarrhoea. There is, on the other hand, some constipation, although it is not as marked as in cancer of the pylorus with obstruction. Balancing these facts, therefore, the probabilities are in favor of the presence of cancer of the pylorus, notwithstanding the absence of the most valuable symptoms of obstruction.

Cancer involving other portions of the stomach does not produce a circumscribed tumor such as we have here. The cancers affecting the greater and lesser curvatures are diffuse growths and soft cancers, whereas those at the pylorus are circumscribed tumors and epithelial or scirrhus cancers in nature.

The question of *treatment* is an important one. For although it is impossible to do anything to remove the growth, we should not, at the same time, be apathetic in the matter, and I am quite sure that a good deal more can be done than is commonly thought possible. As a rule, the food taken into the stomach is sooner or later rejected; but this is partly because the stomach is disquali-

fied to prepare it; to reduce it, by digestion, to the liquid state it must have to enable it to pass through the pylorus. Now if we can digest the food partially or altogether, before it is put into the stomach, we obviate this difficulty. Still better will we accomplish our purpose if we can introduce it partially or wholly digested into the rectum.

The stomach has no use outside of the preparation of the food for digestion. It is not a vital organ in the sense that the heart and the lungs are vital organs. It is important so far as it prepares the food, but if the food can be prepared for absorption outside of the body, its necessity is diminished, as it also is, if we introduce this artificially digested food into the rectum. Or we may use both of these methods. We can, by the use of prepared food, diminish the labor of the stomach, and by using the prepared food by the rectum, we can relieve the stomach of all labor. This is being done of late by peptonized foods of various kinds. The food may be prepared by the *extractum pancreaticis*, which is now made by a number of pharmacists. Three to five grains of the extract added to a pint of milk and placed at a temperature of 100°, will in one hour peptonize all the casein. A curd is first produced, which subsequently undergoes digestion. The addition of rennet will then not produce coagulation. Milk thus prepared makes little demand upon the stomach for digestion, and it can be introduced by the rectum with good effect. The peptonized milk has a peculiar bitter taste, and unless this bitterness is present the digestion is unaccomplished. The digestion will take place at a lower temperature than 100°, but it takes longer.*

I have had very satisfactory results from another method of preparing the food for use by enema, the only objection to it is that it is a little troublesome. I saw it suggested in 1876, but by whom I cannot now recall, and I have since frequently used it when the patient is to be maintained solely by enema. The plan is to take from one and a half to two pounds of beef with the fat removed, and from one-half to one pound of fresh pancreas. The pancreas is finely chopped and afterwards bruised in a mortar with tepid water at a temperature of 100°. It is then strained through a cloth.

* The following method, slightly modified from that usually recommended, after numerous trials by patients, has been found most satisfactory: Take one pint of skimmed milk, to which add one gill of water. Heat to 140° F. (a temperature at which the finger can be immersed for half a minute). After taking from the fire, stir in three grains of powdered pancreatine, and fifteen grains carbonate of sodium. Place in a covered kettle or jug and roll up in a cosey (an ordinary gossamer water-proof coat answers admirably well), near a stove or register to keep warm. Let it remain thus for an hour and a half; it then resembles slightly thickened milk, but there is no curd. Pour it into a pitcher and set it aside to cool in the open air. Thus prepared, it has the slightest perceptible tinge of bitterness, and is very palatable.

The juice obtained is intimately mixed with the meat, which has previously been chopped into small pieces. The product is next allowed to stand at a temperature of 100° for two hours; it is then ready for use. This amount suffices for two daily injections. The preparation decomposes very quickly, so that it has to be made fresh every day. I was surprised at what I had accomplished by this method. In the man with the dilated stomach to whom I have referred, nothing could pass the pylorus, but during the use of daily enemas there occurred each morning an evacuation from the bowel as natural as though the patient were living on a mixed diet and digesting it properly. The extract of pancreas will probably answer as well as the method which I have described, but I have not had any experience with it.

In this connection, I want to call your attention to a little book by Dr. William Roberts, *On the Digestive Ferments, and the Preparation and Use of Artificially Digested Food*. After an account of normal digestion, he gives a description of the methods of preparing food by the use of these ferments. The method which I have just given you is not contained in this book.

The use of peptonized food is advantageous in many diseases, and especially in the diseases of children. Most cases of diarrhoea in children are due to indigestion, but by means of the extract of pancreas, we have the power to prepare the food for absorption, thus lessening the labor of the stomach. The so-called *liquor pancreaticus* may be used for the same purpose, but I have had more experience with the extract.

By using this method of alimentation we can, in cancer of the stomach, prolong the life of the patient and make his condition less burdensome. But it occasionally happens that rectal alimentation does not appease the sense of hunger; and I have had patients who, in spite of all injunctions to the contrary, and who, knowing themselves that they would sooner or later reject it, would take food by the mouth.

It has been proven, over and over, that life can be sustained in this way. Not only have dogs been kept alive for months by rectal alimentation, but the same thing has been done with men. But where it is possible, the stomach should be made use of to some extent, and thus save the rectum.—*Med. News.*

POTTS DISEASE.

CLINIC BY PROF. SAYRE.

I here present to you a little boy aged five years and six months, who was brought to me a year ago suffering from Pott's disease of the upper dorsal vertebræ. When he was fifteen months old he fell

out of the back of a baby carriage and sustained severe bruises, and in a little while commenced to complain of pain in the vertebral column; at the end of a year he had become a cripple, but previous to this he had an attack of the measles; occasionally he would fall down with apparent paralysis of the limbs. Before he was brought to me the child had been wearing a brace for five months, but when I first saw him the brace had not been worn for three weeks, but even at that time there were extensive lesions upon each side of the spine at the point of the disease, which had been caused by the brace; and upon the sides of the ilium were erosions caused by the instrument; here you have another case fully illustrating the result of wearing these so-called braces. I have several patients at the present time suffering from severe abscesses produced by these instruments, and although they have recovered from the disease of the spine, they have a necrosed ilium as a result of its use in the earlier stages of their spinal disease. At the time this child was brought to me he was unable to stand, the deformity being very great as you will observe by the photograph which I had taken at the time; (photograph passed to class) but now you perceive that he can stand erect without the plaster-of-Paris jacket. I applied the plaster jacket and head rest immediately upon his coming to me, and during the year following put on several new jackets as the deformity decreased and the child grew and developed, until he has reached the improved condition in which you now see him.

You will observe that as I place my hand upon his head and press the vertebræ together it causes a sensation of pain, showing that the disease yet remains, therefore he will require the jacket and head rest for some time yet, and which I intend to apply before you. First, you will observe that I apply this knitted shirt, which fits the body close, to the skin at all points, being fastened between the legs by a safety pin. I now place around the neck a soft leathern collar with two straps on either side, one passing over the inferior maxilla and the other over the occiput; these are fastened to this small cross bar above the head. I now pass two slings under the arms which are also attached to the cross bar, and the child is ready for suspension. I now raise the child up to his fullest height, but as you observe his feet still remain upon the ground; the extension must always be within the limits of comfort to the patient. If you find you have too much extension, at once lower the patient as requisite; by watching the countenance of this child I can at once tell when I have secured the necessary amount of tension.

Under no circumstances ever fasten the rope by which you make your extension, but leave it in the hands of some intelligent person.

The child being now suspended is ready for the

application of the plaster of Paris bandages. Having previously placed a pad under the shirt over the chest and abdomen, I pass the bandages around the body, my assistant rubbing each band into the one previously applied; having made the jacket of moderate thickness I now apply the *jury mast* for supporting the head. This consists of a light frame-work formed to fit the body and composed of two flat side rods and cross bars, from the centre of which passes up a central rod curving over the head, at the point of which is a small cross bar; affixed to this frame-work are thin strips of tin perforated in each direction and passing around the sides, the burrs from the perforations holding the frame in the bandages. This being now adjusted the plaster bandages are again applied completely enveloping it in the centre of the jacket. The child is now released from suspension and laid upon an air bed. You must however be careful in laying the child down that he does not bend his back, or your labor will be lost. I now draw out the pad from the anterior part of the jacket and while it is yet wet you will observe that I commence to mould it over the crests of the ilium and thus secure a shoulder at this point, and now I mould it below the ilium antero-posteriorly, widening it out at this point and giving the jacket an hour glass contraction as it were, and in this manner the jacket is held firmly upon the child. It now being sufficiently dry I cut it out under the arms to allow of free motion at this point; and I also cut out a portion at the hip to allow of the thigh being flexed upon the abdomen. As soon as the jacket has become thoroughly dry I shall place this small leathern collar with its chin pieces around the neck; the straps passing up at the side of the head are then fastened to the cross bar suspended from the jury mast over the apex of the head; and by this means support the weight of the head, and thus remove all the pressure from the spinal column.

The child should then be out in the open air as much as possible, and can run around as best suits him, as he is now free from all pain. (The child here stated that he felt no pain whatever; having evidently enjoyed the suspension as at one time he lifted his feet from the ground and wanted to swing by the suspension attached under the arms and around the neck.)—*N. E. Med. Monthly.*

THE TREPHINE IN HEAD INJURIES.

At the recent meeting of the Kentucky State Medical Society the question of "Trepining in Injuries of the Head" was brought to the attention of the profession in some carefully recorded observations on this important class of injuries by Dr. W. O. Roberts, of this city. The cases reported by him were thoroughly instructive, and demonstrated clearly the value of the operation in appro-

appropriate cases, and the importance of accurate discrimination in the selection of cases. In the course of the discussion which followed, Dr. D. O. Yandell and Dr. J. N. McCormick related some instructive clinical experience in confirmation of the views presented by Dr. Roberts. The attention of surgeons is again directed to this important question by Dr. Henry B. Sands, of New York in a paper read by him at the recent meeting of the New York Surgical Society.

The state of professional opinion upon this question of interference in head injuries is in such an unsettled condition that its discussion at the present time can not but prove of great advantage. A few surgeons in this country have of late years advocated a revival of the obsolete practice of trephining in simple fracture, when attended with displacement and in the absence of head-symptoms. With many practitioners there is an expression prevailing that in all fractures, even of the most simple character, when accompanied with depression, the trephine should be at once applied. It is to this feature of the question, the use of the trephine as a preventive measure, that we desire to direct attention more especially at this time.

This practice is particularly in favor in cases of simple comminuted fracture. It is argued that unless the fragments of bone are removed they will become necrosed, and establish thereby intra-cranial inflammation. While opposed to the known laws and behavior of fracture in other portions of the skeleton, this practice is contra-indicated by all clinical experience. The application of the trephine, too, in those cases where the inference is that some sharp fragment of the inner table has penetrated the membranes, is also a most injudicious and harmful practice. It must be remembered in connection with this class of injuries that the operation of trephining converts a simple into a compound fracture, a most serious alteration of the condition, and one to be induced only under circumstances of absolute necessity. As indicated in this connection by Dr. Sands, the unbroken skin furnishes a protection here more sure and trustworthy than anything yet offered by antiseptic surgery.

We have known the trephine to be applied in cases of fracture where the head-symptoms were quite ambiguous and indefinite, and where the depression was very slight. The result, so far as we have observed, under these circumstances is almost invariably fatal. Almost every practitioner is familiar with instances of great depression of the cranial arch, in which excellent recoveries have followed the treatment without interference. The powers of nature in these cases is remarkable. It is well known that when the depressed bone causes symptoms of compression, these symptoms may permanently disappear without an operation. The question of interference in fractures of the skull is to be de-

termined in connection with the nature of the damage done to the intra-cranial contents. The question is not one of prevention, but relates to the relief of lesions already induced. There are, of course, conditions in which the way is quite clear and the indications for trephining are positive. The guides to rely upon in deciding a course of action are the indications of contusion or laceration of the brain, and hemorrhagic extravasation. If the injury is limited to a depressed fragment of bone, without lesion of the brain and its membranes, the compression is rarely of long duration. With our present means of diagnosis, the course to be pursued in cases of simple fracture, with head-symptoms, is not easily determined. Each case is to be determined by the nature of the symptoms referable to the brain. It is to the analysis of these symptoms that more light is especially desired. That the range of the operation should be more definite, and that the indiscriminate use of the trephine in cases of simple fracture is to be condemned, will be admitted by all who give the subject the attention its importance deserves. That the operation which converts a simple into a compound fracture, and which in the most skillful hands may be accompanied with injury to the brain or its membranes, is inadmissible for purposes of prevention is the lesson of reason as well as of experience.—*Lou. Med. News.*

THE USELESSNESS OF STYPTICS.

In a paper read before the Philadelphia County Medical Society, Dr. J. B. Roberts (*Philadelphia Medical Times*) argues with much force against the use of styptics in general surgical practice. He states his objections to their employment in the following propositions: 1. Their reputation as hæmostatic agents leads practitioners to resort to them when more trustworthy methods are needed. Thus valuable time is lost, for, after temporary arrest, the hemorrhage recurs in the already anæmic patient, and is perhaps followed by disastrous results. 2. If they fail to control the bleeding—which they generally do if the hemorrhage is important—it is often so difficult to rid the surface of the pasty clots that subsequent ligation of the vessels is well-nigh impracticable. 3. Many styptics prevent union by first intention, because they irritate the raw surface, lead to inflammation, or induce suppuration.

He says, further, that Monsel's salt—the subsulphate of iron—has probably more reputation than any other styptic, yet it is the most objectionable of all. It covers the wound with black, sticky clots, which obscure further examination of the surface, prevent primary union, and may even allow bleeding to occur beneath them. I have seen such

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Please refer to the very able article of Dr. D. W. BLISS, in *New York Medical Record*, July, 15th, 1882, in which he so frequently refers to BEEF PEPTONIDS, having been used to so great an advantage not only in the case of the late PRESIDENT GARFIELD, but many others as well.

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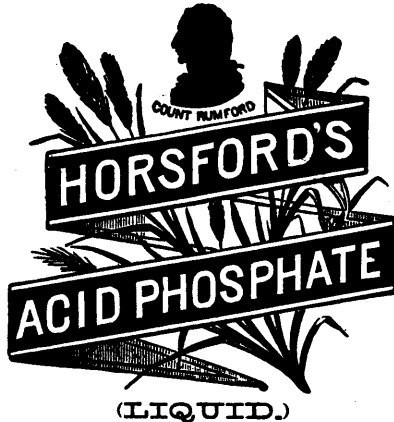
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"I consider that the purity and genuineness of this Oil are secured in its preparation by the personal attention of so good a Chemist and intelligent a Physician as Dr. DE JONGH. He has also written the best Medical Treatise on the Oil, with which I am acquainted. Hence I deem the Cod Liver Oil sold under his guarantee to be preferable to any other kind as regards genuineness and medicinal efficacy."

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A very agreeable tonic containing all the remedial power of the best Cinchona Bark. An excellent quinine vehicle.

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leathery masses of coagulum raised up into vesicles by the subjacent hemorrhage.

There are but two scientific and satisfactory ways of arresting hemorrhage as usually observed in the practice of general surgery: 1. The first is occlusion of each individual vessel by ligation, torsion, or acupressure, and is generally not required for arteries smaller than the facial, nor for veins, except those of the largest calibre. 2. The second method is direct pressure by compresses and bandages, which, if properly applied, will always be effectual when the first method is not demanded. It is to be adopted when there is oozing from small arteries and capillaries.

In all cases of traumatic hemorrhage it should be recollected that a man can lose many fluid ounces of blood without serious injury, and also that no artery or vein can bleed if it is compressed by the fingers. These facts assure the surgeon that there are always time and means to control the bleeding, at least temporarily. Many arteries that spurt freely when first divided soon spontaneously stop bleeding. Therefore it is foolish to interrupt the steps of an operation by ligating every little vessel that throws out a jet of blood. Let the surgeon proceed, even if the arteries are quite large, and when he has finished his incisions he will find, to his surprise, very few points requiring ligatures. He should ligate these, and, after washing away the loose clots, make moderate and equable pressure. There will then be no part for styptics to play. It is possible, perhaps, that there may be occasional instances of oozing where pressure cannot be effectually applied; but these are certainly so rare that they do not materially affect the truth of the proposition that styptics are useless.—*Am. Med. Digest.*

THE HUMORS OF EXAMINATIONS.

It is related of a rough-and-ready examiner in medicine, that, on one occasion, having failed to elicit satisfactory replies from a student regarding the muscular arrangements of the arm and leg, he somewhat brusquely said, "Ah! perhaps, sir, you could tell me the names of the muscles I would put in action were I to kick you!" "Certainly, sir," replied the candidate; "you would put in motion the flexors and extensors of my arm, for I should use them to knock you down!" History is silent, and perhaps wisely so, concerning the fate of this particular student.

The story is told of a witty Irish student, who, once upon a time, appeared before an Examining Board to undergo an examination in medical jurisprudence. The subject of examination was poisons, and the examiner had selected that deadly poison, prussic acid, as the subject of his questions. "Pray, sir," said he to the candidate, "what is a poisonous dose of prussic acid?"

After cogitating for a moment, the student replied, with promptitude, "Half an ounce, sir!" Horrified at the extreme ignorance of the candidate, the examiner exclaimed, "Half an ounce! Why, sir, you must be dreaming! That is an amount which would poison a community, sir, not to speak of an individual!" "Well, sir," replied the Hibernian, "I only thought I'd be on the safe side when you asked a poisonous dose!" "But, pray, sir," continued the examiner, intent on ascertaining the candidate's real knowledge, "suppose a man did swallow half an ounce of prussic acid, what treatment would you prescribe?" "I'd ride home for a stomach-pump," replied the unabashed student. "Are you aware, sir," retorted the examiner, "that prussic acid is a poison which acts with great rapidity?" "Well, yes," replied the student. "Then, sir, suppose you did such a foolish thing as you have just stated, said the examiner; "you ride home for your stomach-pump, and on your returning you find your patient dead. What would you, or what could you, do then?" asked the examiner, in triumph, thinking he had driven his victim into a corner whence there was no escape. "What would I do?" reiterated the student. "Do?—why, I'd hold a post-mortem!" For once in his life that examiner must have felt that dense ignorance united to a power of repartee was more than a match for him.—*Chambers' Journal.*

THE TREATMENT OF PNEUMONIA.

We are indebted to Dr. W. Thornton Parker, Acting Assistant-Surgeon, United States Army, Fort Elliot, Texas, for the following item, communicated to him in a private letter by Prof. Baumler, of the University of Freiburg, Baden: "Our treatment in cases of pneumonia in the Freiburg Hospital is chiefly directed toward sustaining the strength of the patient until in the natural course of the disease the pyrexia leaves him. As the pyrexia is one of the chief causes of the exhaustion which in severe cases gradually sets in, we try to keep down the body heat by means of cool baths or wet packing, as well as by quinine (fifteen to twenty grains in one dose in the evening) or salicylate of soda (sixty to eighty grains within an hour in the middle of the night). The patient must be sufficiently fed by broths, beef tea and milk, and in every case we give from one-half to one pint of light wine, to which the populace is accustomed, in the twenty-four hours. *An ice-bag is applied to the chest when there are pleuritic pains.* Dover's powder or morphia is only given when there is restlessness or great pain or diarrhoea. With very sharp pains in the side we apply the morphine hypodermically. If there be much bronchial catarrh accompanying the pneumonia, we give ipecacuanha

in infusion with or without opiates. Sweet spirits of nitre I have never employed in pneumonia. Altogether, it is but very seldom used in Germany." *Med. and Surg. Reporter.*

VARIOUS PRESCRIPTIONS.—The man who commands the largest practice in Philadelphia, and who is at the same time the favorite lecturer on clinical medicine, is Prof. Pepper, of the University. He hardly ever delivers a lecture that is not published. They tell me he makes up by never writing an article, probably because he lacks the time. The way the doctor thumbs around on patients and brings out the points here and there is astonishing. Nothing but an immense experience and a close observation of disease could have given him his accurate knowledge. We pumped him on his way from the wards to the amphitheatre on typho malarial fever. Dr. Pepper does not believe there is such a disease. He thinks that cases thus diagnosed by practitioners were either typhoid-fever, with some malarial symptoms, or simple continued fever. He believes that physicians have confounded complications occurring in cases of disease with disease. Typho-malarial fever so-called is no more a distinct disease than is typho-pneumonia. It should be treated as typhoid fever, and the complications are treated as such, just as they are when occurring in pneumonia, bronchitis, dysentery, etc. And the doctor nodded his head and passed into the amphitheatre. He had crushed a favorite idea of mine, and I take revenge by hurling the lesson at the heads of some of my western brethren.

Dr. E. T. Bruen is Prof. Pepper's assistant, and is preparing himself to fill the Professor's shoes in the future. He is connected with the dispensary of the Children's Hospital, where he gives instruction to graduates. At several of the meetings I gathered some good points, which are here presented.

A case of whooping-cough in a boy four years of age presented the symptoms of an acute attack of the disease. Dr. Bruen prescribed:

R Bromide quinine.....grs. xvi.
Syrup gum arabic.....fl. ℥ j.
Syrup ginger.....fl. ℥ j. M.

The patient was ordered to take a teaspoonful of the medicine four times a day. If no relief was experienced, it was to be increased. The mother was directed to prick a hole with a pin in a piece of paper every time the patient had a severe attack of cough during the day. She then compared the holes made on the different days, and if they did not diminish she increased the doses of the medicine up to eight teaspoonfuls a day. As the holes decreased she was to give fewer doses.

A little girl, nine years of age, suffering with obstinate malarial fever was ordered to take half-drachm doses of cream of tartar, dissolved in water, twice a

day. Dr. Bruen thinks that the cream of tartar assists quinine in its action as an antiperiodic.

In a case of mucous diarrhoea in a child of one year of age, Dr. Bruen prescribed what he called his favorite prescription:

R Bismuth. subnit.,.....gr. lx ;
Fl. ext. rhubarb,.....gtt. viij ;
Syrup. blackberry.....fl. ℥ ss ;
Elixir orange,.....fl. ℥ ss. M.

Of this the child was ordered to take a teaspoonful four to six times a day. Proper feeding—barley-water, milk and limewater—was also directed. Starchy food was positively prohibited.

A little girl ten years of age, was afflicted with tuberculosis of the lungs. She was pale, emaciated, and harassed by a cough. Dr. Bruen prescribed:

R Olei morrhuae,.....fl. ℥ j ;
Syr. calcii lactophosphatis, . . . fl. ℥ ij ;
Syr. ferri iodidi, fl. ℥ j ;
Liquor calcis, q. s. ad fl. ℥ ij.

M. Sig: A teaspoonful three times a day after meals.

As an embrocation, equal parts of cod-liver oil and soap liniment were ordered. The patient was to wear warm flannels and take outdoor exercise. For the cough:

R Acid. sulphuric dil.,.....M xvj ;
Tr. opii deodorat.,.....M viij.
Syr. pruni Virgin.,.....fl. ℥ j ;
Aqua, fl. ℥ ij.

M. Sig. A teaspoonful or two every two or three hours.

A case of diphtheria in a child two years of age was given:

R Tr. ferri chloridi, fl. ℥ ss ;
Acid. acetici dil., fl. ℥ j ;
Liq. ammon. acetat., fl. ℥ j ;
Syrupi, fl. ℥ ij.

M. Sig: A teaspoonful three times a day.

To be applied locally with a camel's-hair pencil:

R Comp. tr. benzoin, fl. ℥ ss ;
Carbolic acid, gtt. x ;
Glycerin, pure, fl. ℥ jss. M.

The liniment most frequently prescribed by Dr. Bruen for his dispensary patients is one cupful of vinegar, a half cup of turpentine, and the white of an egg well beaten together. As a stimulating liniment to the chest for pneumonia and bronchitis in children, this is excellent. His favorite antiperiodic in these cases is the citrate of iron and quinine. This is also often prescribed as a tonic in anemic conditions where malaria seems to be the cause.—

Correspondence Louisville Medical News.

HYSTERICAL SPINE.—Speaking of "Hysterical Spine," Dr. Vincent gives the following very plain points as aids to diagnosis (*Med. Press and Circular*)—"We are all aware that, when any of the tissues of the body are the seat of acute or chronic inflam-

mation, the pain which results is augmented by pressure; but the pain we are considering, and which is alleged by the patient to be "all down the spine," is not increased by pressure. For instance, if the patient is placed face downward on a firm mattress or couch, the whole weight of the surgeon's body transmitted to the spine by means of the open hand will give no pain; but, on the contrary, if the finger will be drawn lightly over the spinous processes, from the cervical portion down to the sacrum, we shall have a scream or sob, together with considerable cringing or flinching. So the apparent suffering of the patient bears no proper proportion to the pressure exercised. Another test producing a very characteristic symptom of these cases is to tap gently the spinous processes as the patient stands erect before you. The same flinching will be observed, and by these means one is often enabled to more or less localize the pain. The seat of this will generally be found in the lumbar region, especially if we can trace any uterine irregularity arising from any cause whatever. The second symptom is deformity. This may exist in various degrees, from being hardly noticeable to an extent simulating the worst form of lateral curvature; but, unlike that far more serious disease, the hysterical deformity can in a minute be reduced, although when the pressure or manipulation necessary for this is removed the deformity returns; yet for the moment it has vanished, and we have satisfied ourselves that there is no structural change. These two symptoms will generally be found sufficient to determine the nature of the case, especially if our diagnosis be assisted by the existence of any of those morbid conditions of emotional centers so well-known and recognized in the phenomena of hysteria."—*Med. Review.*

INTRA-UTERINE INJECTIONS IN THE TREATMENT OF PUERPERAL SEPTICEMIA.—T. Gaillard Thomas, M.D., in *N. Y. Medical Journal*, March 31, 1883, gives the following case, which seems to him to illustrate what should be the accepted treatment of puerperal fever, or puerperal septicemia, at the present day. The case was that of a lady in the higher walks of life whom I was called to see about a month ago, in consultation by her physician, a man of wide experience. She was a primipara, was taken in labor at 4 o'clock Sunday afternoon, and at 9 o'clock in the evening was delivered of a female child, without any difficulty or assistance. Her physician examined the external genitalia carefully, and found no tear whatever. The nurse was instructed to syringe out the vagina carefully the next day with carbolized water, which she did. The first 48 hours passed by without any bad symptoms at all, but, on visiting her on Tuesday morning, the physician found a temperature of 101° F., and in the evening it had risen to 102.5°. The next morning, the morning of the fourth day, the

temperature was 103°, and the patient began to complain of very severe pain in the right iliac fossa. There had been no chill. At 5 o'clock in the afternoon, the temperature was 106.5° in the mouth. The patient's appearance became wild, as of one who was about to have puerperal mania; the skin was hot, and she was crying out with pain, although she had received a good deal of morphine.

Having now been called to see the patient, I took the temperature in the mouth myself, and confirmed the record of her physician, that it was 106.5°. The pulse was 145. Making a vaginal examination, I found a bilateral laceration of the cervix uteri extending nearly up to the vaginal junction. Probably this extensive laceration partly accounted for the rapidity and the ease of the labor as occurring in a primipara. I urged that the uterus should be washed out with carbolized water at once, but her physician had never seen the method practised, and was strongly prejudiced against it; he finally consented only because it was apparent that unless something decided was done the patient would soon die. Using the Chamberlain tube and the Davidson syringe, Dr. Jones, and afterward Dr. McCosh, continued to wash out the uterus with carbolized water every four hours during the night, and the next morning the temperature was found to have sunk from 106.5° to 101°; the pulse had fallen from 145 to 120; the patient, who had been given opium quite freely during the night, declared that she was very much relieved. Indeed, the relief had been so extraordinary that they began to believe that the danger was not real at all; that some exceptional circumstance had occurred, and that there was no septicemia. The uterus was now washed out at longer intervals, but at once the temperature went up to 102°, 103°, 104°, and 105°, and the patient again began to look maniacal. The uterus was now washed out every three hours, opium was freely administered, ten grains of quinine were administered every eight hours, ice-water was passed through a coil of rubber tubing placed over the abdomen; and as long as this treatment was kept up the temperature did not rise above 101° or 102°; but so soon as they ceased to wash out the uterus the temperature at once rose to 104°, and at times to 105°. This fact was proved by repeated trials.

After this treatment had been continued for ten days, a physician remaining with the patient day and night, giving the injections every three hours, and thirty grains of quinine during the course of the day, it was believed to be time to stop it; but in less than 24 hours the temperature again rose to 105°. I mention the amount of quinine which was being taken particularly, so as to prove positively that there was nothing of a malarial character in the case at all. On the sixteenth day after deliv-

ery, the tenth day after the commencement of the high temperature, the intervals between the uterine injections were extended from three hours to four, then to five, six, and seven hours, and finally they were discontinued altogether, and at the same time the administration of quinine was given up and the coiled tubing was taken off. Opium was continued in small doses for a while longer, and the patient recovered entirely.

I wish to contrast this case with another which I saw just before—that of a woman who had been recently delivered of her third child. When I was called to see the patient the temperature was 106° ; she had been taken with violent pain in one iliac fossa, and had been put five days before pretty profoundly under the influence of opium, and a blister had been applied over the whole of the abdomen. Large doses of quinine had likewise been administered. When I saw the patient, the use of intra-uterine injections was begun at once, but the patient lived only 24 hours, and died in a state of coma.

It seems to me that the time has arrived when puerperal septicemia should be treated upon just as simple a plan as septicemia of any other kind is, namely, by washing with some antiseptic fluid the surface where the disease originates—some fluid which will remove the poisonous material which is being absorbed, and also, so far as possible, neutralize its poisonous qualities. In brief, I would say that puerperal septicemia, with our present light on the subject, should be treated in the following manner: First, wash out the uterine cavity completely with some antiseptic fluid; second, quiet all pain by opium; third, get the peculiar influence of quinine upon the nervous system; and, fourth, keep the temperature, at all hazards, at or below 100° by the methods which we now possess. Three years ago, at the American Gynecological Society, which met in Baltimore, I took the ground which I take to-day regarding this subject, and only one gentleman in the entire society supported my view. Every other member who spoke referred to the dangers of introducing air into the uterine sinuses during the injection, etc. But I believe that the dangers attending the use of the injections are counterbalanced by the benefits to be derived. I do not think there is the least probability that air will be introduced if a tube of large size—as large as the finger—is used. But when a catheter is employed there is some danger of inserting it into a sinus and introducing air and fluid together directly into the vessels.

REPARATIVE SURGERY OF THE GENITAL TRACTS
—Dr. M. A. Pallen of New York, in a paper on this subject, writes: All fallings of the uterus, from the slightest prolapse to the completest procidentia, necessarily involve more or less folding of the vagina upon itself; and, should the

substructure, the perineal conjunction, be absent, the process of vaginal folding ultimately becomes complete inversion. Without the necessary amount of time to properly discuss the relations of vaginal dislocations to the perfect integrity of the perinæum, I propose to formulate certain propositions.

1. Should there be perineal laceration, even if the uterine structure and circumuterine spaces be perfectly normal, the organ, sooner or later, necessarily sinks in the pelvis, most frequently in retroversion.

2. All perineal lacerations, from a simple sub-mucous muscular sundering (of the *transversus perinæi*, *sphincter*, and *levatoris ani* conjunctions), to a rent that extends into the bowel, necessarily beget vaginal dislocation, primarily as a slight, later as a complete rectocele, to be followed by a prolapse of the anterior wall, causing urethrocele and cystocele.

3. Urethrocele and cystocele seldom occur spontaneously; they ensue from pressure above (very rarely), or they follow from perineal sundering or laceration. I have never seen a case of cystocele, or even much urethrocele, that was not associated with some prolapse of the posterior vaginal wall.

4. All operative procedures for the *suspension of a prolapsed uterus must be directed mainly to the posterior vaginal wall*, because it arches upon the perinæum below and the uterus above, serving chiefly as a column of support. The anterior vaginal wall, being straight and shorter, serves rather for the support of the urethra and bladder, and being adherent to the pubo-vesical spaces, it prevents the full bladder from rolling the uterus in retroversion.

5. Operations restoring the integrity of the perinæum and posterior vaginal wall, usually develop symmetrical correlations of the canal. In cases of complete procidentia, a perinæum restored by plastic procedures which strengthen the recto-vaginal septum will eventuate in a permanent cure, a condition I have never seen in making operations confined strictly to the anterior vaginal wall.

These propositions assumed, I feel satisfied that very many successful issues of *perineo-vagino plasty* prove that the theory upon which the operation was based is correct, viz, that the conjunction of the *transversus perinæi*, *sphincter ani*, *pubo-ischio-coccygeus*, and *levatoris ani* muscles, (described, but never actually demonstrated as the perinæum) is the true and correct foundation upon which the posterior vaginal wall rests, and that the *support rendered by the connective tissue in front of the rectum is but secondary, in consequence of the variable calibre of the bowel*. The anterior column of the vagina is straighter and shorter, and, as before said, mainly supports the bladder and urethra; but the posterior vaginal column, added to the masses of blood-vessels furrowing the peri-vaginal connective tissue, tends to support the uterus; therefore, when the basement support of the vagina (peri-

næum) gives way, it folds down upon itself, and drags the uterus in retroversion. I would state *en passant*, that I exceedingly doubt the efficacy of the so-called ligamentous support of the uterus, farther than the mis-named structures (broad ligaments) serve as vehicles for carrying masses of erectile tissue and blood-vessels; and that in the healthy female the uterine body maintains its normal plane, or it is lifted, or it is depressed therefrom, in consequence of plenitude or emptiness of these same blood-vessels. Furthermore, I am disposed to think that all misplacements, except from direct or mechanical causes, depend upon fracture or destruction of the connective tissue in the circumuterine spaces, because of pathological changes in the blood vessels.—*British Medical Journal*.

TREATMENT OF LUMBAGO.—Dr. Fraser says, in the *Lancet*: For the last eighteen months I have been adopting a very successful plan in the treatment of lumbago. While I held the office of resident physician in the Edinburgh Royal Infirmary, I frequently had occasion to perform the operation of cupping in Bright's disease of the kidneys. Some of these cases were attended with severe pain in the loins, and I was so impressed with the great relief from lumbar pain which followed cupping that I thought it might prove a valuable remedy in lumbago, and accordingly the next case of that disease which came under my care was cupped, and I am happy to say that the trial was rewarded with complete success. Since that time I have treated a large number of cases of lumbago by dry-cupping, many of them with the disease in its most severe and aggravated form; and I have been able to give almost immediate and complete relief to most of them, and in no case have I failed to alleviate materially the suffering of the patient. I am convinced that this is a very valuable although simple plan of treating a very common, troublesome and painful affection. I find that the subcutaneous injection of sulphuric ether, chloroform or morphia locally is a valuable adjunct in the treatment of such cases, but in the majority of them the cupping alone is sufficient to give relief. This operation should be preceded and followed by the administration of a saline cathartic.

THE EXTERNAL APPLICATION OF BELLADONNA was resorted to by Dr. Costine (*London Lancet*), in a case of intestinal obstruction, and was followed in a few hours by a discharge from the bowels. There was obstinate constipation, no evacuation having taken place for fourteen days. Vomiting had occasionally taken place, and there had been much pain in the abdomen. Examination showed much distension of the belly, though the walls were not tense. There was occasionally a soft, defined swelling in the right iliac region about the size of the cæcum, but no lumps or bowel could

be felt; there was no hernia and nothing abnormal could be felt per rectum. A large quantity of fluid could be injected. The patient had taken all kinds of purgatives without effect. One grain of opium every six hours was ordered; also cold, strong beef tea and milk in small quantities often repeated. The next day there was freedom from pain and vomiting, but on the second day after, he was much prostrated, with a frequent and intermittent pulse and fæcal vomiting. Six ounces of brandy in twenty-four hours and plenty of beef tea were ordered, and one ounce of belladonna ointment spread on a large poultice was applied over the abdomen, and frequently repeated. The belladonna was first applied in the afternoon, and the same evening the bowels were opened. He progressed favourably for several days, when constipation again took place, which castor oil failed to relieve, but with the external application of belladonna, and opium internally, removed.—*Weekly Med. Review*.

THE TREATMENT OF SYPHILIS BY INDIANS.—Dr. J. Marion Sims gives the following as the ingredients of a decoction used with great success by the Creek Indians in treating syphilis:—"Fluid extract of *Smitax sarsaparilla*, fluid extract of *Stillingia sylvatica* (queen's delight), fluid extract of *Lappa minor* (burdock), fluid extract of *Phytolacca decandra* (poke root), aa ʒij; tincture of *Xanthoxylum carolinianum* (prickly ash), ʒj. Take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses. In making the fluid extracts, there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long, and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods. In making the fluid extracts, we should therefore be careful to have them made from roots recently gathered."—*Brit. Med. Jour.*, March 10, 1883.

CORROSIVE SUBLIMATE IN CATARRH.—Bichloride of mercury, in a solution of one grain to the pint of water, to which two ounces of cherry laurel may be added, is recommended by Dr. J. N. Mackenzie (*Maryland Medical Journal*) in the treatment of inflammatory conditions of the nose and throat with profuse muco-purulent secretion. Crusts that may be present and tenacious mucus should be removed from the surfaces, which should then be sprayed with an atomizer provided with suitable tubes. He regards it as a most valuable disinfectant in ozæna and foetor of the breath from pharyngeal disease. He found it successful in his own case in abating an acute coryza, and had good results in treating chronic nasal catarrh.—*Western Medical Review*.

TREATMENT OF CEREBRO-SPINAL MENINGITIS.

—Prof. H. C. Wood, in a clinical lecture in the *Med. Gazette*, sums up as follows: During the first three or four days in the strong and robust, leeches or cups may be applied to the temples or nape and upper part of the spine. Ice-bags are applied to head and back of neck for first days—in many for a week. To relieve headache, restlessness and delirium, bromide of potash is the best agent, gr. 20 to 30 every three hours. Its efficacy is increased by adding chloral (ten grain doses usually) or in those who cannot take chloral, tinct. hyoscyami (drachm doses). It is advantageous to add also tincture of castor (drachm doses) in the hysterically inclined. If possible don't use opium, but sometimes it becomes necessary, as the remedies already named occasionally fail. The temperature is not apt to run over 104° (a very harmless height) in adults except at the close, and quinine is not indicated; moreover, it has no effect in lowering the temperature in this particular disease. The best way to lower temperature, if this be an object, is by cold affusions, cold and tepid baths, or the cold pack.

CAUTERIZATION OF THE CLITORIS IN HYSTERIA.

—The late Professor Friedreich, shortly before his death, had prepared a paper, which has since been published, on this subject. In many cases of obstinate and severe hysterical affections he has found that cauterization of the clitoris by nitrate of silver has had the most beneficial effects. The cauterization must be severe, as slight superficial cauterization tends rather to aggravate the disease. The pain is at first severe and during it the patient must remain in bed. Among the cases which he gives as cured with extreme rapidity by this method are—one of paraplegia, which had lasted for a year and a half; hysterical aphonia, lasting for two years; glossoplegia, lasting for four months; tonic spasm of the spinal accessory, lasting for seven months; and several cases of general severe hysterical convulsions.—*Virchow's Archiv. and Practitioner.*

FORCIBLE REMOVAL OF UTERUS, AFTER LABOR, BY A MIDWIFE.—A case is reported in the *British Medical Journal*, by Dr. Cane, in which the uterus and some of its appendages were torn away by a midwife. Mrs. B., 29 years of age, in delicate health, had her first child five years previously, subsequently two miscarriages, due to acquired syphilis. Attended by a midwife, death occurred shortly after delivery. It was found upon examining the placenta, which had been removed by the midwife, that there was attached to it a mass which proved to be the inverted uterus, an inch of the upper part of the vagina, both Fallopian tubes, the right ovary, and half of the left one. The uterus appeared to be healthy and the ovaries normal.

TREATMENT OF DIPHThERIA.—Dr. J. J. O'Dea, of Stapleton, N. Y., recommends the following, and, as he claims, successful local treatment of diphtheria: To the entire inflamed surface surrounding the false membrane, and close up to its border, he applies by means of a cotton-wad the following solution. R. Argenti nitrat. cryst., ℥ j.; spt. æther. nit. dulc., ℥ iv.; aquæ destill., ℥ iv., M. In the same manner he then makes an application of the following mixture to the surface of the false membrane, and out to its extreme edge, but no farther: R. Acid. carbol., grs. viij.; liq. ferri sub-sulph., ℥ ijss.; acid. sulphurosi., ℥ ijss.; glycerinæ, ℥ j. M. These are to be repeated twice, or possibly three times in twenty-four hours, the second mixture to be supplemented by a gargle of lime-water, thus allaying irritation and removing the *débris* of false membrane broken down by the action of the acid. When nothing remains of the deposit save some milky white patches he omits the applications and employs only the lime-water gargle of spray.—*Am. Med. Digest.*

LOCOMOTOR ATAXIA SUCCESSFULLY TREATED BY ELECTRICITY.—At the meeting of German physicians and scientists at Eisenach (*Berlin Klin. Wochen.*), Dr. Th. Rumpf reported two cases of locomotor ataxia greatly benefitted by the use of faradic electricity applied with the brush, and in whom the symptoms had not returned after several years. He uses a current not quite strong enough to cause pain. One pole (the anode) is applied to the sternum; the other (the cathode), represented by the brush, is applied in rapid succession to the back and lower limbs. The duration of the application is ten minutes. The effect upon the lancinating pains is quite marked, and common sensation is greatly improved. In cases where the disturbances of sensibility and pain are very marked, and the disease is not too far advanced, this method gives praiseworthy results, which are unattainable by the older methods of treatment.—*Medical Times.*

OLEOZE, THE GERMAN MIXTURE.—Oleoze, so great a favorite in disguising unpleasant remedies, and making most compounds pleasant to smell and taste, is as follows: One part each of the oil of lavender, cloves, cinnamon, thyme, citron, mace, and orange flowers, three parts balsam of peru, and 250 parts of spirits. It is not found in any English, French, or American work. *Am. Med. Weekly.*

PATENT MEDICINES IN ITALY.—A law has just come into force in Italy which prohibits the sale of patent medicines throughout the kingdom unless the precise composition of the medicine is stated. This important decree has been promulgated by the Minister of the Interior, the customs, and the sanitary authorities.—*Medical Times and Gazette.*

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science
Criticism and News.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada LANCET," Toronto.

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TORONTO, JUNE, 1883.

The LANCET has the largest circulation of any Medical Journal in Canada.

MODERN MODES OF LIVING.

What shall we eat and drink, and wherewith shall we be clothed? These problems have been of absorbing interest ever since Adam and Eve, through their own disobedience, were driven out of Eden, and forced to earn their bread by the sweat of their brow. In each succeeding generation these questions appear to have received added importance, and to have kept pace with man's progress towards a higher and still higher civilization. At each milestone of his journey down through the ages, it has been man's good pleasure to enlarge his bill-of-fare and amplify his wardrobe. Thus, by slow degrees, he has created a plan, or system of living, wonderful for its complexity if not for its perfection. So true is this that scarcely a trace of primitive methods remains. Man now lives very much in accordance with devices of his own invention, instead of the simple, but ample provisions, made for his wants by the Creator. Adam and Eve, clothed in leaves, surrounded by their little ones, all reclining on nature's carpet, the sole article of furnishing in a dwelling whose walls were of vines and roof the ample branches of a fig tree,—partaking of a simple meal of fruits and milk, present a scene worthy the genius of an artist, and a grotesque contrast to the elaborate dress, elegant dining halls and groaning tables of later times. While but few civilized persons would advocate a return to primitive ways, yet the opinion is general, that modern methods are too artificial, and mark a wider departure from primitive customs than is compatible with physical and moral perfection.

The antediluvians do not appear to have suffered in either health or longevity from the simplicity of their mode of living.

The primary objects of eating and drinking are development and sustenance. Hunger and thirst are the signals for a fresh supply. To these natural sensations man adds another, namely, the gratification of the special sense of taste. If we leave out of view those who have not supplies at hand at all times, civilized people seldom eat from sheer hunger—they more often eat to perform a set act, or to gratify an acquired and therefore an unnatural appetite. Eating three or four times or oftener in the twenty-four hours, as most of us do, never allows the stomach to get empty. Natural hunger and keen relish of plain substantial food are conditions not to be looked for under such a high-pressure system of feeding. A stomach yet struggling with the remains of the breakfast beefsteak cannot be expected to have a craving for the dinner roast; but modern cooking, with the aid of the palate, is equal to the occasion. It matters not that the stomach has not yet unburdened itself of its last load, or that the whole system behind it is surfeited with pabulum but half elaborated, the hour for refreshments has arrived and the stated work must be performed; and performed it generally is, strange as it may appear, with evident enjoyment. But to the cook belongs the credit. When the stomach is for some time empty, and the whole system has unloaded itself and is working lightly and smoothly, hunger is experienced, and when it has reached a proper height but little of the refinement laid down in the cookery books need be regarded in the preparation of the meal, provided the food offered is nutritious and wholesome. To a healthy constitution, hunger is natural, and if the sensation is never experienced, as happens in the case of most who live in the manner referred to, it is because the owner of the stomach overrules it to an extent which prevents nature from proclaiming her own wants. Hunger being a natural law, every person should seek to so regulate his habits as to perpetuate it and to cause its return when lost. Many dyspeptics experience a desire for food which they call hunger, but it is a misnomer; the sensation is false and the result of over-indulgence at the table. It is important to discriminate between false and true hunger. Real hunger indicates a stomach prepared to receive a fresh supply; it indicates a

system in good working order and in readiness for its task. It has unloaded itself of its previous burden, and is now tendering for a fresh contract, which it promises to perform speedily and well.

Since man, like every other animal, lives by eating, it is evident that eating is a matter to be carefully examined—a duty to be naturally and properly performed. The question involves not only immediate but also remote consequences. Every physician knows that disorders of the digestive organs are extremely common, and are yearly becoming more so. The higher the civilization, and the more abundant is food, the more commonly do such troubles prevail. It is probably not too high an estimate to say, that half the adult population of civilized countries are afflicted more or less with imperfect digestion. Imperfect digestion means impure blood, imperfect nutrition and deranged organic function, which sooner or later undermines health and leaves the system an open prey to one or more of the numerous diseases flesh is heir to. By common consent malnutrition is credited with most of the disease and suffering met amongst mankind. But whence cometh this malnutrition? Is it a disease of itself, or does it proceed from antecedent causes? There can be no doubt that faulty digestion precedes both general and local malnutrition in nearly all cases of a general character. Hence faulty digestion is the primary cause of most of the diseases to which man is so ready to fall a prey. Infectious diseases aside, persons of good digestion, as indicated by robustness of constitution, do not readily take a disease, and in the midst of a useful life, bid adieu to all that is dear on earth, and shake off the mortal coil. On the contrary, such persons, as a general rule, live out their days, and die only after passing their allotted three score and ten years. But good digestion, under an over-ruling providence, does it all.

But eating has a moral as well as physical side. As a person by eating naturally and rationally may eat himself, so to speak, into good health, and the happy, joyous spirits which bodily vigor confers, so by eating unnaturally and irrationally, a person may eat himself into ill health, ill nature, unhappiness, and even crime. Unkind words, domestic jars, and social discords, are, in no small degree, due to imprudent eating. Indeed, so long as faulty digestion continues to prevail to any considerable extent, just so long will domestic disquiet and social

discord continue to drive happiness from our homes and peace and good-will from society. What to eat, and how to eat, we claim, are questions of the most vital interest to each individual and to society at large, and more worthy the attention of the hygienist and philanthropist than most people imagine.

MEDICAL COLLEGE FOR WOMEN.

In our last issue we alluded to the proposed inauguration of a medical college for women in Toronto. Since then Dr. Barrett has been actively engaged in the work of organization, and we are enabled to give the names of the new Faculty. A suitable building will be procured in the vicinity of the Toronto General Hospital, and it is proposed to open the School on the 1st of October next. The following are the names of the Faculty:—Dr. Barrett, President and Professor of the Institute of Medicine; Dr. Geo. Wright, Practice of Medicine; Dr. Adam Wright, Obstetrics; Dr. I. H. Cameron, Surgery; Dr. McPhedran, Materia Medica; Dr. Duncan, Anatomy; Dr. Reeve, Eye and Ear; Dr. Krauss, Medical Jurisprudence; Dr. Nevitt, Sanitary Science; Dr. Augusta Stowe, Demonstrator of Anatomy; and Mr. Pyne, Chemistry.

There should be no difficulty in the way of forming a medical Faculty for such an institution in Toronto, and therefore we very much question the propriety of selecting members from the Toronto School of Medicine, when there are many fully qualified medical gentlemen outside of the School who would be very glad to fill these chairs, and who should, in all fairness, have an opportunity. We also venture to think that a mistake has been made in breaking with Dr. Jenny K. Trout, who was prepared to donate \$10,000 on conditions which, when properly understood and explained, are not at all unreasonable. As matters are at present, it seems not improbable that another School will be inaugurated under the terms laid down by Dr. Trout, with ample funds, and conditions more likely to secure the sympathy of lady students than the one above mentioned. We cannot but feel that Dr. Barrett has made a fatal blunder, when a little tact was all that was necessary to have made success beyond peradventure. We also learn, through the local press, that the medical staff of the Kingston College purpose opening a separate medical school for women in October next.

ONTARIO MEDICAL ASSOCIATION.

The members of the Ontario Medical Association and others are reminded that the Third Annual Meeting will be held in the Canadian Institute, Toronto, on the 6th and 7th of June.

The papers, as will be seen below, are both numerous and varied, and the secretary has received a number of letters from all parts of the Province, indicating increased interest in the approaching meeting. We hope to see a large attendance of the profession at this meeting, and especially the younger members, who cannot fail to be greatly benefited by contact with those who have had greater experience. Young men who locate in country towns and villages, are too apt to settle down to a set routine, become rusty and filled with local prejudices; such would be greatly benefited by that friction of mind upon mind which is so well calculated to promote healthy mental development.

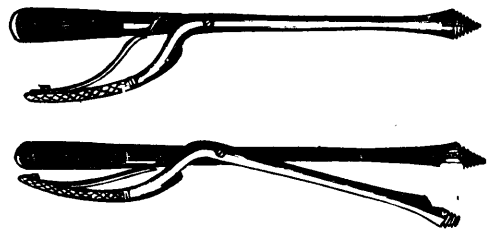
Arrangements have been made by the Secretary with the different railways to bring members and their families at greatly reduced rates, and we trust advantage will be taken of this courtesy on the part of the various railway companies, by members of the profession both young and old. It is also hoped that the members will endeavor to secure pathological specimens for the formation of a museum in connection with the Association. The committee appointed for the purpose of reporting on the desirability and feasibility of establishing a museum and library, have taken action on the matter, and will be prepared to report in favor of the establishment of a museum. The question of founding a library will have to be postponed, at least for the present. We give herewith the titles of the papers received up to the 25th ult., to be read at the forthcoming meeting.

Neurotomy in Traumatic Tetanus, by Burt, Paris; New Method of Removing Solid Adherent Ovarian Tumors, by Groves, Fergus; Bacilli of Phthisis, by Graham, Toronto; Hip Joint Disease, by Ferguson, Toronto; Cancer of the Larynx, by Ryerson, Toronto; Uses of Jaborandi, by Mackay, Woodstock; Treatment of Talipes, by Burrows, Lindsay; Cases of Poisoning, by Mitchell, Enniskillen; Local Boards of Health, by Oldwright, Toronto; Aphasia, by Workman, Toronto; Primary Lateral Sclerosis, by Campbell, Seaforth;

Fatty Diarrhoea, by Woolverton, Hamilton; Medical Ethics, by Dupuis, Kingston; Anomalous Nervous Disease, by C. K. Clarke, Kingston; Value of Vaccination, by Playter, Toronto; Fractures of the Fore-arm, by McNaughton, Erin; Prurigo, with case, by McPhedran, Toronto; Acetonæmia, by Strange, Toronto; Translation on the new Microbes, by Covernton, Toronto.

These, with several others too late for mention here, together with the Reports, which this year promise to be very good, will form ample matter for discussion during the session.

SIMPSON'S BASILYST.



We herewith show the instruments used by Prof. Simpson, of Edinburgh, in the performance of what he terms basilysis, a description of which will be found in our last issue. Figure 1 shows the basilyst closed, as when it is being screwed into the bones. Figure 2 shows the instrument opened, as when the bones are being torn up. It does not cost more than the perforator in common use, and has the immense advantage that, whilst it as easily and effectively perforates the vault of the cranium, it can further break up the unyielding base, and thus in many cases render us independent of any further head-crushing implement or apparatus.

BEEF PEPTONOIDS.

This concentrated nutriment was first prominently brought to the attention of the medical profession in an article in the *New York Medical Record*, July 15th, 1882, entitled, "Feeding per Rectum," in which its value was tested in several cases, among which was that of the late President Garfield. In this case particularly, from the close attention bestowed by the physicians in charge to everything used for the sustenance of their distinguished patient, its excellence as a nutritive agent for feeding per rectum was most clearly marked,

while in the history of the other cases given, its value is exhibited when administered per orem.

This preparation contains all the soluble constituents of beef, *partially digested*, combined with gluten of wheat. The nutritive power of gluten is well known to be very great, for it has within itself such a variety of alimentary principles that animals are well nourished and can live indefinitely on it when taken as the sole article of food. Therefore it is plain, that combining this nutritive factor with the albuminoids and fibrinoids of beef, places within our reach a nourishment for feeding, per orem and per rectum, of considerable importance. Rectal alimentation has not heretofore received the attention it deserves, but there cannot be any doubt of its great value in many cases met with in the practice of every physician. In addition to the nutritive properties of beef peptonoids, it possesses sufficient peptone to materially assist the digestion of any food when administered at the same time, a fact that enhances its value considerably.

WILLIAM EDWARD SCOTT, M.D.

As we go to press we learn with deep regret of the death of Prof. W. E. Scott, of McGill Medical College. Dr. Scott was one of the most prominent physicians in Montreal, and has been connected with McGill College for upwards of thirty years. He held the professorship of anatomy for 15 years. During the last 26 years he held a prominent position on the attending staff of the Montreal General Hospital. He was born in London, England, and emigrated to Montreal at an early age. We are informed that he had a complication of diseases, but kidney disease was the principal affection. The disease appears to have run a rapid course. Many of our readers who attended the meeting of the Canada Medical Association in Toronto last year will remember his being present, apparently in good health. He bore his illness with becoming patience and looked forward to the end with great calmness. He took an active interest in all that pertained to the highest welfare of the medical profession. He was greatly respected by all who knew him, of a kind and generous disposition, a faithful friend, a loving father and devoted husband. His death will leave a blank not readily filled. Many who knew him intimately will mourn his loss as of a

true friend and brother. Large-hearted, frank and considerate, it may with truth be said "he was one of nature's noblemen." His family, consisting of his wife, three sons and a daughter, have our deepest sympathy in their great affliction.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The semi-annual meeting of the College of Physicians and Surgeons of Quebec was held in Montreal on the 9th ult., Dr. R. P. Howard in the chair. Dr. Henry H. Knox, of Portage du Fort, was the only successful candidate for professional examination. Seventy-seven candidates presented themselves for preliminary examination. The following are the names of the successful candidates: Messrs. H. A. Lafleur, E. H. Blackader, W. G. Stewart, A. W. Gardner, — Beique, W. Christie, R. Kirkpatrick, J. Langlois, G. C. Stephen, A. Couturier, A. Cowie, T. Mayrand, C. V. Poitras, J. F. Friganne, A. Guy, C. J. Edgar, J. Edge, J. G. Lamarche, P. Briere, L. J. A. Mignault, J. C. Mars, H. Marchand, J. B. Richard, T. C. Blondeau, C. A. Dugas, G. W. Lacombe, D. J. Page, E. Bittner, W. Joyal, L. Rochette, H. Garceau, A. Hudon, E. Lebreque, C. V. Marsil, J. Marchand, P. Pellard, P. Pelletier. This meeting is the last of the Board. A new election will take place in Quebec on the 11th of July next.

MONTREAL SCHOOL OF MEDICINE.—The following gentlemen belonging to this school received the degree of M.D. in Victoria University on the 11th ult.: — Prevost J. G., Chartrand J. P., Bigouesse J. A., Rioux J. F., Panneton E. F., Moll L. A., Chaffery J., Morency N., Simard E., Rohman H., Chagnon J. S., Vaillancourt R. L., Garrault S. J., Brien A. A. E., Ouimet A., Poitevin E. A., Salvail N., Etue A. Z., Theriault J., Clerk C. F., Mathieu H., Lacoursiere H., Craig L. C. S., Paquet E. G., Geoffrion J. Th., Largis H. E., Bastien J., Archambault H. A., Beaupre J. O. A., Prevost Gu. F., Goulet J. B. A., Allard O. H., Watier G. W., Peladeau J. Th., Brisebois J. M., Ledair E. A., Lessier C., Pepin J. A., Camiere L. J., Prudhomme R., Seguin A.

MCGILL COLLEGE, MONTREAL.—The following are the changes and appointments that have been made in the above-named College: Dr. James Stewart, of Brucefield, Ont., has been appointed

Prof. of Materia Medica and Therapeutics *vice* Dr. Wright, resigned. We congratulate both Dr. Stewart and the College upon this appointment. No better man could have been chosen for the position. Dr. D. C. McCallum has resigned the Chair of Obstetrics and Diseases of Women and Children, owing to press of other professional duties, and Dr. A. A. Browne has been appointed Prof. of Obstetrics, and Dr. W. Gardner Prof. of Gynæcology. Dr. Geo. Wilkins, of Bishop's Medical College, has been appointed Prof. of Medical Jurisprudence, and Dr. R. L. McDonnell Lecturer on Hygiene.

BISHOP'S MEDICAL COLLEGE.—The following changes and appointments have been made in this institution in addition to those mentioned in our last issue. A very important change has been made with regard to the teaching in anatomy, on which no systematic class lectures will be given in future. The entire teaching will be in the form of demonstrations, in the dissecting room. Dr. Trencholme has been appointed to the chair of Gynæcology; Dr. McConnell will lecture on Materia Medica and Botany, and Dr. H. L. Reddy on Therapeutics. Dr. Armstrong has been transferred to Physiology, and Dr. Foley to the chair of Anatomy. Dr. C. A. Wood has been transferred to the chair of Pathology, and Dr. Wm. Young has been appointed Prof. of Chemistry.

HALIFAX MEDICAL COLLEGE.—The following gentlemen have passed the final examination in this College: *M.D.*—J. A. Sponagle, G. H. Fulton, and D. N. Morrison. *Primary.*—A. N. Cogswell, F. W. Goodwin, A. C. Hawkins, J. W. Read, J. M. Gourley, J. McKenzie, T. C. Lockwood, and A. J. Weir. *Prizemen.*—Prize for best final examination, J. A. Sponagle; prize for best primary examination, F. W. Goodwin; Anatomy prize first year, A. J. Fuller.

OBSTRUCTION OF THE BOWELS.—Dr. J. D. Hunter, of Arequipa, Peru, reports in the *Practitioner* a case of obstruction of the bowels which was relieved by the introduction of the hand into the rectum. The hand was passed to the extent of sixteen inches, and the obstruction overcome by dilatation with the fingers. The patient made a rapid and continuous recovery.

TORONTO UNIVERSITY.—The following are the results of the recent medical examinations:—

First Year.—A. W. Bigelow, C. G. Campbell, J. C. Carlyle, W. P. Caven, W. J. Gregg, H. J. Hamilton, D. R. Johnston, H. E. R. Little, J. McCoon, J. Martey, D. McKenzie, C. T. Noecter, S. G. Parker, J. W. Peaker, G. A. Peters, A. F. Woodward. *Second Year.*—H. Bascom, E. Bourke, A. Broadfoot, F. W. Kane, L. Carr, G. H. Carveth, G. A. Cherry, J. D. Courtenay, H. N. Hoople, J. H. Howell, A. B. Kinsley, C. A. Krick, D. J. Minchin, D. Pool, M. R. Saunders, D. M. Staebler, J. G. Sutherland, H. E. Webster. *Third Year.*—J. Bray, J. W. Clerk, J. S. Draper, R. Hearn, J. Johnston, A. F. McKenzie, J. W. Patterson, J. Spence, R. L. Stewart, S. Stewart, A. S. Thompson. *Primary.*—G. A. Bingham.

M.B.—H. S. Clerk, F. J. Dobson, J. E. Hensler, J. A. Meldrum, W. J. Robinson, W. H. Carlton, W. Cuthbertson, W. F. Freeman, W. J. Lepper, T. D. Meikle.

M.D.—R. E. Clapp. Scholarships and Medals. —*First Year.*—1, D. R. Johnston; 2, G. A. Peters. *Second Year.*—1, L. Carr; 2, H. N. Hoople. *Third Year.*—1, J. W. Clerk; 2, J. Spence. *Fourth Year.*—Gold medal (Univ.), W. J. Robinson; silver, F. J. Dobson; gold medal (Starr), W. J. Robinson.

NEW TEST FOR GLUCOSE.—Dr. Geo. Johnson in the *LANCET* for Nov. 18, gives his experience and experiments regarding a new test for grape sugar, whether in the urine or elsewhere. It consists in boiling with an excess of liquor potassa a specimen of diabetic urine (Moore's test), then, adding a few drops of a saturated solution of picric acid, which instantly changes the brown coloration to a deep purple color. The effect of the picric acid would seem to be to intensify the reaction between the caustic potash and the sugar.

CORROSIVE SUBLIMATE AS AN ANTISEPTIC.—In the number of the *Medical News* for May 5th, is an article by Dr. R. F. Weir, of New York, on the use of corrosive sublimate as an antiseptic. His attention was first drawn to it by a statement by Delacroix, that it was an effective germicide in the strength of one part to 2,500 parts of water, being 250 times more powerful than carbolic acid. He used it in one part to 2,000 of water and in some cases even stronger, with very satisfactory results.

ANÆSTHETIC MIXTURE.—In the CANADA LANCET for May, 1882, page 286, will be found a paragraph on the "dangers of anæsthesia," in which is given the mixture used by Dr. Henry Smith, of London. He claims that it is comparatively safe and equally as efficacious as any other. The mixture consists of one part of alcohol, two of chloroform and three of ether. It may be easily remembered from the circumstance that the initial letters of the substances are a.c.e., and the proportionate quantities are 1, 2, 3, respectively.

LIGATION OF THE INNOMINATA.—Mr. Mitchell Banks, of the Royal Infirmary, Liverpool, recently tied the innominate artery for aneurism of the second part of the subclavian artery. The common carotid was also ligated. Kangaroo tendons were employed as ligatures, and strict antiseptic precautions were carried out. The patient left the infirmary much improved. This is the twenty-third case in which the innominate has been tied; twenty-one of which were fatal.

RESORCIN AS A SUBSTITUTE FOR QUININE.—This new drug has been much written about lately, especially in Europe, and has come to be regarded as a most efficient substitute for quinine, in the treatment of intermittent fever. It is a substance closely allied to phenol, and is prepared by fusing potassium benzol disulphate with caustic potash. The dose is from thirty to forty grains. One special advantage of resorcin is its cheapness.

SKIN DISEASES.—Free clinics are given daily at the Hospital for Skin Diseases, Philadelphia, by Dr. Shoemaker, the physician in charge. A great number and variety of cases are treated at this hospital, and those who may desire to attend will gain a practical knowledge of these diseases, not obtainable in private practice. Physicians and advanced students are always welcome, either as visitors or for the purpose of attending the free clinics.

HEAVY BRAIN.—James H. Madden, the noted gambler, who died recently in Leadville, Colorado, had the heaviest brain ever weighed in the United States. Its weight was sixty-two and a quarter ounces. Cuvier's brain weighed rather more than 64 ounces; Dr. Abercrombie's 63. These are the heaviest on record.

BORAX AND GLYCERINE IN ERYSIPELAS.—In the *Medical Times* (Phila.), will be found an article on the treatment of erysipelas, in which the writer recommends the local application of borax dissolved in glycerine in the strength of one drachm to the ounce, and applied on linen. The writer speaks from an experience of eight years, and claims that it cuts short the disease in a remarkable manner.

THE LATEST REMEDY FOR CANCER.—Finely powdered ergot has been used with great benefit by Dr. W. A. Collins, (*Cin. Lancet and Clinic*) in all cancerous ulcerations. The powdered ergot is applied three times a day to the surface of the ulcer. After each application a muslin rag wet with carbolic acid lotion is applied. The Dr. claims to have had unlooked for results from its use.

DISGUIISING IODOFORM.—The *Western Medical Reporter* gives the following plan of disguising iodoform:—For patients who have to use iodoform for certain purposes, it is advised to spread some of the ointment on muslin and bandage a finger with it. Thus the purpose for which the agent is used can be concealed.

SODIUM HYPOSULPHITE IN FETID BRONCHITIS.—Dr. Lancereaux, (*Bull de Therap*) has drawn the attention of the profession to the value of the hyposulphite of sodium in the treatment of this fatal disease. He gives it in doses of from 60 to 80 grains daily. The fetid secretion is gradually diminished, the weight of the patient increases and a perfect cure is effected.

OVARIOTOMY IN AMERICA.—Dr. Burgess, of San Francisco, Cal., has had a series of fifteen successful cases of ovariotomy. This would seem to be an answer to the statement that, from climatic or other causes, the results in abdominal surgery on this continent are not as good as in England.

BRITISH MEDICAL BILL.—This bill, which has yet to pass the House of Commons, will not come into force until April, 1884. There is, therefore, ample time for those who desire to obtain British registration, to enable them to practise in Ontario, to do so.

CANADIANS ABROAD.—John Howard Betts, M.D., Kingston, has passed the examination of the Royal College of Surgeons, Eng., and was admitted a member on the 16th of April. H. W. Aikins, M.D., of Toronto School, F. G. Finley, M.D., of McGill College, and Drs. W. Nattress and W. H. McDonald, of Trinity Medical College, have passed the Primary examination of the Royal College of Surgeons, Eng.

BROMIDIA AS A HYPNOTIC.—Dr. Richard McSherry, Prof. of Principles and Practice of Medicine, University of Maryland, Baltimore, says: "I have used the preparation known as bromidia, prepared by Messrs. Battle & Co., of St. Louis, in my practice, and have found it a very satisfactory agent in cases for which it is deemed most appropriate."

APPOINTMENTS.—Prof. McLean, of Ann Arbor, has been appointed Surgeon-in-chief of the Michigan Central system of Railroads. Dr. J. M. Barnaby has been appointed member of the Board of Health for Bridgetown, N.S. Jas. Weir, M.D., of Kennetcook, has been appointed Commissioner of Schools for the district of East Hants, N.S. J. A. Sponagle, M.D., has been appointed House Surgeon of the Halifax Hospital, N.S. Drs. B. H. Scott and T. D. Meikle, of Trinity Medical School, and J. S. Draper and J. R. Patterson, of the Toronto School of Medicine, have been appointed assistants to the in-door Medical Staff of the Toronto General Hospital.

DR. SHEPHERD has been appointed on the indoor staff of the Montreal General Hospital, *vice* Dr. Wright, resigned, and Dr. McDonell on the outdoor staff. Drs. J. J. Gardner, W. G. Henry and J. Gray have been appointed on the resident staff.

DRS. J. Cameron and D. Chisholm of Port Hood, have been appointed members of the Board of Health for District No. 4, Co. Inverness, N.S.

WESTERN UNIVERSITY, MEDICAL DEPARTMENT.—The following changes and appointments have been made in connection with this medical college. Dr. Arnott has been appointed the representative of the school in the Ontario Medical Council. Dr. Wishart has been appointed Prof. of Clin. Surgery, Dr. McGuigan registrar, and Mr. W. Saunders secretary.

QUESTIONS AND ANSWERS.—In the September number of the LANCET page 20, it is stated that the injection of carbolic acid is good treatment for hemorrhoids if properly done. How should it be done? Ans.—The strength is one of carbolic acid to six of glycerine, and six of water; of this *five* minims are injected into each tumor at intervals of a week.

* * * We received \$3 on the 4th ult., on account of subscription to the LANCET, but as neither name, date nor post-office address accompanied it, we are at a loss to know to whom we should credit the amount.

We regret to learn that both Dr. Purdy of Hope-well Corner, N.B., and his son who was attending the college at Mt. Allison, have been seriously ill of diphtheria, but we are pleased to know that they are in a fair way of recovering.

CORONERS.—Dr. D. E. Berryman has been appointed Coroner for St. John, N.B. Dr. A. B. Gaviller, of Luther, has been appointed Coroner for the Co. of Dufferin, Ont.

MEDICAL BARONET.—M. T. Spencer Wells, of London, Eng., the celebrated ovariologist, has been made a baronet.

Books and Pamphlets.

FORTIETH ANNUAL REPORT OF THE STATE LUNATIC ASYLUM AT UTICA, NEW YORK, FOR THE YEAR 1882.

This is decidedly the most able and instructive asylum report we have ever had the privilege of perusing. It is truly much to be regretted that the contents of such valuable public documents become so little known to the general public, or that, as a rule, the journalistic press so persistently abstains from reproduction of those portions which convey that sort of information which is most, and too often most lamentably, needed by a large proportion of every community. Insanity, just as religion and politics, would seem to be a subject on which every man, and not a small percentage of women, deem themselves perfectly competent, on all and sundry occasions, to dilate with nothing short of hierarchal authority; and whilst those best qualified by long experience and thorough study, to enunciate rational views, are always slow

and cautious in their decisions, the intuitively learned class never hesitate to pronounce their judgment on even the most obscure and perplexing cases.

The medical superintendent, John P. Gray, M.D., of the Utica Asylum, after a residence of 30 years among the insane, in which time more than 12,000 patients have passed under his observance in his own establishment, to say nothing of the ample opportunities availed of by him in his visitation of a multitude of other insane asylums in his own country and over a large extent of Europe, may surely be regarded as a person fairly qualified to express a well-matured and trustworthy opinion on the most important questions connected with asylum administration and the true interests of the insane; and assuredly his present report affords satisfactory proofs of his competency in these relations.

Most cheerfully, did our space or the recognized sphere of action of a medical journal warrant the indulgence, would we lay before our readers some of the more interesting passages of Dr. Gray's able production; but in truth these are so numerous as to render selection alike puzzling and justly impracticable. Above twenty pages are devoted to quotations from the evidence given before the committee of the Imperial Parliament in 1877, which was instructed to "inquire into the operation of the lunacy law so far as regards the security afforded by it against violations of personal liberty." When it is stated that the witnesses examined were Mr. Perceval, secretary of the Lunacy Commissioners; James Wilkes, Commissioner of Lunacy; Dr. J. Crichton Brown, Dr. John Bucknill, Sir James Coxe, Dr. Maudsley, Dr. D. Williams, and the Right Hon. the Earl of Shaftesbury, all gentlemen of the highest standing and most thorough experience, the public might rest assured that the opinions expressed were sound and practical, and they all concurred in the belief that the security of the personal liberty of Her Majesty's lieges needed no additional protection, and that the less the existing lunacy law was tinkered with the better. Lord Shaftesbury, in reply to the question, "Do you consider that the facility with which patients are admitted into asylums is not too great at the present time?" gave the following strong reply: "No, certainly not. I think that the whole of our experience confirms us in the opinion that it

is not. We stated so in 1859, and we state it still more emphatically now. I cannot recollect a single instance in which a patient has been brought into any asylum in whose case there were not sufficient grounds for saying that he was a proper subject for care and treatment; I can hardly recollect a single instance." Such decisive and clear language, from a man so eminent as the Earl of Shaftesbury, and after fifty years' experience as a lunacy commissioner, is surely entitled to very high consideration. We cannot refrain from another quotation which we regard as a very marked tribute of respect to the medical profession at large. His lordship being questioned as to the general merits of medical certificates of insanity, testified as follows:—

"It is very remarkable, taking it altogether, that the certificates have been so sound, considering the great number that have been given every year; of course we must admit that they have been signed by medical men who have no very extensive knowledge of lunacy, but it is certainly very remarkable that the number of certificates which have passed through our hands since 1859—the date of the last committee—amounts to more than 185,000, and yet of all those certificates, I do not think so many as half-a-dozen have been found defective."

We commend the above words of Lord Shaftesbury to the deferential consideration of that class of our Canadian sentimental philanthropists who find pleasure in detraction of the medical profession. From all we have been able to gather from intimate intercourse with the physicians of our asylums, we feel convinced that the general profession are entitled to the very same eulogium as that awarded by Lord Shaftesbury to our brethren in England. Certainly not on the side of loose awards of certificates of insanity is it that errors are most liable to occur, but on the contrary, on that of the withholding of them, in numerous instances in which they would have been not only justifiable, but also essential to the protection of the insane, and the safety of the community.

DISEASES OF THE SKIN, by James Nevins Hyde, Professor of Skin and Venereal Diseases, Rush Medical College, Chicago. Philadelphia: H. C. Lea's Son & Co. Toronto: Willing & Williamson.

This is a good book of 572 pages, on good paper

and in readable type. It is inscribed to Kaposi, of Vienna, which apprizes the reader of the fact that the author has travelled, and has studied his specialty under a competent instructor, who would appear to have given him very liberal permission to copy his plates. This is not the least of the excellencies of Dr. Hyde's volume. The book is written in good English, a fact which almost leads us to surmise that its author has spent long enough time outside the big pork market, to enable him to avoid almost all those peculiar idioms and words which, unfortunately, blemish too many of the literary productions of our western cousins, who seem every year, in point of both orthography and syntax, to be becoming more and more a law unto themselves.

When we inform our readers that Dr. H. has bestowed no less than sixty pages on Eczema, alone, they are not to conclude that he has given to it too much space. This is one of those most prevalent cutaneous affections which are sometimes equally puzzling and profitable to the practitioner, and if authors in general were to devote more attention to common every-day diseases, they would better meet the wants of the purchasers of their works, both in a professional and a pecuniary sense. As regards Eczema, it is pretty certain that the class of patients who call in medical attendants, are just those who are most able to pay, and whose purses indeed demand depletion; and this is as much as to say, buy Dr. Hyde's book. Some people may be inclined to find fault with the absence of coloring in the plates, which are 66 in number. We regard this want as no defect, but rather the contrary, for colored plates, in any department of medicine or surgery, are often more misleading than instructive. The student is too apt to be exactive on nature, and to demand uniformity of morbid aspects in all cases; whereas nothing is more rare than to meet with any two so closely resembling each other, or any one so closely resembling a captivating colored plate, as to render them readily, in all points, identifiable with any of the described or depicted forms he has studied in illustrated books. We have read a pretty large portion of this book, and we cannot withhold our expression of general satisfaction with the contents; but, dear me! Shakespeare said something "of all the ills that flesh is heir to"; had he read Dr. Hyde's book, he would not have written *flesh*, but

skin. Satan must have had a forecast of dermatology when he suggested the temptation of Job by asking leave to test him in this tissue; and he perhaps foresaw that his children would some day make a pile of money out of it; and who better than he understood the power of cash?

MANUAL OF GYNÆCOLOGY.—By D. Berry Hart, M.D., F.R.C.P.E., and A. H. Barbour, M.A., B., Sc., M.B. New York: Wm. Wood & Co.

The edition of this work before us forms part of Wood's Library of Standard Medical Books. It is a reprint of the Edinburgh edition and is in two volumes, being the monthly issue for the months of January and February of the current year. Beginning with a full account of the anatomy of the external organs and pelvic contents in the female, the relations of the several organs are carefully and fully dwelt upon. The several methods of examination of the uterus, manual and instrumental, are pointed out, with the various surgical appliances required in many cases of disease of that organ and its surroundings. The more common pelvic affections are fully entered upon, while those more rarely met with come in for a full share of notice. Affections of the Fallopian tubes, the ovaries, and the uterus, with the several displacements of the organ, and its many morbid conditions and growths, are treated of in a comprehensive manner. Vaginal and vulvar diseases are also described, although, of course, not at any very great length. The disturbances of the function of menstruation, and the various abnormalities of reproduction, are also noticed; and the second volume closes with a concise account of affections of the female bladder and rectum. An appendix is added to this volume, giving a good deal of information in regard to syphilis, chlorosis, and other important matters connected with case-taking. Altogether the book is a useful addition to any practitioner's library.

A MANUAL OF CHEMICAL ANALYSIS as applied to the examination of medical chemicals, for the use of pharmacists, physicians, students, etc. Third edition, thoroughly revised and greatly enlarged. By Frederick Hoffman, A.M., Ph.D., and Frederick B. Power, Ph.D. Philadelphia: Henry C. Lea's Son & Co. Toronto: N. Ure & Co.

This work has been very much enlarged and improved in passing through the various editions,

and now contains about 600 pages. The senior author, Mr. Hoffman, is Public Analyst of the State of New York, and Mr. Power is Prof. of Analytical Chemistry in the Phil. Coll. of Pharmacy. The press work and binding are handsomely executed, and we believe the book will not disappoint the purchaser.

MANUAL OF HISTOLOGY, by Thomas E. Satterthwaite, M.D., Prof. Histolog. and Patholog. Anatomy in N. Y. Post Graduate Med. College, in connection with fifteen of the most capable physicians in the Atlantic States. Second edition, enlarged and revised, containing 202 illustrations and an appendix. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

It is only a short time since we received the first edition of this work. The issue of another edition within so short a period, shows the favor with which the work has been received by the profession. The present edition is a great improvement on the first, and is worthy of increased favor.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASOPHARYNX, by Carl Seiler, M.D. Philadelphia: Henry C. Lea's Son & Co. Toronto: N. Ure & Co.

We have received the second edition of this excellent manual, which has been considerably enlarged. We can especially commend the chapters on nasal catarrh and tumors, as containing much useful information. The engravings are unexceptionably well executed; the style is clear and general get-up excellent.

HOW TO USE THE MICROSCOPE.—Intended for beginners. By John Phin, editor of the *Am. Journal of Microscopy*. Fifth edition, revised and greatly enlarged. New York: Industrial Publication Co.

The work before us will be found an excellent manual for students beginning the use of the microscope. A full description of the instrument and explicit directions are given with regard to its use. We would recommend the book to any one requiring a guide to the use of the microscope.

TRANSACTIONS OF THE THIRTY-SIXTH ANNUAL MEETING of the Ohio Medical Society, held at Columbus, O., June, 1881, and of the Thirty-seventh Annual Meeting in June, 1882.

STUDENT'S GUIDE TO DISEASES OF THE EYE, by Edward Nettleship, F.R.C.S. Second, revised and enlarged, edition. Philadelphia: Henry C. Lea's Son & Co. Toronto: N. Ure & Co.

We have had occasion before to commend Mr. Nettleship's manual. It comes to us again considerably enlarged and with the addition of a chapter on Color Perception, by Dr. Thompson, of Philadelphia, and fifty new engravings.

ILLUSTRATED MEDICINE AND SURGERY, QUARTERLY, Vol. II., Nos. 1 & 2, edited by Drs. G. H. Fox and Fred. Sturgis, New York: E. B. Treat & Co., 757 Broadway. Price \$8 per annum.

This is a most excellent and useful publication, and cannot fail to become popular with the profession. It is deserving of the highest commendation and worthy of general support.

NOTE BOOK FOR CASES OF OVARIAN AND OTHER ABDOMINAL TUMORS.—By Wm. H. Hingston, M.D., D.C.L., L.R.C.S., Edin., Surgeon to Hotel-Dieu, Prof. of Clinical Surgery, Montreal School of Medicine; Consulting Surgeon to Woman's Hospital, &c., &c. Montreal: Dawson Brothers.

A HANDBOOK OF HOMEOPATHIC PRACTICE; By George M. Ockford, M.D., Member of the American Institute of Homeopathy. Chicago: Duncan Brothers. 1882.

HANDBOOK OF MEDICAL ELECTRICITY.—By A. M. Rosebrugh, M.D., Surgeon to the Toronto Eye and Ear Dispensary, &c., &c. Dudley & Burns, printers, Toronto.

Births, Marriages and Deaths.

On the 23rd ult., Dr. J. B. Gullen to Dr. Augusta H. Stowe, daughter of Dr. Emily H. Stowe, all of Toronto.

On the 16th April, James Bovell, aged 3 years; on 21st April, Minnie, aged 5 years and 5 months; and on 24th April, Nellie, aged 7 years; children of Dr. Wadsworth, Fox Lake, Wis., U. S.

At Newcastle, on the 30th of April, James A. Hunter, M.D., L.R.C.P. & S., Ed., aged 27 years.

On the 1st ult., Dr. Robert Eustace, of Canso, N. S., aged 47 years.

On the 6th ult., Dr. A. Chisholm, of Alexandria, Ont., aged 32 years.

FOR CONSUMPTION AND WASTING DISEASES
HYDROLEINE.
 ("HYDRATED OIL.")

FOR DYSPEPSIA, INDIGESTION, ETC.
MALTOPEPSYN.

I desire to express to the Medical Profession my thanks and deep sense of obligation to them for their generous support and kind interest, shown by the almost universal use of Hydroleine and Maltopepsyn in their practice, and the great number of laudatory letters received from them.

I wish also to assure them that I shall continue to give my personal attention to all preparations either imported or manufactured by me and I shall endeavor to produce such remedies *only* as will merit the continued support of the Profession in all parts of the world.

The demand for Maltopepsyn has increased so rapidly, through this decided support of the medical profession, that it has made it absolutely necessary to increase my facilities. I have now leased the entire premises No. 57 Front Street East, erected a new engine, mills, choppers, presses and other machinery of the latest and most approved patterns. I shall be most happy to see any physician and show to him my methods for manufacturing Pepsine, Pancreatine, Exsiccated Extract of Malt, and the other ingredients of Maltopepsyn (as per formula.) I, with perfect security, guarantee to keep the quality to its present high standard, as I devote my entire time to that end.

I add enough testimony from distinguished medical men, the medical press, and leading chemists in the Dominion of Canada, from the mass of letters received, to show conclusively the high reputation these two remedies have gained, leaving out the much greater amount of testimony received from England and the United States.

Very respectfully,

HAZEN MORSE.

IMPORTANT NOTICE.

I publish below exact formulas for Hydroleine and Maltopepsyn. Testimonials follow on next 3 pages.

FORMULA OF HYDROLEINE.

Each dose of two teaspoonsful, equal to 120 drops, contains :

Pure Oil..... 80 m. (drops.) Distilled Water... 35 " Soluble Pancreatin 5 grains.	Soda 1-3 grains. Boric Acid..... 1-4 " Hyocholic Acid..... 1-20 "
---	---

DOSE.—Two teaspoonsful alone, or mixed with twice the quantity of soft water to be taken thrice daily with meals.

MALTOPEPSYN.

The new Canadian Remedy for Dyspepsia, Indigestion, Cholera Infantum, Constipation and all Disease arising from Imperfect Nutrition.

FORMULA.

SACCHARATED PEPSINE (Porci).....	10 Grains.
" PANCREATINE.....	5 "
ACID LACTOPHOSPHATE OF LIME.....	6 "
EXSICCATED EXTRACT OF MALT (Equal to one teaspoonful of liquid extract of Malt.).....	10 "

FOR CONSUMPTION AND WASTING DISEASES.

HYDROLEINE (HYDRATED OIL)

FOR DYSPEPSIA, INDIGESTION, ETC.,

MALTOPEPSYN.

Having for the past three years published the names of most of the leading physicians of Canada endorsing both these remedies, I will therefore now only give the names of a few of the profession, and will add the opinions of some of the leading Druggists throughout the Dominion.

JAS. H. RICHARDSON, M. D., TORONTO.
J. ALGERNON TEMPLE, M. D., "
J. H. MCCOLLUM, M. D., "
JOHN E. KENNEDY, M. D., "
O. S. WINSTANLEY, M. D., "
J. E. GRAHAM, M. D., "
J. H. BURNS, M. D., "
CHAS. WM. COVERNTON, M. D., "

JOHN, REDFIELD, M. D., MONTREAL
D. C. MACCALLUM, M. D., "
F. G. RODDICK, M. D., "
GEO. ROSS, M. D., "
JOHN T. FINNIE, M. D., "
GASPARD ARCHAMBAULT, M. D., "
W. B. BURLAND, M. D., "
CASEY A. WOOD, M. D., "
A. LAPHORN SMITH, M. D., "

FROM LEADING CHEMISTS AND DRUGGISTS.

144 ST. LAWRENCE MAIN ST., MONTREAL, NOV. 18, 1880.

I beg to say that Hydroleine is increasing in favor with the medical profession. It digests easily and in most cases rapidly, and brings up the weight of the patient. To prove which, several physicians have weighed their patients before beginning the remedy. My sales this month are larger than ever.

HENRY R. GRAY, Chemist.

TORONTO, AUG. 15, 1881.

With reference to your Maltopepsyn, I would say I have never sold any preparation of the kind which seemed to give such universal satisfaction both to physicians and patients.

The increasing sales with the testimony of numbers who have obtained marked benefit from its use, show that Hydroleine is a great success.

H. J. ROSE, Pharmacist.

TORONTO, JULY 20, 1881.

We have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly, both over counter and in dispensing. Many people who cannot take Cod Liver Oil take the Hydroleine with great benefit.

E. HOOPER & Co., Chemists and Druggists.

MONTREAL, AUG. 15, 1881.

We have very favorable news in reference to Hydroleine and Maltopepsyn. Their sale is increasing, and we have heard through medical men who have prescribed them that they both give entire satisfaction.

LAVIOLETTE & NELSON, Pharmacists.

MONTREAL, AUG. 15, 1881.

I have much pleasure in saying that numbers of my customers express themselves highly satisfied with the action of both Hydroleine and Maltopepsyn, and in consequence I find the sales increasing.

J. A. HARTE, Chemist and Druggist.

444 QUEEN ST. WEST, TORONTO, MARCH 4, 1882.

I have much pleasure in informing you that the sale of Hydroleine and Maltopepsyn is rapidly increasing, and the very best of results invariably follow their use. Leading medical men are ordering them freely, which fact is sufficient guarantee of their being reliable preparations.

HARRY SHERRIS.

171 KING ST. EAST, TORONTO, FEBRUARY 3, 1882.

I feel it a duty to the public and yourself to communicate to you the very satisfactory results affected by your Maltopepsyn.

JOSEPH DAVIDS & CO.

382 & 630 QUEEN ST., 324 SPADINA AVE., TORONTO. FEB., 1882.

I have been selling your Hydroleine and Maltopepsyn for some time past, and find it gives universal satisfaction.

JOSIAH GREEN.

243 YONGE ST., TORONTO, 1882.

I have sold Hydroleine and Maltopepsyn since their introduction, and must say that they have given entire satisfaction.

CHAS. W. HOWARTH.

BELLEVILLE FEBRUARY, 1882.

We have sold both remedies, and find them spoken of very favorably by both the Medical Profession and the Public.

We can safely recommend them to parties needing such remedies.

L. W. YEOMANS & CO.

BELLEVILLE, ONT., FEBRUARY, 1882.

In recommending Hydroleine and Maltopepsyn, we endorse the opinions of many of our customers who have used both.

JAS. CLARKE & CO.

BELLEVILLE, FEBRUARY, 1882.

I believe Hydroleine gives general satisfaction. I have also received very good reports from the use of Maltopepsyn in cases where other preparations have failed.

A. L. GEEN.

BELLEVILLE, ONT., FEBRUARY 7, 1882.

I have much pleasure in recommending your preparations of Maltopepsyn and Hydroleine, as they have given entire satisfaction wherever they have been used.

R. TEMPLETON.

BELLEVILLE, FEBRUARY 8, 1882.

I have much pleasure in assuring you of the general usefulness of your Hydroleine, and the confidence bestowed upon it by those who have used it. One customer says, respecting his child troubled with Chronic Bronchitis, "Nothing answers him so well; he thrives upon it."

W. R. CARMICHAEL.

BROCKVILLE, ONT., FEB. 13, 1882.

We have much pleasure in stating that for the past two years we have sold Hydroleine. It has given satisfaction, as the sales of it have been considerable, and we have had no complaints.

ALLAN, TURNER & CO.

LONDON, ONT., NOV. 24, 1881.

I have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly, both over the counter and in dispensing. Many people who cannot take the Cod Liver Oil take Hydroleine with great benefit.

W. T. STRONG.

OWEN SOUND, JAN. 6, 1882.

The sale of your preparations, Hydroleine and Maltopepsyn, has been very large, giving satisfaction wherever used.

ROBERT WIGHTMAN.

WINGHAM, ONT., JAN. 11, 1882.

I have used Hydroleine and Maltopepsyn for over a year, and have the satisfaction of knowing that I can safely and confidently recommend them to my customers.

W. T. BRAY.

NEW REMEDY FOR TEETHING INFANTS

And Adults Suffering from Nervousness, Headache, Etc.

MORSE'S GLYCEROLE OF CELERY COMPOUND.

EACH FLUID DRACHM CONTAINS :

CELERY SEED	- - - -	4 Grains.
CATNIP HERB	- - - -	5 Grains.
CHAMOMILE	- - - -	2 Grains.

Dose for Teething Infants, from 2 to 60 drops, according to age.
For Adults, from 1 to 2 teaspoonsful.

Celery Compound is a *safe* and pleasant substitute for opium and other powerful drugs, as has been proven by many physicians, and also at the Infant's Home. See following letter :—

INFANT'S HOME AND INFIRMARY.

HAZEN MORSE, ESQ.

TORONTO, 29TH DECEMBER, 1882.

DEAR SIR,—I must thank you for the bottles of Celery Compound. I have used it especially with the teething infants, and have found it a certain remedy for feverishness and every form of indigestion, and for the weak and sickly ones it was invaluable as a tonic, and I shall have the greatest pleasure in recommending its use to everyone. Wishing you every success, I beg to remain, yours very respectfully,

M. WHITE, Head Nurse.

It is not necessary to speak of the advantages obtained by substituting Celery Compound for opium, as they will be at once apparent to every physician. I would call attention to the following notice, taken from the *Toronto Evening News*, March 7, 1883 :—

THE DEADLY SOOTHING SYRUP.

The Drugs With Which Many Little Babies Are Poisoned.

Cincinnati Enquirer.

The recent death in St. Louis from the injudicious administration of a certain soothing syrup to two infants (twins) has aroused attention to the danger attending the use of opiates by mothers and nurses to quiet young babies. In this case the medicine was given every day for a week, according to the testimony of one witness. The children, it is supposed, became saturated with the opiate. R. Harger, a St. Louis chemist, said there was no opium in the sample bottle of soothing syrup furnished him, but that an ordinary bottle of the same stuff bought by him he found four grains of morphine to the ounce. The stuff is the more dangerous that those using it are not careful to shake the bottle, and the morphine floats on top. Another comes from the fact that the appetite for opium grows rapidly, and the dose which satisfied the child to-day is not enough for to-morrow, and it must be increased. If the stuff is in the house it is difficult to prevent nurses from using it surreptitiously. A careless person can easily make a mistake through inatten-

tion, and not be aware that an overdose has been taken until it is too late.

"There are cases," said Dr. T. C. Minor, "of poisoning from the use of soothing syrup happening occasionally in this city. In the returns to the health board there is a blank for 'immediate cause of death,' and another for 'remote cause of death.' I remember, it seems to me, at least three cases while I was health officer, where the immediate cause of death was stated to be the use of soothing syrup. This medicine contains considerable opium. I do not think opium should be given in any form to a young infant, except where the physicians deem it necessary, and then only under his direction. In cases of colic, which is the distention of the intestines by gas, warm teas will give the necessary relief, and are entirely safe. Paregoric is a safer thing than soothing syrup, but there should be no opiates administered to quiet a child. There is always danger that it will cause congestion of the brain. Some classes of congestion of the brain reported in young children are the result of administering soothing syrup, or some other opiate. It is more difficult to rally a child from the effects of an overdose of an opiate than an adult."

HAZEN MORSE,
Sole Proprietor,
International Bridge, Ontario, and Buffalo, N. Y.

SCOTT'S EMULSION

PURE COD LIVER OIL,

With **HYPOPHOSPHITES** of **LIME** and **SODA**,
PERFECT, PERMANENT, PALATABLE.

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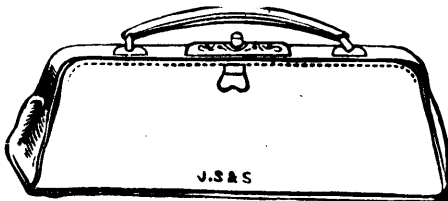
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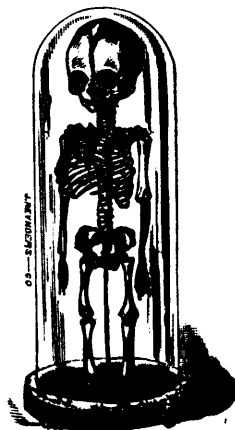
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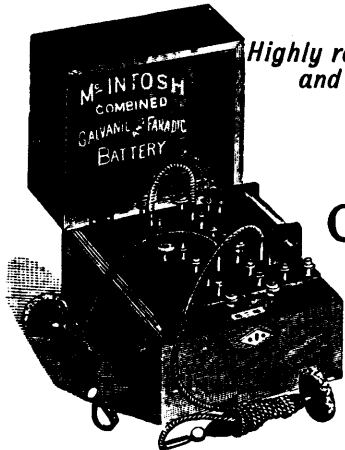
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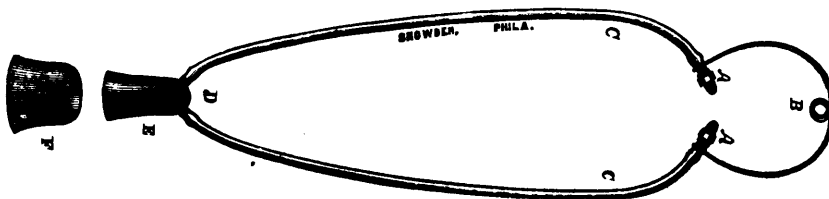
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2nd. CHAPOTEAUT'S PEPSICAL PEPTONE CONSERVE.

This article is a neutral, aromatic liquid, and keeps well. Each teaspoonful represents double of its weight of Beef, and is taken either pure or in soup, wine, jellies, or syrup, and also under the form of alimentary injections.

3rd. CHAPOTEAUT'S PEPSICAL PEPTONE WINE.

Each small wine-glass contains the Pepsical Peptone of 10 grammes of Beef. It has a very agreeable taste, and constitutes an excellent aliment, which the patient and children accept with pleasure. It is taken at the beginning of meals, in doses of one or two small wine-glasses.

IODIZED SYRUP OF HORSE RADISH'

Being an intimate combination of Iodine with the juice of the antiscorbutic plants *Lepidium Communis*, *Cochleria Armorica* and *Cochleria Officinalis*, so well combined according to Claude Bernard's process that it is insensible to the reaction of starch.

Our Syrup has replaced in the practice of a great many leading physicians Cod-Liver Oil, and most of the iodized preparations. It has been employed mostly in diseases of the *Lymphatics*, *Scrofula*, *Obstruction of the Glands*, *Rickets*, *eruptions*, *diseases of the skin*, and in fact all ailments caused by a defect or acridness of the blood. It is depurative, and at the same time a strengthener and a tonic.

Drs. Bazin, Cazenave, Devergie, of the Hospital St. Louis, prescribe it in all diseases of the skin, with or without syphilitic origin. Drs. Favrot, Ricord, and other syphilographers, consider it the most powerful depurative, as well as the surest, in old *syphilitic affections*, and never impairing the constitution already weakened by disease or by the effects of mercury.

GUARANA POWDER.

This substance is the resinous powder of the fruit of the "Paulinia Sorbilis," gathered by Guarana Indians in Uruguay. Taken to the dose of thirty grains (dose of each of our packages) in a glass of water with sugar, it is a sovereign remedy for *Hemicrania* (megrim), *Headaches* and *Neuralgia*.

The balsamic and astringent properties of this plant have caused it to be extensively used in general practice, and with great success, as a remedy for *diarrhoea* and *dysentery*—the dose then being two or three powders a day, that is to say, from sixty to ninety grains daily.

MIDY'S ESSENCE OF SANTAL.—(Prepared by a first-class Chemist.)

The essence of **Santal** is employed with success in the place of *copaiba* and *cubeba*. It is inoffensive even in the largest dose. At the end of 48 hours its use causes complete relief, and the discharge is reduced to a serous oozing whatever may be the color or abundance of the secretion. Its use occasions neither indigestion, eructations, nor diarrhoea, and the urine does not exhibit any odor.

Midy's Santal is chemically pure. It is put up in the form of small round capsules, and taken in the dose of 10 to 12 capsules per day, and gradually diminished according as the discharge is lessened.

Agents for Canada: Messrs. H. Sugden Evans & Co., Montreal.

Toronto Agency, J. H. PEARCE & Co., 23 Front St., West.

GELATUM **VASELINE** PETROLEI

GRAND MEDAL at the Philadelphia Exposition, 1876.
SILVER MEDAL at the Paris Exposition, 1878.
MEDAL OF PROGRESS by the American Institute, 1880.

The attention of physicians, druggists and hospitals, is called to this article, and to the fact that it is favourably regarded and extensively used in the United States, on the continent and in England, by the profession and pharmacists as a base for

OINTMENTS, CERATES, &c.,

As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES or ERUPTIVE DISEASES, and all contused and inflamed surfaces, it is not equalled by any known substance.

In the treatment of COUGHS, COLDS, CROUP, DIPHTHERIA, and of THROAT and CHEST complaints, the best results are obtained.

One Pound Cans, 60cts. Five Pound Cans, \$1.50.

Extract from Report of Dr. Galezowski, the distinguished French Oculist.

"Vaseline is the best pharmaceutical preparation in the making of Ointments, as it is completely neutral and unchangeable. I saw it used for the first time in London by Dr. Lanson. I then procured the 'Vaseline' myself, and have experimented with it for four months on over one thousand patients, and I must declare that the knowledge acquired by practice has surpassed my expectations by far. * * * I have also prepared large quantities of eye ointments with 'Vaseline,' and have employed them on numerous maladies with very great success, and I can affirm that 'Vaseline' is very precious in ocular therapeutics, and must replace all the ointments in use at the present time. * * *

"In conclusion, on account of its unalterability and its great affinity for perfumes, I believe that 'Vaseline' merits the attention of the scientific and industrial world."

DR. REUSCHE, of Hamburg (translation) says:

"In six cases of small-pox I have used Vaseline with eminent success—one a severe case of variola vera—a boy sixteen years old, not vaccinated.

"It developed the disease rapidly, and shortened considerably the duration of it—the time varying from seven to twenty days, the latter period for the most serious case only.

"While the application of Vaseline was regularly renewed, all inflammation and fever were kept off, and none of the patients, at any time, suffered any pain or great inconvenience, whereas, if neglected, the patient would become irritable and feverish.

"Applied internally, it removed the small-pox in the mouth and throat in a few days.

"A few scars remained in only one case, but the patient will outgrow these, as they are very slight."

From the LONDON LANCET, Jan'y 5th, 1878:

"We have before noticed this preparation of petroleum in terms of warm praise. It is of the consistency of butter, is perfectly free from odor, and does not become rancid. We have now before us several new preparations made from it, which are so useful as to call for remark. They are a pomade, a cold cream, and a camphor ice, all of excellent quality. We have tried all of them with most satisfactory results, having found them greatly superior to the preparations in common use."

Bronze Medal and Diploma Awarded by the American Institute for 1874.

"Vaseline is an admirable preparation for many of the uses mentioned. As a base for ointments, it has given very great satisfaction, whilst its freedom from rancidity or liability to become rancid gives it great advantage over many animal and fatty bodies. We deem it an article of great value, and deserving of special mention for the above purposes." Bronze Medal awarded

Signed by { P. W. BEDFORD, } Chemist.
 { ISADOR WALZ, }

"This article is one of great merit as a base for Cerates, Ointments, etc., and for Medicinal and Toilet uses, and is superior to the present bases used for Cerates, etc. It deserves the patronage of the profession, and shows maintained superiority." A Silver Medal awarded.

Signed by { NEWTON SQUARE, } Chemist.
 { F. W. HUNT, }
 { S. R. PERCY, } M.D.

Silver Medal and Diploma Awarded by the American Institute for 1875.

We manufacture the following Standard Ointments, according to the United States Pharmacopœia, using Vaseline as a base instead of lard:

- Ung.: Hydrargyri (½ Mercury) Ung.: Zinci Oxidi.
- Ung.: Hydrargyri: Nitratis (Citrine Ointment) Cerat.: Resinæ.
- Cerat.: Plumbi Sub-acetatis (Goulards Cerate) Cerat.: Simplex.

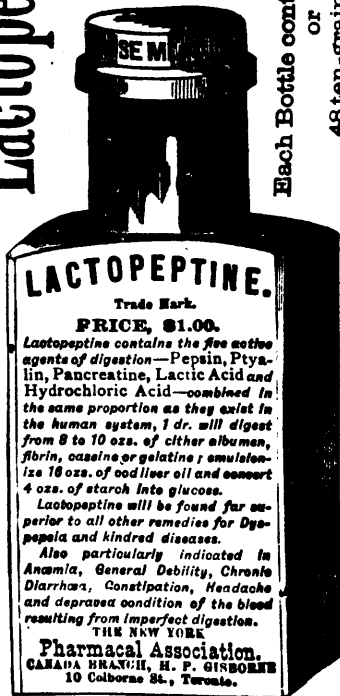
We recommend them as vastly superior to anything in use. PRICE 75 CTS. PER POUND. NO CHARGE FOR JARS. Send for Pamphlet.

Chesebrough Manufacturing Company, New York,

No. 249 NOTRE DAME STREET, MONTREAL.

Pomade Vaseline, Vaseline Cold Cream, Vaseline Camphor Ice, and Vaseline Toilet Soap, are all exquisite toilet articles made from pure Vaseline, and excel all similar ones.

Lactopeptine.



Each Bottle contains 1 ounce
or
48 ten-grain Doses.

DEMONSTRATED SUPERIORITY OF

LACTOPEPTINE

AS A DIGESTIVE AGENT.

Certificate of Composition and Properties of Lactopeptine by Professor ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

LONDON, May 2, 1882.

Lactopeptine having been prescribed for some of my friends during the past five years—apparently with very satisfactory results—its formula, which is stated on the bottles, and its general character, have become well known to me. But recently the manufacturer of this article has asked me to witness its preparation on the large scale, to take samples of its ingredients from large bulks, and examine them and also mix them myself, and to prepare Lactopeptine from ingredients made under my own direction, doing all this with the object of certifying that Lactopeptine is what its maker professes it to be, and that its ingredients are in quality the best that can be obtained. This I have done, and I now report that the almost inodorous and tasteless pulverulent substance termed Lactopeptine is a mixture of the three chief agents which enable ourselves and all animals to digest food. That is to say, Lactopeptine is a skillfully prepared combination of meat-converting, fat-converting, and starch-converting materials, acidified with those small proportions of acids that are always present in the healthy stomach; all being disseminated in an appropriate vehicle, namely, powdered sugar of milk. The acids used at the factory—lactic and hydrochloric—are the best to be met with and are perfectly combined to form a permanent preparation; the milk sugar is absolutely pure; the powder known as "diastase" or starch-digesting (bread-, potato-, and pastry-digesting) material, as well as the pancreatin, or fat-digesting ingredient, are as good as any I can prepare; while the pepsin is much superior to that ordinarily used in medicine. Indeed, as regards this chief ingredient, pepsin, I have only met with one European or American specimen equal to that used by the manufacturer of Lactopeptine. A perfectly parallel series of experiments showed that any given weight of acidified pepsin, alone, at first acts somewhat more rapidly than Lactopeptine containing the same weight of the same pepsin. Sooner or later, however, the action of the Lactopeptine overtakes and outstrips that of pepsin alone, due, no doubt, to the meat-digesting as well as the fat-digesting power of the pancreatin contained in the Lactopeptine. My conclusion is that Lactopeptine is a most valuable digesting agent, and superior to pepsin alone.

JOHN ATTFIELD.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, thus combining all the principles required to promote a Healthy Digestion.

One of its chief features (and the one which has gained it a preference over all digestive preparations) is, that it precisely represents in composition the natural digestive juices of the stomach, pancreas and salivary glands, and will therefore readily dissolve all foods necessary to the recuperation of the human organism.

FORMULA OF LACTOPEPTINE :

Sugar of Milk.....	40 ounces.	Veg. Ptyalin or Diastase.....	4 drachms.
Pepsin.....	8 ounces.	Lactic Acid.....	5 fl. drachms.
Pancreatine.....	6 ounces.	Hydrochloric Acid.....	5 fl. drachms.

LACTOPEPTINE is sold entirely by Physicians' Prescriptions, and its almost universal adoption by physicians is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE recommend it to the profession.

ALFRED F. A. KING, M.D., Washington, D. C.
Prof. of Obstetrics, University of Vermont.

D. W. YANDELL, M.D., *Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville, Ky.*

L. P. YANDELL, M.D., *Prof. of Clin. Med., Diseases of Children, and Dermatology, University of Louisville, Ky.*

ROBT. BATTEY, M.D., Rome, Ga., *Emeritus Prof. of Obstetrics, Atlanta Med. College, Ex-Pres. Med. Association of Ga.*

CLAUDE H. MASTIN, M.D., LL.D., Mobile, Ala.
PROF. H. C. BARTLETT, Ph.D., F.C.S., London, England.

ALFRED L. LOOMIS, M.D., *Prof. of Pathology and Practice of Med., University of the city of New York.*

SAMUEL R. PERCY, M.D., *Prof. Materia Medica, New York Medical College.*

F. LE ROY SATTERLEE, M.D., Ph.D., *Professor Chem., Mat. Med. and Therap. in N. Y. Col. of Dent.; Prof. Chem. and Hyg. in Am. Vet. Col., etc.*

JAS. AITKIN MEIGS, M. D., Philadelphia, Pa., *Prof. of the Institutes of Med. and Med. Juris. Jeff. Med. College; Phy. to Penn. Hospital.*

W. DAWSON, M.D., Cincinnati, Ohio, *Prof. Prin. and Prac. Surg., Med. Col. of Ohio; Surg. to Good Samaritan Hospital.*

PROF. JOHN ATTFIELD, Ph.D., F.R.S., F.C.S., London, Eng.

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page Pamphlet, which will be sent on application.

MANUFACTURED BY THE N. Y. PHARMACAL ASSOCIATION, NEW YORK.

CANADA BRANCH:—H. P. GIBBONS, 10 COLBORNE ST. TORONTO.

NEW REMEDIES !

—DIURETICS—

PREPARED BY PARKE, DAVIS & CO.,
MANUFACTURING CHEMISTS, DETROIT, MICH.

The following drugs, preparations of which containing the medicinal principles in their most eligible form, we offer the medical profession, have for some time been in use by a sufficient number of physicians to determine their value. Such claims as we make for them are based exclusively on the reports which we have collated from the medical press. These reports have been preserved by us in extenso, and we are prepared to furnish copies, gratis, to all who may be sufficiently interested to apply for them. We hazard nothing in asking for these drugs a more thorough trial, with a view to commending them to the use of those who are not already familiar with them.

SIERRA SALVIA.

(ARTEMISIA FRIGIDA.)

FLUID EXTRACT OF THE HERB. DOSE, 1 TO 2 FLUIDRACHMS.

This species of the Artemisia was introduced by Dr. A. Comstock, of Silver Cliff, Colorado, as a substitute for quinine. In the treatment of periodic fevers, he gives a teaspoonful of the fluid extract in a glass of strong, hot lemonade, one hour before the expected chill, and repeats in 30 minutes if the stage of perspiration has not set in. In rheumatism, scarlet fever, diphtheria, etc., he uses it hot as above, and repeats every half-hour, until perspiration and urination are certainly established.

VACCINIUM GRASSIFOLIUM.

FLUID EXTRACT OF THE PLANT. DOSE 30 MINIMS TO 1 FLUIDRACHM.

Astringent and diuretic, resembling uva ursi to some degree. Useful in catarrhal inflammation of the genito-urinary tract, gleet, chronic cystitis, etc. In dropsy, from whatever cause, it is an active diuretic, assisting the removal of the effused fluid. It has also been given with benefit in chronic diarrhoea and dysentery.

RHUS AROMATICA.

This drug has had a very thorough trial as a remedy in nocturnal incontinence of urine, and the very general verdict is that it is a remedy of value in this troublesome affection. Its action consists chiefly in improving the tone of the sphincter muscles, but it also exerts a soothing influence over the mucous lining of the bladder, rendering the organ more tolerant of the normal urinary secretion.

Dr. McClanahan, who first prominently called attention to the virtues of Rhus Aromatica, claims for this drug almost specific properties in nocturnal incontinence of urine, either in old or young. He regards it as also useful in hematuria and in menorrhagia, while it is further recommended by some as a remedy in atonic diarrhoea, dysentery and summer complaints of children.

FLUID EXTRACT OF THE BARK OF THE ROOT. DOSE, 5 TO 30 MINIMS.

CORN SILK.

(STIGMATA MAIDIS.)

FLUID EXTRACT OF THE GREEN PISTILS. DOSE, FROM 1 TO 2 FLUIDRACHMS.

This article has lately been very highly spoken of as a demulcent and diuretic in catarrhal inflammations of the kidneys and bladder. Cases are reported by Dr. Dassu.n, in "*Union Medicale*," in which the urine exhibited a strong ammoniacal odor, with heavy morbid deposits, which were speedily relieved by the administration of corn silk. The use of the drug in this country has corroborated the favorable opinion conceived of it in France.

KAVA KAVA.

(PIPER METHYSTICUM.)

FLUID EXTRACT OF THE ROOT. DOSE, 20 TO 60 MINIMS.

This drug has for a long time been used in its native habitat as a remedy for gonorrhoea, and seems to have been very effectual. It has also been used beneficially by the natives in gout, bronchitis and in erysipelatous eruptions.

Two or three doses should be given during the day, each with a full goblet of water. It is said that 20 minutes after the first dose, a pressing desire to urinate is experienced. The quantity of urine is abundant, and it becomes as limpid and as clear almost as water. The Kava, moreover, acts like a bitter tonic, is pleasant to take, stimulates the appetite, does not derange the digestive functions, and produces neither diarrhoea nor constipation.

PARKE, DAVIS & CO., Manufacturing Chemists.