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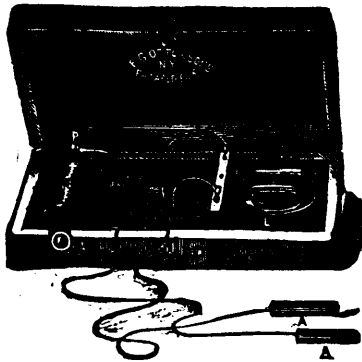
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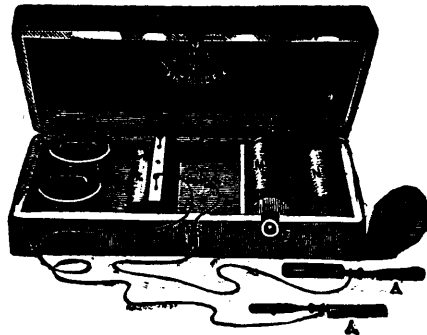
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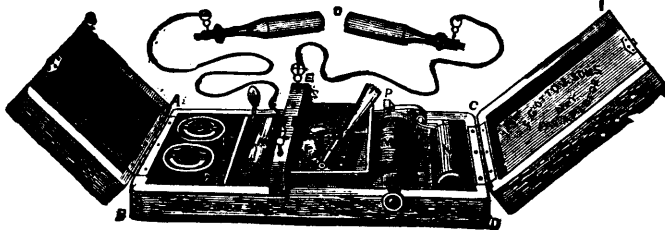
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HENRY F. LYSTER, M. D.,  
*Professor of Principles and Practice of Medicine and Clinical Medicine.*

WILLIAM BRODIE, M. D.,  
*Professor of Clinical Medicine.*

JAMES BURGESS BOOK, M. D.,  
*Professor of Surgery and Clinical Surgery.*

WILLIAM C. GUSTIN, M. D.,  
*Professor of Obstetrics, Clinical Midwifery and Clinical Diseases of Children.*

DANIEL LAFERTE, M. D.,  
*Prof. of Anat. Orthopedic Surgery and Clinical Surgery.*

JOHN J. MULHERON, M. D.,  
*Professor of Materia Medica and Therapeutics.*

C. HENRI LEONARD, M. D.,  
*Professor of Medical and Surgical Diseases of Women and Clinical Gynecology.*

CHARLES DOUGLASS, M. D.,  
*Professor of Diseases of Children, and Clinical Medicine.*

JOHN E. CLARK, M. D.,  
*Professor of Medical Chemistry and Physics.*

THEODORE F. KERR, M. D.,  
*Professor of Genito-Urinary Diseases.*

CHARLES C. YEMANS, M. D.,  
*Professor of Diseases of the Skin.*

CHARLES J. LUNDY, M. D.,  
*Professor Clinical Diseases of the Eye, and of Diseases of the Ear and Throat.*

CHARLES A. DEVENDORF, M. D.,  
*Professor of Physiology and Histology.*

WILLIAM C. MAYBURY, M. D.,  
*Professor of Medical Jurisprudence.*

CHARLES JUNGK, PH. D.,  
*Professor of General Chemistry.*

GUSTAV SCHULENBERG, M. D.,  
*Professor to the Chair of Surgery.*

WILLARD CHANEY, M. D.,  
*Assistant to the Chairs of Physiology and Laryngology.*

E. J. MCPHARLIN, M. D.,  
*Demonstrator of Anatomy.*

FOR ADMISSION, Students are required to pass a matriculation examination. (See College circular).

THE CURRICULUM embraces three years of graded study. The Collegiate Year consists of a preliminary (or optional) Session of about fourteen weeks, and a Regular Session of six months.

THE REGULAR SESSION will open on the first Tuesday in September, and will close early in the following March. The Preliminary Session commences on the second Tuesday in March. During both the Preliminary and Regular Sessions, the several Professors will take special pains to examine the students upon the subjects of the previous lectures.

The large CENTRAL FREE DISPENSARY in the College building is open daily, and affords a vast amount of clinical material, which will be utilized for the practical instruction of the students. In addition to this, ample Hospital advantages are offered to the students of this College. The Michigan College of Medicine Hospital is under exclusive control of this Faculty, and is distinctively a Clinical Hospital, the students being brought into direct bedside communication with the patients.

FEES.—Matriculation Fee (paid but once), \$5; Annual Fees (including tickets for Regular and Preliminary Terms), \$50; Optional (or Preliminary) Term, to students who do not attend the Regular Session, \$15; Graduation Fee, \$20.

For further particulars, and for College circular, apply to

J. J. MULHERON, M.D., Registrar.

In corresponding with Advertisers, please mention THE CANADA LANCET.



# BELLEVUE HOSPITAL MEDICAL COLLEGE. CITY OF NEW YORK.

## SESSIONS OF 1880-81.

THE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session.

THE REGULAR SESSION will begin on Wednesday, September 15, 1880, and end about the middle of March, 1881. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

## Faculty.

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and diseases of Women and Children, and President of the Faculty.  
 JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.  
 FORDYCE BARKER, M.D., LL.D., Professor of Clinical Midwifery and Diseases of Women.  
 BENJAMIN W. McCREADY, M.D., Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.  
 AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.  
 W. H. VAN BUREN, M.D., LL.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.  
 LEWIS A. SAYRE, M.D., Professor of Orthopædic Surgery and Clinical Surgery.  
 ALEXANDER B. MOTT, M.D., Professor of Clinical and Operative Surgery.  
 WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.  
 A. A. SMITH, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.  
 AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.  
 JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.  
 R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.  
 EDWARD G. JANEWAY, M.D., Prof. of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clin. Medicine.

### PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.  
 J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.  
 EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.  
 JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.  
 ERSKINE MASON, M.D., Clinical Professor of Surgery.  
 JOSEPH W. HOWE, M.D., Clinical Professor of Surgery.  
 LEROY MILTON YALE, M.D., Lecturer Adjunct on Orthopædic Surgery.  
 BEVERLY ROBINSON, M.D., Lecturer on Clinical Medicine.  
 FRANK H. BOSWORTH, M.D., Lecturer on Diseases of the Throat.  
 CHARLES A. DOREMUS, M.D., Ph.D., Lecturer on Practical Chemistry and Toxicology, and Adjunct to the Chair of Chemistry and Toxicology.  
 FREDERICK S. DENNIS, M.D., M.R.C.S., } Demonstrators of Anatomy.  
 WILLIAM H. WELCH, M.D., }

### FACULTY FOR THE SPRING SESSION.

FREDERICK A. CASTLE, M.D., Lecturer on Pharmacology.  
 WILLIAM H. WELCH, M.D., Lecturer on Pathological Histology.  
 CHARLES A. DOREMUS, M.D., Ph.D., Lecturer on Animal Chemistry.  
 T. HERRING BURCHARD, M.D., Lecturer on Surgical Emergencies.  
 \_\_\_\_\_ Lecturer on Normal Histology.  
 CHARLES S. BULL, M.D., Lecturer on Ophthalmology and Otology.

### FEES FOR THE REGULAR SESSION.

Fees for the first and second year, each	.....	\$140 00
Fees for all third-year Students, and for all Graduates of other Colleges	.....	100 00
Matriculation Fee	.....	5 00
Dissection Fee (including material for dissection)	.....	10 00
Graduation Fee	.....	30 00
Or for each of the three yearly examinations	.....	10 00

### FEES FOR THE SPRING SESSION.

Matriculation (Ticket valid for the following Winter)	.....	\$ 5 00
Recitations, Clinics, and Lectures	.....	35 00
Dissection (Ticket valid for the following Winter)	.....	10 00

**MATRICULATION EXAMINATION.**—The matriculation will consist of English Composition (one foolscap page of original composition upon any subject, in the handwriting of the candidate); Grammar, an examination upon the above-mentioned composition; Arithmetic, including vulgar and decimal fractions; Algebra, including simple equations; Geometry, first two books of Euclid. This examination will be waived for those who have received the degree of A.B., those who have passed the freshman examination for entrance into any incorporated literary college, those who present certificates of proficiency in the subjects of the matriculation examination from the principal or teachers of any reputable high school, and those who have passed a matriculation examination from the principal or teachers of any school or academy in which an examination is required for admission.

For the Annual Circular and Catalogue, giving full regulations for graduation and other information, address

PROF. AUSTIN FLINT, JR.,  
SECRETARY BELLEVUE HOSPITAL MEDICAL COLLEGE.

# NEW PRINCIPLE FOR THE FAT ASSIMILATION OF HYDROLEINE "HYDRATED OIL."

"HYDROLEINE" may be described as partially digested oil, which will nourish and produce increase in weight, in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE. The ordinary so-called emulsions of Cod Liver Oil and other fats, *whether pancreaticised or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptoms in these cases.

"A great misconception as to the real characteristics of a true pancreatic emulsion has been entertained by many, and but few appear to have studied the different aspects presented by such an emulsion as is produced on fat by the energetic action of pure soluble pancreatin, as contrasted with the coarse mechanical mixtures of oil or fat and water, which are commonly supposed to represent this function of fermentative digestion.

Some seem to think that if a bottle of oil is shaken up with the compounds sold as the active principle of the pancreas, and a yellowish cloud is diffused for a time through the oil, an emulsion has been obtained. So it has, but not the true pancreatic emulsion, which forms an integral portion of the process by which fats are digested and assimilated. From the unvarying result of many hundred trials with the pure, active principles of healthy pancreatic fluid, taken at the time of digestion, I am perfectly convinced that no valuable result has been attained, unless the emulsion formed is as highly refractive of light as milk. The color may vary, according to the oil or fat used, from a far whiter fluid than the densest milk to the opacity and color of Devonshire cream, but unless at least the equivalent of the density of the best milk is produced in oil, when a third of water is held in suspension, no real pancreatic emulsion has been formed.

The mere mechanical mixture formed by common pancreatin is rarely better or more persistent than may be produced by rubbing up oil or fat with a solution of mucilage, or by a warm application of dissolved gelatin, shaken with oil until it becomes cold.

The first essential towards the digestion of fats or oils in the human body is that it shall assume the state of the very finest and most permanent emulsion, and this is only known to be attained when the oil and water is perfectly opaque, from the minuteness of the globules. This is the first function of the pancreatic emulsifying principle, and by this alone can we be certain that it possesses its proper fermentative activity."—*Prof. Bartlett's Treatise.*

(HYDRATED OIL)

# HYDROLEINE

(WATER AND OIL.)

The efficacy of this Preparation is **NOT CONFINED** to cases of CONSUMPTION, as from its valuable tonic effect on the nervous system, in addition to its special stimulating action on the organs concerned in the production of Fat in the body, it causes marked increase in weight in persons of naturally thin habit, who do not present any evidence of disease.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, PH. D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D., of London.

In these treatises, the Chemistry and Physiology of the Digestion of Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

**Copies of these valuable works will be sent free on application.**

### 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.....	$\frac{1}{2}$ "
Boric Acid.....	$\frac{1}{4}$ "
Hyochoic Acid.....	1-20 "

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

Unlike the ordinary preparation of Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive. Full particulars sent on application to

HAZEN MORSE,

57 Front Street East, TORONTO

THE

NEW

HYDROLEINE  
HYDRATED OIL  
HYDROLEINE

ENGLISH

REMEDY

AN ARTIFICIALLY DIGESTED COD LIVER OIL.

Over 1,500 bottles sold during the first four months of its introduction into Canada (from April to August, 1880) entirely through Physicians' prescriptions.

All the leading medical men in Toronto and Montreal are using Hydroleine with success; I would refer to some of them: viz:

WM. T. AIKINS, M.D., .. . Toronto.  
 Lic. Med. Board, 1849. M.D. Jeff. Coll. Phil., 1850; Lect. Surg. Tor. S. Med; Surg. Tor. Gen. Hosp; Mem. Med. Council, 1866-69; Mem. Coun. Coll. Phys. Surg. Ont., 1869-1880.

CHAS. D. O'REILLY, M.D., .. . "  
 Res. M.D. General Hospital; M.D. C.M. Univ. McGill Coll., 1867.

O. S. WINSTANLEY, M.D., .. . "  
 Mem. Coll. Phys. Surg. Ont., 1877;

JAS. A. TEMPLE, M.D., .. . "  
 Mem. Coll. Surg. Eng., 1865; M.D. C.M. Univ. McGill Coll., 1865; Fell. Obstet. So. Lond., Eng., 1872; Lect. Mid. Prof. Med. Jur. & Tox. Tri. Med. Sc.

E. H. TRENHOLME, MD BCL., Montreal

JAS. H. RICHARDSON, M.D., Toronto.  
 Mem. R. Coll. Surg., Eng., 1847; M.D., Univ. Tor., 1850; Prov. Lec., 1847; Lect. Anat. Tor. S. Med; Mem. Med. Council, 1866-69.

JAS. H. BURNS, M.B., .. . "  
 Mem. Coun. Coll., Phys. Surg., Ont., 1880.

JAS. E. GRAHAM, M.D., .. . "  
 M.B., 1869; M.D., 1868, Univ. Tor. Lic. R. Coll. Phys. Lon. 1871.

J. J. DUGDALE, M.D., LRCPS. Montreal.

I publish one of the numerous testimonials I have received relative to the merits of Hydroleine, showing the opinion held by medical men:—

32 BEAVER HALL, MONTREAL, 25th May, 1880.

Mr. Hazen Morse:

Dear Sir—My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diatheses. In some of my cases the effect of the remedy has been really marvellous. I am, dear sir, Yours truly, E. H. TRENHOLME M. D.

The following statements show the value of Hydroleine more conclusively than anything else could possibly do, as the sale in each instance has been created without a dollar's advertising and entirely through Physicians:—

MESRS. JOHN LEWIS & Co., Victoria Square, Montreal, sold ten dozen bottles Hydroleine in one month from the beginning of the introduction of the Hydroleine.

MR. HENRY R. GRAY, St. Lawrence Main street, Montreal, sold six dozen bottles Hydroleine in the same period (one month).

MR. WM. S. ROBINSON, 35 Yonge St., Yorkville, Ont., under date of July 21, 1880, writes as follows: Hazen Morse, Esq:

Sir:—Since the introduction of Hydroleine into this locality I have sold over three dozen bottles, and find that it gives every satisfaction; it is an excellent preparation and I have no doubt of it becoming very popular. I am, yours respectfully, WM. S. ROBINSON.

HYDROLEINE PRODUCES IMMEDIATE RESULTS.

One bottle of Hydroleine will accomplish greater results than can be obtained by using ten bottles of Cod Liver Oil.

PRICE LIST.

Hydroleine half pound bottle ..... per dozen \$10  
" " " " ..... per bottle \$1

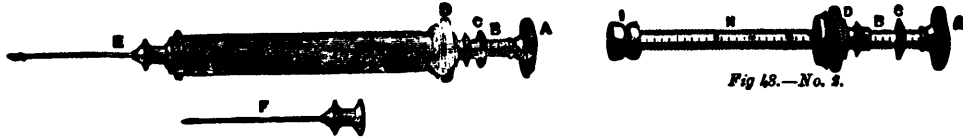
N.B.—I will forward to any Medical man desiring to test its virtues for himself one full sized bottle Hydroleine upon receipt of fifty cents (half price), express charges prepaid. This offer only applies to the first bottle.

HAZEN MORSE

Sole Agent for the sale of Hydroleine  
in the Dominion of Canada.

157 FRONT STREET EAST.  
TORONTO.

# New Hypodermic Syringes!



These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxidation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the Syringe.

Syringes Nos. 2, 3 and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the Syringe in the usual place, protected by a metal shield. Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2 and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, \$3.50. No. 2, \$4.00. Postage, .03.  
 " No. 3, \$2.50. No. 4, \$3.50. " .03.

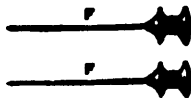


No. 2.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to all Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction, they have no superior.

## OTHER HYPODERMIC SYRINGES.

- |   |        |     |
|---|--------|-----|
| No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case..... | \$3 00 | .02 |
| No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, two best steel gilt needles, in neat case..                             | 3 00   | .02 |
| No. 7 or No. 9, with two steel unplated needles, either.....  | 2.50   | .02 |
| No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case.....     | 12.00  | .03 |
| No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).  |        |     |



No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in neat case..... \$3.50 .03

Any of the above will be sent by return mail on receipt of price and postage.

## HYPODERMIC SYRINGES OF ALL KINDS PROMPTLY REPAIRED.

Our new Illustrated Catalogue of Surgical Instruments, also a new Pamphlet on Inhalation of Atomized Liquids, by distinguished medical authority, with many valuable formulas, will be forwarded, postpaid, on application.

Atomizers and articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Elastic Hose, Electrical Instruments, Invalids' Articles, Manikins, Models, Ophthalmoscopes; Dr. Paquelin's Thermo-Cautery; Pessaries, Rubber Urinals; Sayre's Splints, and apparatus for every kind of deformity; Skeletons, Sphygmographs, Splints, Transfusion Apparatus; Vaccine Virus from our own stables; Veterinary Instruments; Waldenburg's Pneumatic Apparatus, &c., &c.

See our other Advertisements in successive numbers of THE LANCET.

# CODMAN & SHURTLEFF,

Makers & Importers of Superior Surgical Instruments,

13 & 15 TREMONT STREET, BOSTON, MASS.

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# BULLOCK & CRENSHAW'S

PERFECTLY SOLUBLE



## Sugar Coated Pills!

HAVE BEEN PRESCRIBED BY PHYSICIANS WITH  
CONFIDENCE SINCE 1858.

They are entirely reliable in every respect, and have been pronounced the most readily dissolved Pills in the market, after experiments by disinterested Pharmacists, in comparison with Sugar Coated Pills of various makers. Gelatine coated and compressed Pills.

The CENTENNIAL COMMISSION at PHILADELPHIA awarded them a DIPLOMA and MEDAL, for SUPERIORITY of FINISH and PURITY of INGREDIENTS.

No higher award could possibly be obtained by any other manufacturer.

Full Price Lists (with Recipes attached) furnished upon application. Physicians are requested to specify (B. & C.) upon prescribing Sugar Coated Pills, and they will obtain the desired effect.

FRESH AND RELIABLE VACCINE VIRUS AT \$1.50 PER CRUST.

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For Sale by H. SUGDEN EVANS & CO., Montreal, Que.  
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BULLOCK & CRENSHAW, PHILADELPHIA,

MANUFACTURERS OF SUGAR COATED PILLS.

# MEADS ADHESIVE PLASTER

SEABURY & JOHNSON

This article is intended to take the place of the ordinary Emp. Adhesive, on account of its superior quality and cheapness. It is pliable, water-proof, non-irritating, very strong, and extra adhesive. It is not affected by heat or cold, is spread on honest cotton cloth and never cracks or peels off; salicylic acid is incorporated with it, which makes it antiseptic. It is indispensable where strength and firm adhesion are required, as in counter-extension, or in the treatment of a broken clavicle. It has been adopted by the New York, Bellevue, and other large hospitals, and by many of our leading surgeons.

Furnished in rolls 5 yards long, by 14 inches wide.

Price by mail, per yard roll, 50 cts., 5 yards 40 cts. per yard.

# BELLADONNA PLASTER

SEABURY & JOHNSON.

**IN RUBBER COMBINATION.** Recent analytical tests conducted by Prof. R. O. Doremus, of Bellevue Hospital Med. College, and J. P. Battershall, Ph. D., analytical chemists, New York, to determine the comparative quantities of atropine in Belladonna Plaster, prepared by the different American manufacturers, disclosed in each case that our article contains a greater proportion of the active principle of Belladonna than any other manufactured. Samples of the various manufactures, including our own, for this test, were procured in open market by the above named chemists themselves. In the preparation of this article, we incorporate the best alcoholic extract of Belladonna only, with the rubber base. It is packed in elegant tin cases, (one yard in each case), which can be forwarded by mail to any part of the country.

Price, by mail, post-paid, \$1.00.

# BLISTERING PLASTER

SEABURY & JOHNSON

**IN RUBBER COMBINATION.** We incorporate, by a cold process, the whole fly (best selected Russian), with the rubber base, which constitutes, we believe, the most reliable cantharidal plaster known. It is superior to the cerate, and other cantharidal preparations, the value of which is frequently greatly impaired by the excessive heat used in preparing them, which volatilizes or drives off an active principle of the fly. By our peculiar process, no heat is used.

Price, by mail, per yard, \$1.00.

# MUSTARD PLASTER

SEABURY & JOHNSON

**IN COTTON CLOTH.** Superior to the best French makes; does not crack or peel off, or tear when wet. Can be removed without soiling the skin. Always reliable.

ALL THE ABOVE ARTICLES TO BE OBTAINED OF CANADIAN DRUGGISTS AT PRICES MENTIONED.

**SEABURY & JOHNSON'S PLASTERS AND SURGICAL DRESSINGS**  
*Office, 21 Platt Street, New York. Samples sent on application.*

ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

# SAVORY & MOORE'S SPECIALTIES.

**PANCREATIC EMULSION or MEDICINAL FOOD, in Consumption and Wasting,** will always take precedence of Cod-Liver Oil, by reason of its introducing the Stable Solid Fats into the system instead of the evanescent fluid fats or oils.

No Oily Emulsions of any kind, not even Cod-Liver Oil itself, can supply the kind of Fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the Saponification, and ultimate Putrefaction, produced by the *Chemical Agents used instead of Pancreatic Juice, so that*

**PANCREATIC EMULSION, or MEDICINAL FOOD,** is the most reliable form of nutriment for counteracting all tendencies to Phthisis and other wasting Diseases. It presents to the Lacteals, Fat in essentially the same condition for assimilation and absorption as in the vigorous human frame, and the agent of the important change is the natural secretion of the Pancreas.

**PHOSPHORISED COD-LIVER OIL.** Originated by SAVORY & MOORE. The advantage of this preparation over the imitations of it consists in the ability to administer a SUFFICIENT dose of Phosphorus without the admixture of a LARGE quantity of Cod-Liver Oil. Supplied in bulk or small bottles.

**PHOSPHORUS PILLS.** 1-32nd of a grain, or any other strength required, non-resinous and perfectly soluble.

**PANCREATISED (Digestive) COD-LIVER OIL.** By combining the Pancreatic Juice with the Oil, the digestion of the latter is easily and rapidly effected, nausea is prevented, and the beneficial properties of the Oil are increased.

**PEPTODYN,** for Indigestion, a Combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, or Ptyalin. etc., forming an invaluable remedy in the treatment of all forms of Dyspepsia and all diseases arising from imperfect nutrition.

**SAVORY & MOORE, 143 NEW BOND ST., LONDON, W.**

20

AND ALL CHEMISTS THROUGHOUT THE WORLD.

Fig. No. 8 a comfortable 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.

THE IMPROVED BODY BRACE.

FIG. 8.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

FIG. 8.



No 8 is a 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.

## THE BANNING

Truss and Brace Company's

SYSTEM

OF

Mechanical Support

Has the unqualified endorsement of over five thousand of the leading medical men of this country and Europe, and has been adopted by them in their practice.

PRACTITIONERS

report to the Medical Journals and to us that cases of

**Hernia, Spinal Deformities and Uterine Displacement.**

which have gone through the whole catalogue of other Spinal Props, Corsets, Abdominal Supporters, Pessaries and Trusses,

*Yield Readily to our System of Support.*

AN EXPERIENCED PHYSICIAN IN ATTENDANCE FOR CONSULTATION.

**Banning Truss & Brace Co.**

704 BROADWAY,

New York City.

NO OTHER OFFICE OF ADDRESS.

Send for our Descriptive Pamphlet.

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.

# FORMULÆ THERAPEUTICS

—OF—

## WM. R. WARNER & CO.'S

# PHOSPHORUS PILLS.

(PREPARED FOR PHYSICIANS' PRESCRIPTIONS.)

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### 1.—PIL. PHOSPHORI 1-100 gr., 1-50 gr., or 1-25 gr. [Warner & Co.]

Dose.—One pill, two or three times a day, at meals.

Therapeutics.—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

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### 2.—PIL. PHOSPHORI CO. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae,  $\frac{1}{4}$  gr.

Dose.—One or two pills, to be taken three times a day, after meals.

Therapeutics.—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating digestion.

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### 3.—PIL. PHOSPHORI CUM NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Nucis Vom.,  $\frac{1}{4}$  gr.

Dose.—One or two, three times a day, at meals.

Therapeutics.—This pill is especially applicable to *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

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### 4.—PIL. PHOSPHORI CUM FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.

Dose.—*For Adults*—Two, twice or three times a day, at meals; *for children between 8 and 12 years of age*—one, twice or three times daily, with food.

Therapeutics.—This combination is particularly indicated in *consumption*, *scrofula* and the scrofulous diseases and debilitated and anæmic condition of children; and in *anæmia*, *chlorosis*, *sciatica*, and other forms of neuralgia; also in carbuncles, boils, etc. It may be administered also to a patient under cod-liver oil treatment.

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BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.



## WARNER & CO.'S PHOSPHORUS PILLS.

### 5.—PIL. PHOSPHORI CUM FERRO ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vom.,  $\frac{1}{4}$  gr.

Dose.—One or two pills may be taken three times a day, at meals.

Therapeutics.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.; and Mr. Hogg considers it of great value in atrophy of the optic nerve.

### 6.—PIL. PHOSPHORI CUM FERRO ET QUINIA. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quinæ Sulph., 1 gr.

Dose.—One pill may be taken three times a day, at meals.

Therapeutics.—Phosphorus increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

### 7.—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.

[Warner & Co.]

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom.,  $\frac{1}{4}$  gr.; Quinæ Sul., 1 gr.

Dose.—One pill, to be taken three times a day, at meals.

Therapeutics.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may be readily appreciated.

### 8.—PIL. PHOSPHORI CUM QUINIA.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Quinæ Sulph., 1 gr.

Dose.—For Adults—Two pills may be given to an adult twice or three times a day, with food; and one pill, three times a day, to a child from 8 to 10 years of age.

Therapeutics.—This pill improves the tone of the digestive organs, and is a general tonic to the whole nervous system.

### 9.—PIL. PHOSPHORI CUM QUINIA CO.

[Warner & Co.]

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quinæ Sulph.,  $\frac{1}{2}$  gr.; Strychninæ, 1-60 gr.

Dose.—One pill, to be taken three times a day, at meals.

Therapeutics.—This excellent combination of tonics is indicated in a large class of nervous disorders accompanied with anæmia, debility, etc., especially when dependent on dissipation, overwork, etc. Each ingredient is capable of making a powerful tonic impression in these cases.

### 10.—PIL. PHOSPHORI CUM QUINIA ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quinæ Sulph., 1 gr.; Ext. Nucis Vom.,  $\frac{1}{4}$  gr.

Dose.—One or two pills may be given to an adult twice or three times a day, at meals; to children, from 8 to 12 years of age, one pill, two or three times a day.

Therapeutics.—The therapeutic virtues of this combination do not need special mention.

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## WARNER & CO.'S PHOSPHORUS PILLS.

### 11.—PIL. PHOSPHORI CUM QUINIA ET DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniae Sulph.,  $\frac{1}{2}$  gr.; Pulv. Digitalis,  $\frac{1}{2}$  gr.; Pulv. Opii,  $\frac{1}{4}$  gr.; Pulv. Ipecac.,  $\frac{1}{4}$  gr.

Dose.—One or two pills may be taken three or four times daily, at meals.

THERAPEUTICS.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

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### 12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoscyami, 1 gr.

Dose.—One pill may be taken three or four times in twenty-four hours.

THERAPEUTICS.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart, valvular disease, aneurism, etc.*, it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropsy. The same caution in regard to the use of digitalis may be repeated here.

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### 13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

Dose.—One pill, to be taken three or four times a day, at meals.

THERAPEUTICS.—This combination may be employed in the cases referred to in the previous paragraph, especially when accompanied with anæmia.

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### 14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Cannabis Ind.,  $\frac{1}{4}$  gr.

Dose.—One or two pills, to be taken twice or three times a day, at meals.

THERAPEUTICS.—The Indian Hemp is added as a calmative and soporific in cases in which morphia is inadmissible from idiosyncrasy or other cause, as well as for its aphrodisiac effect.

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### 15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCI VAL. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Morphiae Sulph., 1-12 gr.; Zinc. Valer., 1 gr.

Dose.—One pill may be taken twice or thrice daily, or two, at bedtime.

THERAPEUTICS.—Applicable in consumption attended with nervous irritability and annoying cough; in hysterical cough and neuralgia it may be given at the same time with *cod liver oil*.

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### 16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Aloes Aquosæ,  $\frac{1}{4}$  gr.; Ext. Nucis Vomiosæ,  $\frac{1}{4}$  gr.

Dose.—One may be given daily at or immediately after dinner.

THERAPEUTICS.—In *atonic dyspepsia, neuroses of the stomach, hypochondria* and *constipation*, this combination fulfils important indications.

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# WARNER & CO.'S SOLUBLE SUGAR-COATED PHOSPHORUS PILLS.

Observe the following Trade Mark on each label as a guarantee of genuineness.



The method of preparing Phosphorus in pillular form has been discovered and brought to perfection by us, without the necessity of combining it with resin, which forms an insoluble compound. The element is in a perfect state of subdivision and incorporated with the excipient while in solution. The non-porous coating of sugar protects it thoroughly from oxidation, so that the pill is not impaired by age. It is the most pleasant and acceptable form for the administration of Phosphorus.

Specify WARNER & CO. when prescribing, and order in bottles of one hundred each when practicable, to avoid the substitution of cheaper and inferior brands.

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Messrs. WM. R. WARNER & CO.

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Analytical Chemist and Microscopist,

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"The pills of Phosphorus are worthy of special notice. The element is thoroughly diffused and subdivided, yet perfectly protected from oxidation."

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# THE CANADA LANCET,

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## Original Communications.

### HEADACHES, THEIR VARIETIES AND TREATMENT.

BY K. N. FENWICK, M.D., M.R.C.S., KINGSTON, ONT.

I thought it best to choose a subject for to-night which was of common occurrence, one which all of us must have had more or less experience in treatment, rather than to take a subject of which little is yet known, or perhaps only to a few whose special experience or training may have led them to more knowledge of that particular branch than another.

The subject of headache is one which we are brought in contact with every day, and should merit attention, for it is a warning always to be attended to, and which if neglected may result in organic disease.

Many people suffer from headache but never consult a physician, and as a recent writer on this subject aptly says:—"Very great is the collective amount of suffering endured by those who 'never had a day's illness in their lives.' The strong broad-shouldered man tortured with the toothache; the clever man a martyr to corns; the well-looking lady who plays without faltering her part in the world, whose life is regular as her appearance is healthy, yet on whose brow the attentive observer can detect the worn look of unrest that tells of a headache. These afford but a few illustrations of the many sufferers from the minor evils of life; those lesser miseries which have more to do with folding the furrows in our faces and ruling the wrinkles on our brows, than we are wont to admit."

Headache is not a disease but a symptom, and as such occurs in all fevers, in uræmia, in Bright's disease, and as a result of rheumatism and gout. But what I wish to draw your attention to this evening is what may be termed Idiopathic Head-

ache,—where the head pain is the most prominent and marked symptom. Now, like in every other disorder, it is well always to find out the cause if possible, for otherwise we will often be at a loss to account for the nature and severity of the pain and so fail in its relief. In order therefore to facilitate the study of headaches, it will be proper to classify the subject. The simplest arrangement is to divide headaches into functional and organic, the former being again divided into the bilious or dyspeptic, the congestive or plethoric, and the nervous or neuralgic.

#### I.—FUNCTIONAL HEADACHES.

1. *The Bilious or Dyspeptic* headache is usually caused by imperfect mastication, bad cooking, bolting meals without a moment's interval for the stomach to attack the food while the brain is untaxed. It often occurs in dyspepsia of an atonic character and in persons of a sedentary occupation. It may also occur in the healthy and vigorous after some indiscretion in diet. It may come on a few hours after eating, or more frequently the person wakes with it after eating a late supper. The pain usually begins on one side of the head, soon spreading all over it, but rarely affecting the occiput. It is often accompanied by indistinctness of vision, dazzling spots of light, vertigo and noises in the ears, the mind being often confused, accompanied by great restlessness. The bowels are often constipated, and as the headache increases, often diarrhoea sets in, with vomiting, and relief of the headache. Sleep likewise gives relief. The feet are usually cold, the head hot, the face flushed, the tongue coated, the mouth clammy and the breath offensive. The pain shifts, and is increased by the upright position.

In treating this form of headache our attention must be directed to the condition of the stomach. An emetic will often be useful, or a blue pill followed by a saline. Rhubarb, magnesia, soda bicarb., or ammonia with some aromatic tonic will often remove the headache. Then sedentary habits should be avoided, especially if accompanied by anxiety of mind. Hurry and excitement in business, hard study, mental worry during a meal, intemperance and excessive smoking should all be obviated, and thus we will prevent a return of the headache.

2. *The Congestive or Plethoric* headache usually occurs in persons of a full-blooded habit. The cheeks are red and filled with tortuous vessels; the lips are bluish, and the nose red; the pulse is quick, full and strong; the eyes are bright or suffused; the eyelids heavy; the head is hot; there is throbbing of the arteries of the neck; and there is a feeling as if the head would burst. While in the dyspeptic headache the pain is increased by the upright position, in this form of headache the pain is increased by stooping, and by bodily or mental exertion of any kind.

In treating congestive headache the diet must be attended to. Meat only once a-day. The appetite should never be entirely satisfied. Beer, spirits, coffee and stimulating food should be avoided. The head should be bathed with cold water at bedtime; should sleep with head high; and the room should be airy.

It is well always to examine the heart in these cases, for it is often enlarged. Medicinally, a brisk purge or venesection will be best; saline diuretics are useful; a hot salt bag may be applied to the back of the head, and a mixture of potas. brom. with ergot and belladonna is very useful.

3. *The Nervous or Neuralgic Headache*.—Here the pain is of a plunging paroxysmal character, like toothache, and indeed it often does depend upon a rotten tooth for its exciting cause. It is often of an intermittent character, especially when due to malaria, or it may be worse at night, when it is often due to syphilis. It usually occurs in pale, thin, haggard and anæmic persons. Perhaps some poor seamstress who works from morning till night to support herself and a fatherless family, whose food is of the coarsest and poorest, because she can afford no better, whose nights are disturbed by a sick child. Some great trouble, or excitement, fatigue, flooding, suckling, or change of life may have been the exciting cause. This form of headache may, however, occur among all classes, for the rich are not without their cares. The pain is often intense, and makes the person affected feel stupid, or makes them use the expression, "If I am not soon relieved, I shall go out of my mind!" There may be nausea and vomiting, but the tongue is clean, showing it to be sympathetic. It is this form of headache we find in the early stages of pregnancy, while it is the congestive headache which occurs in the later stages.

Then there is a form of neuralgic headache which occurs in females just emerging on womanhood, or else at the climacteric, and is termed migraine or sick headache. It is often ushered in by sighing, yawning, or shuddering showing its resemblance to other nervous diseases, and indeed it is very apt to attack those who have some hereditary tendency to affections of the brain. Thus a grandparent of the patient may be epileptic, a brother may have been affected with stuttering, and another insane. Previous straining of the mental powers often excites an attack in such persons especially if fatigue or excitement accompanies it. The pain is often at the top of the head or occiput, or it may be supraorbital. Nausea and vomiting are usually induced subsequently, being the effect and not the cause, for it indicates the lowest point of nervous exhaustion. The pain often leaves a tender condition of the head for a day or two afterwards.

In treating neuralgic headache, the pain may be relieved temporarily by hot or cold applications according to the feelings of the patient. If they prefer heat, then flannels wrung out of hot water; or if cold is preferable ice bags may be applied. A strong cup of tea, or that drug so similar to tea in its action, guarana in ʒss. doses repeated. Stimulants often relieve the pain, and galvanism has been recommended; quinine, pot. brom., morphia and croton chloral often prove effectual, and tonga, a drug lately obtained by Dr. Ringer from the Fiji Isles is recommended in ʒss to ʒj doses of the liquid extract. Menthol, or Japanese peppermint has lately been lauded as a local application. Then the food should contain plenty of fat as Anstie has pointed out, and milk with cod liver oil and tonics given, since this form of headache has been aptly expressed as the "prayer of the nerve for healthy blood." Valerianate of Zinc is recommended and phosphorus. If habitual constipation exists, as it often does in these cases, it should be removed. If due to uterine sympathy *cinicifuga* is recommended, and if syphilis is suspected it should be treated *secundum artem*, by mercury or potassium iodide. All exciting causes should be removed, such as dyspepsia, debility, anæmia; quiet and rest are essential, and the patient should be kept in a moderately darkened room.

#### II. ORGANIC HEADACHE.

This form of headache is characterised by being

fixed in one spot ; very sharp, constant, agonizing. It is increased by engaging the patient in conversation instead of being lessened, as in the other varieties of headache. Another very peculiar feature of organic headache is, that perfect quiet and rest do not ease the pain, as in the other varieties, and sleep does not relieve but rather aggravates it. Thus a patient while suffering from a violent attack of headache, will pass from wakefulness and suffering into a quiet easy slumber, lasting for many hours, and wake out of it with the headache worse than before. The appetite is often ravenous, there is often hiccough ; vomiting is almost a uniform accompaniment ; and convulsions are common. Organic headache is due either to some alteration in the brain substance or to the presence of a tumor in the brain.

There is another sign which was first pointed out by Von Graefe, and since by Bouchut, Allbutt, and Hughlings Jackson, viz : that tumors in the brain are always accompanied by double optic neuritis leading to double optic atrophy. If then we have agonizing headache, accompanied by vomiting or convulsions, the pain increased by engaging the patient in conversation, rather increased by sleep, and we find on ophthalmoscopic examination the presence of double optic neuritis, or its sequel double optic atrophy, we may be sure that the trouble is of organic origin and due to a tumor in the brain.

Dr. Walker, of Indianapolis, mentions a case of a man who had suffered from cerebral symptoms at intervals from the age of 12 until the age of 59 when he died during an attack of severe headache, vomiting, insomnia, and slight mental aberration, ending in symptoms of compression, but without paralysis. He was well developed physically, and mentally had much more than average intelligence, business capacity, energy and force of character which remained unimpaired until his last illness. At post mortem a cystic tumor was found on left hemisphere close to the longitudinal fissure. It weighed  $3\frac{1}{8}$  oz., and measured  $5\frac{3}{4} \times 2\frac{1}{2} \times 1\frac{1}{2}$  inches.

The case of Dr. L., who was well known to nearly all present, furnishes another example. During his last session at college he was affected by severe frontal headache, and about that time he was examined by an oculist, who pronounced it a case of Bright's disease, partly from an oph-

thalmoscopic examination, and from the fact of tube casts being found in the urine. He never had albuminuria, but oxalate of lime was found in abundance, which probably accounts for the tube casts. The headaches increased, and vomiting and convulsions occurred, followed by anorexia and emaciation. He was taken to New York and examined by Dr. Janeway, who found double optic neuritis and pronounced it brain tumor. He has now recovered health and gained in flesh, occasionally has headaches, but is stone-blind.

Last week I had the pleasure of examining a female patient with Dr. Saunders, who had headache and convulsions some two months ago, being quite healthy before that. She now has a peculiar staggering gait, occasional headaches, and has lost the sight of the right eye. On examining with the ophthalmoscope, we found optic neuritis beautifully marked in the right eye, the pupil of which was dilated, and evidently some hypermetropia, as the direct image could be seen at some distance. On dilating the pupil of left eye with atropia the vessels of the disc were seen somewhat dilated, and signs of commencing optic neuritis.

In treating organic headaches, though we cannot always cure them, we may do something to prevent. Schoolboys and students should be warned against overstraining their mental powers. The severe struggle in competitions for prizes often causes headaches, which when neglected may lead to organic disease. In such cases complete rest, country life, sea air, with phosphorus and tonics are the remedies.

Sir Isaac Newton always found that when he worked at the theory of lunar irregularities it made his head ache, but never from any other subject. He neglected the warning and it cost him his life. It is always well to seek, in cases of organic headache, for syphilis, and try potassium iodide in large doses.

Now, in conclusion, we do not always find these varieties so well defined in every case, for they are often blended, so that a nervous and congestive headache may be combined, and a dyspeptic person may suffer from migraine or even organic disease. So we cannot treat every case alike, but each patient will require special study, and we will only be successful in the treatment of headache as we apply broad general principles, bearing in mind the habits, idiosyncrasies and constitution of each individual case.

## NOTES ON CASES IN PRACTICE.

BY DANIEL PHELAN, M.D., KINGSTON, ONT.

*I.—Fibroid of the Rectum.*

A case of fibroid of the rectum occurring in my practice, may be of interest to the many readers of the LANCET.

Mary C., a little girl *æt.* 7 years, had been under my care for some weeks, suffering from general weakness, with an anæmic condition of the blood. Her mother informed me that her daughter had been in poor health for some time before she applied for assistance, and she knew no cause. She was placed under my care, and as she suffered from a scrofulous affection of the eye-lids, I prescribed *ung. hydrarg. ox. rub.*, to be applied each night, with marked improvement, and gave cod-liver oil and small doses of *tinct. ferri perchlor. and glycerine*. The improvement being very slow, the mother informed me that the little girl complained for some time of a certain fulness in the rectum, or as she said herself, "a stick in me"; and as there was always a quantity of blood passed at each evacuation of the bowels, she attributed the cause to hæmorrhoids. It at once struck me that the cause of the debility was located there. I suggested an examination, and on my arrival next day, introduced a small speculum, which at once revealed a foreign body resembling the large round worm, *ascaris lumbricoides*, but which turned out later to be the pedicle of a small fibroid which I discovered, about the size of a pigeon's egg. I seized it with a polypus forceps and drew the growth through the anal aperture, and having applied a ligature to the pedicle, which was about three inches long, to arrest any little hæmorrhage (she could not afford to lose any blood), I snipped it off with a pair of scissors. The hæmorrhage at each evacuation must have originated from the base of the pedicle, as the fæces exerted considerable traction-force on passing the growth in the rectum, and as hæmorrhage came at every movement of the bowels, the cause of her anæmia was apparent. Since removal she has had no hæmorrhage at stool, and under cod-liver oil and a little tonic medicine she has improved very much.

*II.—Diphtheria.*

Fortunately for the people of our city, diphtheria

does not often occur, as in it the physician has a disease which medicine has in a large number of cases no control over, and he has therefore to trust to nourishing diet and stimulating enemata to sustain the life of his patient. As I have had a number of cases lately under my charge, I purpose giving you the mode of treatment which on the whole I have found most satisfactory. No physician pursues one mode of treatment in this disease, for when one medicine fails another is tried, and so on, till he has exhausted the routine of remedial agents, and has not infrequently indulged a little in empiricism. The medicines reputed to have effected cures in this disease are legion, and no doubt each physician has his favorite. The *calcis bisulph.* I have used and cannot say I have found any benefit from it as an application to the membrane, though it has a good reputation, particularly amongst German physicians. I would much prefer carbolic acid and glycerine as an application, and in a few cases I must admit the efficacy of its application, and always consider it worthy of trial. The sulpho-carbolate of soda advertised as a specific, I have employed in one case, and inasmuch as I received no beneficial result, I have lost faith in its virtue. The practice of blowing sulphur into the fauces (resorted to by every old woman on the slightest symptom of any affection of the throat), I can speak of in full appreciation of its merits in diphtheria. Atomizing the throat with sulphurous acid spray is a favorite remedy. The plan of treatment of which I can speak most favorably is that which I have employed latterly. I apply to the false membranes, with a camel's hair pencil, a solution of hydrate of chloral and glycerine ( $\mathfrak{z}\text{ij}$ . to  $\mathfrak{z}\text{j}$ .) every four hours, and give internally:

R.—*Tinct. ferri perchlor.*,  
*Potass. chloratis.*,                    *aa*  $\mathfrak{z}\text{ij}$ .  
*Aquæ destillat.*,                        *ad*  $\mathfrak{z}\text{iv}$ .—M.

SIG.—Teaspoonful every 3 hours to children between the age of 3 and 6 years.

Dr. Suligmuller, a Prussian physician, claims priority in the use of potassium chlorate as an internal remedy in diphtheria, and describes the *rationale* of its action in its local influence as a mild caustic, separating the diphtheritic pseudo-membrane, and in its septic influence, by affording a supply of oxygen to the blood, already withdrawn from the blood corpuscles by germs of the fungi, and by destroying these organisms.

CEREBRAL TEMPERATURE IN A PERSON ON WHOM THE COMMON CAROTID WAS LIGATED.

BY PROFESSOR MARAGLIANO OF GENOA.

(TRANSLATED FROM THE ITALIA MEDICA BY JOSEPH WORKMAN, M.D., TORONTO.)

"The distinguished Professor, P. Arata, Director of Clinical Surgery in the University of Geneva, on 10th March in the present year, removed, with his wonted ability, a tumour on the right of the neck, in a person 50 years of age, named Poggi Francesco. Because of the position of the neoplasm, the operator was constrained to tie the common carotid. The operation took place at 10.30 a. m. Having on the same day become aware of the fact, I solicited from the assistant, Dr. G. Garibaldi, permission to observe the cerebral temperature of the patient, which was courteously granted, and on the same day at 4 p.m. I applied on the patient's head thermometers in Broca's method. The thermometers used were all graduated most exactly :

The following figures were shown at the end of one hour :—

Frontal region,	<i>right</i>	35.9°	:	<i>left</i>	37.6°
Temporal "	"	34.3	:	"	37.4
Occipital "	"	36.0	:	"	36.2
Mean of mid-half,	<i>right</i>	35.4			
Do. of "	<i>left</i>	37.1			

As appears evident from these figures, there was a marked difference in the right frontal and parietal regions, where the markings were much below those of the corresponding parts on the left side. There was however only a slight and normal difference between the two occipital regions.

Now, in the enormous difference between the two frontal and parietal regions, compared with the almost complete equality of the two occipital regions, we have a truly experimental demonstration of the correctness of the idea of Broca and those who follow him, in holding that the temperature revealed by the application of thermometers on the head, is really that of the brain, and not of the skin.

It is indeed known that the cerebral cortex in the frontal and parietal region, is irrigated by the *anterior cerebral* and the *median cerebral* arteries, both branches of the internal carotid, and that hence they receive their blood from the common

carotid. When this vessel is ligatured, and blood cannot pass through it, there is produced a deficient irrigation of those parts of the cortex which are supplied by it ; hence the thermal depression, in this case, on the right, and elevation on the left, where there was necessarily a compensating afflux of blood above the normal.

The occipital lobes, on the contrary, are known to be supplied by the posterior cerebrals, which are branches of the vertebral arteries, that receive their blood from the subclavian system, independently of that of the common carotid ; hence, of necessity, the occipital irrigation would not be disturbed by the ligaturing of the carotid, and in that region no modification should be observed ; and this was the case, for no abnormal difference was observed in the occipital lobes.

Now, if the thermometers applied to the head did not furnish to us the temperature of the brain, but that of the cutaneous integuments, then also in the occipital region the temperature should have been depressed on the right, because there the integuments are irrigated by the *occipital* branch of the external carotid, in which, *because of the ligature on the common carotid, the circulation was necessarily disturbed.*

Some may be surprised in seeing that in the right frontal and parietal region, although the temperature was relatively notably below that of the left side, it still presented a figure sufficiently high. But when we reflect that the tumor had existed a considerable time, and was very gradually developed, and compressed the carotid quite sensibly, we can understand that by means of the communicating branches, the circulation in the right hemisphere at the time of the operation, might be sufficiently sustained.

THE PRIMÆ VIÆ.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.

Primæ Viæ,—ductus Vitæ,  
Has e'er poet sung of thee ;  
Of thy rich digestive juices,  
Of thy automatic sluices,  
Acting all in harmony?

Duodenal glands of Brunner,  
Rich as jewels in a shrine :  
Follicles and crypts sub-mucal,



Grander far than palace, ducal ;  
All the works of Art outshine.

Epithelial cells, columnar,  
Line thy arches far and wide :  
Sentinels, on outpost duty,  
Gems of protoplasmic beauty,  
Laved by every passing tide.

Here the villi dip their noses ;  
Gifted with a wond'rous power,  
Not of smell,—but of selection,  
Of acceptance or rejection  
Of the products of the hour.

Noble villi ! Who instructs ye  
Thus to choose our boon, or bane,  
How do ye secure your treasure,  
How transmit it at your leisure ;  
Questions, yet to ask, in vain.

Organs delicate, and moulded |  
On a microscopic plan :  
Working transformations mighty,  
Is it not the ductus vitæ,  
After all, that makes the man ?

See that particle of butter,  
Now an oil globe on its way ;  
The saliva lightly kiss'd it,  
But the gastric juice has miss'd it,  
And the purling stream has whisk'd it  
In a duodenal bay.

There coquetting with a portion  
Of the undigested rice,  
The hepatic fluid meets them,  
Pancreatic juices greet them,  
And they're married in a trice.

Thus emulsionized and chylous,  
Higher still the process goes ;  
Villous, lacteal, lymphatic,  
Vital, chemical and static,  
'Till to bioplasm it grows.

Primæ Viæ,—ductus Vitæ,  
Half thy story is unsung ;  
Uncongenial much that passes,  
Hydro-sulphurets and gasses,  
Fæcal matters from thee wrung.

From the folds of deep mucosa  
Creep a thousand tiny rills ;  
Bearing with them as they issue,  
Waste of nerve, *debris* of tissue,  
Else the source of many ills.

Happy he whose daily promptings  
Urge to defecation due :  
Needing neither pills nor potions,  
Regular, as his devotior.s,  
Setting out on life anew.

Patient sew'r ! what wrongs oppress thee,  
Glutted to excess, we dine.  
With tasks herculean perplex thee,  
At unseemly times we vex thee  
And frustrate thy high design.

But around the deep mucosa  
Other structures closely cling,—  
Nerve and muscle fibres blending,  
Fine elastic tissue lending  
Strength and firmness to the ring.

Each performs a special function,  
Each has secrets of its own.  
Have they rivalries to smother ?  
Do they whisper one another,  
What is known to them alone ?

Primæ Viæ,—ductus vitæ,  
Let them scorn thy use who can ;  
Source of radiant health and beauty,  
I my homage pay, and duty,—  
Thou it is that makes the man !

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### Correspondence.

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#### OLIVE OIL FOR REMOVAL OF GALL STONES.

To the Editor of the CANADA LANCET.

SIR,—In the last number of the CANADA LANCET is a communication from Dr. A. Ruttan, of Napanee, bearing on a brief notice of mine in a late number of the London *Lancet*, on some cases which lately occurred in my practice, describing the action of olive oil in large doses, prescribed for biliary calculi.

In reference to this communication, I beg first to set one or two matters of a personal character in their proper light. Dr. Ruttan assumes that in sending my communication to the London *Lancet*, I was possibly if not probably actuated by the ambition of coming out in the character of a discoverer of a new remedy for gall stones, and further, of sending a communication before the learned world which the present state of our knowledge on this subject rendered quite an act of supererogation. Both assumptions are groundless. As a matter of fact, in the private note which accompa-

nied my enclosure to the friend to whom I entrusted it, I requested that my notes should first be submitted to some of my old Professors—men well versed in medical science, or to some medical friend in London equally competent, and should either of these gentlemen deem the notes of sufficient professional interest for publication, the notes, or a brief abstract of them, might then be offered for that purpose. I took care also to give my authority for the practice in these cases. With regard to my professional relation to Dr. Ruttan in the case of Robert C., I have to correct another misapprehension. I was indeed informed that Dr. Ruttan had not long before been in attendance, but I had not the duty of coming in contact with his management of the case. I was shown the medicines Mr. C. was then taking, and was informed that he had lately received them from my former colleague, Dr. H. Yates, of Kingston. Dr. Yates had then recently removed to Quebec. Had I had an opportunity of communicating with Dr. Yates, I have not the slightest doubt, the patient not being yet relieved, and the case urgent, he would at once have given me a *carte blanche* to proceed in the case according to the best of my judgment. I had no hesitation therefore in acting in the case to the best of my knowledge.

I beg now to notice a few points on the criticisms of my reviewers. After his graceful complimentary introduction, Dr. Ruttan proceeds by quoting what he calls the incisive criticism of Dr. James B. Ball, of Brixton. On the use of the oil Dr. Ball remarks, and if I am not mistaken Dr. Ruttan endorses what he says, "It is probable that Dr. Kennedy *might have* obtained equally surprising results if he had administered similar doses to persons who had no liver symptoms whatever." The italics are mine. It is for Dr. Ball or Dr. Ruttan to prove this part of their case. In the interest of science they should do so and report their results. I cannot say as yet, from my own experience, that this effect is produced in healthy persons, having only used the oil on persons affected with liver disease. Judging simply from the analogy of the effects produced on persons affected with liver disease, my experience points me to a contrary conclusion. In the case of these persons, after the administration of the first dose or two, these bodies cease to be discharged, no matter how often, or in what large

quantities the oil may have been given. But singularly enough when, after a shorter or a longer period, the symptoms of the presence of gall stones return, then, but not till then, do these bodies, by the same means commence again to be eliminated. The quotation proceeds, "Dr. Kennedy has offered no satisfactory proof that these bodies, which were expelled in such a wholesale and painless manner, were really gall stones." By Dr. Flint (whose personal experience is derived from the observation of *a single case*) and Dr. Dunglison these substances are simply called "fatty concretions." These gentlemen have not, nor has any one else, so far as I know, determined their specific constitution. Neither can I. All that I at present know is, that their expulsion is coincident with the disappearance of the symptoms of gall stones, and that they can no longer be expelled after the patient is fully relieved. Take the case of Robert C. for example. Dr. Ruttan will concede that Mr. C. had all the symptoms of one affected with gall stones, and had been treated accordingly. On the occasion referred to in my notes he took the prescribed dose. Next day there passed great numbers of what, to accommodate Dr. Ball and Dr. Ruttan, I shall call fatty concretions. On the second dose being repeated, there followed a quantity of slimy bilious-looking matter, but no more fatty concretions. Coincident with this, a very decided change took place in his general symptoms. He was able to sleep better, to take and relish his food better than he had for a long time, but above all the weekly intense paroxysms were averted. My previous experience had taught me to guard against the re-formation of the gall stones in a constitution strongly predisposed to their production. I recommended Mr. C. to use the oil at timely intervals on the first appearance of a threatening paroxysm. This he faithfully did, till he had in all consumed, in the usual doses, as much as somewhat near two gallons of oil. From being prostrated and emaciated to a very serious degree, he gradually gained in strength and improved in general health, and when I last met him in Napanee, nearly a year ago, he had gained wonderfully in flesh and was in the enjoyment of such robust health as he had not possessed for years.

With regard to the theory of which I have heard, that the "fatty concretions" are due to the resolution of the olive oil into its constituent parts,

margarine and oleine, some interesting points may be considered. I by no means deny the theory—may be a plausible one—but I doubt it being the true one, simply because, in ordinary circumstances, it requires a low temperature to precipitate the denser materials. However this may be, it is some time since I came to the conviction that oleine was probably that part of the oil which caused the solution or disintegration of the calculi. In a conversation, some time ago, with Professor McLean, of Ann Arbor, on the subject (some of whose colleagues in the University of Michigan have long used olive oil for biliary calculi with success), he will bear me out that I then gave this as my view. The use of oleine in a few appropriate cases may possibly set at rest the theory in question. Probably a smaller dose will suffice, and so be less objectionable to the patient. Should however the theory of the precipitation of the margarine from the oleine prove to be the true explanation of the appearance of the fatty concretions, then the conclusion which must be come to with respect to the effect of the crude oil on the calculi is, that our success has been greater than at first sight might be conjectured, and that the calculi have been, not partially, but wholly dissolved, or disintegrated, in all those cases in which by the use of the oil the evidences of the presence of the calculi have at the same time disappeared.

Two other points may be briefly noticed, with respect to the character of the criticisms of Dr. Ball and Dr. Ruttan. Both glide very lightly over the main fact in the record, namely, the relief of the patients from the suffering attendant on the presence of gall stones. Both appear to conclude that Dr. Flint's and Dr. Duglison's use of the term "fatty concretions" to the substances passed in circumstances analogous to those recorded by me, at once and absolutely excludes the idea of any relation between the use of the oil and the relief from the symptoms of the presence of gall stones. I can only repeat on the first point, that the relief was undoubtedly obtained; and on the second, that the relief followed the expulsion of the "fatty concretions" as already described.

On the whole, then, Sir, is not the main question to me as a medical man—not the question whether the products resulting from the use of the oil is to be regarded as the debris of gall stones or may be some other undetermined fatty concre-

tions, but whether relief can be obtained by the remedy? Neither will it avail me much to know that this remedy has been long before the profession, if I am prevented from having recourse to it by the consideration that certain analogous though harmless results may be produced by it equally on the healthy and the suffering. Granted that the fatty concretions are not the debris of gall stones, yet if the discharge of them be coincident with relief from great suffering, will the patient's gratification be diminished any by being informed by one physician that the substances he has passed are in reality only stearine, by another that they are margarine, and by a third that they are nothing more than a lot of fatty concretions. I trow not. So neither on the other hand will he be very much comforted by being assured he has passed the debris of gall stones, provided his symptoms are not at the same time relieved.

Both gentlemen seem so much staggered at the wholesale number of the bodies said to have been passed in some of my cases, that this circumstance alone may have been sufficient in their view to decide the improbability of the substances being in any way related to the debris of gall stones. On the number and size of gall stones occasionally passed or found in the gall bladder, Professor Gregory remarks, "They vary greatly in size. The largest I ever saw weighed 380 grains, and was passed by stool. Some calculi described by Mr. Brayne weighed respectively 162, 176 and 159 grains. Dr. Dix has detailed the case of a lady who passed by stool a biliary calculus weighing 278 grains, and measuring one inch and three-quarters in length, and three inches and three-quarters in circumference. The average weight of a calculus of ordinary size which the ducts will readily admit is 25 grains. When the calculi are of very small size they are often very numerous. In the Hunterian Museum, a gall bladder is preserved containing 1000 calculi."

The question has also been raised, how is it possible for the oil to reach the gall bladder? The relaxing effect of olive oil, applied externally, is a circumstance of which we occasionally take advantage. If some effect may be produced when applied in this way on an organ or part remote from the seat of application, may not its effects when used internally and necessarily passing through parts adjoining the organ designed to be

acted on be proportionately decided? And when such large bodies as those described by Professor Gregory have safely passed through the ducts, where can be the impossibility or improbability of the oil finding ingress into the gall bladder, especially when the passage may be preternaturally relaxed by the frequent passage of gall stones. Since writing the foregoing, my son, Dr. A. Kennedy, has received a note from Dr. Fenwick, of Kingston, who has been kind enough to make an analysis of one of the "fatty concretions." Dr. Fenwick finds in them stearic acid, but no bile pigment nor cholesterine. It would appear therefore that the bodies are of a purely animal origin. Margarine is not present, and as to the absence of cholesterine, although it is the most common and chief ingredient in gall stones, I need not say it is not invariably present in these bodies.

Yours faithfully,

R. KENNEDY.

Bath, Dec. 9, 1880.

### THAT BLOOD CLOT.

To the Editor of the CANADA LANCET.

SIR,—In the LANCET for December appears a letter from Dr. J. Stewart, which seems to require some notice from me. The letter is so calculated to mislead (probably inadvertently so), that I wish with your permission to show that the odium Dr. Stewart would cast upon me is not deserved.

In the report of the proceedings of the Canada Medical Association in the LANCET, as well as all the other journals, it will be found that I said, in the discussion of Dr. Hingston's paper on the "Treatment of Surgical Wounds," that a "clot in a wound may sometimes become organized; but it is a clot of fibrine coloured with blood. In the report, however, published in the *Canada Medical Record*, which is much fuller than the others, it is also stated that I said, I "had confidence in antiseptic surgery. This report escaped my attention until a few days before the time for the next issue of the *Record*. I hastily wrote a letter to that journal to explain what I meant by antiseptic surgery. It was in this letter alone that I made use of the word hæmatine, a term which has frequently been employed synonymously with the "colouring matter of the blood." I had no thought of any question of a chemico-physiological nature. I wished

but to express my belief that when a clot is found in a wound undergoing organization, it is not a clot of blood where exists the blood-constituents in their normal proportion, but is principally fibrine coloured by the red property of the blood, perhaps the corpuscles unbroken, or a clot of fibrine covered by blood. It is sufficiently well known that after blood has ceased to flow from wound, liquor sanguinis stained with blood continues to be poured out, and in some cases it is very abundant, just as it may be around the fractured ends of a broken bone. Clots of this kind I have repeatedly seen becoming consolidated under ordinary open treatment of wounds, and it is for the Listerites to prove that the clots which now and then become organized under Lister's peculiar treatment are anything else.

I have explained why I wrote to the *Record*, and if it was not ungenerous for Dr. Stewart to transfer the discussion from that journal to the *Lancet*, it was at least unusual. I might also say that it was unfair for Dr. Stewart to extract a word from my letter, and use it as he did in the *Lancet*. The readers of the *Lancet*, many of them at least, not having seen my letter could not judge how far his censure was justified by the character and spirit of the whole communication. The letter was headed "Antiseptic Surgery vs. Listerism," and I desired to express as briefly and concisely as possible wherein I thought the two were different. Had I written in less haste and with deliberation, most probably I would not have employed the word to which Dr. Stewart objects. I entirely disclaim any intention of casting reflection upon individuals. I wrote as a member of the Association, on a particular subject, and I cannot but think it very ungenerous on the part of Dr. Stewart, to refer to my position as President elect of the Canada Medical Association. I have yet to learn that one in being honored by such a distinction, foregoes his right to express his views and opinions as usual.

It is all very well for Dr. Stewart to assert that Listerism "has done so much for humanity in the way of preventing death and alleviating pain;" but those who read the medical records from week to week from the United States and Great Britain must have observed that many, without the peculiarities of Listerism, have had equal if not greater success.

In your last issue is an editorial with extracts

from the *Louisville Medical News*, and *N. Y. Med. Record* which fully bears out all I say here, or said in my letter. And I would ask all unprejudiced Listerites to read a thoughtful article from the pen of Samson Gamgee, which he published in a recent number of the *British Medical Journal*, "On the Relative Merits of Different Methods of Wound Treatment."

I fear I have taken too much space already ; but I would much like you to insert the letter referred to above, to the *Medical Record*.

Respectfully,

WM. CANNIFF.

Toronto, 9th Dec., 1880.

To the Editor of the CANADA MEDICAL RECORD.

SIR,—In your excellent report of the discussion which followed the reading of Dr. Hingston's paper on the "Treatment of Surgical Wounds," at the meeting of the Canada Medical Association, I am reported as saying, that I "had confidence in antiseptic surgery." This is quite true ; but to the casual reader it might be regarded as endorsing Listerism. Nothing could be more opposite to my conviction and belief, in fact, my knowledge. On this point, as on almost every other, Dr. Hingston in his most admirable essay exactly expresses my views. To carry out Dr. Hingston's principles is to practice antiseptic surgery on correct physiological grounds, and not on visionary theories of germ putrefaction. In fact I have little patience with those who, availing themselves of the teaching of Hilton, Paget, and I may add of Gamgee and others, and by securing the requirements, by a *hocus pocus* proceeding necessary to allow nature to do her work of healing and restoration of tissue, endeavor to make it appear that it is by the use of germicides and the exclusion of germs that success is secured. Listerism disports itself in the robes of antisepticism ; but the latter is founded on physiological and pathological grounds, while the former is a passing fashion in the practice of our profession, meanwhile beneficial to the inventor and retailers, but only ephemeral, like all fashions.

In respect to the organization of a blood clot which it is claimed Listerism will secure, I remarked that when a clot did become organized, it was not blood but fibrine colored by hæmatine. This I have often seen take place under the antiseptic treatment of *rest, ventilation and cleanliness*.

Yours very truly,

WM. CANNIFF, M.D., M.R.C.S.

Toronto, Oct., 1880.

To the Editor of THE CANADA LANCET.

SIR,—In your issue for October appears a list of physicians in Canada, who it is alleged are holders of diplomas purchased in Philadelphia. Amongst the number my name figures with the rest, as the recipient of a purchased degree. I now wish to deny the allegation, not however supposing for a moment that the statement will injure me in the least amongst my patrons or medical confreres who know me. Still I must say that to be posted in the leading medical journal of the Province as the holder of a bogus diploma, creates in me a feeling otherwise than pleasant. During the years 1867-8-9, I attended lectures at the University of Medicine and Surgery, Philadelphia, and also the clinical lectures at the Pennsylvania Hospital, delivered by such eminent physicians and surgeons as Agnew, DaCosta, Morton, Pepper, Gerhart, Meigs, etc., and took my M.D. in the spring of 1869. I afterwards attended the medical school at Kingston, and in the spring of 1871 passed the examination for the Licentiate of the Royal College of Physicians and Surgeons, and subsequently passed the examination for M.C.P.&S. of Ontario. In conclusion, I will state that I attended college at Philadelphia years before the school got into the hands of swindlers and diploma sellers, the same as my friend Dr. Morrison did, and when the school was duly recognized by our Canadian Universities and the Ontario Medical Council. I think your correspondent "Chiron" would have displayed a little more courtesy had he ascertained the facts of each case before sending you the list he did, making such indiscriminate charges. I may say that the notorious Dr. Buchanan never had any connexion with this school, either directly or indirectly. Hoping you will give this denial a place in the columns of the LANCET.

I am, yours truly,

JAMES NEWELL.

Wyoming, Ont., Dec. 15, 1880.

## Reports of Societies.

TORONTO MEDICAL SOCIETY.

The President called the meeting to order at 8.30. The minutes of the previous meeting having been read and adopted, Dr. Davidson was duly elected a member of the Society. Dr. C.

Sheard's name was proposed as a member by Dr. Burns, and seconded by Dr. Graham.

Amongst the reports of cases Dr. Machell exhibited the stomach with a scirrhus mass surrounding the pylorus and implicating the pancreas—of a late patient of his—with the following history:—The patient was seen first a week ago. He had for the past ten years been suffering severely from dyspepsia. Four months ago vomiting set in with an aggravation of all the symptoms; the vomiting was excessive and frequent, and consisted of the contents of the stomach, and at times of a large quantity of clear watery fluid; food was ejected almost unchanged which had been swallowed three days previously. There was constant pain in the region of the stomach; obstinate constipation and much emaciation. There was a large nodular tumour over the pyloric region of the stomach which was the seat of the pain. A few days before death the pain suddenly ceased and never reappeared. The pylorus was narrowed greatly and surrounded by a hard nodular mass—the pancreas implicated, and the liver had masses of a softish gray substance scattered through it.

Dr. Oldright reported a case of triplets which occurred in his practice last night, two girls and a boy, of apparently six months—two of the placentas were united—but the third was connected to the other only by the membranes.

Dr. Covernton read a report of a case with a drawing, of intestinal occlusion, of which the following is an abstract:—W. W.—On Sept. 2nd, 1880, received a fracture of middle third of right femur—with considerable local bruising. The fracture was treated with a long splint, and weight and pulley. Patient did well until the morning of the 15th, when he was awakened about daybreak with a severe attack of colic. An enema brought away a free passage from the bowels with relief of pain. At 1 p. m. he had another violent and prolonged attack of pain. Opium and calomel were given—abdomen tender and swollen in right inguinal region—p. 120; leeches were ordered to the inguinal region and an enema resulted in a free passage from the bowels. 17th, vomiting of a dark coffee-coloured fluid; no recurrence of spasm; abdomen tender and tympanitic; turpentine stupes, morphine, bismuth, oxalate of cerium, hydrocyanic acid and ingluvin were successively tried, but failed to relieve the symptoms. 18th,

belladonna suppositories and abdomen painted with the fluid extract, without relief; stimulants and warmth to the extremities. 19th, etherized and rectum explored manually with a negative result. 20th, hiccough, perspiration; sulph. ether, given hypodermically, and a large enema given with the tube of a stomach-pump inserted as far as the sacral promontory. After three pints of warm water were injected, the water returned slightly feculent, as fast as forced in. Twenty minutes afterwards this injection was repeated, but the water returned perfectly clear. Patient was then enveloped in warm blankets and stimulants given. He died at 6 p. m.

*Autopsy.*—On opening the abdomen the ileum rolled out greatly distended. No peritonitis, no adhesive bands, no serous fluid, no fecal smell or matter. The jejunum and ileum were then carefully traced to a point about its lower fifth where a portion of the ileum about nine inches in length was found constricted and apparently entering into the cæcum, but which was found to be a diverticle; the lumen of the contracted intestine was diminished to about the size of the point of the little finger and then became again enlarged and distended until the cæcum was reached. This was empty, the valves normal, the appendix vermiformis rudimentary, and attached to the cæcum; colon and rectum empty. The jejunum contained a coffee-coloured fluid with a slight fecal odour. In the diverticle above the constricted intestine was a small circular spot of abraded mucous membrane surrounded by a narrow margin of pus and lymph.

W. W., had for years been subjected to frequent and severe attacks of colic, and on his yearly journeys to England, when sea-sick referred his distress to a point of the abdomen which would correspond to the locality of the constriction. The only cause of occlusion appears to have been the pressure from above and below upon the constricted intestine by the distended portions.

Dr. Workman wished to know what practical conclusions Dr. C. drew from the treatment of the case.

Dr. Cameron suggested long-continued application of galvanism in the treatment of obstinate constipation.

Dr. Graham said that he had a case in many points resembling that of Dr. C's. His patient has attacks of obstipation from which he recovers—does well for a while, then is suddenly attacked with severe pain, and constipation; enemata afford relief until another attack supervenes; the enemata are administered by a stomach-pump, the long tube of which is passed about 12 inches into the bowel.

Dr. Riddell related a case of a young child who

was troubled with constipation, whom he found one day rolling in great agony and apparently about to die if speedy relief was not afforded; the rectum was cleared of its contents, and a large-sized catheter introduced, but the nozzle of the syringe not fitting to the catheter, Dr. R. administered the enema by using his mouth as a syringe, applying his lips to the catheter and forcing in the injection, believing in this way that he saved the child's life.

Dr. Wilson, of Stouffville, related the case of a man who fell off a load of wood and dislocated the ulna outwards, leaving the radius in situ; under chloroform he reduced it by seizing the ulna and drawing it backwards and inwards; the accident happened two weeks ago and the patient is now doing well.

Dr. Burns referred to a former communication of his on rhus toxicodendron, insisting upon the efficacy of strong brine in the treatment of the rhus eruption, and illustrated by drawings a means of recognizing the plant.

Dr. McPhedran stated that he had been induced to try a solution of 15 minims of bromine to the ounce of olive oil.

October 21st, 1880.

The meeting was called to order at 8.20. Dr. Oldright in the chair. After the minutes of the last meeting were read and adopted, Dr. Sheard was duly elected a member of the Society.

Dr. Cameron exhibited a placenta which was affected with calcareous degeneration. Two years previously the woman had miscarried. She went to her full time on this occasion and had given birth to a well formed, vigorous and healthy child.

Dr. Riddel exhibited some portions of a cancerous liver, with a large gall stone, with the following history:—On the 24th of September last, saw Mrs.—, æt. 52, thin, without appetite, insomnolent, skin deep greenish yellow color, constipated, urine of a deep greenish yellow color and strong odor, great pain in right hypochondriac region in front, and behind in the left. A hard painful tumor was felt just below and apparently connected with the right lobe of the liver. After taking some laxative pills she had two free passages of blood and corruption, and the tumor became smaller and softer. Her condition did not improve and she died on the 12th inst. 25 hours after death the autopsy showed old adhesions of the right lobe of the liver to the peritoneum. The surface was rough, like cartilage in color and consistency; the peritoneum at the lower and posterior border was found to form the anterior wall of a large cavity which was partly empty; the intestines in the neighborhood were agglutinated. No gall bladder was found, but on the under surface of the right lobe of the liver was found a large gall stone,

slightly imbedded in the liver. The spleen was normal.

Dr. Riddel also related the following history of a case of dislocation of the radius upwards and forwards:—A boy, 7 or 8 years of age, fell on the 30th of July last, injuring his arm; it was examined and put up by a medical man, who pronounced it fractured and sent the boy to the hospital, where he was directed to return home, and the next day two young men gave chloroform and put the arm up in splints. After making the father sign a document exonerating the doctor from all mishaps or accidents occurring to the arm while under treatment, he saw the arm at 9 p.m. of the 31st. The arm was almost straight, in longitudinal paste-board splints. After examining it he could find no fracture, but put the arm up in rectangular splints. August 20th, removed the splints and found no evidence of recent fracture. The boy had but little power over the arm. On the 24th it was noticed that flexion, extension and pronation were absent, and wrist drop present, and on examination the head of the radius was found dislocated forwards. On the 25th, under ether, the radius was reduced by rather forcible extension from the wrist and pressure upon the head of the radius. After reduction, the arm was put in longitudinal splints and allowed to hang down by the side. The splints were removed on the 16th of September; the head of the radius was in position, but there was loss of power over the muscles of the hand and forearm; by the application of friction and passive motion, this condition has gradually passed off and the arm is now greatly improved and bids fair to be as good as ever.

Dr. Carroll asked if a guarantee such as Dr. R. had caused to be signed was really any protection; he said that he had been informed that it was not.

Dr. Cameron said he believed that a guarantee protected one from the natural ill results of the accident or injury, but did not protect one from the results of carelessness. In relation to the case at present under discussion, Dr. Cameron said that he had seen it in consultation before it went to the hospital and had diagnosed dislocation outwards and backwards of the radius, but no fracture; he expressed no opinion, but asked for a consultation with an older practitioner. He explained the discrepancy of his diagnosis with that of Dr. R., by referring the change to the manipulation the arm had in the meanwhile undergone.

Dr. Oldright referred to a case of his, in which the radius was dislocated backwards, and was reduced four weeks after the accident; the arm was stiff, but frictions recovered some motions.

Dr. Graham, the other day, had a case of a boy, 6 years old, with an unreduced dislocation of both bones of the elbow inwards, of seven weeks' standing; flexion to a right angle was utterly impossible.

Dr. Canniff would like to know if the opinions

of Drs. Riddel and Cameron could not in some way be reconciled. Also as to the paralysis; was it due to a nerve lesion or to long confinement and unuse of the limb? In these cases the hand should be left free before the splints were taken off, and passive motion early induced.

Dr. Graham related a case of cancer of the stomach, in which a man had vomited some cranberries in June and August. In October, 1879, he had eaten some cranberries, and from that time he dated all his dyspeptic symptoms, and states positively that he had never, since October, 1879, taken cranberries. The berries were in a good state of preservation.

Dr. Cameron wished to ask the Society what was the proper course of treatment in irritant poisoning by shellfish. He had a family who sent for him early this morning, all suffering more or less from gastro-enteritis, the result of a lobster supper the night before. He had given sulphurous acid, with a view to check the further growth of any fungus which may have been in the lobster at its ingestion.

Dr. Workman then occupied the chair for a few moments, when Dr. Oldright reported the following case:—A. H. was suffering from violent abdominal pains. In two or three days she so far recovered as to be able to walk a considerable distance. The next morning she had a relapse, though the symptoms were not alarming. The following morning she was found dead. A post mortem was held, with negative results. The intestines were injected and somewhat glued together; no other signs of peritonitis; the heart walls were very thin; brain surface congested. It was thought that she died of cardiac syncope.

Dr. Riddel mentioned a case of death from syncope, where the brain was congested. Dr. Carroll wished to know if a person might not die of night-mare.

Dr. Graham then related the following history:—A. H., æt. 67. Family history good, said to be of temperate habits. Nine years ago complained of weakness of the legs, which slowly increased; in 1879, dull pains across the front of the thigh and forearm, extending down to the toes and fingers; the right leg is the worst. Six weeks after the appearance of these pains, was prostrated by what he calls nervous fever, which left him paralyzed on the left side. He is a large, powerful man, with difficulty of articulation; if supported, walks with a peculiar gait; no paralysis at present; tendon reflex well marked; eyes prominent; pupils contracted; has had diplopia.

Dr. Graham then read a paper upon disseminated sclerosis. He entered upon the subject by giving the history of the following typical case:—Mr. P., æt. 45. Family history good, by occupation a farmer; had an attack of inflammatory rheumatism and enteric fever eight years ago; four years ago

he had erysipelas of the face; the present disease dates from that time, and began with shooting pains about the knuckles and stiffness in the fingers of the left hand, vertigo and failure of his voice. He is a tall, thin man; eyes staring; left hand and arm weak and stiff; no wasting; stiffness due to muscular contraction. The right leg has been affected in the same way, the pain following the course of the sciatic nerve. Has muscular tremors, rhythmical in character, increased by excitement and exertion. Speaks in a peculiar drawing manner; intellect and memory failed greatly; peculiar gait. He was treated by constant current and iodide of potassium. He then took up Charcot's division, according as the sclerosed patches were situated in the brain, the cord, or both. In the first or cerebral form, there are vertigo and mental disturbance; in the spinal, tremor, contraction and paresis; and in the cerebro-spinal, a combination of the symptoms of the other two. Then taking up the various symptoms, he showed how to diagnose between the tremors of sclerosis, paralysis agitans, and the choreic movements. The affections of the eye are indistinctness, diplopia, and nystagmus. The speech is drawing, and a pause between each word. Vertigo, according to Bristowe, is an early and frequent symptom. Paresis, particularly of the lower extremity, is early, and is dependent upon the situation in the cord of the sclerosed patches, and gradually increases until complete paralysis ensues. Contractions are spontaneous or due to sudden excitement; occur at intervals, which become closer, until perfect contracture remains. Charcot divides the disease into three stages: from the first appearance of the symptoms until rigidity; from this to failure of nutritive functions, and from thence till death. During the course of the disease, apoplecticiform seizures are common and often fatal. They differ from true apoplexy, as in the latter the temperature falls, in the former it rises. The disease generally comes on between the ages of 25 and 30, is more frequent in females; is caused by exposure, hardships and moral influences. The prognosis is very gloomy. The sclerosed patches are due to chronic cerebritis; small at first, they extend and are generally found in the white matter. The nerve elements are wasted and supplied by a hyaline and granular matter. The tremors are, according to Charcot, due to the denuded condition of the axis cylinders, which are deprived of their medullary sheath.

Dr. Canniff then read a resolution, passed at the late meeting of the Dominion Medical Association, relative to Public Health Legislation, and after a short discussion, it was moved by Dr. Winstanley, seconded by Dr. Robinson, and carried unanimously,—"That the Toronto Medical Society heartily endorses the Resolution of the Dominion Medical Association, in regard to public health legislation."



## ELGIN MEDICAL ASSOCIATION.

A regular meeting of the Elgin Medical Association was held at St. Thomas on November 24th. Present :—Drs. Going, Williams, Vanbuskirk, McLay, D. McLarty, Tweedale, Sinclair, C. McLarty, W. E. Smith, Cross, Kains, Fulton and R. W. B. Smith.

The first order of business was the reading of the inaugural address of the President, Dr. F. B. Going, of St. Thomas. The address, which was most suitable for the occasion, referred to the objects of the Association and exhorted the members of the profession to take a lively interest in its welfare. One paragraph from the address was, "I think it is needless to enter much into the relations we owe to one another in our daily practice, as we have fully laid down in our code of ethics the course we should pursue, and which, if fully and conscientiously carried out, should enable us at all times to meet our brethren on the most friendly terms and rise above the little jealousies that are so apt to separate us, one from another, and which our friends outside the profession are but too glad to magnify and increase."

The address was highly appreciated by the Association, and a cordial vote of thanks tendered to the President for the same.

Dr. Vanbuskirk read an interesting and elaborate paper on "The Etiology and Pathology of Puerperal Fever." The discussion which followed was taken part in by all the members present, and the pleasant interchange of opinions which followed added largely to the interest of the meeting. The paper was well received, and Dr. Vanbuskirk was the recipient of the most cordial thanks of the meeting for his contribution.

The Secretary read a communication from Dr. J. E. White, of Toronto, regarding the formation of a Provincial Medical Association.

Dr. W. E. Smith moved, and Dr. Vanbuskirk seconded,—“That in the opinion of this Association, it is desirable to recommend the formation of a Provincial Medical Association, in accordance with the objects stated in the communication of Dr. White.”—Carried.

Dr. D. McLarty, of St. Thomas, was appointed to read a paper at the next meeting, which will be held at St. Thomas on Wednesday, January 11th, 1881, at 2 p.m.

R. W. B. SMITH, *Sec.*

## CATARAQUI MEDICAL SOCIETY.

The monthly meeting of the above society was held at the residence of Dr. Dupuis, the following members being present: The President, Dr. Dickson; Drs. Dupuis, Sullivan, A. S. Oliver, Phelan, McCammon, K. N. Fenwick, Dunlop, Middleton, Henderson, and Montgomery.

After the minutes of last meeting were read and adopted. It was moved by Dr. Sullivan and seconded by Dr. Dunlop, that the Executive Committee be requested to submit to the next meeting of this society any amendments to the present tariff that they may think necessary. Carried.

Dr. Henderson then read a paper on "Therapeutics," illustrating his remarks by the most recent appliances for the treatment of Catarrh. Drs. Sullivan, Dupuis, and Oliver commented at length on the remedy mentioned, and obtained very favourable results from its extensive use both in private and hospital practice.

Dr. Fenwick exhibited a galvanic cautery apparatus and showed a patient upon whom he had operated with great success. Dr. Sparks, of Kingston, and Dr. A. Kennedy, of Bath, were proposed and elected members of this society, and Dr. Phelan was requested to prepare a paper for the next meeting.

Dr. McCammon invited the society to hold their next meeting at his residence, on the 1st Friday in January, and the meeting then adjourned, all feeling highly pleased with the innovation made by Dr. Dupuis, who has all along contributed very materially to the advancement of the interests of the society.

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### Selected Articles.

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#### THE USES OF IODOFORM.

Dr. Howard in the *Chicago Medical Review*, gives the following:—

The value of iodoform as a topical application has been before the profession for a considerable time, but I am convinced that it is not even yet appreciated by the majority, who have a rather indefinite idea that it is useful, and a very imperfect notion of the extent and scope of its usefulness. My own experience with this agent has been so satisfactory that I have come gradually to look upon it as the very best at our command for the healing of ulcerated, eroded, granulated and

abraded surfaces, which have for any reason too little inclination to take on healthy action, and which, therefore, require some alterative or stimulative impetus. I shall, therefore, designate, in a few words, some of the conditions in which I have found it useful.

#### CHANCRE AND CHANCROID.

Take iodoform 100 parts, sugar of milk 200 parts, thymol 1 part. Let the above be thoroughly mixed and reduced to an impalpable powder. The glands and prepuce must be thoroughly clean and dry. Then pack the ulcerated surfaces full with this powder, dust it over the surrounding parts, and secure it with a light bandage. Repeat the application as often as the parts become moist from new discharges. Ordinarily, about three applications will be required every day, for the first two or three days, then as healing continues, they may be continued less frequently. A fair trial of this method, I am certain, will convince any one of its superiority.

#### HERPES CIRCINATA, HERPES ZOSTER, AND HERPES OF THE PREPUCE.

Dissolve one dram of iodoform in one-half ounce of the oil of eucalyptus, and paint the diseased surface with this solution. Two or three applications will usually affect a cure.

#### GRANULATED LIDS.

Apply iodoform and sugar of milk, one part to five parts, directly to the everted lids with a soft brush. This occasions no smarting or pain, and often cures cases of months' standing in two or three weeks. The thymol should not be used in these cases, as it irritates and produces pain.

#### GRANULAR PHARYNGITIS.

The same powder as indicated for chancre and chancroid may here be employed with an insufflator, thoroughly, at bed-time. The most obstinate cases will often yield promptly to this course.

#### CHRONIC ULCERS OF THE LEG, CRACKED NIPPLES, AND ALL KINDS OF INDOLENT ULCERS WITH RAISED EDGES.

Prepare an ointment containing one-half drachm of iodoform in an ounce of cosmoline, and apply frequently, after having previously thoroughly cleansed the parts. The well known and popular addition of the balsam Peru to this ointment masks the odor and adds to its value. I would add that the above is an auxiliary, not a substitute, for the ordinary methods of applying pressure, such as strapping and bandaging, which should not be omitted.

#### UTERINE CATARRH.

For uterine catarrh, or, as it is improperly called, endometritis,—I refer to those cases in which there is congestion, and a consequent discharge, with some enlargement, and an erosion extending up into the canal—I employ a suppository, which is made and applied in the following manner: Mix one-half drachm of finely powdered iodoform with one ounce of the butter of cocoa. This may be kept in a shallow ointment jar. I have a thin silver tube about one-fifth of an inch in diameter, with a closely fitting piston. This tube is about eight inches long. When a suppository is needed, I retract the plunger or piston to a point from the distal extremity of the tube, corresponding to the length of the required suppository. Then fill the lower open end of the tube by plunging it again and again into the jar containing the material for the suppository, and packing it solid by downward pressure of the piston. Then I apply the suppository by passing the end of the tube into the cervical canal and force it out by pushing in the piston. The suppository will then be in the desired place. Five grams of the iodoform may be used at a time; this melts and takes effect at once, and causes no pain.

#### FISSURE OF THE FEMALE URETHRA.

This troublesome and intractible ailment yields promptly to the use of the same suppository which I have advised for uterine catarrh. Their use is commonly followed by the disappearance of those symptoms which are always associated with fissure of the urethra, and which so often lead to the false diagnosis of cystitis.

#### GONORRHOEA IN THE MALE.

The same suppository, made in the same manner, and applied with the same instrument, may here be advantageously employed, care being taken to pass the suppository above the inflamed part. This treatment of gonorrhœa I have used for nearly two years, and can testify to its great efficacy. It is a suitable substitute for injections, and is more sure in its effects. The application should always be made by the doctor, when possible. I have been pleased to see that Mr. W. Watson Cheyne, in a late number of the *British Medical Journal*, contributes a very definite testimonial to the value of urethral suppositories, or pencils, in the antiseptic treatment of gonorrhœa. I would, however, give the preference to the method of preparation and application which I have here described, as being simpler, and, perhaps, more effectual than his. It must be remembered that the popular addition of Balsam Peru in these suppositories is objectionable, by reason of its irritating qualities.

### SUCCESSFUL CASE OF PARACENTESIS OF THE PERICARDIUM.

In the *N. Y. Med. Record*, Dec. 11th, Dr. Roberts, of Philadelphia, reports the following case of successful pericardial tapping furnished him by the operator, Dr. R. L. Payne, of North Carolina, and his son, R. Lee Payne, Jr. As his researches previously published have enabled him to find but twelve instances of paracentesis of the pericardium done in America, he feels it important to record this previously unreported instance of an operation easily performed, and not infrequently demanded, but usually considered as one requiring complicated apparatus for its accomplishment.

On July 1, 1880, E. P—, a colored man, about fifty years of age, consulted Dr. Payne and his son for dropsy. He had been treated ten years previously for a dropsical condition, but from this he recovered. In the spring of this year he had had a return of his trouble and now came for treatment. Examination showed the following conditions: Great œdema of the lower limbs, and considerable effusion in the subcutaneous cellular tissue, except upon the face. There seemed to be no ascites. He stated that he had had great difficulty in breathing, and that for two months he had not been able to lie down, but sat constantly in the open air. His respiration was so labored that it could be heard at a distance of a hundred yards. Physical examination of the chest revealed, by the usual diagnostic signs, a large accumulation of fluid in the right pleural cavity. No fluid was present in the left side of the chest, but some moist râles were heard in the left and at the apex of the right lung. The patient was expectorating some blood. The cardiac area of dullness was increased considerably, and the sounds were so muffled that it was almost impossible to distinguish them.

The diagnosis made was dropsy of the right pleura, and chronic pericarditis with effusion. The anasarca and hæmoptysis were considered as resulting from the heart-lesion.

He was placed on the fluid extract of jaborandi and the infusion of digitalis. At the end of a week there was no improvement, the suffering from dyspnoea was extreme, and death seemed imminent. As a last resort it was determined to aspirate the pericardium with the hypodermic syringe. The needle was introduced in the intercostal space between the fourth and fifth ribs, and previous to complete penetration of the intercostal muscles the syringe was exhausted of air. The needle was then pushed slowly and carefully on till it entered the pericardial sac, when the syringe was at once filled with a straw-colored fluid. The syringe was detached from the needle and emptied, and again applied and refilled with fluid. This was repeated until nearly an ounce of serum was withdrawn. That the needle entered the pericardium was con-

sidered certain, since it was seen that at every pulsation of the heart the needle made synchronous movements.

Great relief to the more urgent symptoms followed the operation, and the patient was able to lie a little lower than the half-recumbent position, which he had not been able to do for weeks. The dyspnoea was much relieved. Three days later the right chest was aspirated, a quart or more of fluid withdrawn, and the man thus enabled to lie flat in bed, breathe with ease, and sleep quietly. At the end of a week he was so improved that he was allowed to return to his home sixteen miles in the country. He was ordered infusion of digitalis with acetate of potassium three times daily. The patient was seen no more after this, but two weeks later he was reported as doing well, and was ordered to continue the same line of treatment. Four weeks later he died; but, as he resided some distance from Dr. Payne, the latter did not know of his death until a considerable period had elapsed, and then was unable to obtain accurate information concerning the immediate cause of the fatal result. Hence, no autopsy was obtained.

This interesting history illustrates what has so often been demonstrated, that the pericardium can be tapped with ease and certainty, and great relief given by the withdrawal of a comparatively small quantity of fluid. The use of the hypodermic syringe, which is practically a small aspirating pump, shows that no elaborate preparation or apparatus is required for the operation, which can be performed at any time with the ordinary appliances carried by every doctor. This instrument has been satisfactorily used in a similar manner by Dr. Porcher, of Charleston, S. C., and Dr. Paul, of Philadelphia. The case should be considered a recovery after paracentesis, for the symptoms were alleviated and the patient discharged from personal supervision.

Ordinarily, in cases of coexisting pleural and pericardial effusion, I would prefer to aspirate the pleura first, especially if there was a large quantity of fluid in that cavity.

This instance makes the thirteenth operation for paracentesis of the pericardium that has been performed in America, as far as I have been able to learn after diligent search for a number of years. Of the thirteen patients operated on, six have recovered and seven have died. The names of the operators, as taken from my paper read before the American Medical Association, and from my recently published monograph, are as follows: Warren, Norris, Lyon, Welch, Smith, Pepper, Douglas, Porcher, Paul, Staples, Porcher, Abbott, Payne. The operation, it will be seen, has been performed by Porcher twice.

It is to be hoped that others will follow the example of Dr. Payne, and not allow a patient to die from pericardial effusion because no aspirator is

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{ Pulv. Aloe Soc., 1-2 gr. }			CAMPION, HENBANK and VALERIAN, 2 1-2 grs.	60	2 75
{ Ext. Nucis Vom., 1-2 gr. }			{ Camp. phos., Pulv., Ext. Hyocyanini Alco., 1-2 gr. }		
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{ Ext. Glycyrrhizae, Pulv. Acacia, aa 1-2-4 grs. }			{ Ext. Hyocyanini, Ext. Taraxaci, aa 1-4 gr. }		
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{ Chinoidine, Ferri Ferrocyanidum, aa 1 gr. }			CERIUM OXALATE, 2 grs.	1 50	7 25
{ Ol. Piper. Nig., aa 1-8 gr. }			CHARCOAL WILLOW, 2 grs.	60	2 75
{ Acid. Arsenicum, 1-30 gr. }			CHINOIDINE, 1-2 and 1 gr.	75	3 50
ANTI-DYSPEPTIC, 4 grs.	1 00	4 75	CHINOIDINE, POWDERED, PURIFIED, 1 gr.	60	2 75
{ Strychnia, 1-40 gr. }			CHINOIDINE, POWDERED, PURIFIED, 2 grs.	75	3 50
{ Ext. Belladonnae, Pulv. Ipecacuanhae, aa 1-10 gr. }			CHINOIDINE, POWDERED, PURIFIED, 3 grs.	1 00	4 75
{ Fil. Hydrarg., Ext. Colocy. Co., pulv., aa 2 grs. }			CHINOIDINE, POWDERED, PURIFIED, 5 grs.	1 50	7 25
ANTI-PEPTIC, 1 00	4 75		CINCHONA BARK ALKALOIDS, See Quinine List.		
{ Chinoidine Sulph., 1 gr. }			CINCHONIDIA (ALKALOID), See Quinine List.		
{ Ferri Sulph., Exsic., 1-2 gr. }			CINCHONIA SULPHATE, See Quinine List.		
{ Res. Podophylli, Gelsemin, aa, 1-20 gr. }			CINCHONINA, Ext. See Quinine List.		
{ Strychnia Sulph., 1-32 gr. }			COCA EXTRACT, 1 gr.	65	3 00
{ Oleoresina Capsici, 1-10 gtt. }			COCA EXTRACT, 2 grs.	95	4 50
APERIENT, 1 00	4 75		COCA EXTRACT, 3 grs.	1 25	6 00
{ Ext. Nucis Vom., 1-2 gr. }			CODEIA, 1-16 gr.	1 75	8 50
{ Ext. Hyocyanini, 1-2 gr. }			CODEIA, 1-8 gr.	2 50	12 25
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{ Phosphorus, 1-100 gr. }			{ Pulv. Hydrarg., Ext. Coloc. Comp., pulv., aa 2 grs. }		
{ Ext. Nucis Vomicae, 1-3 gr. }			{ Pulv. Ipecacuanhae, 1-6 gr. }		
ARSENIOUS ACID, 1-50, 1-40, 1-30 & 1-20 grs.	50	2 25	COOK'S, 60	2 75	
ASSAFOETIDA, 2 grs.	50	2 25	{ Pulv. Rhei, Pulv. Aloe Soc., aa, 1 gr. }		
ASSAFOETIDA, U. S., 4 grs.	50	2 25	{ Hydrarg., Chlor., Mite, 3-4 gr. }		
ASSAFOETIDA COMPOUND, 2 grs.	50	2 25	{ Pulv. Saponis, 1-4 gr. }		
{ Assafoetida, 3 grs., Pulv. Saponis, 1-2 gr. }			COPAIBA AND OLEO-RESIN CUREE, 2 grs.	75	3 50
{ Ferri Sulph. Exsic., 1 gr. }			{ Fil. Copaliba, 2 grs. }	75	3 50
ASSAFOETIDA AND NUX VOMICA, 75	3 50		{ Oleo-Resina Cubebe, 1 gr. }		
{ Assafoetida, 3 grs. }			COPAIBA AND OLEO-RESIN CUREE, 5 grs.	1 25	6 00
{ Ext. Nucis Vom., 1-4 gr. }			{ Fil. Copaliba, 2 grs. }		
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BLUO PILL COMPOUND, 3 grs.	80	2 25	DIPHTHERIA, PINK, 1-40 gr.	75	3 50
{ Pulv. Hydrarg., 1 gr., Pulv. Opi., 1-2 gr. }			DIPHTHERIA (SARAPLAIN'S), 4 grs.	60	2 75
{ Ext. Nucis Vom., 1-4 gr. }			{ Pulv. Aloe Soc., Pulv. Matthesae, aa 1-2 grs. }		
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SALICYLIC ACID	2 gra.	1 25 6 00	{Lactacium, 1-2 gr.		
SALICYLIC ACID WITH MORPHINE.			{Ext. Opil. 1-10 gr.		
{Acid. Salicylicum, 2 1-2 gra.			{Ext. Cicuta, 1-1 1/2 gr.		
{Morphine Sulphas, 1-12 gr.			TARTAR EMETIC, 1-100, 1-20 and 1-4 gr.	50	9 25
SALICYLIC ACID WITH MORPHINE.	2 00	9 75	TONIC (DR. ALKEN'S). See Quinine List.		
{Acid. Salicylicum, 2 gra.			TRIPLEX	1 00	4 75
{Morphine Sulphas, 1-8 gr.			{Ext. Aloes, 2 gra. Ph. Hydrarg., 1 gr.		
SANDAL WOOD EXTRACT (McK. & R.), 1 gr.	2 00	9 75	{Podophyllin, 1-4 gr.		
SANDAL WOOD EXTRACT	2 gra.	8 00 14 75	TRIPLEX (DR. FRANCIS)	1 00	4 75
SANTONIN	1 00	4 75	{Pulv. Aloes Soc. Ph. Hydrarg.		
SANTONIN AND CALOMEL	1 25	6 00	{Pulv. Scammonil. Ol. Tiglii.		
{Santonin, Hydrarg. Chlor. Mite, aa. 1-2 gr. }			{Pulv. Scammonil. Ol. Tiglii.		
{Thiobroma Choco. }			VALERIAN EXTRACT	3 gra.	1 00 4 75
SQUILL COMPOUND, U. S.	60	2 75	ZINC OXIDE	1-2 gr.	60 2 75
STYRACIN, 1-100, 1-60, 1-40 & 1-20 gr.	50	2 25	ZINC PHOSPHIDE	1-4 and 1-2 gr.	75 2 50
STYRACIN COMPOUND	1 00	4 75	ZINC PHOSPHIDE & EXT. NUX VOMICA.	1-2 gr.	1 00 4 75
{Strychnin, 1-100 gr.			{Zinc Phosphidum, 1-10 gr. }		
{Phosphorus, 1-100 gr.			ZINC VALERIANATE	1 gr.	95 4 50
{Ext. Canaab. Indic., 1-16 gr.					
{Ginseng, 1 gr.					
{Ferri Carb., 1 gr.					
S' FIVE IODINE, 1-25 and 1-10 gr.	50	2 25			

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	Bottles 100 pills	Bottles 500 pills		Bottles 100 pills	Bottles 500 pills
CINCHONA BARK ALKALOIDS	1 90	9 25	QUININE, SULPHATE	1 gr.	1 90 8 75
{Quinins Sulphas, 1-2 gr.			QUININE, SULPHATE	1 1-2 gr.	2 80 13 75
{Quinidins Sulphas, 1-2 gr.			QUININE, SULPHATE	2 gra.	3 45 17 00
{Cinchonins Sulphas, 1-2 gr.			QUININE, SULPHATE	2 gra.	5 15 26 50
{Cinchonidins Sulphas, 1-2 gr.			QUININE, SULPHATE	4 gra.	6 90 34 25
CINCHONA, SULPHATE	2 gra.	95 4 50	QUININE, SULPHO-CARBOLATE	1 gr.	1 75 8 50
CINCHONIA, SULPHATE	5 gra.	1 35 6 50	QUININE, SULPHO-CARBOLATE	2 gra.	3 25 16 60
CINCHONIDIA (ALKALOID)	1 gr.	1 95 4 50	QUININE, SULPHO-CARBOLATE	2 gra.	6 50 32 25
CINCHONIDIA (ALKALOID)	2 gra.	1 55 7 50	QUININE, SULPHO-CARBOLATE	2 gra.	10 25 51 00
CINCHONIDIA (ALKALOID)	2 gra.	9 05 10 00	QUININE, VALERIANATE	1-2 gr.	1 90 9 25
CINCHONIDIA, SULPHATE	1 gr.	80 3 75	QUININE AND ALOES	1 gr.	1 90 7 75
CINCHONIDIA, SULPHATE	2 gra.	1 35 6 50	{Quinins Sulphas, 2-4 gr. }		
CINCHONIDIA, SULPHATE	2 gra.	2 00 9 75	{Pulv. Aloes Soc., 1-4 gr. }		
CINCHONIDIA, SULPHATE	2 gra.	2 00 12 25	QUININE AND ASSIENIC		1 90 9 25
CINCHONIDIA, SULPHATE	2 gra.	2 00 14 75	{Quinins Sulphas, 1 gr. }		
"HOSPITAL QUININE"	1-4 gr.	75 2 50	{Acid. Arseniosum, 1-30 gr. }		
"HOSPITAL QUININE"	1-2 gr.	80 3 75	QUININE AND CAPSICUM		1 90 9 25
"HOSPITAL QUININE"	1 gr.	1 25 6 00	{Quinins Sulphas, 1 gr. }		
"HOSPITAL QUININE"	1 1-2 gr.	1 95 9 50	{Pulv. Capsic., 1-4 gr. }		
"HOSPITAL QUININE"	2 gra.	2 50 12 25	QUININE AND IRON BY HYDROGEN		1 90 9 25
"HOSPITAL QUININE"	2 gra.	2 75 18 50	{Quinins Sulphas, 1 gr. }		
"HOSPITAL QUININE"	4 gra.	5 00 24 75	{Ferrum Redactum, 1 gr. }		
"HOSPITAL QUININE"	5 gra.	6 25 31 00	QUININE AND IRON, CARBONATE		1 90 9 25
"HOSPITAL QUININE"	5 gra.	6 25 31 00	{Quinins Sulphas, 1 gr. Ferril Subcarb., 2 gra. }		
The substances, crystallized, combined alkaloide			QUININE AND IRON, IODIDE		1 35 6 60
of Cinchona bark, (Cinchona alone separated) con-			{Quinins Sulphas, 1-2 gr. }		
taining fifty per cent. pure Quinins Sulph.			{Ferri Iodidum, 1 gr. }		
IRON & CINCHONIDIA, CITRATE	2 gra.	75 3 50	QUININE AND STRYCHNINE		1 90 9 25
IRON & CINCHONIDIA, CITRATE	2 gra.	1 10 5 25	{Quinins Sulphas, 1 gr. }		
IRON & QUININE, CITRATE	1 gr.	95 4 50	{Strychnia, 1-40 gr. }		
IRON & QUININE, CITRATE	2 gra.	1 84 6 60	QUININE, ARSENIC AND NUX VOMICA.		1 90 9 25
IRON & QUININE, CITRATE	2 gra.	1 90 9 25	{Quinins Sulphas, 1-60 gr. }		
IRON, QUININE AND STRYCHNINE	2 gra.	1 90 9 25	{Acid. Arseniosum, 1-60 gr. }		
{Ferrum Redactum, 1 gr. }			{Ext. Nucis Vomice, 1-4 gr. }		
{Quinins Sulphas, 1 gr. }			QUININE COMPOUND		1 90 9 25
{Strychnia, 1-60 gr. }			{Quinins Sulphas, 1 gr. }		
NEURALGIA (DR. GROSS'S)	3 75	18 50	{Ferrum Resact., 1 gr. }		
{Quinins Sulphas, 2 gra. }			{Acid. Arseniosum, 1-30 gr. }		
{Morphine Sulphas, 1-30 gr. }			{Ext. Taraxaci, 1-4 gr. }		
{Strychnia, 1-30 gr. }			QUININE COMPOUND AND EXT. DANDELION	9 25	11 00
{Acid. Arseniosum, 1-20 gr. }			{Quinins Bi-Sulph., 11-4 gra. }		
{Ext. Aconiti, 1-2 gr. }			{Ferri Sulph., Extic., 2 gra. }		
NEURALGIA (GROSS), as above, without Morphine	3 50	17 25	{Acid. Arseniosum, 1-30 gr. }		
PHOSPHATE IRON, QUININE & STRYCHNINE	1 90	9 25	QUININE COMPOUND AND STRYCHNINE	1 90	9 25
{Phosphorus, 2 gra. }			{Quinins Sulphas, 1 gr. }		
{Quinins Sulphas, 1-60 gr. }			{Ferrum Redactum, 1 gr. }		
PHOSPHORUS AND QUININE	2 25	11 00	{Strychnia, 1-30 gr. }		
{Phosphorus, 1-20 gr. }			{Acid. Arseniosum, 1-30 gr. }		
{Quinins Sulphas, 1 gr. }			QUININE, IRON AND NUX VOMICA.	1 90	9 25
PHOSPHORUS, IRON AND QUININE	2 50	12 25	{Quinins Sulphas, 1 gr. }		
{Phosphorus, 1-100 gr. }			{Ferri Carb. (Vallet's), 2 gra. }		
{Ferri Carb. (Vallet's), 1 gr. }			{Ext. Nucis Vomice, 1-4 gr. }		
{Quinins Sulphas, 1-2 gr. }			QUININE, PHOSPHORUS AND IRON. See Phos-		
PHOSPHORUS, IRON, QUININE & NUX VOM.	2 50	12 25	phorus, Iron, &c., above.		
{Phosphorus, 1-100 gr. }			QUININE, PHOSPHORUS AND NUX VOMICA.	2 50	12 25
{Ferri Carb. (Vallet's), 1 gr. }			{Quinins Sulphas, 1-60 gr. }		
{Quinins Sulphas, 1 gr. }			{Phosphorus, 1-60 gr. }		
{Ext. Nucis Vomice, 1-2 gr. }			{Ext. Nucis Vomice, 1-40 gr. }		
PHOSPHORUS, QUINIA, IRON AND STRYCHNIA.	2 50	12 25	QUININE, PHOSPHORUS AND NUX VOMICA.	2 50	12 25
{Phosphorus, 1-100 gr. Ferril Redact., 1 gr. }			{Quinins Sulphas, 1-60 gr. }		
{Quinins Sulphas, 1 gr. Strychnia, 1-60 gr. }			{Phosphorus, 1-60 gr. }		
QUINIDIA, SULPHATE	1 gr.	1 00 4 75	{Ext. Nucis Vomice, 1-4 gr. }		
QUINIDIA, SULPHATE	2 gra.	1 90 9 25	QUININE, QUASSIA AND NUX VOMICA.	2 25	11 00
QUINIDIA, SULPHATE	2 gra.	2 50 12 25	{Quinins Sulphas, 1 gr. }		
QUININE, BI-SULPHATE, same above and prices			{Ext. Quassia, 1 gr. }		
as Sulphate, see below.			{Ext. Nucis Vomice, 1-4 gr. }		
QUININE BROMIDE	1 gr.	3 15 15 50	TONIC (DR. ALKEN'S)	1 90	9 25
QUININE BROMIDE	2 gra.	4 50 22 25	{Quinins Sulphas, 1 gr. }		
QUININE BROMIDE	3 gra.	6 25 31 00	{Acid. Arseniosum, 1-50 gr. }		
QUININE CARBOLATE	1 gr.	2 15 15 50	{Ferrum Redactum, 2-3 gr. }		
QUININE SALICYLATE	1 gr.	3 15 15 50	{Strychnia, 1-30 gr. }		
QUININE SULPHATE	1-4 gr.	85 4 00			
QUININE SULPHATE	1-2 gr.	1 05 5 00			

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Myrrhæ pulv., Tr. Canthar., aa, gr. 3-5. }

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No. 1.

{ Iodoformum, 1 gr.  
Ferri Protocarb., 3 gra.  
Quinis Sulph., 1-2 gr. }

#### Iodoform, Iron & Quinine,

No. 2.

{ Iodoformum, 1-3 gr.  
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#### Iron, Citrate & Cinchonidia,

2 & 3 grs.

#### Neuralgia, Brown Sequard, Without Ignatia Amara.

#### Pepsin, Pure Concen., 1-2 gr.

Each pill equal to 5 grains Saccharated Pepsin.

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Made only of the best resin, and may be rolled upon.

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We are now making the above sizes of this important pill, which we introduced to the profession about two years ago. The pill appears to be much esteemed, and our sales have been very large in consequence. It is a remedy of great importance in scrofula, glandular enlargements and diseases of a kindred nature, such as boils, eruptions of the skin, etc. Lately we receive accounts of its being of great value in the cure of Diabetes.

### Aloin, 1-10, 1-5 & 1 gr.

The active principle of Aloes. This article appears to be growing in favor; it may be given whenever aloes is indicated. It resembles the gum in effect, but is free from the tendency to gripe.

### Bi-Sulphate Quinine,

1-4, 1-2, 1, 11-2, 2, 3, 4 & 5 grs.

Recommended for their ready solubility. It is an attested fact that Bi-Sulphate Quinine dissolves in one-seventieth part of as much water as the Sulphate requires, which renders it much the more desirable salt in important cases. We offer the pills at the same prices as the ordinary sulphate.

obtainable. The hypodermic syringe has almost superseded the exploring-needle as an instrument for diagnostic purposes, and, as is here seen, acts well in all cases where fluids are to be evacuated. I, myself, never think of using the old-fashioned grooved exploring-needle, but always prefer utilizing the greatly superior suction action of the hypodermic syringe, and have frequently employed the latter instrument in emptying small collections of fluid, such as are found in cysts and abscesses. In the case of suspected aneurism, the withdrawal of a few minims of blood with the hypodermic syringe will establish a certain diagnosis and enable the surgeon to act intelligently in the premises. It was first used in pericardial effusion, I believe, by Dr. F. P. Porcher.

#### ANTHRACÆMIA—WOOL SORTER'S DISEASE.

For several years past the attention of our professional friends in England has been attracted to a serious form of sickness prevailing to a considerable degree among operatives employed in woolen mills, the study of which has notably been made a point by Dr. Bell and gentlemen practising near Bradford. Some months ago a committee was appointed by the Medico-Chirurgical Society of that city to investigate the matter, and recently four typical cases have been reported, in which the result of post-mortem examination leaves no room seemingly for doubt as to the existence of this peculiar affection, and that in all probability it is due to blood-poisoning by the so-called *Bacillus anthracis*, a low form of bacteria, presumably contaminating the wool, and which gains entrance to the blood of those affected through the likeliest channels,—the lungs or stomach. Wool from which yarn of varying character is made, and which is used in whole or in part in the production of a long line of textile fabrics, is gathered from the ends of the earth, and when received is frequently very dirty, the Continental grades being especially impure. The ordinary method of sheep-washing previous to shearing is more of a habit than a success, and consequently, before the process of manufacture into yarn, wool has to be thoroughly scoured after reception at the mills, either by hand or by machinery. The impurities found in the fleece consist largely of earthy or vegetable matter, depending on the nature of the pasturage and shelter of the flock; but there is also at times animal matter,—the "tick," for example—with scales or scabs from the epidermis of the sheep, together with more or less oily material. Diseased sheep or goats may be rejected as unfit for food, but the wool or hair is all the same secured for market. Now, before scouring, the wool is "sorted" into long or short fibre, fine or coarse, etc., quality of stock determining large-

ly the ultimate product. This is done by hand in well lighted rooms, which are kept at a high temperature, especially in the cooler months, and it is here that the majority of cases of anthracæmia originate; but some have happened in operatives exposed only in departments after the material has been scoured, in which condition it is usually clean and white. A much better method is being tried, by which before sorting, the wool is treated with benzine, which not only cleans it of dirt, but also must destroy all bacteria. The caution requisite in this process, and the high insurance, unfortunately operate against the plan, but time and necessity will doubtless remedy these disadvantages.

The symptoms so far recognized are violent cephalalgia, often unilateral, fever intensifying in its progress, severe pleuritic pain, crepitant inspiratory rales, and finally free diarrhœa. The differential diagnosis between anthracæmia and typhoid fever is clear, and ordinary care only is requisite to distinguish them. Cases have been complicated with malignant pustule from inoculation by scratching pimples or abrasions, especially about the face, and in such instances the neighboring lymphatics have become greatly enlarged. The prognosis is bad, and treatment is, as yet, apparently unsettled.

Post-mortem investigation shows softening of the bronchial glands, and large accumulation of fluid in the pleural cavity particularly, but also in the abdominal. The intestines, beyond injection and low inflammatory signs, give no evidence. The glands of Peyer are not softened or ulcerated. *Bacillus* is abundant in the fluids of the closed cavities, in the viscera, and in the blood. Inoculation of blood containing this form of bacteria in the lower animals, as tested in the mouse, rabbit, and guinea-pig, produces the disease, death supervening in from thirty-six to seventy-two hours. Decomposition is rapid, especially at the site of puncture in the case of inoculation.

My attention was called to this subject from having during the summer, treated two obscure cases of illness in wool-sorters, resembling very much the affection described, and which, though they recovered, induce me to refer to them with a view to further investigation by gentlemen of the Society who may have an interest in the subject. Their sickness was precisely as above described. The period of incubation, so far as known, was about ten days, the acute duration two weeks, and as much more time for convalescence was required. The treatment was expectant,—large doses of cinchonidia sulphate for the bronchial disorder; opium and carbolic acid for the diarrhœa; tincture of iodine painted externally for the pleuritic pain. There was no tendency to a relapse. Another patient (a driver), who handled bales of wool continually, succumbed after leaving my care from what was certified as phthisis, but which very



likely was anthracæmia. Under the circumstances I was debarred from suggesting a post-mortem. Through the courtesy of my brother, Mr. James D. Blackwood, who is engaged in the manufacture of woollen and worsted yarn, I have examined a great variety of wool, domestic and imported, and also the residue left after scouring. The high temperature and caustic soaps and alkalies employed in washing, destroy all traces of bacteria, if they exist in the wool before undergoing that process, and, although cold water in which wool has been thoroughly soaked frequently contains these organisms, I am not yet satisfied as to the origin of them, neither have I been able to obtain accurate information as to the *Bacillus anthracis* other than from allusions to it in the English medical journals, but I hope to be better posted shortly through friends who are interested in the subject in England. I learn from my brother that, aside from domestic supply in our city, foreign wool is imported only of English growth and from Australia, all of which being comparatively clean may account for the non-appearance of anthracæmia in this country as yet. The supply from Persia, Algiers, and Barbary is exceedingly foul, but to his knowledge is unknown in America, although large quantities of these grades are handled abroad. In view, however, of the extent and increasing business in woollen production in this country, and the probable development of this disease as a sequence through a greater demand for foreign material, it becomes our duty and our interest to unravel any entanglement which may confound anthracæmia with obscure disorders in those exposed thereto, and isolate this intruder if it be an entity, in preference to looking upon anomalous diseases in these people as hybrid,—a condition which I for one do not believe exists in pathology.—*Dr. Blackwood, in Medical Times.*

## DIABETUS MELLITUS.

CLINIC BY PROF. FLINT, NEW YORK.

It is customary in nosology to consider this disease among the diseases of the urinary system. It is obvious enough, however, that it does not belong there. The presence of sugar in the urine is simply an effect of the presence of sugar in the blood. But the disease is classed among diseases of the urinary system for convenience, because our knowledge of its essential pathology is not sufficient for us to place it elsewhere, unless we consider it among diseases of the blood. Some think that the examinations *post mortem* have been sufficient to show that there are certain changes which substantiate the ground of its being a disease of the cerebral centres. The pathology of this disease is a matter for continued investigation. It

is a fair inference, from the success of dietetic treatment, that the pathology involves some defect or vice in the process of assimilation—that is to say, we have sugar in the urine, because the sugar which is taken with the food, and the starchy substances which enter into food, do not undergo their normal changes in the process of assimilation.

Now, as regards the diagnosis, the disease is very apt to be overlooked—not from any difficulty in the diagnosis, but because attention is not directed to an examination of the urine for sugar. If we have a patient passing a large quantity of urine, complaining of thirst, of course we examine the urine for sugar; but we do not have this greatly increased quantity in all cases; and instances have occurred repeatedly under my observation in which the disease has been overlooked for a long time, because, although the urine may have been somewhat increased in quantity, the patient attached no importance to it, and the attention of the physician was not directed to it, and it did not occur to him to direct his own attention to it. We should be on the lookout, then; in cases where there is any room to suspect this disease, we should examine the urine for the presence of sugar.

There is a characteristic odor of the breath, which it did not occur to me to observe before the patient went out—a kind of mawkish sweetness of the breath, which I can compare to that of chloroform perhaps. It is so distinct that it can hardly be mistaken when it is present.

Some time ago I saw a patient with a pulmonary affection, and in examining the chest I caught the breath. I said to the physician whom I met in the case that the patient had diabetes, and he was greatly surprised. It had not been suspected, but on enquiry I found that some months before the patient had been passing large quantities of urine, but it was supposed to be due to nervous exhaustion, and the urine was not examined; of late, however, there had been no increase in the quantity of urine, and so it had been tested only with reference to Bright's disease—for the presence of albumen, that for the specific gravity. The specific gravity was not above that of health, and so one of the physicians said, "How is it possible for the patient to have diabetes, when the quantity of urine is not increased and the specific gravity is not heightened? Well, such a thing is very possible. On examining the urine, sugar was found. This is a very important fact in connection with the prognosis. The pulmonary affection destroyed that patient, as any serious affection is apt to do when it occurs in the course of this disease.

I will mention a case which will illustrate the importance of examining the urine, even though we have scarcely any ground for suspicion. In women, an eczematous eruption about the urethral orifice is very apt to be the result of the presence

of sugar ; and, if this be complained of, it should lead to an examination of the urine. But a gentleman came to me some two months ago, apparently in perfect health—a man weighing about two hundred and fifty pounds, and said, "I have come to see you, perhaps upon a very trivial matter, but still it has occasioned me some annoyance." It was simply this, that he had a curious sensation in the meatus of the penis, which he described as an itching sensation—not at all connected with sexual excitement ; not at all connected with an erection of the organ, but being sufficient to cause considerable annoyance. I thought at first that it was a trivial matter, and told him so, and was very near making up some prescription, more to satisfy him than specially to relieve him, when it occurred to me that I had better examine his urine. I did so, and found it loaded with sugar. In that case the patient was not aware of any increase of thirst. In fact, he had nothing except that slight itching sensation to attract attention to the existence of the disease. That proved to be a case of diabetes, and I speak of it now because this was an important fact of temporary duration. On placing this patient on an anti-diabetic diet, in the course of a month—yes, within less time than that, within two or three weeks—the sugar entirely disappeared from the urine, and since then he has been free from the disease, and has returned to his ordinary habits of life. We meet with cases of that kind.

So much, then, for the diagnosis, and I would like to impress that upon you, for I know that some medical men have lost the confidence of their patients by not having discovered this disease early. I have an instance in my mind now, in a case which is under observation, where the patient feels great dissatisfaction toward a medical adviser, feeling that she had this disease for months before any examination of the urine was made. So that we should examine the urine for sugar whenever there is the slightest ground for suspicion. It is a good plan in all cases, when examining the urine, to test it for sugar ; it costs but a few moments of time, it is easily done, and you should not fail to do it, especially if you find the specific gravity high.

Well, now, with regard to the *prognosis* and *treatment*. Diabetes is generally regarded by medical men as a disease which offers very little in the way of favorable prognosis and treatment, and it seems to be confessed that in a very large proportion of cases a permanent, radical cure is not effected. But this may be done in a pretty large number of cases ; the disease may be kept in abeyance without sufficient derangement of the habits of life to impair the general health, or to be considered by the patient a very great hardship. And this is especially the conclusion which I have reached after considerable opportunities of observation within the last few years. It has so happened that quite a large number of medical men

in this neighborhood, within my knowledge, most of whom have seen me, have suffered in this way. I could mention six or eight medical men who, within the last two years, have suffered from this malady ; and several of these now consider themselves in perfect health, but, not considering it a burden to consider the dietetic treatment which resulted in their present favorable condition, they still follow it.

The treatment is emphatically dietetic. There have been a great many remedies proposed from time to time, recommended as having control over this disease. Now I am not prepared to say that there are no remedies which do exercise more or less control over it. But we should commit a grave error, and act very much at the expense of the prospects of our patients, if we gave any remedy which rendered them less careful in attending to the dietetic treatment of their cases. This treatment consists in withholding from the food almost entirely (for entirely we cannot) sugar in any form, and all the starchy constituents of diet capable of being transformed into sugar. That is the principle. Well, if we merely state that to patients, and tell them they must not eat sugar, they must not eat starch, they will not be able to carry it out. In the first place, it is not likely they will know enough of the subject to carry it out, even if they were so disposed ; and, unless we go further, and are very careful as regards details, we shall find that the elimination of these constituents of the food will not be done ; they will not tolerate it. If we are to succeed, we should give appropriate attention to the preparation of the food, the number of articles which the patient should be allowed to take, and the variation of the food from day to day, to make this anti-diabetic diet satisfactory to the patients—that is, satisfy their appetites and the purposes of nutrition. This can be done, and, if it is done, the patient carries out the treatment, because it is no hardship to carry it out ; and the treatment is to be carried out not for a few days, or a few months, but for an indefinite period—for years, and perhaps during the whole of life.

How is this second object to be effected ? We must place before the patient a list of all the articles of food which are to be avoided, specifying them—not contenting ourselves with the statement in general terms, but specifying, on the one hand, all the articles of food which he must not take ; and, on the other hand, all the articles of food, animal and vegetable, and so on, which he may be allowed to take. He should have such a list before him, and such articles should be selected from the allowable ones as to make a variety from day to day, and so prepared by the artifices of cookery as to render them satisfactory. It can be done, but it requires patience, and it requires care on the part of the patient or somebody else, and it

requires some means. A very poor man, who has no one to look after these matters for him, and who has not sufficient means to obtain all the articles of food which are desirable, will find it very difficult to conquer this disease; and in certain public institutions—this hospital, for instance—it is very difficult to carry out the proper dietetic treatment. It requires so many things and so much attention to details, that the dietetic treatment is very unsatisfactory in public hospitals.

The article of food which will cause most trouble is bread, and diabetics realize the force of the statement that bread is the staff of life. Frequently they say at first that they care little for bread, and can get along without it with no trouble, but they do not find it so after a while. They find that there is a craving for bread, and they feel that they cannot do without it. So there have been various substitutes for it. There is what is called the diabetic flour, which is bran very finely ground so as to divest it of all rough particles; but it has no nutritive quality whatever. It is really no better than sawdust, so far as nutritive value is concerned, and the patient adheres to it only a short time. For the past two years the patients that I have seen have been in the habit of using a bread which, so far, seems to be very satisfactory, but it is not entirely divested of starch. It is what is called gluten bread, prepared by the Health Food Company, corner of Tenth street and Fourth avenue, of this city. Analysis shows that it is entirely divested of starch; but it is so prepared that it is not deprived of the agreeable qualities of ordinary bread. Last winter I brought a loaf of that bread before the class and distributed it. I liked it to eat myself, finding it by no means disagreeable; and patients take this bread and it meets their wants—thus removing a great obstacle to the successful dietetic treatment of this disease.

I do not deem it necessary to go over the entire list of these dietetic articles. You will find them by reference to different works. But the thing to do is to go into minute details with the patients; explain to them fully just what must be done.

Well, now, after they enter upon this course of treatment, in a very considerable proportion of cases the sugar diminishes at once, and sometimes it speedily disappears. Of course, we should examine the urine from time to time, to determine its condition as regards the presence of sugar and the amount of sugar. This treatment does not cause a disappearance of the sugar in all cases. I have a patient under observation now, whom I saw for the first time about three weeks ago—a young, thin, intelligent man, who, I have reason to believe, adopted the anti-diabetic treatment, and has carried it out fully. I prescribed no medicine at first, and that has been my custom, in order to see what the dietetic treatment will do of itself. In this case, it has accomplished very little so far.

And this case, I am led to fear, therefore will be one in which we cannot expect much success from treatment of any kind. If the dietetic treatment does not succeed, we have no other resources—that is, no medicinal remedy yet known will succeed. It may have a certain influence over the disease, but it will not effect a cure. Then, I could mention other cases. A gentleman whom I have seen now for two years, who until lately has taken scarcely any remedies, but has carried out the dietetic treatment very faithfully, presents urine which gives no evidence of sugar whatever. He retains his strength, mentally and physically; he is a man of great activity, being engaged in business involving large responsibility, able to go on with it, and finding the dietetic treatment perfectly satisfactory—finding it no hardship.

Now, as to medicines, as I have said, a great number have been proposed from time to time, have been tried a short time, and then have passed out of use, others taking their place. This patient is now under my own care here. He is under treatment with the sulphide of calcium, a fifth of a grain three times a day, together with the dietetic treatment so far as it can be carried out. With regard to this sulphide of calcium, one patient, a medical man in this vicinity, who suffered from this disease, consulted me about three years ago, at which time he found that he had diabetes, adopted the dietetic treatment, relinquished his duties in town, which were exceedingly laborious, and went into the country; and his urine after a time showed no evidence of sugar. When I saw him last, which was a few months ago, I had never seen him look better, and he said to me that he had never felt better in his life. And, by the way, as an evidence that this disease may have existed for some time before the patient's attention has been directed to any disease, this has been said to me over and over again by patients, even when the urine still contained sugar; they were not aware that they had any disease, as they felt much better than they had for months, perhaps for years before. They would not be aware that they had any disease, were it not for a chemical examination of the urine. If they could put that out of view, they would not have the consciousness of having any disease at all. This gentleman who was a very able practitioner, was led to use the remedy which I have just mentioned from finding it recommended, as he told me, in some medical journal. He has the impression that the sulphide of calcium had considerable to do with his apparent cure. Well, I am free to say that, when I talked with him about it, my own belief was that he was apparently cured by the dietetic treatment, and by a change of habits of life, the avoidance perhaps of some excesses. In our present patient, for instance, we might perhaps say with propriety that probably his dissipated habits brought on the

disease; but we find it occurring in persons whose habits of life are good as often, and, perhaps, oftener than in those who are dissipated. At all events, I was not prepared to commit my own mind to the enthusiastic idea which he entertained of the value of that remedy.

To one patient who came to see me I stated these facts with regard to that remedy, and I said, "If you feel no objection, I will prescribe it for you." This was a case in which the dietetic treatment had been extremely successful; and most of the time there was but very little if any sugar in the urine. I told the patient that the remedy in question would do no harm; that I thought I could say that. He said, "well, let us try it." I put him upon the remedy, beginning with small doses, and increasing them. I began in his case with an eighth of a grain, but I think we might begin with a quarter of a grain; in other cases I have begun with a quarter of a grain three times a day, after a fortnight doubling it, going up to two grains, and continuing it indefinitely. Well, this patient went on in that way, and he is very much impressed with the idea that it has been of use to him. Now, we must make some degree of allowance with regard to the opinion of the patient as to the effect of the remedy. I do not mean to say that the remedy has not been of value, but I do not feel as certain as the patient does with respect to its value. I am also prescribing the same remedy in three or four other cases, but the period during which it has been used is too short, I think, to enable one to form a correct judgment with regard to it. I shall certainly continue the use of the remedy, for it can do no harm; and moreover, it is a gratifying thing to the patient to be taking a remedy which he supposes may be of use. The moral effect of remedies, as people's views are now, is by no means inconsiderable; it is a factor which we cannot altogether ignore in the treatment of disease.

This disease, I believe may be kept in abeyance indefinitely, by appropriate dietetic treatment, and I am extremely doubtful whether a patient can ever properly consider that there is a permanent recovery. The disease in itself does not tend to destroy life, but it shortens life in this way: it impairs the ability to resist other diseases. Let a diabetic patient have any disease of any importance, one which (the body being in good condition in other respects) will be well tolerated and recuperated from, it is likely to destroy the patient.

There is a liability to the occurrence of something to which attention has been directed quite lately, and this is a very interesting part of the subject, namely, the sudden occurrence of cerebral symptoms, causing sudden death. The fact has been known for a long time that diabetic patients sometimes die suddenly, and in a way not easily explained. Of late it has been supposed that the

sugar in the blood forms certain combinations by which a toxic principle is evolved, and that the action of this toxic principle on the nervous centres produces coma, with great embarrassment of the respiration and speedy death. I am not sufficiently intimate with the details now to go into the changes which are supposed to take place, and indeed I do not think that anybody has been interested enough to investigate them thoroughly; but it is an interesting topic at the present time, and I have had some cases which illustrate it. Last summer a gentleman from one of the Southern States, a merchant, came on here to make purchases of goods. He brought a letter to me from a physician in his town, saying that he had diabetes, and that as he was coming to the city, he had desired him to call and see me, and talk about the case. The merchant sent the letter to me, saying he had taken a severe cold, but there were no symptoms that indicated anything important at all. I brought away a specimen of his urine. He thought he would be able to come up and see me the next morning. I said, "if not, I will come down and see you in the afternoon." I found his urine loaded with sugar. He did not come up in the forenoon, and I went down to see him. I found that he was not as well as on the day previous; he had a little fever, which led me to think that he might have had a malarial paroxysm; however, there was not enough disturbance at that time to demand particular advice. He did not feel well; he had loss of appetite; and while I was present, he had nausea and vomiting, and his cold troubled him. He had some soreness of the throat, but, as I say, there was no symptom indicating anything alarming. He felt exceedingly uncomfortable. I came back and asked my son, Dr. Flint, to go down and see him again in the afternoon and make some applications to the throat, more because he was a stranger and felt lonesome, and I thought I saw evidences that he thought something ought to be done. My son went down, and came back in a short time, telling me that the patient was in a very serious condition, and suggested the propriety of my going down, which I did at once, but the patient died before I reached the house. It seems that shortly after my visit he had a convulsion and went into a condition of coma. A physician in the house was called, and he thought there was oedema of the lungs, and applied dry heat to the chest. When Dr. Flint reached the patient, he was somewhat improved, but only temporarily, and he died in this comatose condition, with considerable embarrassment of the respiration. We had no autopsy in that case, but it is difficult to form an idea as to the cause of death, except as some unknown toxic change.

Another instance I can cite, which is nearly as strong as that, where I was called to see a woman who had had diabetes for six or eight years. She

was semi-comatose, and there was considerable embarrassment of the respiration. There was evidence of bronchitis, and nothing more; but the physician said, "This woman presents symptoms of a serious nature, and apparently she is going to die, and I do not know what she is dying of." And she did die that night.

Another case. The first of January last I was asked to go over to Jersey City to see a patient. I could not make my visit until evening, but made an appointment to go over then, and did so. When I reached the physician's house he said to me, "My patient is dead. There was no time to communicate with you, so I did not send a message." The facts were these in this case: The physician who was called had seen the patient on the street, knew him to be feeble (he was a man somewhat advanced in years), but he was not acquainted with him; never knew him until he saw him two days before his death. The physician was called to see him, and he was told by the patient that he had not been well for some time, but there was no definite ailment. He was passing water in considerable quantity, and the Doctor took away a specimen, and found it loaded with sugar. He ascertained then that the patient had diabetes which had existed he did not know how long. However, there were no symptoms occasioning an idea of immediate danger. The patient asked him whether he thought he had a serious disease. He said, "Yes, I must tell you that you have a disease of a serious character." He said, "Doctor, I asked that question because there are very important matters for me to arrange if I am in any danger." "Well," he said, "I hope you are not in any immediate danger; at the same time you have an important disease, and it is desirable for you to make any arrangement of your affairs that may deem proper." So this man, who happened to be a man of wealth, sent for his lawyer to prepare a will which he had not before executed. The next morning the Doctor went to see the patient, and the only thing that attracted his attention was that he looked rather dull, indisposed to exertion. By the way, he had examined the urine for albumen and evidences of renal disease, but with negative results. There was no disease of the kidneys, which sometimes occurs in connection with diabetes, under which circumstances the patient may die from uræmia. That is the termination of a certain proportion of cases. The Doctor's apprehension was not excited, but he said, "This is a case of importance, and I would like to have a consultation," to which consent was given. Under those circumstances I was sent for. The patient, as I said, was disinclined to exertion that morning, and would not execute his will, "because," he said, "I shall feel better to-morrow. I do not feel like it to-day." But before my consultation in the evening he fell into coma and died.

Here, then, are several cases, which within the last year have fallen under my own observation, going to illustrate this toxic incident occurring in certain cases of diabetes, which require further investigation, and form a very interesting part of the pathological study of this disease.—*Virginia Med. Monthly*.

TREATMENT OF SCARLET FEVER BY WARM BATHS.—W. V. Lush, M. D., Physician to the Dorset County Hospital, writes, in the *Lancet*:

In December, 1869, while we were experiencing a very severe epidemic of scarlet fever, there appeared in the *Lancet* a reprint of a letter by Dr. C. T. Thomson strongly advocating the use of warm baths in this disease, and stating that he had pursued the practice for fifteen years, and had never lost a patient.

In consequence of this communication I began this practice ten years ago, and have followed it up from that time to the present. At first I order the patient to have three warm baths daily, to be kept in from three to five minutes, rapidly dried, wrapped in a blanket, and returned to bed. As the disease subsides I reduce the baths to two or one daily. I find that (1) it brings out the rash, (2) reduces the temperature, and (3) soothes the patient; and when this treatment has been adopted at the onset I have not as yet lost a single patient.

In one case the warm bath was objected to till the child had been ill some days, and this case, and this alone, proved fatal.

My friend, Dr. Alfred Hollis, of Freshwater, has told me of the great comfort he himself experienced from warm bathing when suffering from the disease; and, of course, in the treatment neither medicine proper nor good nursing is precluded.

My ten years added to Dr. Thomson's fifteen make twenty-five years' experience of a treatment, which I can confidently and heartily recommend.

REMOVAL OF FRECKLES.—The following formula is said to be efficacious for the removal of tan and freckles:—

R. Hyd. bichlor.....grs. vj.  
Acid. mur. dil.....ʒ j.  
Aque.....ʒ iv.  
Alcohol.....ʒ ij.  
Aq. Rosæ.....ʒ ij.  
Glycerine.....ʒ j.

M. Apply at night and wash off with soap in the morning.

MOUTH WASH.—The *Nashville Jour. of Med. and Surgery* gives the following prescription:—

R. Acid Salicyl., Potas. Chlor.  
Sodæ Bisulph. ....aa ʒj.  
Glycerine and Water.....aa ʒ viij.—M.

Sig. A teaspoonful to rinse the mouth every one to three hours.

# THE CANADA LANCET.

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TORONTO, JAN. 1, 1881.

## THE PAST YEAR.

The old year has gone and we are now entering upon a new one, with brighter prospects before us than in the past. The financial crisis which pressed so severely upon our people, and consequently upon our brethren in all parts of the country, may be said to have almost entirely vanished, and a new, and let us hope, a better state of affairs has dawned upon us. But while trade and finance seemed to have taken a backward movement, the progress in all that materially affects the well-being of our noble profession has been steadily advancing, and we now stand on a proud eminence and look forward hopefully into the great future before us, with renewed confidence, and with a stronger faith than ever in the great destiny of our noble art. Ours is not a profession which merely deals in drugs and potions to heal the sick and restore the maimed, but its aims are much higher and its sentiments loftier; for what can be nobler than the saving of life by the prevention of sickness? What more divinely patriotic than the husbanding of the life-blood of the nation? The attention which the members of the profession, from the highest to the lowest, are giving to State or preventive medicine, speaks volumes for their large-heartedness, their patriotic zeal, and unselfish devotion to the true interests of humanity. Both in season and out of season has this great subject of "Sanitary Reform" been pressed upon the attention of both the Local and Dominion Governments, by the members of the profession united together, from both sides of politics; and although

no great amount of progress has yet been made, the way is being opened up, and sooner or later the much-needed legislation will be obtained. The public will have the medical profession to thank for all this, for no one outside of physic seems to take the slightest interest in this their greatest well-being, and the highest welfare of the country.

The usual annual gatherings of our professional brethren in all parts of the world have been larger, more interesting and instructive than ever before in the history of medicine. The annual gathering of the British Medical Association at Cambridge, was on a large scale of magnificence, and was attended by dignitaries of the profession from all parts of Europe and America. The various addresses were excellent; the work of the sections was carried on with great vigor and earnestness, and the social side of the meeting was in keeping with the event. A most interesting event of the meeting was the ceremony of conferring the honorary degree of LL.D. upon Drs. Brown-Sequard, Donders, Gross, Jenner, Gull, Burrows, Bowman, O'Connor, Lister, Simon, and Andrew Wood. All were well received except Dr. Gull, whose approach to the dais was the signal for a storm of hisses and groans from all parts of the house. This unfriendly demonstration was owing chiefly to the ignoble part Dr. Gull had taken with reference to his medical confrères in the recent trouble at Guy's Hospital. The American Medical Association held its annual gathering early in May, in the city of New York, on a scale of magnificence and grandeur never before excelled. The attendance was very large, and comprised most of the leading medical men in the United States. The contingent from Canada was larger and more representative than usual, and was well received. The annual address was delivered by Dr. Sayre, the President, in his well-known style. In it he dwelt chiefly upon the wisdom of adopting the metric system in the United States, and the propriety of establishing a journal by the Association similar to the *British Medical*. The next meeting was appointed to be held in Richmond, Va., on the first Tuesday in May, 1881, under the presidency of Dr. Hodgen, of St. Louis.

The Canada Medical Association held its annual meeting in Ottawa on the 1st and 2nd of September, under the presidency of Dr. Howard, of Montreal, and was largely attended. The papers

read were most interesting, and the discussions were of great value to those who were present. The President's address was replete with valuable suggestion and useful information; and the report on obstetrics and gynecology was worthy of special mention. The usual number of representatives from the American Medical Association were present, and were cordially received. The annual dinner was well attended, and the post-prandial speeches were unusually good. Sanitary reform received its due share of attention, and a committee was appointed to press upon the Dominion Government the necessity for legislative action in the direction of the establishment of a National Board of Health. The next meeting was arranged to take place in Halifax, N. S., on the 3rd of August, 1881, under the presidency of Dr. Canniff.

The newly elected Medical Council of Ontario, which came together in July, remained in session four days, and entered upon the work of reform with a will that would have cheered the heart of a Cobden himself if he had been alive. Most, if not all of the obnoxious clauses in the announcement of former years were swept away, and new and better ones adopted in their stead. The adoption of the Intermediate High School examination, in lieu of the ordinary Council Matriculation, of which we have something to say in another place, is of itself worthy of more than a mere passing notice, and when fully understood, will be found to work admirably. It remains for the new Council to continue the good work they have so nobly begun, and to husband the resources of the College, so that they may not find themselves hampered for want of the necessary funds to carry on the business of the Council.

In the field of general medicine there is nothing startling, though much that is interesting. Dr. Morell McKenzie has invented a respirator for the antiseptic treatment of phthisis pulmonalis. It covers both mouth and nose, and has a double breathing chamber for containing pieces of sponge saturated with a strong solution of carbolic acid or creasote. It is worn as continuously as possible, night and day. He does not claim that phthisis is cured by this plan, but that night-sweats, cough and impaired appetite are ameliorated. Picrotoxine has been used with success by Dr. Murrell in the treatment of night-sweats in phthisis. One drachm, of a 1 to 180 solution, is

added to eight ounces of water, and a teaspoonful given at bed-time. Pilocarpine was also used by the same investigator, in doses of one-twentieth of a grain at bed-time, with beneficial results. After the sweating is checked by this remedy it does not return for several weeks. Dr. Jones, in the *British Medical Journal*, reports a case in which copious hemorrhage from the lungs occurring in pneumonia was arrested by fluid extract of ergot, in drachm doses, with one ounce of liquor amm. acetatis, four times a day. Dr. Donkin, in the same journal, reports some cases of abnormally high temperature. In eight cases under his observation the temperature rose to 108°F., or above. In one case it was as high as 117°, yet all ended in recovery. In some a rapid fall took place, in others there was considerable sweating with the high temperature. Dr. J. W. Teale also reports a case of rheumatic fever in a female in which the temperature reached 117°F. The use of desiccated defibrinated blood as an agent especially adapted for rectal alimentation, has been prominently brought forward during the past year. The blood thus prepared contains all the elements of blood, except water and fibrine, and is soluble in water below 160°F. A drachm of the dried specimen represents an ounce of ordinary blood, and the quantity to be used in the course of twenty-four hours is from four to six ounces. The use of alkalis in anemia has been brought forward by Dr. Nicholson, in an interesting article in the *Practitioner*. His theory is that anemia is frequently produced by hepatic disorder; that hepatic anemia is one of the most common forms, and that as alkalis, especially potash, have a beneficial action on the liver and tend to restore the blood to its normal character, they should be administered in place of iron in the treatment of anemia. Bichloride of mercury, in minute doses has been found particularly valuable by Dr. Reed (*Medical Times, Phila.*) in chronic dysentery and diarrhoea. He gives several cases successfully treated by this remedy. Dr. Ralfe (*Lancet*), on the other hand, gives his experience of the management of chronic dysentery by the castor oil treatment. Bismuth hæmatoxylon and turpentine were also used in addition to the oil in some of the cases. He also lays great stress upon rest and strict attention to diet, as essentials to the cure of this disease. Camphor and chloral hydrate, equal parts, have

been successfully used to quiet unruly and sleepless patients, by Dr. Simmons (*Am. Jour. Med. Sciences*). In cases of violent mania, delirium tremens, etc., he has found the mixture capable of accomplishing what other sedatives failed to do. In doses of twenty grains, it will produce effects which are altogether beyond the reach of twenty grains of either camphor or chloral hydrate, in the same dose, to accomplish when administered alone. Dr. Sidney Ringer, who has investigated the new remedy called Tonga, in use among the Fiji islanders, says that the fluid extract, in drachm doses, cured promptly six cases of severe neuralgia, improved a seventh, and failed in the eighth, only because the preparation had become inert. Large doses, as half an ounce, produced slight drowsiness in one patient. Dr. J. P. Thomas (*Virginia Med. Monthly*) strongly urges the use of carbonate of ammonia in diseases of the respiratory system, and especially in pneumonia. His theory of its action is, that it prevents the accumulation of carbonic acid in the blood, by promoting oxygenation. It also renders the blood alkaline and checks exudation. He administers it in doses of twenty to fifty grains. He considers it a certain prophylactic in heart clot, and says that it has often prevented death from this cause in pneumonia. From the tone of the papers read at the different societies, and articles in the Journals on the "lost art" of venesection, it would appear that the practice is about to be revived, especially in the treatment of pneumonia. The abstraction of blood, is by most writers at present, regarded as of paramount importance to relieve engorged vessels, and prevent the affusions which always render the disease a grave one. The use of Jamaica dogwood as a substitute for opium, has been highly recommended by those who have investigated its properties. It is more decidedly hypnotic than opium, produces no anorexia or headache, and does not constipate the bowels or interfere with digestion. It acts rapidly, but its effect is less durable than opium, and requires to be given more frequently. The dose is twenty minims of the fluid extract every three hours.

A case of the successful treatment of lead colic by electricity is recorded by Rothe, in *Memorabil*. There was obstinate constipation, which strong purgatives failed to overcome. The negative pole of a Faradic battery was inserted in the rectum,

and the positive pole over the abdomen, and a strong current allowed to pass for eight or ten minutes. Very soon after a copious evacuation of the bowels occurred, followed by amelioration of the symptoms and recovery. A case of hysterical hemi-anæsthesia is reported in the *Lancet* by Dr. Ball, which was treated with the bromides and other sedative remedies for a considerable time without benefit, as having been almost immediately relieved by static electricity. Dr. Gray, in *Arch. of Med.*, gives his experience of the use of quinine, as increasing the sedative effect of the bromides, belladonna, hyoscyamus, etc. He thinks it also relieves the depression which these medicines usually produce.

The use of ergot in diabetes mellitus has been brought forward by Dr. Hunt, in the *Practitioner*. Dr. Pepper, of Philadelphia, was the first to suggest this treatment. The dose is one drachm of the fluid extract three times a day. The rationale of its action is not known, but it is supposed to act in some way upon the vaso-motor system. The salicylate of calcium in the serous diarrhoea of infants has been highly extolled during the past summer, by Dr. Hutchins, of Brooklyn. He treated successfully 27 cases, from two months to two and a half years of age, with this remedy alone. Other forms of diarrhoea, lienteric or inflammatory, required additional treatment. The dose was from two to five grains. A new antiseptic and anti-neuralgic has been brought under notice during the past year, named menthol, a crystalline solid derived from oil of peppermint. In some respects it resembles thymol. It destroys bacteria, and applied externally, relieves neuralgic pains.

In the field of surgery little has been advanced that is wholly new or original. Antiseptic surgery *a la* Lister, has not met with that measure of success which was at one time anticipated; the results have not been so far superior to former plans of practice in really good hospitals, as to lend any support to the idea that the matter rests on different principles from those which it would supersede. Mr. Holmes of St. George's Hospital, speaking from a basis of one hundred and sixty-two compound fractures of the leg, "treated to a conclusion," says that while great improvement has been observed in the results of injuries and operations since Lister began his method of treatment, this is not due entirely to the method itself, since it is also



to be noted in the practice of those who repudiate Lister's teaching. All wounds and injuries are much more carefully treated than they were some years ago, and in Hospitals where the old and new treatments have been carried out side by side, the results have not been such as to place Listerism in that prominent position which its most zealous advocates would have it occupy.

Dr. Gamgee records (*Lancet*) a number of interesting cases exemplifying what he considers the essentials of wound treatment, viz., accurate coaptation, absolute rest, and as a rule, dry dressing, not frequently changed, and drainage adapted to circumstances. The adage that many roads lead to Rome, finds ample illustration in surgical practice. Pin your faith to no system; be a slave to no master. The scheme of Nature is broad and comprehensive; let us try to imitate her in methods and means. An interesting paper on the question of wound treatment, by Dr. McVail, was also read before the British Medical Association, in which he gave the statistics of the last ten years at the Kilnarnock Infirmary, with the dry dressing of wounds. The total death rate was 3.5 per cent., while Dr. Cameron's death rate in the Glasgow Infirmary, with Lister's treatment, was 5.1 per cent. A comparison was also made between the statistics of the two modes of treatment, which resulted unfavourably for antiseptic surgery in the hands of Mr. Lister himself.

In reference to "peritoneal surgery" it is now the general impression among surgeons that in the present state of our knowledge and experience, exploration of the abdomen should be reserved for the most intractable cases of acute intestinal obstruction, the mortality so far not being less than 50 per cent. As confidence is gained in our means of diagnosis and treatment many patients that are now lost by delay may be saved. In chronic obstruction from cancer, tumors, &c., the utility of surgical interference is sufficiently proved by the results, and laparotomy, enterotomy or colotomy, may be had recourse to in suitable cases with a warrantable prospect of success. Rapid lithotripsy with Bigelow's improved aspirator has been fully endorsed by Sir Henry Thompson, R. T. Weir, and others. In cases in which difficulty has been encountered in removing the last few fragments, it is recommended to leave them to a future sitting rather than greatly to prolong the operation with a

view to their immediate removal. This new procedure has to a considerable extent diminished the number of cases of lithotomy. Dr. Weir issues the injunction at the conclusion of his paper that only those who have had experience in lithotripsy or who have made themselves familiar, on the cadaver, with this instrumental manipulation, should undertake the operation. A case of extirpation of the larynx is reported by Dr. F. Lange (*Med. Record*). This is the first case performed in America, and makes in all 19 recorded cases, with 13 deaths. Lange's operation was perfectly successful, the patient being able to articulate with the aid of an artificial apparatus, and swallow soft food. He was seventy-four years of age; the tumor grew from the upper edge of the thyroid cartilage and a previous thyrotomy had been performed, but without any benefit to the patient. A new mode of removing cysts is reported by Dr. Coosemans, known as Pozzi's method. It consists in evacuating the cyst of its fluid or semifluid contents with an aspirator, and then injecting the cavity with some substance which will speedily solidify. In this way a firm tumor is obtained which is readily enucleated. Dr. H. B. Sands reports (*Med. Record*) a case of rupture of the axillary artery during an attempted reduction of a dislocation of the shoulder-joint of seven or eight weeks standing. Very little force had been used; there was no violence, and the foot had not yet been placed in the axilla when the tumor was noticed. It attained the size of a child's head, and there was loss of pulsation in the radial, ulnar, and brachial arteries. Dr. M. Baker in the *Lancet*, strongly urges the removal of the tongue by the median division or splitting, as less difficult than the modes usually employed, and more applicable to otherwise unpromising cases. He passes two stout threads through the tongue about half an inch from the median line on each side, and one inch from the tip. The tongue is then drawn forward, and divided along the median line with a knife or pair of strong scissors. The ecraseur is now slipped over the diseased half, or two ecraseurs may be used simultaneously when the whole tongue is to be removed. As a preliminary step, he advises division by means of a pair of scissors of the frænum and muscles which tether the tongue in front and at the sides. Dr. Thudichum (*Lancet*) makes a strong appeal in behalf of the electro-cautery in the removal of polypi and other

growths in the nose, as being more easy of application, less painful and disagreeable to the patient, and much more efficacious. In the *Western Lancet* (San Francisco) Dr. Stallard reports a bold operation of abdominal section for purposes of diagnosis, in a case of tumor in the left hypochondriac region of a doubtful nature. The patient was 41 years of age, no history of cancer, and although weak was in fair condition for an operation. The tumor was freely movable, but an exploratory incision discovered that it was deeply attached to the root of the mesentery and could not be removed. The wound was closed, and on the 13th day the man was as well as before the operation.

The use of boracic acid in surgery, has shown it to be a drug of greater power and wider range of applicability, than was formerly supposed. It is used with success on old sores and ulcers, both simple and specific, and also in the treatment of large suppurating wounds and abscesses it has been found of especial value. In ozæna and otorrhœa it acts as a prompt deodorizer and alterative, lessens the discharge and promotes healthy action. As a lotion in chronic cystitis and chronic inflammation of mucous membranes in general, it has a decidedly beneficial action. Dr. McEwen, of Glasgow, advocates the introduction of tracheal tubes by the mouth instead of performing tracheotomy, and gives several cases in which he has adopted this method with good results. He recommends their use not only in chronic but also in acute affections, such as œdema glottidis, &c. The respirations are carried on perfectly through them, the sputa expelled, and deglutition effected while the tube is in situ. Mr. Rawdon, in the *Brit. Med. Jour.* brings forward a modified operation for fissure of the palate in children. This consists in closing only the lower portion (two-thirds) of the cleft, at the first operation, or as far as can be united without traction, and leaving the rest to close spontaneously or at a subsequent operation. The operation is thus simplified, and the inflammatory action is proportionately less than when the closure of the whole cleft is attempted. The accidental excision of 12 centimetres in length of the right pneumogastric nerve in an operation for the removal of a tumor of the neck is recorded by Dr. Lucke, (*Centralbl. f. Chir.*) There were no untoward symptoms, no difficulty of respiration, and the patient made a

good recovery. Two cases of aortic aneurism treated with great benefit by electro-puncture are given in the *Bull. Gen. de Therap.* Both patients were much relieved, and the tumors were greatly diminished in size. The writer also gives an analysis of one hundred and fourteen cases treated in this way, and the result as far as known; of these, fourteen showed an improvement lasting from one to five years. The usual number of sudden deaths from the administration of chloroform are reported. In many cases no cause could be discovered at the autopsies to account for the suddenness of the deaths. Some also have occurred from the use of ether, and at least two from the inhalation of ethyl bromide, the new anæsthetic, although only a comparatively short time in use. These cases, Dr. Turnbull claims, were not fair tests of the quality for good or evil of the new anæsthetic.

In the domain of obstetrics and gynæcology much true progress has been made. In cases of extra-uterine pregnancy, laparotomy has several times been performed during the year, and three times by Prof. Schroeder. When the child is living no attempt should be made to remove the placenta, but if dead several weeks, the case is different, as conglutination of blood in the vessels will prevent any hemorrhage on its removal. In regard to the subject of drainage through Douglas's space, it will greatly prevent excessive putrefaction, and give ready escape to the putrid secretions, and should be had recourse to, unless the placenta should be attached to that portion of the cavity. Copeman's method of dilating the cervical canal, still continues to be used with success in the vomiting of pregnancy when all ordinary means fail, such as ingluvin, oxalate of cerium, bismuth, &c. Dr. Bartholow uses bismuth combined with carbolic acid in small doses, in mucilag. acaciæ with marked success in many cases. A new method of treating placenta prævia has been introduced by Dr. Nunn. It consists in gentle intra-uterine applications of hæmostatics. He introduces the liquor ferri persulphatis to the bleeding surface direct, by means of a cotton swab passed through the os by the aid of a speculum. The applications are repeated as labour progresses. In hemorrhage preceding abortion, he prefers the fluid extract of matico as it is less irritating in its after effects.

Dilatation of the cervical canal by sponge tents,

laminaria, or tupelo, is now being more or less generally discarded, owing to the danger of sepsis, and either rapid dilatation or division of the canal bilaterally up to the vaginal junction used instead, where necessary. The subject of intra-uterine medication is still under discussion. Dr. Atthill, the great apostle of the frequent use of this method of treatment, still adheres to his practice, but has now come to regard carbolic acid as the safest, and generally the most efficient agent. He uses a mixture of two parts acid to one of spirit or glycerine. He also speaks favorably of iodized phenol (iodine and carbolic acid), especially in endometritis occurring in old women. Some deaths have been reported from intra-uterine injections of perchloride of iron, one by Drs. Herman and Brown, in *Obstet. Journal, Great Britain*. The strength used was one to six, and the fluid was injected by a Higginson's syringe, to which a long uterine tube was attached. After a few syringefuls had been thrown up, the patient gave a faint cry, threw up her arms, turned pale, gasped for breath, and after a few inspirations died. A thrombus formed in the uterine veins and carried to the heart, was supposed to have caused the fatal result. A case of *post mortem* Cæsarian section is reported by Dr. Storch of Germany. The mother, who was in a cyanotic condition, died suddenly while the physician was visiting her. Eight or ten minutes afterwards, the operation was performed, and occupied about half a minute. The child was extracted by the feet, but was pale and limp, and was with some difficulty resuscitated. Dr. S. is very sceptical about the success of cases recorded, where an hour or more had elapsed before the child was extracted.

Dr. J. R. Moore (*Chicago Med. Journal*) reports a case of hour-glass contraction of the uterus previous to delivery. The woman was becoming exhausted from prolonged and fruitless labor, and turning was decided upon. The child's head tended persistently to override the brim of the pelvis in the right iliac fossa, and five hours had been spent in vain attempts to rectify this obliquity. Upon the introduction of the hand, hour-glass contraction was discovered to be the cause of the trouble. Dr. Lane, of the Pacific coast, has again performed the operation of vaginal hysterectomy for recurrent epithelioma. This is his second case, and the patient did well. His method of operating

is to make an opening into Douglas's cul-de-sac, through which the fundus uteri is drawn down, in such manner that the Fallopian tubes and ovaries may be easily ligated, after which the organ is dissected from the bladder. The cavity was rinsed with a one per cent. solution of carbolic acid, and filled with lint saturated with four per cent. carbolized linseed oil, a drainage tube inserted, and the abdomen covered with rubber ice-bags. No sutures were used.

Great prominence was given during the early part of the year to the treatment of cancer of the uterus by chian turpentine, brought forward by Prof. Clay, of Manchester, England. The remedy proved efficacious in his hands, and in the practice of a few others, but it has not been so generally efficacious in its effects as to warrant the high hopes at first entertained regarding its use. It seems, however, in most cases, to arrest the progress of the disease, and relieve pain, and, if given sufficiently early, may, in some cases, prove an effectual cure. It is best given in emulsion. One ounce of chian turpentine is dissolved in two ounces of pure sulphuric ether; to half an ounce of this ethereal solution, add four ounces of solution of tragacanth, one ounce of syrup, forty grains of flowers of sulphur, and enough water to make a sixteen-ounce mixture; the dose is two table-spoonfuls three times a day. A summary of the results of fifteen cases of Battey's operation (or spaying) is given by the author in the *Brit. Med. Journal*. There were thirteen recoveries and two deaths; of the recoveries, eight were cured, one was partially relieved, one temporarily, two were not improved, and one, of recent date, result not yet known. The diseases for the relief of which the operation was chiefly undertaken were hysterio-epilepsy, oöphoralgia, menstro-mania, and threatened insanity. There seems, therefore, sufficient to warrant a resort to this formidable operation in certain extreme cases. Dr. Isaac E. Taylor performed, on the 8th of April, the first successful case of Porro's operation in America. The patient was a dwarf, four feet four and a half inches in height, and twenty-seven years of age. Her pelvis was greatly contracted at the outlet. Dr. Taylor delivered her in a former confinement by craniotomy and cranioclast, but when she again became pregnant she was decided and emphatic in her desire to have a living child. Labor pains set in

on the evening of the 7th of April, and early the following morning the operation was performed. The abdominal incision was five inches in length, the uterus was opened and the child extracted. A temporary fish-line ligature was then placed around the lower part the placenta remaining in, after which a permanent ligature of carbolized silk was applied and the uterus removed.

In ophthalmology much attention has been directed to the therapeutics of eserine, pilocarpine and duboisine. Eserine has gained a high and deserved reputation in the treatment of marginal and sloughy ulcers of the cornea, and in suppuration of the cornea after extraction of cataract. Indeed its action in these conditions is almost magical. We have seen a deep sloughing ulcer heal up in three days, with hardly any scar noticeable to the naked eye. As a temporary reliever of tension and pain in glaucoma, eserine has also achieved a great reputation. Among operations, the comparatively new one of division of the optic and ciliary nerves, instead of excision, to prevent sympathetic inflammation, has caused much discussion. The general conclusion at the Milan congress was that the operation was a very uncertain one in its results; as even after the excision of a large portion of the optic nerve, reunion of the divided ends had occurred. Dr. Dor, of Lyons, had a case in which the cornea remained insensitive for a year, but subsequently regained its sensibility. Excision should always be performed if a foreign body be present in the injured eye. There is at the present time a great tendency to use Listerism in operations on the eye, but the great difficulty to contend with is the irritation caused by the spray. Boracic acid is most used, but we think Knapp's remark, that he "should not be surprised to see them abandoned, at an early day, as superfluous in eye surgery," gives expression to a very general opinion amongst oculists.

One of the best papers of the year in otology is by Dr. Theobald, of Baltimore, on "The Scepticism Prevalent Regarding the Efficacy of Aural Therapeutics." He shows very ably the great progress, both in diagnosis and treatment, which has been made during the past few years; how little justifiable, by facts, are the assertions that ear-ache cannot be relieved except by bursting of the drum head; that it is dangerous to arrest a chronic purulent discharge from the ear; that people grow out

of otitis chronica, and that perforation of the drum necessarily leads to permanent deafness.

The introduction, by the same author, of atropine in the treatment of acute inflammation of the middle ear and external auditory meatus, has been a step forward. It should be used in a solution of 4 grains to the ounce of water, and 8-10 drops instilled frequently. It has been used in a considerable number of cases and with marked benefit. Iodoform has been used with good results by Spencer and others, in granulations of the tympanic mucous membrane.

Woakes, of London, draws attention to a form of throat deafness, characterized by negative appearances of the drum head. Catheterization can be successfully performed, but the Valsalvan experiment cannot. The soft palate hangs pendulous in a plane surface; the uvula can only be seen with difficulty; the hearing varies very much. Anemic persons are most commonly affected, after severe physical and mental labor. The treatment should be to build up the system with iron, phosphorus, hydrobromic acid and cod liver oil. Also carbonate of ammonia, grs. iv. ter die, and the use of the induced current. Dr. Kessel, of Gratz, having proposed the excision of the tympanic membrane two years ago, reverts to it again, especially as aurists have not shown a great disposition to adopt it with alacrity.

In the matter of bibliography, we have had no end of new books and new editions of those previously published. We subjoin the names of a few of them: Leishman's Midwifery; Playfair's Midwifery; Foster's Physiology; Wood's Library, 12 vols.; Bumstead on Venereal Diseases; Reynolds' System of Medicine; Paracentesis of the Pericardium by Roberts; Practice of Medicine, Roberts; Day on Headaches; Essentials of Anatomy, Darling & Ranney; Skin Diseases (Photographic), Fox; Skin Diseases (Atlas), Duhring; Health Primers, Lindsay & Blakiston; Practical Examination of Urine, Tyson; Ophthalmology, Nettleship; Heart and its Diseases, Fothergill; Nervous Exhaustion, Beard; Practice of Surgery, Clarke; Practitioner's Reference Book, Dunglison; Principles of Therapeutics, Fothergill; Practice of Medicine, Bartholow; Tumors of the Mammary Gland, Gross; Greene's Hand-book of Medical Chemistry; Index Catalogue, Library Surgeon-General's Office, U.S.; Kirkbride on Hospitals for

Insane; Thomas on Diseases of Women; Diphtheria, Jacobi; Hamilton on Fractures and Dislocation, &c., &c.

Among our obituary notices will be found the names of many of our brethren, both at home and abroad. Among those abroad we find the names of Sir Dominic Corrigan, Soelberg Wells, Sharpey, Lockhart Clarke, Broca, Von Hebra, Seguin; and among our brethren at home, Drs. Rupert, Clark, Bovell, Ash, Higinbotham, Burnham, Locke, Phillips, Campbell (Dartmouth, N.S.), Demers, Hall, Struthers, Rutherford, Cooke, McGrath, Turquand, Rose, Gracey, Herriman, White, Campbell (Wellington), Smith, Fowler, Eckhardt, Rath, Wolfe, Sullivan, Wilson, Carder, Tracey, Case, Schmidt, Nesbitt, Stewart, Dawson, Hamilton, McConkey, Bentley, Jacobs, Metcalf, etc.

While the past year has been noted for storms and disasters by sea and land, no serious outbreak of disease has occurred in any part of the world, and especially, so far as the Dominion of Canada is concerned. Small-pox, which has been almost constantly present in some part of the country, particularly in Quebec and Montreal, has entirely disappeared, at least for the present. Local outbreaks of diphtheria have occurred from time to time in some parts of the Maritime Provinces, but not sufficiently serious to cause any alarm.

In the foregoing retrospect of the year, we have given such facts as we thought might be of practical interest to the generality of our readers, and in conclusion we extend a hearty greeting to all our patrons, and wish them a full measure of health, prosperity and happiness in the year upon which we have so auspiciously entered.

#### ONTARIO COUNCIL MATRICULATION.

At its last session, the Council adopted the Intermediate Examination as its ordinary matriculation requirement. Under the regulations of the Government, which are of course supreme in this matter, the "Intermediate" consists of the following groups and subjects:

*Group I* embraces Arithmetic, Algebra, Euclid. *Group II.* English Grammar, Dictation, Composition. *Group III.* History, English Literature, Geography. All the above groups and subjects are compulsory in regard to every candidate. Be-

sides these, there are four "Optional Departments." *Group IV*, embracing Natural Philosophy, Chemistry, Book-keeping, is set down as one of these, and Latin, French and German as the other three. Of these, only one is to be taken, for the official regulation expressly prescribes that "no candidate will be allowed to take more than one of the four optional departments."

The printed regulation of the Council on the subject is as follows: "On and after July 1st, 1881, every one desirous of being registered as a Matriculated Medical Student in the Register of this College, except as hereinafter provided, must present to the Registrar the Official Certificate of having passed the High School Intermediate Examination, with Latin included, whereupon he shall be entitled to be so registered upon the payment of twenty dollars, and giving proof of his identity; the said examination to embrace the following subjects: *Compulsory a.* Arithmetic, Algebra and Euclid; *b.* English Grammar, Composition and Dictation. *c.* History, Geography and English Literature. *d.* Natural Philosophy, Chemistry and Book-keeping. *e.* Latin. And one of the following:—*Optional*: French, German."

Had the above section ended with the word "identity" it would have been correct—but in going on to prescribe the subjects, it includes not only all those of the optional group (No. 4) but also Latin, and either German or French. Thus making *three* of the *four* options compulsory. This which was a mere accidental oversight, clashes not only with the first part of the Council's own rule, but also with the regulation quoted above, which limits all candidates to *one* of the optional departments.

This oversight, however, need cause no difficulty, for the Executive Committee can easily give due notice through the papers, long before the time of holding the July examination; that in accordance with the first part of the Council's regulation, the High School Intermediate examination, with Latin, will be required of students as the ordinary matriculation of the College of Physicians and Surgeons of Ontario. This is the simplest and best course open under the circumstances, and its adoption will receive the thanks of the profession and of students throughout the country. A most excellent entrance examination, too, will be provided, equal to that required in any country in the world.

If Natural Philosophy is not made compulsory, as it happens to be in the 4th or optional group, the three subjects of compulsory group 3 will be more than an equivalent, and to a certainty, great numbers of the candidates, even if not examined on this subject, will have studied it. The requirements, too, of a minimum of no less than 40 per cent. upon each group, will give a guarantee of standing such as very few entrance examinations afford.

Of course, as heretofore, all gentlemen who have matriculated or graduated in Arts in any of our Universities, can be registered on the Students' Register of the College of Physicians and Surgeons, by merely paying the registration fee.

#### THE CORONERS ACT.

The Act respecting Coroners, passed last session of the Ontario Parliament, has given rise to a considerable amount of dissatisfaction and ill-feeling, and many persons seem to think that those coroners who have refused to act are very stubborn. The objectionable feature of the new Act is that the coroner must, prior to issuing his warrant, make a declaration in writing and on oath before a magistrate, that he believes from information received that the deceased did not die from natural causes, but from negligence or foul play, and therefore an inquest is required. Why the Act should impose upon the coroner the labor of enquiring into any case of death in order to make the necessary affidavit, and especially without any remuneration in case the inquest is unnecessary, we cannot comprehend. The old Act was sufficiently stringent if put into force, to prevent any coroner from unnecessarily holding an inquest, or at least getting paid for it. Under it the crown had power to dismiss or punish a coroner for misconduct, and the informant was required to give his information on oath to the coroner. All papers, and evidence taken at the inquest was filed with the County Crown attorney, and if in his opinion the inquest was unnecessary, he had the power to refuse the necessary certificate to the coroner to enable him to get his fees. We trust that the Government will, during the present session, abolish the oath and declaration imposed upon the coroner by the recent Act, and make certain amendments in another direction, some of which we might briefly indicate.

1st. The number of coroners should be limited. There are entirely too many in the Province; the number being between seven and eight hundred.

2nd. When a coroner is called upon to view a body, he should be paid by the municipality a fee of not less than \$2, and mileage at the rate of 50 cents per mile, for such inspection, if during the day-time, and \$4, and mileage at the rate of \$1 per mile, if at night.

3rd. In large cities, a stipendiary coroner and a deputy coroner should be appointed, the latter acting in case of sickness or unavoidable absence of the coroner. All this cavil about fees and unnecessary inquests would then be avoided, and the coroner could devote all his time and energies to the performance of his official duties.

4th. The salary should be paid by the government and not by the municipality. The coroner would then only be responsible to the crown for his acts as coroner, and not be subjected to the caprice, ill-will or ward influence of any one or more members of the corporation.

ADULTERATION OF FOOD. — The *Telegram* of this city gives the following in reference to this subject:—There appears to be a good deal of adulteration of food carried on, principally milk, coffee, tea, spices and butter. Out of 226 samples analyzed by Prof. Ellis, he found that 58 were adulterated. Many of the adulterations were harmless, the object being to make the quantity weigh heavier. In the case of milk, it appears that the practice of watering it is very common, and there really seems no remedy left for the abuse but to require the milkmen to drive their cows around to their customers' doors, as they do in Cuba, and milk the requisite quantity in the presence of the purchaser. Those good people who have been paying for coffee, appear to have been drinking chicory, while the tea drinkers have been regaling themselves with Prussian blue and other deleterious stuff. Altogether, the public seem to be badly used. There is water in the milk, chicory in the coffee, Prussian blue in the tea, flour in the cloves, an excess of salt and water in the butter, flour and cassia in the cinnamon, and flour and turmeric in the mustard; the gas is bad, the bread is frequently of light weight, the coal is often short, the coal oil is poor, many of the fowls have their crops filled with stones and gravel to make them weigh more;

in short, there is cheating all round and nobody seems to be getting value for his money. It is hardly to be wondered at that the Chinese are talking of sending missionaries over to convert us.

**VENTILATION.**—Dr. McKinnon, of Windsor, Ont., has sent us a sketch of a stove-pipe ventilator which he has recently invented. The principle is not new, but the method of applying it is entirely original, so far as we know. The stove-pipe is surrounded by a cylinder of sheet-iron, having a diameter large enough to leave  $2\frac{1}{2}$  inches of space between it and the pipe. The vitiated air of the room is admitted through an opening or openings at the lower part and passes upwards as it is heated between the pipe and cylinder for 18 or 20 inches, according to the height of the latter, and then enters an opening in the stove-pipe and passes away with the smoke.

**MALTINE.**—We have now had considerable experience in the use of the various preparations of maltine manufactured by the firm of Reed & Carnrick of New York, and we are more than ever before convinced of their great value in all wasting diseases, and in convalescence from low forms of fever. They are readily assimilated, prevent waste of the tissues, and are valuable constructives. This is more especially true of maltine with peptones, the use of which has been most satisfactory in our experience. We have no hesitation in recommending these preparations to the profession.

**REMOVED FROM MEMBERSHIP.**—The Council of the Royal College of Surgeons, England, has recently removed a medical man—a resident of Ontario—from being a member of the College, for a contravention of the By-laws in publishing and professing a secret method of cure.

**PERSONAL.**—Dr. Tache, Deputy Minister of Agriculture, has been delegated to Washington to attend the meeting of the International Sanitary Board.

Mark Twain says there is something very fascinating about science—it gives you such wholesale returns of conjecture for such trifling investments of fact.

**EXTRA-UTERINE PREGNANCY.**—Dr. Lawson Tait has recently successfully treated, by abdominal section, a case of extra-uterine pregnancy.

The death of Dr. Edouard Seguin, of New York on the 28th of Oct. is announced in our exchanges. He was 68 years of age. Although a writer on many subjects he is best known in connection with thermometry, the metric system and the training and education of idiots, especially the latter.

**REMOVAL.**—Hon. Dr. Brouse, of Prescott, Ont., has removed to Ottawa to enter upon the practice of his profession in that city.

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### Books and Pamphlets.

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**PHYSICIAN'S VISITING LIST FOR 1881.** By Wm. Wood & Co., New York. Price \$1.25.

This is the first edition of this beautiful visiting list we have seen, and we are very much pleased with it. There are two different sizes, one ruled for 30 patients weekly, and the other for 60. It contains, in addition to the usual blanks for names of patients, dates, visits, etc., a table of doses of common and rare drugs, poisons and their antidotes, doses of drugs for subcutaneous injection, atomization and inhalation, thermometric scales, equivalent weights, metric system, and a calendar for 1881 and part of 1882. It is light and convenient to carry in the pocket, beautifully and tastefully gotten up, and well adapted for the purpose intended.

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### Births, Marriages and Deaths.

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In Toronto, on the 22nd ult., D. McLarty, M. D., M. R. C. S., Eng., of St. Thomas, to Miss Hattie J. Allan, of Port Rowan.

At Dorchester, on the 15th ult., Courtney Bliss, Esq., M. D., to Bessie, daughter of B. Botsford, Esq.

On the 22nd ult., in Cornwall, Dr. C. J. Hamilton, eldest son of the late Dr. Hamilton, of Goderich, and stepson of Dr. G. C. Shannon, Goderich, to Harriet S., eldest daughter of Dr. J. J. Dickenson, Cornwall.

On the 24th of October, Richard Metcalf, M. D., River Philip, N. S., aged 36 years.

On the 9th ult., Dr. H. A. Jacobs, of Moncton, N. B., in the 54th year of his age.

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\* \* \* *The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.*

## PREPARATIONS of BEEF and WINE.

Owing to the type of debility which characterizes the great majority of the diseases now prevailing, the tonics or strength-giving remedies have assumed an increasing importance of late years. We have paid much attention to preparations of this class, and desire to bring to the notice of the Medical Profession three articles, which, we are confident, will be found of the utmost value ; in fact, we are in receipt of the strongest testimony to their efficiency from those who have already used them.

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### WINE OF BEEF.

(VINUM CIBI).

In each tablespoonful of this preparation there is the essence of one ounce of beef, in solution in sherry wine. It is therefore a refreshing stimulant, the effect of which is not merely to quicken the circulation and impart a temporary excitement, but also to supply actual strength.

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### WINE of BEEF, IRON and CINCHONA.

(VINUM CIBI ET FERRI CUM CINCHONA).

The admirable tonic and anti-periodic properties of Cinchona or Calisaya Bark, have been for so many years past, universally recognized, that they need not be insisted upon. In the above-mentioned preparation, which is especially adapted to cases of recovery from fevers (in this country so generally tinged with a malarial type), our Wine of Calisaya Bark, to which we have always paid great attention, is made the vehicle for introducing into the system the extract of beef together with citrate of iron. Hence, we claim for this article, as a whole, pre-eminent virtues ; combining as it does the stimulant, nutrient, chalybeate and tonic powers of its several ingredients.

Each tablespoonful or half ounce contains, dissolved in sherry wine, the essence of one ounce of beef, with two grains of citrate of iron, and twenty grains of Peruvian bark.



# TO PHYSICIANS.

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Office **JOHN WYETH & BRO.,**

1412 WALNUT ST., PHILADELPHIA.

*May, 1878.*

DEAR SIR :

Some ten years since, we introduced largely to the Medical Profession of the United States, a combination, which we called "**BEEF, WINE AND IRON,**" giving the exact ingredients and making no claim of proprietorship. It has been very freely prescribed with most satisfactory results. Our sales have been very extensive, amounting to over one million bottles, besides a large quantity in bulk for dispensing in prescriptions. The claims we advanced as to its value as a nutrient, stimulant and tonic, have been fully verified, and its advantages have been highly appreciated by thousands of the leading practitioners all over the United States and abroad. To a great degree, this has been due to the intelligent preparation of the Beef Juice, which is combined with the Wine and Iron. We have never claimed that we can manufacture this article any better than other educated and intelligent Apothecaries, if they provide themselves with the appliances required to prepare it properly ; but we do maintain, that, to manufacture it so as to contain the nutriment material in a small bulk, expensive apparatus is essential, in order to secure expression and evaporation at a low temperature. This can only be provided to advantage, if the manufacture is to be conducted on a very large scale ; nor can the article be furnished at as reasonable a cost as we can sell it. We import the Sherry Wine, hundreds of casks at a time. We are now receiving from the best Beef butchers, supplies of the most desirable pieces of Beef, free from fat or gelatin, at a slight advance above cost to them, as we thus enable them to dispose of their surplus from day to day.

The reputation of this combination has been created by that of our manufacture, and we feel that Physicians should give our article the preference, as they can depend upon the quality of the material, as well as upon intelligent manipulation in its preparation ; while a great deal that is made and claimed to be equal to ours, is disagreeable to the taste, offends the stomach, and must disappoint the prescriber.

We wish to caution Physicians against the addition of Pepsine to our Beef, Wine and Iron. They will appreciate the absurdity of giving to patients, food partially digested. It is often a great advantage to administer Pepsine after eating, or immediately after a preparation of this kind, as it assists the stomach to perform its work, but the process of digestion is a complicated one, that may be aided, but must not be anticipated by being performed in a bottle. The gases evolved during digestion in the stomach exert an important and essential part in generating force, and it is absurd to claim that this can be done in the laboratory.

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*Oct. 1st, 1880.*

Since writing the above, our sales of **Beef, Iron and Wine**, have quite doubled in amount, owing to the appreciation by Physicians of our claim that our preparation really deserves the preference on account of the **Purity of the Wine**, the **Fresh Beef used**, together with the fact that the **Iron** is held in **solution**, in condition to insure ready assimilation. If Physicians will test it by simple taste, they will find an entire freedom from the mawkishness that must characterize it if made from Extract of Beef, resulting in a disagreement with the delicate and sensitive stomachs of the class of patients for whom this combination is specially indicated.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Iron and Wine, properly prepared, has proven more uniformly beneficial, than any combination we have ever known.

JOHN WYETH & BRO.

# BEEF IRON AND WINE.

*Extract of Beef, Citrate of Iron and Sherry Wine.*

In this preparation are combined the stimulant properties of WINE and the nutriment of BEEF with the tonic powers of IRON, the effect of which on the blood is so justly valued. For many cases in which there is

## **Pallor, Weakness, Palpitation of the Heart,**

with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. The peculiar feature of this combination is that it

## **COMBINES NUTRIMENT WITH STIMULUS.**

In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time we excite this organ to do its duty. On the other hand, again, wine stimulus although needed, is ill borne if given by itself, producing headache, excitement, and other symptoms which may be avoided by the addition of nutritious substance, such as the ESSENCE OF BEEF.

Iron also can be taken in this way by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given. Prompt results will follow its use in cases of sudden exhaustion, arising either from acute or chronic diseases, and will prove a

## **Valuable Restorative for all Convalescents.**

As a Nutritive Tonic it would be indicated in the treatment of impaired nutrition, impoverishment of the blood, and in all of the various forms of general debility. Each tablespoonful contains the Essence of one ounce of Beef, with two grains of Citrate of Iron, dissolved in Sherry Wine. With a view to making the article more palatable, a portion of the beef is in the first place partially roasted, as experience has shown that it is better borne by the stomach, and can be administered for a longer period when this is done.

**Adult Dose:**—One tablespoonful between meals, and when suffering from fatigue or exhaustion

**Dose for Children** should be reduced according to the age.

We trust physicians will be careful to direct *our manufacture of BEEF, IRON and WINE*, as numbers of persons make mixtures called by the same name, and claiming equal merit. We can only say the reputation of this medicine was created by OUR PREPARATION, and it is almost exclusively prescribed by our leading physicians.

**JOHN WYETH & BROTHER,**

CHEMISTS,

1412 Walnut St., Philadelphia.

# SCOTT'S EMULSION

## PURE COD LIVER OIL,

### With HYPOPHOSPHITES of LIME and SODA,

#### PERFECT, PERMANENT, PALATABLE.

The high character, and wide reputation **Scott's Emulsion** has attained through the agency of the Medical Profession, and the hearty support they have given it since its first introduction, is a sufficient guarantee of its superior virtues. The claims we have made as to its permanency—perfection and palatableness—we believe have been fully sustained, and we can positively assure the profession that its high standard of excellence will be fully maintained. We believe the profession will bear us out in the statement that no combination has produced as good results in the wasting disorders, incident to childhood; in the latter as well as the incipient stages of Phthisis, and in Scrofula, Anæmia and General Debility. We would respectfully ask the profession for a continuance of their patronage, and those who have not prescribed it to give it a trial. Samples will be furnished free upon application.

FORMULA.—50 per cent, of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

#### SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE:

I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and found it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried.

Halifax, N.S., Nov. 19, 1880.

W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE:

Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market.

Truro, N.S., Nov. 15, 1880.

W. S. MUIR, M.D., L.R.C.P. & S., Ed.

Messrs. SCOTT & BOWNE:

I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits.

I have the honor to be, yours truly,

T. J. O. EARLE, M.D.

St. John, N.B.

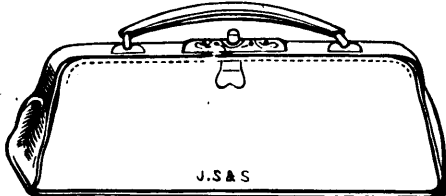
Messrs. SCOTT & BOWNE:

I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient.

A. H. PECK, M.D., Penn. Med. Co lege.

SCOTT & BOWNE, Manufacturing Chemists, New York.

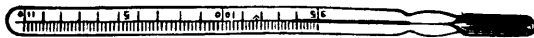
## The Practitioners' Obstetric Bag



15 inches long, 6 inches high, containing Barnee's Craniotomy Forceps, Midwifery Forceps, Perforators, Frenum Scissors, Blunt Hook and Crotchet, Catheter, 4 Stoppered Bottles, 1 Chloroform Drop Bottle. Price \$26.

Bag only, Superior Morocco, Gilt Fittings, . . . . \$6.00  
 Plain Fittings, Chamois  
 Leather . . . . . \$4.50

### THE IMPROVED CLINICAL THERMOMETER WITH MAGNIFIED AND IMPERISHABLE INDEX.



The mercury is easily seen, and there being no air spec, the liability to loose the registering needle is obviated, should by any accident the whole of the mercury be shaken into the cup it will register the next time it is driven up by the temperature.

PRICE IN CASE, . . . . . \$2.50  
 ORDINARY REGISTERING CLINICAL THERMOMETERS . . . . . 1.50

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 GOWER STREET, | 274 YONGE ST.,  
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## John Reynders & Co.,

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No. 309 Fourth Avenue, New York,

UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

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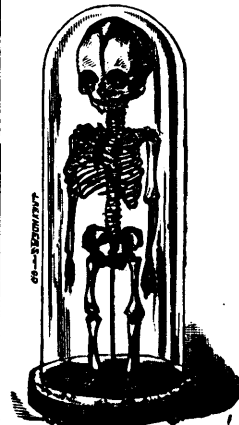
Orthopaedical Instruments,

**SKELETONS,**

AND

ANATOMICAL

PREPARATIONS.



The Manufacture and Importation of every article used by Physicians and Surgeons our Specialties.

Our Illustrated Catalogue and Price List mailed on application, enclosing twelve cents for Postage.

# Dr. J. Collis Browne's Chlorodyne

IS THE ORIGINAL AND ONLY GENUINE.

## ADVICE TO INVALIDS.

If you wish to obtain quiet refreshing sleep, free from headache, relief from pain and anguish, to calm and assuage the weary aching of protracted disease, invigorate the nervous media, and regulate the circulating systems of the body, you will provide yourself with a supply of that marvellous remedy discovered by DR. J. COLLIS BROWNE (late Medical Staff), to which he gave the name of

## CHLORODYNE,

and which is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is the best remedy for Coughs, Consumption, Bronchitis, Asthma.

CHLORODYNE effectually checks and arrests those too often fatal diseases—Diphtheria, Fever, Croup, Ague.

CHLORODYNE acts like a charm in Diarrhoea, and is the only specific in Cholera and Dysentery

CHLORODYNE effectually cuts short all attacks of Epilepsy, Hysteria, Palpitation, and Spasms.

CHLORODYNE is the only palliative in Neuralgia, Rheumatism, Gout, Cancer, Toothache, Meningitis, &c.

### Extract from *Indian Economist*.

"We direct the attention of medical men to a fact observed some years since by ourselves, and corroborated by our subsequent experience, that Dr. J. Collis Browne's Chlorodyne is in many cases of Low Fever immensely superior to Quinine in curative power. We cannot persuade ourselves that the true value of Dr. J. Collis Browne's Chlorodyne is yet properly appraised in India. . . . It may be given with absolute safety even to a child three days old. Were medical men but to make a fair and exhaustive trial of it we are persuaded that it would work a revolution in the treatment of two-thirds of the diseases to which children are subject. Its curative power is simply amazing."

"Earl Russell communicated to the College of Physicians that he had received a despatch from Her Majesty's Consul at Manila, to the effect that Cholera had been raging fearfully, and that the ONLY remedy of any service was CHLORODYNE."—See *Lancet*, Dec. 1, 1864.

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., England.

Formerly Lecturer of Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an Anti-Spasmodic and Sedative. I have tried it in Consumption, Asthma, Diarrhoea, and other diseases, and am most perfectly satisfied with the results."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It was the most efficacious remedy I ever used, affording relief in violent attacks of Spasms within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of Spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From Dr. B. J. BOULTON & Co., Horncastle.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent direct Sedative and Anti-Spasmodic. It seems to allay pain and irritation in whatever organ, and from whatever cause. It induces a feeling of comfort and quietude not obtainable by any other remedy, and seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after effects."

From J. C. BAKER, Esq., M.D., Bideford.

"It is without doubt, the most valuable and certain Anodyne we have."

### CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FERRIS, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

Sold in Bottles at 1s 1½d., 2s 9d., 4s 6d., each. None genuine without the words "Dr. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp. Overwhelming Medical Testimony accompanies each bottle.

SOLE MANUFACTURER—J. T. DAVENPORT, 33 GREAT RUSSELL STREET, BLOOMSBURY, LONDON.



# Shuttleworth's Fluid Extracts

Guaranteed of Standard Strength and Quality.

## FLUID EXTRACT OF ERGOT.

This most important preparation is made the subject of special care and attention, not only in regard to the details of manipulation but the quality of the crude drug, which is perhaps the most important consideration. The finest ergot obtainable is always employed, and physicians using this extract may rely on producing the specific effects of the drug.

## NEW REMEDIES.

Preparations of New and Rare Drugs.

ALSTONIA, Dita Bark.	BOLDO, Peumus Boldo, Leaves.
ARECA, Betel Nut.	CERCIS CANADENSIS.
AVA, Kava-kava Root.	CASCARA SAGRADA.
BAEL, Bael Fruit.	COTO, Coto Bark.
BERBERIS AQUIFOLIUM.	USTILAGO MAIDIS, Corn Ergot.
COCA LEAVES.	GRINDELIA ROBUSTA.
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DROSERA, Sundew.	KOOSO.
EVENING PRIMROSE.	MISTLETOE.
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YERBA REUMA.	YERBA SANTA.
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GOA POWDER. etc.	CHAULMOOGRA OIL, etc.

Chemically pure CHLOROFORM, ETHER, and OL. TEREBINTH, for Anæsthetic purposes.

## CANADIAN MALT EXTRACT.

This is made by a recently devised process by which the greater portion of the Diastase is retained in an active condition.

Several combinations are manufactured :—MALT with PHOSPHATES, MALT with COD-LIVER-OIL and PHOSPHATES, and MALT with HYPOPHOSPHITES.

## B. P. PREPARATIONS.

All the Official Compounds kept in stock, also a full line of Pharmaceutical Preparations generally.

## GELATINE-COATED PILLS.

A full supply in stock.

Price Lists Forwarded on Application

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MANUFACTURING CHEMIST,  
53 Front Street, Toronto.

# Electrical Instruments for Medical Use.

We respectfully refer to the following Eminent Physicians:

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Prof. Francis Minot, M.D.  
H. H. A. Beach, M.D.

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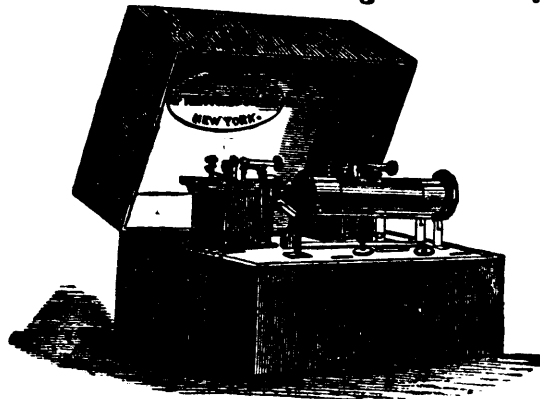
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Dr. Fife Fowler, M.D., Kingst'n  
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## Galvano-Faradic Manufacturing Company,

288 FOURTH AVENUE, NEW YORK

FOR SALE BY LYMAN BROS., TORONTO.

Send for Catalogue, with a concise and practical Guide for their use.

### DR. WHEELER'S

### ELIXIR FERRI ET CALCIS PHOSPH. CO.

LACTO-PHOSPHATES prepared from the formula of Dr. DUSART, of Paris.

Compound Elixir of Phosphates and Calisaya.—A Chemical Food and Nutritive Tonic.

THIS elegant preparation combines with a sound Sherry Wine percolated through Wild Sherry Bark and Aromatics, in the form of an agreeable cordial, 2 grs. Lacto-Phosphate of Lime 1 gr. Lacto-Phosphate of Iron, 1 gr. of Alkaloids of Calisaya Bark, Quinia, Quinidiæ, Chinchonia, and fifteen drops of free Phosphoric Acid to each half ounce.

In the various forms of Dyspepsia, resulting in impoverished blood and depraved nutrition, in convalescing from the Zymotic Fevers (Typhus, Typhoid, Diphtheria, Small-pox, Scarlatina Measles) in nervous prostration from mental and physical exertion, dissipation and vicious habits, in chlorotic anæmic women, and in the strumous diathesis in adults and children it is a combination of great efficacy and reliability, and being very acceptable to the most fastidious it may be taken for an indefinite period without becoming repugnant to the patient. When Strychnine is indicated the official solution of the Pharmacopœia may be added, each fluid draehm making the 64th of a grain to a half fluid ounce of the Elixir,—a valuable combination in dyspepsia with constipation and headaches. This compound is prepared with great care, and will be maintained of standard purity and strength.

Dose.—For an adult, one table-spoonful three times a day, after eating; from seven to twelve, one dessert-spoonful; from two to seven, one tea-spoonful.

Prepared by T. B. WHEELER, M. D., MONTREAL, D. C

## FIRST PRIZE FOR ARTIFICIAL LIMBS

AND

## SURGICAL APPLIANCES.



APPARATUS of every description made to order, for Paralysis, Hip-joint Disease, Weak Ankles, Club Feet, &c.

JAMES AUTHORS,  
16 King Street East, Toronto.

TORONTO, Sept. 17, 1874.

I have much pleasure in being able to testify to the skill, ingenuity, and excellence of workmanship shown in Mr. Authors' surgical appliances. They will bear comparison with those manufactured in any part of the world.

JAMES H. RICHARDSON, M.D., University of Toronto, M.R.C.S., England.

# NEW PRINCIPLE FOR THE ASSIMILATION OF FAT

## HYDROLEINE "HYDRATED OIL."

"HYDROLEINE" may be described as partially digested oil, which will nourish and produce increase in weight, in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of **HYDROLEINE**. The ordinary so-called emulsions of Cod Liver Oil and other fats, *whether pancreaticised or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptoms in these cases.

"A great misconception as to the real characteristics of a true pancreatic emulsion has been entertained by many, and but few appear to have studied the different aspects presented by such an emulsion as is produced on fat by the energetic action of pure soluble pancreatin, as contrasted with the coarse mechanical mixtures of oil or fat and water, which are commonly supposed to represent this function of fermentative digestion.

Some seem to think that if a bottle of oil is shaken up with the compounds sold as the active principle of the pancreas, and a yellowish cloud is diffused for a time through the oil, an emulsion has been obtained. So it has, but not the true pancreatic emulsion, which forms an integral portion of the process by which fats are digested and assimilated. From the unvarying result of many hundred trials with the pure, active principles of healthy pancreatic fluid, taken at the time of digestion, I am perfectly convinced that no valuable result has been attained, unless the emulsion formed is as highly refractive of light as milk. The color may vary, according to the oil or fat used, from a far whiter fluid than the densest milk to the opacity and color of Devonshire cream, but unless at least the equivalent of the density of the best milk is produced in oil, when a third of water is held in suspension, no real pancreatic emulsion has been formed.

The mere mechanical mixture formed by common pancreatin is rarely better or more persistent than may be produced by rubbing up oil or fat with a solution of mucilage, or by a warm application of dissolved gelatin, shaken with oil until it becomes cold.

The first essential towards the digestion of fats or oils in the human body is that it shall assume the state of the very finest and most permanent emulsion, and this is only known to be attained when the oil and water is perfectly opaque, from the minuteness of the globules. This is the first function of the pancreatic emulsifying principle, and by this alone can we be certain that it possesses its proper fermentative activity."—*Prof. Bartlett's Treatise.*

(HYDRATED OIL)

# HYDROLEINE

(WATER AND OIL.)

The efficacy of this Preparation is **NOT CONFINED** to cases of CONSUMPTION, as from its valuable tonic effect on the nervous system, in addition to its special stimulating action on the organs concerned in the production of Fat in the body, it causes marked increase in weight in persons of naturally thin habit, who do not present any evidence of disease.

The principles upon which this discovery is based have been described in a treatise on "THE DIGESTION AND ASSIMILATION OF FATS IN THE HUMAN BODY," by H. C. BARTLETT, PH. D., F.C.S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "CONSUMPTION AND WASTING DISEASES," by G. OVEREND DREWRY, M.D., of London.

In these treatises, the Chemistry and Physiology of the Digestion of Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the results.

**Copies of these valuable works will be sent free on application.**

### 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.....	$\frac{1}{2}$ "
Boric Acid.....	$\frac{1}{4}$ "
Hyocholic Acid.....	1-20 "

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

Unlike the ordinary preparation of Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

To brain-workers of all classes, Hydrated Oil is invaluable, supplying, as it does, the true brain food. Economical in use—certain in result. Tonic—Digestive and Highly Nutritive. Full particulars sent on application to

**HAZEN MORSE,**

57 Front Street East, TORONTO



THE

NEW

# HYDROLEINE

HYDRATED OIL

# HYDROLEINE

ENGLISH  
REMEDY

## AN ARTIFICIALLY DIGESTED COD LIVER OIL.

Over 1,500 bottles sold during the first four months of its introduction into Canada (from April to August, 1880) entirely through Physicians' prescriptions.

All the leading medical men in Toronto and Montreal are using Hydroleine with success; I would refer to some of them: viz:

**WM. T. AIKINS, M.D.,** .. .. Toronto.

Lic. Med. Board, 1849. M.D. Jeff. Coll. Phil., 1850; Lect. Surg. Tor. S. Med.; Surg. Tor. Gen. Hosp.; Mem. Med. Council, 1866-69; Mem. Coun. Coll. Phys. Surg. Ont. 1869-1880.

**CHAS. D. O'REILLY, M.D.,** .. .. "

Res. M.D. General Hospital; M.D. C.M. Univ. McGill Coll., 1867.

**O. S. WINSTANLEY, M.D.,** .. .. "

Mem. Coll. Phys. Surg. Ont., 1877;

**JAS. A. TEMPLE, M.D.,** .. .. "

Mem. Coll. Surg. Eng., 1865; M.D. C.M. Univ. McGill Coll., 1865; Fell. Obstet. So. Lond., Eng., 1872; Lect. Mid. Prof. Med. Jur. & Tox. Tri. Med. Sc.

**E. H. TRENHOLME, MD BCL.,** Montreal

**JAS. H. RICHARDSON, M.D.,** Toronto.

Mem. R. Coll. Surg., Eng., 1847; M.D., Univ. Tor., 1850; Prov. Lec., 1847; Lect. Anat. Tor. S. Med.; Mem. Med. Council, 1866-69.

**JAS. H. BURNS, M.B.,** .. .. "

Mem. Coun. Coll., Phys. Surg., Ont., 1880.

**JAS. E. GRAHAM, M.D.,** .. .. "

M.B., 1869; M.D., 1868, Univ. Tor. Lic. R. Coll. Phys. Lon. 1871.

**J. J. DUGDALE, M.D., LRCPS.** Montreal.

I publish one of the numerous testimonials I have received relative to the merits of Hydroleine, showing the opinion held by medical men:—

32 BEAVER HALL, MONTREAL, 25th May, 1880.

*Mr. Hazen Morse:*

Dear Sir—My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diatheses. In some of my cases the effect of the remedy has been really marvellous. I am, dear sir, Yours truly, E. H. TRENHOLME M. D.

The following statements show the value of Hydroleine more conclusively than anything else could possibly do, as the sale in each instance has been created without a dollar's advertising and entirely through Physicians:—

MESRS. JOHN LEWIS & Co., Victoria Square, Montreal, sold ten dozen bottles Hydroleine in one month at the beginning of the introduction of the Hydroleine.

MR. HENRY R. GRAY, St. Lawrence Main street, Montreal, sold six dozen bottles Hydroleine in the same period (one month).

MR. WM. S. ROBINSON, 35 Yonge St., Yorkville, Ont., under date of July 21, 1880, writes as follows:

*Hazen Morse, Esq.:*

Sir—Since the introduction of Hydroleine into this locality I have sold over three dozen bottles, and find that it gives every satisfaction; it is an excellent preparation and I have no doubt of it becoming very popular. I am, yours respectfully, WM. S. ROBINSON.

### HYDROLEINE PRODUCES IMMEDIATE RESULTS.

One bottle of Hydroleine will accomplish greater results than can be obtained by using ten bottles of Cod Liver Oil.

#### PRICE LIST.

Hydroleine half pound bottle .....per dozen \$10  
" " " " .....per bottle \$1

N.B.—I will forward to any Medical man desiring to test its virtues for himself one full sized bottle Hydroleine upon receipt of fifty cents (half price), express charges prepaid. This offer only applies to the first bottle.

## HAZEN MORSE

Sole Agent for the sale of Hydroleine  
in the Dominion of Canada.

157 FRONT STREET EAST,  
TORONTO.

# MALTOPEPSYN

(REGISTERED AT OTTAWA)

## FORMULA

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

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

It is also exceedingly valuable as a relief for Vomiting in Pregnancy.

## TO THE MEDICAL PROFESSION.

Having been employed in the manufacture of Pepsine, Pancreatine, etc., in the United States for the past seven years, and knowing that nine-tenths of the numerous brands of Pepsine and Combinations thereof, in the market to-day, are almost worthless and inert, and knowing further, that the few really good articles are absurdly high priced—one dollar per ounce and upwards—I have decided to offer to the profession, Maltopepsyn, an article unequalled in quality and reasonable in price (fifty cents per two ounce bottle, containing nearly one and one-half ounces of powder).

I will guarantee Maltopepsyn to be compounded exactly as per formula and each ingredient to be of the best quality possible to be made, and therefore I claim the following advantages over the ordinary preparations now dispensed, viz:—

First—The Saccharated Pepsine (Porci) is of a quality superior to any in the market, it is perfectly soluble, tasteless, odorless, very active, and, being saccharated, will preserve its qualities for years, while made in any different manner it will not. N.B. Pepsine is very difficult to procure free from Mucous Creatine and the other impurities of the stomach, and is usually sold containing all these hurtful substances, which not only kill its digestive properties but give it a dark brownish color, disagreeable odor and acrid taste. Pure Pepsine should be light colored, nearly odorless and tasteless.

Second—The Pancreatine is fully equal to that made in London, England, the only Pancreatine in the market at all reliable, and that is so high priced (\$3.00 per oz.) as to almost prohibit its use.

Third—The Exsiccated, or dry extract, is a more effective, palatable and convenient preparation of the nutritive article, Malt, than the liquid extracts usually dispensed.

Fourth—The Acid Lactophosphate of lime is carefully purified and of the best quality. Its therapeutic value is too well known to need further comment.

Upon application from any of the Medical Faculty, I will be pleased to forward samples, which will substantiate the claims made for Maltopepsyn, and I hope for your assistance in this my endeavour to introduce a good preparation at a low price.

HAZEN MORSE, 57 Front Street East, TORONTO.

# MALTOPEPSYN

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---

Combines all the digestive principles that act upon  
food, with the nutritive qualities of Extract of Malt and  
the brain food of the Acid Phosphates.

## PRICE LIST.

Maltopepsyn, (2 oz. bottles, containing nearly 1½ ozs. powder), 50c. per bottle.	
“ “ “	\$5 00 per dozen.
“ in half pound bottles	\$5 00 per pound.

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Less than half the price of any good preparation of Pepsine in the market, and guaranteed to excel the best in the results.

Nearly 2,000 bottles have been sold during the first five months of its introduction, entirely through physicians' prescriptions.

The following is a sample of the great number of testimonials I have received from medical men :-

*Hasen Morse, Esq.,*

BRUSSELS, JUNE 28th, 1880.

Dear Sir,—I believe Maltopepsyn to be equal, if not superior, to Lactopeptine or Pepsine, in the use of which I have had a very large experience.

Yours, etc.,

WILLIAM GRAHAM, M.D.

CASE ATTENDED BY DR. BURNS, TORONTO, APRIL, 1880.

Child of Mr. Edgell, Toronto, about two years old, suffering from Diarrhœa brought on by indigestion; passed undigested food, etc; Dr. B——had tried many remedies without giving any relief; finally prescribed Maltopepsyn. After the child had taken six doses, there was marked improvement, and before one-half the bottle was used had entirely recovered.

I will make the same offer to medical men on Maltopepsyn as I do on Hydroleine, viz: I will forward upon application, to physicians only, a full sized bottle of Maltopepsyn upon receipt of twenty-five cents, (half price). This offer only applies to the first bottle.

**HAZEN MORSE, 57 Front Street East, TORONTO.**

# MALTOPEPSYN

(REGISTERED AT OTTAWA)

## FORMULA

SACCHARATED PEPSINE (Porci).....	10 Grains
“ PANCREATINE.....	5 “
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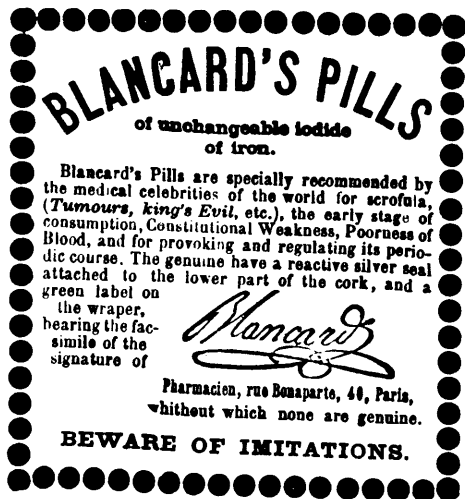
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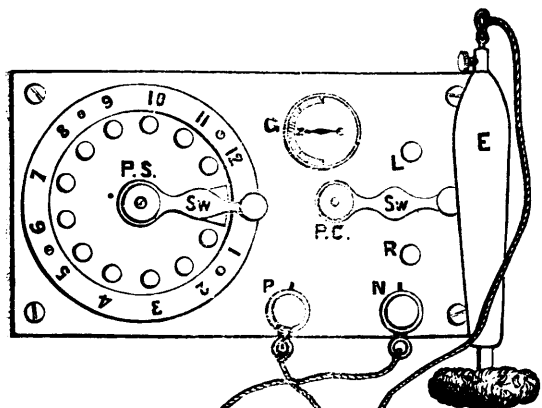
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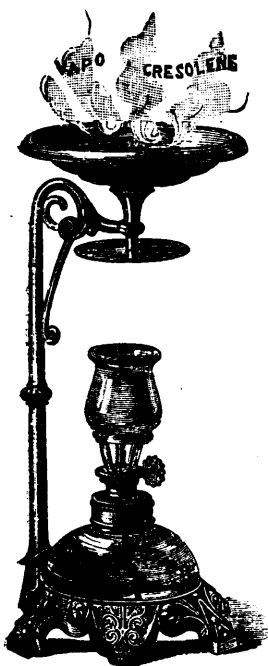


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We take pleasure in calling the attention of the Profession to LACTOPEPTINE. After a long series of careful experiments, we are able to produce its various components in an absolutely pure state, thus removing all unpleasant odor and taste, (also slightly changing the color). We can confidently claim, that its digestive properties are largely increased thereby, and can assert without hesitation that it is as perfect a digestive as can be produced.

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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.

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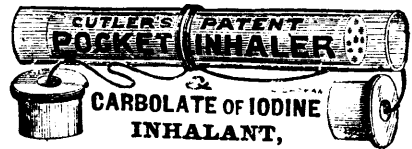
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\*See page 188 CANADA LANCET, Feb. 1st, 1880, on Carbolic Acid Spray in Coughs, Asthma, &c.

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# TONGA.

## **The Fijian Remedy for Neuralgia.**

This remedy has been used for several centuries by the aborigines of the Fiji Islands, though introduced to the notice of the profession in England only about a year ago.

The success attending its use in the hands of Drs. Sidney Ringer and Wm. Murrell, of London, England, induced us to dispatch an agent to the Fiji Islands for the collection of a quantity of this valuable drug. Heretofore the secret of its source had been jealously guarded by the Fiji chiefs, the knowledge of its composition being handed down as an heirloom from one generation to another. Through Mr. Ryder, a resident from Fiji, a specimen of the remedy was first brought to England, with the statement that he received it from a European who had married a chief's daughter, and had learned the secret from his father-in-law.

Tonga, as prepared by the Fijians, is a compound of several plants, and occurs in the form of small loose bundles, the remedy being enveloped in a wrapper of the inner bark of the cocoanut tree.

The natives administer it in the form of an infusion, but it has been found that alcohol much more thoroughly extracts its active principles.

Drs. Ringer and Murrell base their report of the use of the drug on a sufficient number of cases, and C. Bader, Ophthalmic Surgeon to Guy's Hospital, says: "The results obtained by Drs. Ringer and Murrell fully coincide with mine. I have notes of cures of brain and kidney disease in which Tonga alone succeeded in removing pain. All cases of Neuralgia (supra- and infra-orbital branches of the fifth nerve) with swelling of the temporal veins during the attack were benefited."

Reports from Sidney, Australia, show that Tonga has also been successfully employed as a remedy for neuralgia by the profession of that country.

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The demulcent and expectorant properties claimed for the drug by Dr. Saxton, are such as must commend it to the careful attention of the profession, and especially so during the season of catarrhal affections of the respiratory passages. A remedy which combines demulcent with expectorant properties, and at the same time does not nauseate, must meet with favor. The cases reported by Dr. Saxton would also seem to show the drug to be possessed of an alternative influence in the respiratory mucous membrane which must enhance its value in those chronic affections so often rebellious to treatment.

We prepare a tincture of Lippia Mexicana and will be pleased to furnish a reprint of Dr. Saxton's article on application.

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