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# THE CANADA LANCET.

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

(Index next page.)

Vol. XV. }  
No. 2. }

TORONTO, OCTOBER, 1882.

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# THE CANADA LANCET.

VOL. XV.

TORONTO, OCTOBER, 1882.

No. 2.

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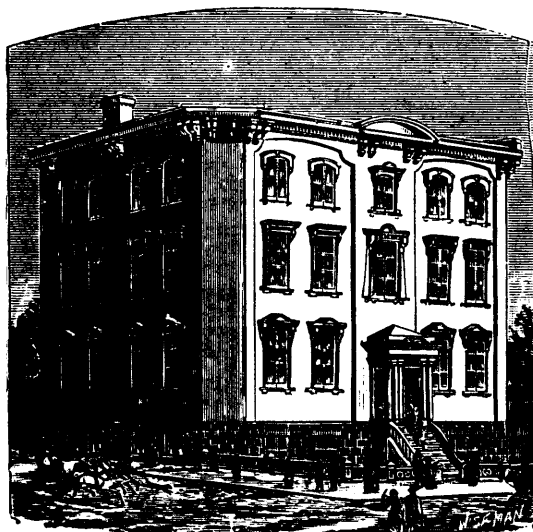
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FACULTY OF MEDICINE.

SESSION OF 1882-83.

THE TWELFTH WINTER SESSION



Of this Faculty will open on the 3rd of October next. A pre-session course of Lectures on special subjects will commence on September 1st in the Lecture Room of the Montreal General Hospital, and will continue till the opening of the winter session. This course is FREE to all students of the College.

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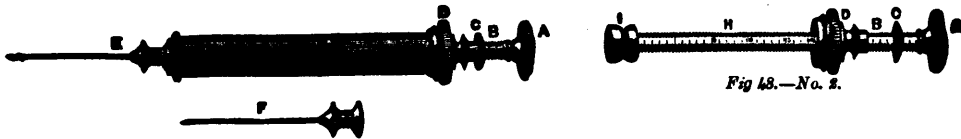
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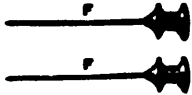


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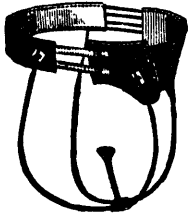
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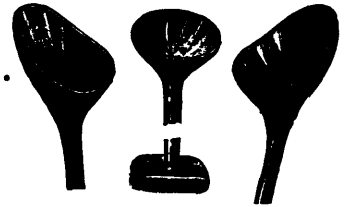
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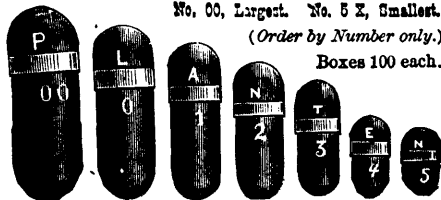


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\* See note p. 64, Profs. VAN BUREN & KEYES on Urinary Organs.

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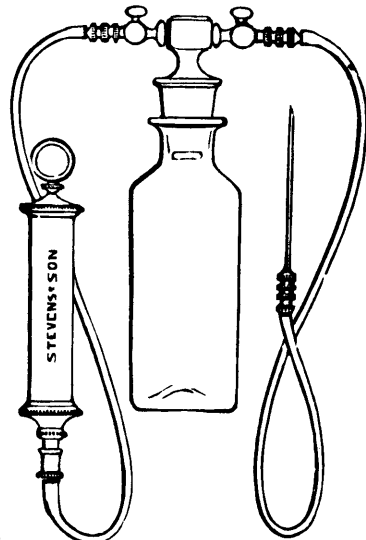
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Consists of India rubber pump, one needle, the mounts nickel-plated, packed in Mahogany case.

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ALL GUARANTEED FREE FROM ALCOHOL.

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This is the pure Lime Fruit Juice clarified by subsidence, obtained by light pressure from the carefully selected ripe fruits, grown under European superintendence, on the Olveston Plantations, Montserrat, W. I., the property of the company. Taken with water and sweetened to taste, it makes a most refreshing summer beverage. Lime Fruit Juice is the best remedy known for Scurvy, Scrofula, and all Skin Diseases; also Gout, Rheumatism, and the like, and is most valuable for Dyspepsia, Indigestion, etc.

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Manufactured only at Veray, Switzerland, it contains nothing but **Milk, Wheaten Bread Crust and Sugar**, and requires only water to prepare it for use.

The **Milk** is cow's milk, condensed in *vacuo* at a low temperature, to the form of a powder, so that, excepting condensation, the properties of the milk remain unchanged, while its freshness is preserved unimpaired.

The **Wheaten Bread Crust** is prepared from the best wheat by a peculiar method, which preserves all the nitrogenous substances, and makes the crust rich in gluten, while, by being baked at a high temperature, the gluten is rendered soluble; and being browned *throughout* to a certain shade, the starch is converted into dextrine, thus removing a very forcible objection made to many farinaceous foods, viz.: Infants cannot digest starch cells; further, the crust is pulverized to an impalpable powder.

The **Sugar** added is cane sugar, not for the purpose of sweetening, as it is already sufficiently sweet from the sugar of milk in the condensation, but a small percentage for the purpose of supplying the carbon requisite, cane sugar being about 98 per cent. pure carbon.

These constituents are then united in such proportions, that by the addition of *water only* (thus doing away with the danger of milk, usually impure and frequently diseased) in the proportion of ten of water to one of the food, it forms a liquid which, chemically analyzed, will be found to be almost *identical with the analysis of Woman's Milk*. Such are the constituents and preparation of **NESTLE'S MILK FOOD**.

The unequalled favor with which Nestle's Milk Food has been received in Europe and America has, as might be expected, resulted in several imitations under the name of *Milk Food*. We request M. D.'s and mothers not to be influenced by their experience of these imitations.

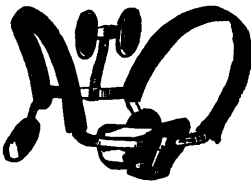
A pamphlet by Prof. H. Lebert, of Berlin, giving full particulars of the Food, sent to any address on application to

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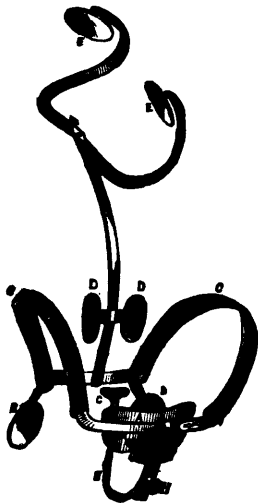
Fig. No. 3 is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the bowels, spine or chest.

THE IMPROVED BODY BRACE.  
FIG. 3.



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

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



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report to the Medical Journals and to us that cases of

**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.*

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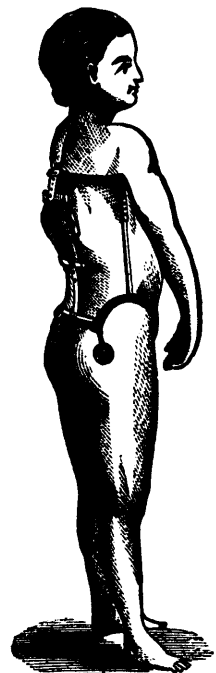
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New York City.

NO OTHER OFFICE OR 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.

## HYDROLEINE OR HYDRATED OIL AS A THERAPEUTIC AGENT IN WASTING DISEASES.

By W. H. BENTLEY, M.D., LL.D.,  
VALLEY OAK, KY.

From *New Remedies*, September, 1880.

In October, 1880, I read an advertisement of Hydroleine in some medical journal. The formula being given, I was somewhat favorably impressed, and procured two pamphlets: One on "The Digestion and Assimilation of Fats in the Human Body," and the other on "The Effects of Hydrated Oil in Consumption and Wasting Diseases." They are ably written, and afforded an interesting study. Their doctrines are so reasonable, that I got up faith enough to have my druggist order a sufficient supply to thoroughly test the merits of the preparation.

I was ready to catch at anything to take the place of cod-liver oil. In my hands it has proved an utter and abominable failure in ninety-five per cent. of all my cases in which I have prescribed it since I have been engaged in country practice, and it never benefitted more than forty per cent. of my city patients.

The inland people, who seldom eat fish, can rarely digest cod-liver oil. Almost every week I am consulted by some victim of the *cod oil mania*, who has swallowed the contents of from one to twenty-five bottles, and who has been growing leafer, paler and weaker all the while, until from a state of only slight indisposition, these patients have become mere "living skeletons." Nearly all complain of rancid eructations, and an unbearable fishy taste in their mouth, from one dose to another. They not only fail to digest the cod oil, but this failure overloads the digestive organs to such an extent that digestion and assimilation of all food becomes an impossibility, the patient languishes and pines and finally dies of *litera! starvation*. In the comparatively small number with whom I have found cod-liver oil to agree, it has proved very gratifying in its results. In my practice, by far the largest number receiving benefit from it have been children. Those who have, previous to their illness, been accustomed, to some extent, to a "fish diet," will be more likely to digest the oil, and more notably so in cold climates. Still the innumerable efforts that have been made in the shape of "pure cod-liver oil," "palatable cod-liver oil," "cod-liver oil with pepsin," "cod-liver oil with pancreatin," "cod-liver oil emulsions," etc., and so on, *ad infinitum*, attest the fact that the great *desideratum* after all is to render cod-liver oil capable of retention by the stomach, and digestible when it is retained.

As Hydroleine is partially digested oil, and this partial digestion is brought about by a combination of factors suggested by actual physiological experiments, these facts commend it to my confidence, and a trial of the preparation in seven typical cases convinces me that it possesses

a high degree of merit, and I feel that it is a duty incumbent upon me to call the attention of my medical brethren to the subject.

The first case in which I prescribed it was that of a married lady 28 years of age, a blonde, and the mother of four children, the eldest 9 and the youngest 1 year old. From the birth of this last child she dated her illness, for she made a tardy convalescence, remaining unable to walk for a month. Soon after she began to grow weaker, and soon resumed her bed, which she had not left to any extent since, not at any time being able to sit up longer than fifteen or twenty minutes. During all this time she was under charge of a skillful physician. He had tried many remedies to check the rapid emaciation; among these were several different brands of malt extract, cod-liver oil, and various mixtures of the oil. None of the oils and their mixtures agreed with her. In March, I was called and prescribed Hydroleine, a bottle of which I delivered at the time, directing her to commence with teaspoonful doses, to be gradually increased to twice the amount. It agreed with her finely, and by the time the first bottle was used she was greatly improved. She procured and used two additional bottles, and, at this writing, June 15th, is considered well.

The above case was one of general and persisting emaciation, unaccompanied by any cough or perceptible thoracic trouble. The ensuing case was one of diagnosed

### TUBERCULAR PHTHISIS.

The patient a married lady, *æt.* 32, had been married about 14 years, and was the mother of six children, the youngest two years of age. Several of her sisters had died of the above mentioned disease. Her medical adviser prescribed cod-liver oil, and she had taken a full dozen bottles with plenty of whiskey. The oil had not been digested, although it had been retained by the stomach. Her cough had grown constantly worse, and she grew rapidly weaker, week by week. I prescribed Hydroleine for her, and she commenced to take it in April, about the 15th. It agreed with her finely. She rapidly gained weight and strength, her cough was relieved and has now nearly ceased. She has used nearly four bottles, and continues to use it, though apparently well.

I have prescribed it in three other cases, in two of which the results have been equally gratifying, but in the other case it produced nausea and greasy eructations.

From these trials I am led to think quite favorably of the hydrated oil, and I am led to believe that although it may not agree with all, it will be found of great and permanent benefit to a very large per cent. of consumption and other "wasting" diseases, and that it is destined, at no distant day, to very largely supplant the undigested oils.

HAZEN MORSE, 57 Front Street East,  
TORONTO,  
SOLE AGENT FOR CANADA.

# 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 pancreatized 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.....	3 "
Boric Acid.....	1 "
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,

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Analytical Chemist and Microscopist,

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(PREPARED FOR PHYSICIANS' PRESCRIPTIONS.)

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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. Nuclis Vomicae,  $\frac{1}{4}$  gr.

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

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℞ 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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# THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

VOL. XV. TORONTO, OCT., 1882. No. 2.

## Original Communications.

### REPORT OF THE SPECIAL COMMITTEE

APPOINTED "TO SEEK FROM THE DOMINION GOVERNMENT IMPROVED LEGISLATION IN RESPECT TO SANITATION AND VITAL STATISTICS."

Your Committee beg to report that efforts to induce the Dominion Government to comply with the oft repeated request of this Association, to take some action in relation to Public Health and the Vital Statistics of the Dominion, have been continued, and every suitable means adopted to accomplish that result. In the report I had the honour to submit at the last meeting of the Association, I remarked that Sir J. A. Macdonald had expressed himself to a deputation which waited upon him, as strongly in favour of taking decisive steps in the near future to establish a bureau of Vital Statistics and to create a department devoted to Public Health, as soon as the census-taking was completed, if not before. In corroboration of this intention on the part of the Premier, I also read a communication received by Dr. Grant, which I had been requested to read, from Sir Alexander Campbell, to the following effect:—Under date of May 27th, 1881, he wrote: "I have had several communications with Sir John Macdonald on the subject of Vital Statistics, the necessity for obtaining which, you and your colleagues, being a deputation from your profession, have several times brought under his notice. It has been Sir John's wish to give the objects aimed at by you his attention (he cordially concurred in the expediency of their being carried into execution) but the state of his health has been so precarious that he was unable to bring the matter into shape before he left for England. He desired me to communicate with you on the subject in order that you might take the proper occasion to inform your colleagues how

much he regretted his having been obliged to postpone action which he lays great stress upon. I hope that you and your colleagues will bear with the inevitable disappointment attending the postponement of action on your philanthropic suggestions with all the more patience, since I am confident that, had Sir John's health been more certain, he would, ere this, have given practical effect to them." The illness which then prostrated Sir John and caused an enforced absence from his arduous and responsible duties at the capital, was a matter of deep concern, to all Canadians, and to none more than to the members of this Association.

About the beginning of December of last year I addressed to Sir John the following communication:—It is my duty on behalf of the Canada Medical Association to address you again with regard to the matter of Vital Statistics and Sanitary Legislation. At the meeting of the Association at Halifax in September last a committee was appointed "to seek from the Dominion Government improved legislation in respect to Sanitation and Vital Statistics." As chairman of that committee I beg to submit for your consideration that the Canada Medical Association has year after year, for some ten years, passed a resolution asking the Government to take some step with the object of promoting the Public Health, and of preserving lives to the state, similar to what has been done in Great Britain, the United States and other nations, with the most gratifying results.

During last session, as you will doubtless remember, a deputation of senators and members with the committee, waited upon you to express our wishes regarding the question when you not only kindly listened to what we had to say, but expressed your desire and intention to meet, at least to some extent, the views of the medical profession of Canada, as represented by so large and influential a deputation. But unfortunately your severe and protracted illness rendered it impossible for you to do anything toward carrying out your intentions in the matter. We know that it was a cause of regret to you that nothing could be immediately done, from the letter Sir Alexander Campbell wrote at your request, on the eve of your departure for Europe, to Dr. Grant. That letter conveyed to the Canada Medical Association your regrets, your wishes, and your intentions in the future. As Dr. Grant was unable to attend

our meeting, Sir Alexander's letter was transmitted to me to form part of the report I had to present.

I have delayed up to the present addressing you knowing that very much would demand your time and attention after so long an absence from Ottawa. But as the time approaches for the assembling of Parliament it seems necessary to call your attention to the matter. And I do so with the hope that in the present prosperous condition of the Dominion there will be no obstacle in the way of placing in the estimates a suitable sum to make a commencement in the work of collecting and utilizing Vital Statistics, and in educating the public in matters pertaining to Public Health whereby a great saving to the country could be effected in life and producing power, etc. To this communication the following reply was received:—"I have your letter of the seventh inst. on the subject of Vital Statistics and Sanitary Legislation. I shall call the attention of the Minister of Agriculture to this matter without delay and take up the subject.

(Signed,) Yours faithfully,

J. A. MACDONALD.

On the twelfth of January I wrote to each of my colleagues on the Committee that as it was quite out of the question for the Committee to meet and to confer together, I would ask them to kindly furnish me with their views in relation to the matter, that they might form part of a communication I proposed to submit to the Government upon the subject. To this request I was kindly favoured with replies from Drs. Hill and Grant of Ottawa, Hon. Dr. Parker of Halifax, Dr. Botsford of St. John, Dr. Atherton, of Fredericton, Dr. Macdonald, Londonderry, Dr. Fenwick, our President, Dr. Larocque, Health Officer of Montreal, Dr. Orton, M.P., and Dr. Oldright.

On the 21st of January, after consulting with Dr. Oldright, I wrote to the Hon. Mr. Mowat, Premier of the Ontario Government, asking the favour of an interview with the object of explaining certain proposed combined action of the several Provincial Governments with the Dominion Government, and of showing the draft of a bill which the Nova Scotia Government had recommended and which would secure the object aimed at. A prompt and courteous reply invited the Committee to meet him on the following day. Shortly after

this a further communication was made to Sir J. A. Macdonald stating that it was with no ordinary satisfaction his letter had been received, informing me that he would call the attention of the Minister of Agriculture to the matter and take up the subject without delay. I then begged to submit for his consideration the statements communicated to me by the several members of this Committee, of which the following are extracts:—The Hon. Dr. Parker said: "I believe it to be the duty of the General Government to promptly deal with the subject of Public Health and Vital Statistics, but inasmuch as under the British North America Act it will be necessary for the Local Government to legislate in reference to many of the points connected with the subject of Sanitation, there should be consultation and co-operation on the part of those composing the different Governments, ere either the Central or Provincial Legislatures enter upon the matter actually and practically. I understand that your Government of Ontario are likely to legislate on Public Health this session. This is a step in the right direction, but it is not sufficient. The General Government should be urged by the Committee of the Medical Association as well as by the Local Governments to assist the Provinces by money appropriations, and as the subject of "Statistics," is relegated by the B. N. A. Act to the Dominion Legislature, the expense of that very important part of the contemplated system should be borne I think entirely by the Dominion. When Nova Scotia went into Confederation in 1867, we had a pretty well organized Department of Vital Statistics which was carried along for some years by the Dominion Government, but eventually the officers were pensioned and the departments abolished."

Dr. Botsford of St. John's says:—"As to the necessity of our Dominion taking its stand among the civilized powers of the earth, I have long felt it, and if I mistake, not the question of Hygiene will in the North-West be a grand necessity in the respect of proper drainage if nothing else. The question is assuming larger proportions as our country grows, and to have the subject in force now will probably be a large saving in the long run as we know that experience is always costly and if vital statistics in all its ramifications were acted upon at once the cost of experience will be so much the less. I very much fear that it will be

dire necessity only that will compel Government to action."

The following are extracts from the communication of Dr. Larocque :—"My views concerning public health are, that every Province should endeavour to establish a Provincial Board of Health, and also Municipal Boards of Health. We should at the same time aim at a uniform system of vital statistics, with a Central Board at Ottawa. We have provided for that matter in our Provincial Bill. The 11th clause says that the Provincial Board of Health shall consult with the proper officials at Ottawa, in order to have their approbation in the preparation of the various blank forms to be used for statistical purposes in the Province.

If the Provinces of Ontario, Quebec, New Brunswick, and Nova Scotia, would unite in a scheme of this kind, there would not be, I think, any difficulty in getting the Federal Government to allow each of these Provinces a certain sum of money for statistical purposes. If there was an understanding between the four Provinces it could, perhaps, be arranged to have a convention in Montreal as being the most central place. When you have examined our public health bill, be good enough to let me have your opinion on the scheme. I think it is very proper that you should send a communication to the Government. But I fear that no action will be taken unless very great pressure is used."

Dr. Orton, M. P., wrote as follows :—"As I mentioned to you last winter, my idea in reference to what would form the most effective system of collecting vital statistics and establishing a comprehensive system of public hygiene, is briefly as follows, *i. e.*, the appointment in every constituency, or county, or electoral division, of one medical man as a Dominion Health Officer at a nominal salary, say \$50 or \$100 per year, his duty being to collect from clerks of municipalities and the medical men in his district, all the vital statistics as well as suggestions as to the hygienic requirements of the various parts of his district. This to be embodied in a report to be forwarded once, twice, or four times a year, as thought proper, to Ottawa. The co-operation of the several Legislatures is important. The Municipal Act could be so amended as to make it compulsory on assessors to fill up a complete schedule

of vital statistics, which, obtained once a year, would be most valuable. A bureau of vital statistics and public health at Ottawa, with a deputy head at a moderate salary, say, \$3,000 per annum, to make a careful synopsis of reports from Medical or Health Officers, with the aid of a certain number of clerks, say eight, at a cost of, say \$600, some of course more, but others less, making a total cost for clerks of \$5,000 (nity) \$50 a year say, for each health officer in 210 constituencies, (it being more an honorable than a profitable position), total \$10,500. Printing, say, \$15,000, as the report from bureaus should be widely distributed, one at least to the head of each Municipality and Health Officer. The total cost of collecting vital statistics and establishing bureaus, etc., would not exceed \$35,000. This would be ample, and secure much valuable information, and be the means of saving so many, as well as in other ways aiding our country, as to make it the most profitable expenditure in the public interest that could be made. I shall be glad to assist you at any time, or wait with you upon Government, either before or during session, as may be determined best."

Dr. Atherton in reply, wrote : "I suppose we must take the Legislative Acts of other countries and be guided mainly by them. I am myself perfectly willing to entrust the matter entirely to your judgment, and I only hope you may succeed in your endeavors."

Dr. Grant said : "A few weeks ago I saw Sir John Macdonald with Dr. Fenwick, of Montreal, at which time we urged strongly that the subject should be taken into consideration the coming session of Parliament. Sir John made no specific promise, but advised us to secure the various documents of the Health Department at Washington, as a guide for future action. I am now of opinion that you, as chairman of the committee, should forward a strong and vigorous memorial from Toronto, calling on the Dominion Government to take action in the matter of public health ; this document to be signed by the profession of Toronto. Forward the paper to Dr. Hill or myself, and we will have it signed here also and placed in the hands of 'The Secretary of State,' without delay."

The most of the foregoing extracts were embodied in the communication to the Premier. I also

stated that "the Medical Society of Nova Scotia, in consultation with the Government of that Province, had given the question the fullest attention, and embodied their views in a bill, a copy of which I have been informed was transmitted to the Dominion Government, and that I thought the provisions of this bill would in the main be acceptable to the profession of Canada. I also stated that, having had an interview with the Hon. Mr. Mowat, and the Provincial Secretary, the Hon. Mr. Hardy, with whom this bill had been discussed, I had reason to believe that the Ontario Government would be willing to adopt some such measure. That the letters from Dr. Larocque showed that the Province of Quebec was fully alive to the pressing requirements of the people as to Sanitation and Vital Statistics.

"The elaborate scheme proposed by Dr. Orton was one which I thought would prove very acceptable and beneficial. I concluded by saying that my communication was somewhat lengthy, but, knowing the strong views held by the medical profession at large, and, imbued with the spirit of the resolution adopted by this Association, I felt it was my obvious duty to lay the matter as fully as possible before the Government, especially as he (Sir John) had already expressed his desire to meet the wishes of the profession in relation to the subject." A reply to this letter informed me that it had been referred to the Department of Agriculture.

The recommendation of Dr. Grant with regard to a memorial was acted upon, and I prepared one, not only for Toronto and Ottawa; but also Hamilton, London and Kingston, with the intention of sending one likewise to other places. Dr. Mullin, of Hamilton, very kindly proffered his aid in procuring signatures to the memorial, or in any other possible way. Mr. William Saunders, of London, promptly and successfully gave me assistance, for which our thanks are due. But Dr. Sullivan, of Kingston, while gladly giving his own name, informed me with regret that he could not procure any more signatures in that city. The following is a copy of the memorial:—

"MEMORIAL OF THE MEDICAL PRACTITIONERS OF THE PROVINCE OF ONTARIO TO SIR J. A. MACDONALD, K.C.B., ETC."

"The undersigned beg leave respectfully to urge upon the attention of the Dominion Govern-

ment the pressing necessity of establishing a Bureau of Vital Statistics at Ottawa to secure proper returns from all parts of the Dominion, and of having a periodical bulletin issued therefrom, conveying information and instruction to the medical profession and general public, with the object of decreasing the rate of mortality, and preventing sickness, and thereby saving lives to the state, and obtaining a greater producing power of the citizens at large, such as has been obtained in other civilized countries."

Only one of these memorials was sent to the Department at Ottawa, that procured by Mr. Saunders, for the reason that it had been learned that the Minister of Finance had placed a sum in the estimates for the purpose of Health Statistics. So far the promise of Sir J. A. Macdonald had been carried out, and we could but wait until the close of the session to see what steps the Government proposed to take. The advent of the general elections doubtless prevented immediate action by the Department of Agriculture. It was, however, hoped and expected that before the present time the purposes of the Government would have been made known. After waiting some time, the following communication was sent to the Hon. Mr. Pope, Minister of Agriculture:—"The approaching meeting of the Canada Medical Association, imposes upon me, as chairman of a special committee, etc., the duty of respectfully soliciting information as to the steps about to be, or already taken by the Government in the matter. I may say that the Committee had intended to wait upon you and the Premier during the last session of Parliament, but, having learned that a certain sum had been placed in the estimates for Health Statistics, it was deemed proper to wait until the scheme of the Government had been made public, especially as the views of the Committee had been previously very fully presented to Sir J. A. Macdonald and yourself. The announcement that the Electoral Districts of the Province had been formed into Health Districts has been received by the Profession with much satisfaction. Any further information which may be furnished by your Department to enable the Committee to present as full a report as possible to the Association will be gratefully received." A reply, dated 31st of July, stated that—"In the temporary absence of the Minister

no reply could at once be given, and that it would be submitted to him on his return." I was also asked to state the date of the meeting of this Association. This information was duly supplied.

From statements made to me by a member of Parliament, I thought it not improbable that your Committee might be called upon to offer an opinion as to the best mode of applying the \$10,000 granted by Parliament for Health Statistics. I consequently wrote to the members of the Committee, asking them to favor me with their opinion as to how the sum could be best expended in beginning the work we have in view, etc. In reply to the enquiry, Dr. Botsford wrote "The amount given for the purpose will not meet the requirements of the case. It would cover Monk's plan of getting statistics, but this would be of partial advantage only, so much would depend on volunteer work. It appears to me that an appropriation by the Government relieves them of the difficult details and throws upon the profession the onus without the power to carry the system into effective operation. At the same time something might be done, provided the Government will ensure the free passage by post of all the circulars and cards required. \* \* \* I am fully persuaded that, to be efficient, it must be compulsory on certain persons or officers to make returns, and that it must be elaborate in detail, and provisions for expenses, and penalties for neglect. I know that it will require a good deal of thought and labor to meet the circumstances of the case. \* \* We are complicated in our Dominion relationship, and each Province has peculiarities of its own; but some general plan should be devised to cover the whole ground, and until that is done the vital statistics of our country must continue to be mere guess-work, and consequently unreliable. I do not think it advisable for the profession to accept even \$10,000 and undertake the work. It will relieve the Government of responsibility and fail in its results. I believe the matter must be pressed upon the Government until they feel and accept the position, and devise a scheme, etc."

Hon. Dr. Parker writes: "With such an insignificant amount as \$10,000 for the whole Dominion nothing practical can be accomplished. The absence of compulsory registration is a great drawback, and to my mind is essential to success. Pressure will have to be brought to bear upon the

Local Governments on this important matter. The pressure can be made most effective if the Governor-General and his Government could be induced to put themselves in official communication with the local authorities in relation to the matter. If Lord Lorne could be persuaded to take up this matter and make *personal effort* on behalf of the cause, I have little doubt that satisfactory results would follow," etc.

Dr. Macdonald at some length gave his views, and I regret space will not permit of a more extended extract. He says: "The simplest plan would perhaps be to appoint a medical man in each county who would obtain the statistics by circular from clergymen and doctors, and forward these with a report of the sanitary condition of his county to a Commissioner appointed for the Province, who, in his turn would, from the county returns be able to make a report of the sanitary condition of the *Province* to headquarters. The method adopted in England and Wales would be impracticable, first, for want of sufficient funds, and secondly, for want of compulsory registration of births and deaths."

Dr. Fenwick expresses himself in the same terms with respect to registration, and the difficulty of obtaining it, and thinks that the Government should furnish books and forms, and that returns should be made to the Department of Statistics at Ottawa, to be there tabulated and published from time to time.

Dr. Grant, in a valuable communication, remarks, that he is "pleased that even a small grant, \$10,000 for public health has been given, as such will open the way for future action in so important a department as that which guards the lives of the people. \* \* \* The Dominion cannot afford to pass matters pertaining to health, lightly, in this era of progress. \* \* \* It appears to me that for the first year the observations on sanitary matters might be confined to the cities and larger towns, except in any rural epidemic of importance, which from time to time should appear. A medical officer to be appointed for each city and town, and a weekly report to be forwarded to the Department at Ottawa. Such reports to be tabulated and circulated by the Department every two weeks, with general directions of a practical character arising out of the acquired information collected at the different points. Facts

and suggestions thus thrown out, will in time prove the basis of a more extended system of investigation as to the causes of disease and the arrest of the same, such as now adopted in Great Britain and the United States.

Dr. Oldright has replied, saying: "I consider the scheme which I think you said was originally proposed by Dr. Orton a good one." He then proceeds to say, "that the Board of Health for Ontario, of which he is chairman, is meeting with hearty response to requests for co-operation by correspondents, and the members of the profession are cheerfully volunteering to advance scientific investigation. I need hardly say that I shall be glad to co-operate heartily with you in such labors. I think that the subject of immigrant inspection ought to be attended to in the report."

In the early part of the summer I had the opportunity of discussing this question with Dr. Orton who was about to visit Ottawa. The result of our conversation was the united belief that in view of the limited sum set apart for the purpose the scheme which he, Dr. Orton, had proposed and presented to the Minister of Agriculture some two years previously, and which has been already given in this report, should be so modified as to meet the available sum, namely: The Provinces to be divided into districts on the basis of the electoral districts for the Dominion; an officer to be appointed for each. At first he should receive only a small sum until the utility of the work would so impress the Government and people that an adequate sum would be granted to permit of further remuneration. The reports of the several officers of the health districts to be sent direct to the Department at Ottawa to be dealt with by a competent chief officer aided by a secretary. The Department to issue a bulletin once a fortnight containing such information in a summarized form, as the reports furnished, with instructions and advice to the public suitable to the present sanitary state of the country. As it might be supposed that all correspondence and papers passing through the post would be free, it was thought that even with \$10,000 an important step could be taken in state medicine. Dr. Orton made it his business to give this scheme to Sir J. A. Macdonald while in Ottawa. The announcement in the *Canada Gazette* that the provinces of Ontario, Quebec, Nova Scotia, and New Brunswick had been divided into Health Districts, gives promise that very shortly this plan, or one not unlike it, will be adopted by the Department.

In conclusion allow me to give you an extract from a letter by the "President of Sanitary Con-

gresses," "late chief officer of the General Board of Health of Great Britain," which appears in a late issue of the United States *National Board of Health Bulletin*. He writes: "You will, I am sure, be pleased to be informed, from recent reports and statistical returns, that by rudimentary and yet very imperfect applications of sanitary principles, there has been effected in England and Wales during the last decade a saving of a quarter of a million lives, and of more than three million cases of sickness, and upwards of four millions of money; and I may add that within the same last decade, by somewhat advanced applications of sanitary science, there has been in the Indian army, in the Colonial army, and in the home army, a saving of nearly fifty thousand of men effected, and nearly nine millions of money saved from expensive sickness and death rates." He also states that, "on good authority, the death of the late Dean Stanley from erysipelas was occasioned" by sewer gas arising from bad drainage."

It will thus be seen that the authorities may, with economy, expend money in preserving the health and lives of the people. Would it not be much better to pay money in saving the lives of Canadians than in promoting immigration?

It is a matter of satisfaction that the Ontario Parliament has passed a Health Act; also that a comprehensive one is passed by the Quebec Legislature. But to make any system of public health fully useful for the whole of Canada, there requires a Dominion Board to act in connection with the Provincial Boards. It is to be hoped that the promise to create a Health Bureau at Ottawa will soon be carried out, and it is respectfully suggested that the Department of Agriculture would find the work of elaborating a system of Health Statistics much easier would they appoint a medical man, representing the Association, to give advice and help to develop a scheme suitable for the country within the limits of the amount at present devoted to the purpose.

Respectfully submitted,

WM. CANNIFF,

Chairman.

1st Sept., 1882.

#### CASES IN PRACTICE.\*

BY R. A. ALEXANDER, M.D., GRIMSBY, ONT.

VENESECTION—FOR CONVULSIONS OCCURRING DURING SCARLATINAL DROPSY.

On the 21st September, 1879, C. P.—, a boy eight years old, was attacked by scarlet fever which ran a severe course, and was followed in the first week of January, 1880, by general dropsy. Hydragogue purgatives, vapor and hot air baths were

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

used. Urine diminished to one or two ounces in twenty-four hours. Had twitching in arms and legs. Leeches over kidneys, with subsequent application of cupping glasses, followed by warm poultices, did not relieve symptoms. Bled from arm to amount of four to six ounces. Rapid recovery from symptoms of convulsions, and urine secreted freely. A certain amount of ascites and albuminous urine continued for six months. He at the present date enjoys very good health.

II. A girl, twelve years of age, had a moderately severe attack of scarlet fever in December last. Two weeks after disappearance of rash, face and body began to swell. Urine scanty and smoky. Prescribed *infus. digitalis*. At end of four days patient much worse. Violent headache and unable to retain either food or medicine. Was given vapor baths and purgatives. Had a violent convulsion lasting half an hour, at the end of which she remained quite unconscious. In less than an hour another convulsion came on, and when I first saw her had lasted for an hour. Her face was livid, pupils contracted to a small point, frothing at mouth. Bled her from the arm to amount of eight ounces. The convulsions passed off. Was able to swallow a dose of chloral and potassium bromide. Slept four hours. Awoke quite sensible. Made a rapid recovery.

#### RÖTHELN OR GERMAN MEASLES.

In February, 1881, W— F—, aged about 35, after feeling slightly indisposed for a day or two, became covered with an eruption somewhat resembling measles, but without the peculiar odour of that disease. He remembered having had measles some years before. Conjunctivæ intensely congested; throat red and sore, but not swollen; temperature 101°; did not feel sick; would not remain in the house; went about his work the next day with the rash fully out; had no complications nor sequelæ.

This was the first case of an epidemic of Rötheln or German measles, which prevailed in this section during the following spring and summer. On the 15th of the same month I vaccinated a boy aged three years with non-humanized vaccine virus from an ivory point. On the 24th, at the height of the vaccinia, he had a convulsion and the same day his face and body became quickly and thickly covered with an elevated eruption somewhat like measles. The eruption consisted of elevated spots or patches, some round, some irregularly shaped, of a bright red colour. The colour, however, varies a great deal in different patients. The day after the convulsion he was able to be up and about the house, and apparently did not feel very sick. The disappearance of the rash was very gradual and it could be seen at the end of two weeks, whenever he became overheated from any cause. There was violent inflammation of an erysipelatous character

in the vaccinated arm, with intense induration around the pustules, in fact almost gangrene.

After these two cases the disease spread rapidly through the village, and we were not free from it until the ensuing autumn. This epidemic was marked by symptoms common to both measles and scarlet fever. The premonitory fever was short and seldom as high as 102° Fah., and was relieved by the coming out of the eruption. Neither measles nor scarlet fever was prevalent at the time. Many of the children whom I attended during this eruptive fever I had previously attended for measles and since for scarlet fever.

My reason for drawing attention to this epidemic is the fact, that in several instances facial erysipelas occurred as a *sequel* within a week after the disappearance of the rash. In five cases of young ladies between the ages of fourteen and thirty years, who, after the disappearance of the eruption and feeling very well and the weather being unusually fine, had gone out walking or driving, erysipelas of the face appeared immediately and was of a severe type. One young lady died suddenly on the eighth day. In every case the sequel occurred at the beginning of a menstrual period. *Tinctura ferri mnr.* was badly tolerated in the erysipelas. Quinine acted well.

#### TRACHELORRHAPHY.

BY T. K. HOLMES, M.D., CHATHAM, ONT.

Emmet's operation for the cure of laceration of the cervix uteri is on its trial before the medical profession at present, and it is desirable that its utility be correctly estimated. In the hope of eliciting a discussion of the subject I present this paper, and by omitting as far as possible all points discussed in gynecological works and which are either familiar to or within reach of every one, I hope to limit it to a very few pages. In my experience laceration is found in forty per cent. of all uterine affections and is seldom uncomplicated, usually co-existing with areolar hyperplasia, subinvolution, endo-cervicitis or some form of displacement.

The predisposing causes are:—1st. Rigidity of cervix. 2nd. An unhealthy state of cervical tissue. 3rd. Abnormal presentations. 4th. Disproportionate size of foetal head.

The proximate causes are:—1st. Violence of uterine contractions. 2nd. Maternal efforts at expulsion when the head is about to escape from the os. 3rd. Artificial delivery unskillfully performed.

The operation of the first-named exciting cause is often due to the injudicious administration of oxytocics, more particularly ergot. There are doubtless other causes but these are the chief ones. Lacerations may be divided into those that heal spontaneously and those that do not, and the latter

(Read before the Ontario Medical Association, June 1882.)



into those that can be cured by topical applications and those that can only be cured by trachelorrhaphy. Slight lacerations of recent origin get well quickly under the use of the hot douche, medicated tampons, local depletion, and stimulating applications of iodine, carbolic acid, etc. Nitrate of silver, if used at all, must be applied with the utmost caution as it is otherwise sure to produce contraction which may result in stenosis.

The gravity of the symptoms does not bear a direct relation to the extent of the laceration, but depends upon the condition of the whole organ, and of the pathological state of the torn parts. Subinvolution, metritis, follicular enlargement, and displacements augmenting the suffering while without any of these the sensitive state of the torn cervix is alone sufficient to greatly impair the health and render medicinal treatment useless. Having had his attention directed to the uterus as the organ diseased in a given case, and having on examination found a laceration, how is the physician to determine as to the advisability or necessity of an operation? This is an important question and requires considerable experience to answer it correctly. If the cervical tissue is soft and the laceration small with little or no eversion of the lips, and there is reason to believe the injury to be of recent origin, the case is one offering a good prospect of perfect cure by topical applications. On the other hand, if the laceration be extensive, the eversion marked or the tissue hard and of a cicatricial character an operation is imperative, because even if we succeed in accomplishing a healing of the raw granular-looking surface by other means, the eversion will not be cured and the hard, whitish cicatricial cervix will remain and give rise to symptoms of malnutrition and nervous disturbance almost or quite as serious as obtained before. Laceration generally permits eversion of the lips, and when it does, an accurate idea of its extent may be obtained by hooking a tenaculum into each of the everted lips, and drawing them together. When this is done the raw surface diminishes as the inversion is accomplished until it nearly or wholly disappears. Sometimes little or no eversion exists until upward pressure on the vaginal walls at the cervical attachment pulls the torn lips apart and discloses the characteristic raw surface. This can be accomplished by using a large Ferguson's speculum and pushing it well up so as to make the desired upward pressure on the vaginal walls. The same may be done by using a Sim's speculum. The various kinds of laceration are so fully described in works on the subject as to obviate the necessity of speaking of that part of the subject here.

Immediate operation, or that at the time of the injury I have not performed. Dr. Mundé, editor of the *American Journal of Obstetrics*, strongly recommends it, and judging from his results it is worthy of consideration and if union be secured

would doubtless lessen the chances of septicæmia, just as immediate closure of lacerated perineum does. If not sewed up immediately it is necessary for involution to be completed before operating. Pelvic cellulitis, or indeed acute inflammation of any of the pelvic organs, contra-indicates an operation and should be overcome before attempting one. In all cases operated on by me I have resorted to a preparatory treatment consisting of the hot douche, tampons saturated with glycerine and tannin, local depletion, and in cases complicated with displacement daily repositions by postural method, aided by gentle pressure per vaginam and maintained by small medicated dossils of cotton batting. The use of the hot douche immediately before operating renders hæmorrhage less troublesome. I have found the following the most convenient and satisfactory method of operating. The patient properly etherized is placed on a table of convenient height in the lithotomy position and before a clear but not dazzling light. One assistant administers ether while two others support the knees and feet keeping the thighs well flexed. One of these assistants also holds a Sim's speculum under the pubic arch, while the other, if necessary, uses the sponge.

The instruments required are a small vulsellum forceps, a long bistoury, scissors curved on the flat, sponge holders, needle forceps, wire twisting forceps, shield for limiting the twisting of the wires, two Emmet's needles threaded with silk and half-a-dozen No. 28 best silver sutures, sixteen inches long. Having with the left hand seized the posterior lip of the cervix with the vulsellum forceps so as to have the upper jaw occupy the part that is to form the restored cervical canal the operator steadies the uterus and with a long bistoury divides the tissue on each side of the upper jaw of the forceps, first on the posterior lip then on corresponding parts of the anterior lip leaving a strip nearly half an inch wide in the centre where the forceps hold untouched and which are being brought into apposition from the continuation of the cervical canal. The removal of the tissue can be performed with great facility with the bistoury and in much less time than can be done with scissors, besides the internal boundary of the denuded surface can be more easily and accurately made with the knife. Care must be taken to remove all cicatricial tissue. After bleeding has been stopped the wires are to be passed in the manner described by Emmet; the wires twisted and sheathed in a piece of rubber drainage tubing. Absolute rest in bed is necessary in some but not in all cases, the condition of the patient being the criterion. Union is often perfect in seven days, but as no harm results from the presence of the silver sutures they may be left in ten or twelve days if union be not complete before that time.

The following table gives a short statement of nine cases upon which I have operated :

No. of Case.	Name.	Age.	No. of Labors.	Duration of Laceration.	Form of Laceration.	COMPLICATIONS.	LEADING SYMPTOMS.	Date of Operation.	RESULTS.
I.	Mrs. R. J.	25	2 One Abortion.	4 years.	Stellate.	Areolar Hyperplasia.	Anæmia. Dyspepsia. Great Debility. Leucorrhœa.	January 27, 1880.	Good health.
II.	Mrs. I. T.	34	5 Two Abortions.	6 years.	Transverse.	None.	Menorrhagia. Excessive Anæmia.	January 28, 1880.	Steadily improved, and became pregnant in six months after operation. Was delivered at full term, and is now perfectly well.
III.	Mrs. A. K.	26	1	2 years.	Stellate. 3 Fissures.	None.	Debility. Leucorrhœa.	February 16, 1880.	Has remained well to date.
IV.	Mrs. M. R.	34	4 Three Abortions.	5 years.	Lateral.	Retroflexion.	Constipation. Inability to walk or work. Pain in lumbar region.	February 17, 1880.	Became pregnant, and was delivered without injury to cervix. Wears a retroversion pessary, and is much better.
V.	Mrs. J. S.	31	4 One Abortion.	4 years.	Lateral.	None.	Menorrhagia Anæmia. Pain in lumbar region. Inability to walk far or do any work.	June 29, 1880.	Has recently been confined. Don't know results.
VI.	Mrs. J. F.	38	3	3 years.	Stellate.	Subinvolution. Prolapsus uteri. Cystocele. Lacerated perineum	Anæmia. Difficulty in walking. Debility.	November 25, 1880.	Able to perform domestic duties pretty well. Not perfect recovery, but greatly improved.
VII.	Mrs. J. K.	33	4	5 years.	Lateral.	Retroversion.	Inability to work or walk. Hysteria.	December 15, 1881.	Is wearing a retroversion pessary. Not improving very fast. Is very hysterical.
VIII.	Mrs. J. A.	35	2	1½ years.	Lateral.	Retroflexion.	Inability to walk or stand longer than ten minutes. Anæmia. Dyspepsia. Debility.	May 1, 1882.	Two weeks after operation walked two miles without fatigue. Is greatly improved.
IX.	Miss B. S.	25	2	3 years.	Lateral.	None.	Great weakness and peculiar bronzed skin.	May 22, 1882.	Union perfect. Too soon to judge of permanent results.

### Correspondence.

#### DISPOSAL OF SEWAGE.

To the Editor of the CANADA LANCET.

Sir,—In your last issue I notice an article on "Sewerage and Disposal of Sewage," which reminds me of an idea I saw carried out in Haddington, in East Lothian, Scotland, when I was there in 1869. How it has turned out as a commercial venture I do not know, but if you should desire any of the details Messrs. David and James Croal, Proprietors of the Haddingtonshire Courier, could, doubtless, from their files give you all information.

Haddingtonshire or East Lothian is, we may say, the garden of Scotland, and is cultivated to the highest degree of perfection, vast quantities of artificial manures, guano, etc., being used in addition to that produced on the farm, and so far as I remember I think leases forbade the sale of any straw. This being the case, and as the river Tyne (a small stream) was being polluted by the sewage from the town, led to the idea of building a large tank and having the sewers run into it, the supernatant fluid being carried away for top dressing, and the sediment being ploughed into the soil. In the event of a spurt it was then only that the overflow of the tank entered the river, and as a consequence it also would be swollen, and any deleterious matter was carried off with the current. One great mistake was made by sinking the tank close to the river and considerably below the level of its bed so that at first it filled up to the level of the surface water; that, however, I think was remedied.

In such a vast agricultural country as there is surrounding Toronto, would it be possible to build tanks in various situations where the fall is favourable, made after the principle of the lower tank of a gasometer, leading the sewage into these, and shipping the fluid portion to farmers for top dressing during the mild months, and unless the tank becomes overfilled take advantage of winter to remove the frozen sediment when it would cause no nuisance to residents nor risk to those employed in the work?

The practicability of the scheme is a question for engineers, and the question if the demand by farmers would prove remunerative is one for the

financier, but if such a vast quantity of manure could be utilized for the good of the farmer, and at his expense, and at the same time the desired end secured of keeping the bay pure, the suggestion might lead to a discussion whereby both ends might be achieved.

Your obedient servant,

JAMES SKIRVING.

TAVISTOCK, Sept. 16th, 1882.

#### APOMORPHIA AS AN EMETIC.

To the Editor of THE CANADA LANCET.

Sir,—As some of your readers may not be fully acquainted with the value of apomorphia as a safe and rapid emetic, I send you my experience in two cases. A man came to my office having swallowed his plate of false teeth, measuring  $2\frac{1}{2}$  by  $1\frac{1}{4}$  inches. It still remained in the œsophagus, but out of reach or sight, gradually working down in spite of the man's efforts to prevent it. I immediately injected hypodermically into the arm  $\frac{1}{8}$  gr. of apomorphia which produced free emesis in six minutes, and also the removal of the plate.

I was called to a case of poisoning by morphine and although the woman was rapidly becoming insensible she would give no information about the size of the dose, and declined to take any antidote. I injected hypodermically  $\frac{1}{8}$  of a grain of apomorphia which produced free emesis in eight minutes and the case gave little more trouble.

These cases may call the attention of the profession to a medicine which I believe is still but little used.

Yours truly

W. GEDDES STARK.

HAMILTON, Sep. 1st., 1882.

### Reports of Societies.

#### CANADA MEDICAL ASSOCIATION.

The fifteenth annual meeting of the Canada Medical Association was held in Toronto on the 6th, 7th and 8th of September, under the presidency of Dr. G. E. Fenwick, Montreal.

Drs. D. H. Goodwille and Elsburg, of New York, Drs. Brodie and H. O. Walker, of Detroit, and Dr. Workman, of Toronto, ex-President, were invited to seats near the platform. Dr. Osler, of Montreal, Secretary of the Association, read the minutes of the last meeting, which were adopted.

On motion of Drs. Wright and Canniff, Dr. W. B. Carpenter, of London, England, the eminent physiologist, was elected an honorary member, and it was announced that he would address the meeting upon the subject of "Vital Statistics."

Dr. Fulton, the chairman of the Committee on Necrology, read a list of members of the profession who had gone to their last resting place since the previous meeting of the Association.

Dr. Graham, Toronto, read the report on the Practice of Medicine. He referred to the International Congress held last year, and to the publication of discoveries made by Koch, of Berlin, regarding tuberculosis, a disease which he attributed to the presence of bacteria. By inoculation with the bacilli of tubercle the disease was produced, and there was no doubt that the germs were a cause of the disease. He was of opinion that many cases were set down as typhoid fever which were really cases of tuberculosis. In adults the disease generally commenced in the lungs, the germs being inhaled by the breath. In children the germs seemed to enter the stomach with the food, and the disease was generally found to originate in the bowels.

Dr. Carpenter now entered the room and was greeted with applause. He was introduced to the meeting by Dr. Canniff. The president also informed him that he had been elected an honorary member, for which he thanked the Association. He then proceeded to speak on the subject of "Vital Statistics." He emphasized the advantages of a strictly uniform system of taking statistics, such as prevailed in Great Britain. In the tabulation of these statistics a most important part was taken by Dr. Farr, the most able assistant-registrar, and it might perhaps be in the knowledge of many of them that to Dr. Farr they owed a word which had had a most important effect on the public mind, as conveying a distinct conception of a class of diseases which physicians now isolated from all others, namely, the word "zymotic." But it was a very curious thing that in Sir John Pringle's work on "Diseases of the Army," which was about 140 years old, the same idea was most distinctly enunciated—namely, that disease germs of certain classes of disease introduced themselves into the blood, and produced a fermentation of the blood, which was the cause of a particular type of disease. Sir John Pringle gave further the

results of some observations which the speaker had always held to be of fundamental value, namely, the principle of the convertibility of certain forms of zymotic disease to other forms—diseases which they were accustomed to regard as of a different type. At the conclusion of the rebellion of 1745, in Scotland, the troops were shipped off in little brigs. Some of the men were suffering under the mild autumnal fever. The brigs knocked about for six weeks, during which the men were enclosed under hatches without ventilation. In consequence of the unsanitary conditions the fever changed by the process above referred to into a malignant typhus. They landed, and the disease spread among the villages in which the men located. Another instance had come under his observation of the malarious fever of the west coast of Africa, changing under similar conditions into yellow fever of a contagious character. Dr. McWilliam and others had reported similar cases of the same convertibility of these kinds of fever. He also referred to Sir Robert Christison's opinion in favor of the convertibility of zymotic diseases, and that typhus and typhoid could not always be distinguished, and said that Sydenham, one of the best observers, did not distinguish between scarlatina and measles. He also quoted Pasteur's opinion to the effect that the medium in which the germs were developed would have a most important effect on the germs themselves; that when germs which would produce ordinary malarious fever developed themselves in blood which was rendered unhealthy by bad ventilation or other causes, these germs would develop themselves in quite a different form, producing a different type of disease. A fact of great importance which the vital statistics of Dr. Farr brought out was, that the prevalence of non-zymotic diseases was a tolerably uniform quantity all over the country, and that the occasional doubling or trebling of the death rate in certain localities was due solely to zymotic diseases. When their sanitary reformers got hold of this fact they were able to press the point upon the attention of the Government; but the great obstacle which they had to encounter, and which no doubt had to be encountered in Canada, was the want of public opinion. The speaker then referred to the subject of small-pox, in which he said he had always taken a deep interest. The small-pox epidemic which swept over

Europe and America in 1871, was of a most singular character, and called attention to a type of small-pox which had not been epidemic since the beginning of the last century. He believed that the revival of the severe form in 1871 was due to the crowding together of the French army in Paris, and of the French prisoners taken by the Germans, and that the malignant type was thus developed out of the milder form. The lesson they had to learn from all this was to insist upon vaccination. Good vaccination might be said to be an almost perfect preventive. Another fact which the older practitioners recognized was, that the quality of the vaccination had deteriorated during late years, and the only remedy for this was to obtain the vaccine fresh from the animal.

A vote of thanks was conveyed to Dr. Carpenter for his interesting address.

The following gentlemen were appointed a Nominating Committee:—Drs. McDonald, of Hamilton; Kennedy, of Toronto; Sweetland, of Ottawa; Rodger, of Montreal; Cameron, of Montreal; Robillard, of Montreal; Botsford, of St. John; H. P. Wright, of Ottawa; Harrison, of Selkirk; I. H. Cameron, of Toronto; Scott, of Montreal, and Sloane, of Blyth.

The meeting then adjourned to meet again at 5 p. m., for the purpose of organizing the Sections on Medicine and Surgery.

In the evening session the President read his address. After thanking the members for electing him to the office, he referred to the benefits received from the meetings of the Association. The programme before them was a wide one. It was an important matter to meet together and compare notes on matters relating to their profession. It was to be desired that the discussions should be thorough, and with this view it had been arranged that the Association should meet in sections. It was necessary that they should come to these meetings with minds open to conviction, as otherwise discussions would be useless. He referred to the influence which the British Medical Association possessed in the councils of the nation, and said they might look to that Association for an example of what the Canadian Association might be, and the important work within its scope. A great deal of the work of that Association was done by its branches, and he hoped to see the same plan adopted in Canada. He then traced

the history of the Medical Association, and gave it as his opinion that they might have been celebrating their jubilee, as the British Association was now doing, had it not been for the disagreement which at one time marked the proceedings of the Association and interrupted its existence. On taking up the subject of public health he quoted Lord Beaconsfield's reported remark that the first business of a Minister should be the health of the people, and he hoped similar words would be used by some Minister at Ottawa. They were so far without any system, but the Government was desirous of receiving suggestions, and had placed \$10,000 at the disposal of the Minister of Agriculture. He thought that the collection of the statistics should be governed by municipal regulations. At present it might be well to limit the collection to towns and cities where some provision was already made, as, for instance, boards of health or health officers. He would recommend that the committee appointed at the last meeting to confer with the Government on the subject be continued. (Applause.)

Dr. Field, of Barbadoes, and Dr. Lough, of Bermuda, were elected members by invitation.

#### MEDICAL SECTION.

This section met at 5 p. m., and elected Dr. McDonald, of Hamilton, Chairman, and Dr. Stewart, of Brucefield, Secretary.

Dr. Osler, of Montreal, read a paper on "Echinococcus disease in America." The introduction into the human system of the ova of the *tænia echinococcus* of the dog undoubtedly produced a disease of the most serious character. Cases occurred in Europe, Iceland and America. All the internal organs became disordered, and echinococcus cysts developed. These cysts were found in the liver, spleen and lungs. Altogether only nine cases had occurred to his knowledge in Canada, and he had collected 61 altogether on the Continent. The ingestion into the system of one of the ova of the *tænia echinococcus* would not be followed by the same results as would follow from the ingestion of the larvæ of *tænia solium* from uncooked or imperfectly cooked meaty pork. The ovum of the *tænia echinococcus* developed into a cyst in the liver, which produced a number of hydatids. The ovum of the *tænia solium* of meaty pork invariably developed into tape

worm. *Tænia echinococcus* were ingested into the human system in water contaminated by dogs.

Drs. Graham and Temple related cases of the disease which had come under their observation.

Dr. Osler said that the treatment adopted in Iceland and Australia was either tapping or incision, while some cases had been cured by spontaneous rupture.

At the evening session Dr. Macdonald, chairman of the section, delivered a brief address, and reviewed the work already done by the Association.

Dr. Cameron, of Montreal, read a paper on the subject of "Axis Traction," in which he showed the advantages and disadvantages of the straight forceps, the curved forceps, and Tarnier's curved forceps. The advantage of the straight forceps was that it did not interfere with the natural rotation of the head, but a great disadvantage was, that when the head was high up the instrument could not fail to come in contact with the coccyx. There was also the liability to slip and injure the perineum and soft parts. The curved forceps were less liable to slip, but the line of traction was not in the axis of the pelvis, and if the instrument was so adjusted as to bring the line of traction right, it would be sure to come in contact either with the symphysis pubis or coccyx. To combine the advantages of these two kinds of instruments and eliminate their disadvantages, Tarnier had invented his forceps which had the advantage of traction along the pelvic axis and at the same time permitting the natural rotation of the head. The objections urged against Tarnier's instrument was its clumsiness and cost, and the danger of injuring the internal cavity.

Dr. Holmes, of Chatham, said that he had been accustomed to use the forceps after the manner recommended by Dr. Albert Smith, of Philadelphia, both as a lever and tractor, directing the woman to avoid pressure and thereby avoid laceration.

Dr. Temple, of Toronto, thought Tarnier's forceps were complicated, and that much simpler ones were better.

Dr. Stewart, of Brucefield, thought that danger was to be apprehended from the excessive use of instruments.

Dr. Alloway, of Montreal, read a paper on "Abortions," which he did not think had been

properly handled in some of the leading treatises, such as Leishman's. The great danger arose from hemorrhage by dilatation of the os uteri. He alluded to the modes of treatment recommended by different authorities, and the difficulty of carrying out some of them. His own experience was in favor of the uterine scoop. He condemned the use of the placental forceps. He related a number of cases in which the uterine scoop had been successfully used, and described the manner of placing the patient and using the instrument.

Dr. Tye, of Chatham, said he really thought we were passing through the iron age in the matter of obstetrics. After seeing all the forceps and scoops, and other iron instruments, he really congratulated himself that he was not a woman. In his practice he relied chiefly on the instruments provided by nature, and he found them very suitable.

Dr. Campbell, of Seaforth, said he had heard Dr. Spence, of Edinburgh, who must be regarded as a high authority, express himself decidedly in favor of Tarnier's instrument.

Dr. Rodger, of Montreal, while he disapproved of undue multiplicity and complication of instruments, said the valuable assistance rendered by them could not be overlooked. He spoke in favor of the tampon and placental forceps in abortion. After their use, and twenty-four hours' plugging of the os, matters were found in a satisfactory condition.

The section then adjourned.

#### SURGICAL SECTION.

The surgical section met in the afternoon, and elected Dr. Grant, of Ottawa, chairman, and Dr. Ross, Jr., Toronto, secretary. Dr. Grant returned thanks, after which the section adjourned until the evening.

On resuming, Dr. Roddick, of Montreal, exhibited a patient who had suffered for many months from a painful spasmodic contraction of the muscles of one side of the neck. The man was obliged to hold his head between his hands constantly. Dr. Roddick divided the muscles, but with only temporary effect. He then applied the actual cautery frequently to the back of the neck, and the result has been most satisfactory, as the man is now perfectly well.

Dr. Major, of Montreal, read a paper on "Rest

and Tracheotomy in Laryngeal Affections." He advocated the importance of rest in all cases of disease of the larynx and throat, condemned the use of gargles, and gave reasons sufficiently conclusive. The diagnostic value in malignant disease of the presence of indurated glands under the anterior border of the middle third of the sterno-mastoid muscle was also alluded to. The indurated glands exist before ulceration takes place in the morbid growth. His experience extended over seven cases; in all, this condition was noticed, and on the same side as the malignant development. He had not found it in syphilitic, chancroid or other diseased states. He also recommended gold instead of silver canulas, as gold opposed the action of the secretions much better than silver, and was less irritating. He advocated rest in hysterical conditions, especially when any vitiated method of phonation or respiration had been acquired, and said that attempted phonation on inspiration was one at least of the causes of hysterical aphonia or dysphonia.

Dr. Ryerson, of Toronto, agreed with Dr. Major in his views, as also did Dr. Fenwick, more especially in relation to cancerous diseases, as it merely substantiated his experience of colotomy for cancerous disease of the rectum.

Dr. Elsberg, of New York, endorsed the views expressed by Dr. Major, and said that he deserved the thanks of the Association, for denouncing the old-time method of gargling. He had some years ago, his attention drawn to the fact that rest in cases of inflammation, applied to the throat as well as to any other part of the body. Under the influence of rest inflammatory conditions subsided. The larynx was moved in three functions, namely, in the production of voice, in breathing and in swallowing. The first was a voluntary action, and it was possible, therefore, to secure complete rest. Breathing, though absolutely necessary for life, might be made easier, and by tracheotomy the larynx might be relieved from active participation in respiration. Was it advisable to perform tracheotomy for this purpose? He did not share in the opinion that it was a simple or harmless operation, but he considered it was valuable in appropriate cases. With regard to the third function, swallowing, tracheotomy did not afford complete rest, but other means might be taken to give partial rest.

Dr. Hingston asked Dr. Elsberg and Dr. Major

to state in what cases they would or would not use tracheotomy? He also dissented from the view that tracheotomy could either retard or have any curative effect on malignant disease.

Dr. Elsberg said he would use it in all cases in which stenosis indicated it. With regard to the second point, he had not enunciated the opinion that it could cure but it might arrest for a time the progress of malignant disease.

Dr. Sutherland, of Montreal, exhibited fourteen specimens illustrating the terminations of aneurism, all of which were exceedingly interesting. Three of them showed nature's method of cure.

Dr. Sheppard, of Montreal, read an interesting paper on "Cervical Ribs," which occasioned some discussion.

Dr. Grant, chairman of the section, read a paper on "Cancer of the breast in its relation to Disease of the Nipples," which was listened to with great interest, and was discussed by Dr. Hingston, Dr. Fenwick, Dr. Ross, jr., and others.

The section then adjourned.

#### SECOND DAY'S PROCEEDINGS.

The general meeting was called to order by the president at 10 o'clock.

Dr. Shepherd, of Montreal, read the report of the Committee on Surgery. He first referred to the great advances made in the treatment of wounds, and said all surgeons were not antiseptic surgeons, and that Listerism was only a phase of antisepticism. He advocated the dry form of dressing wounds, and gave his own method of dressing wounds, with iodoform and boracic cotton. The theories as to the cause of inflammation were then touched upon, and an account given of Dr. Hamilton's experiments with sponge-grafting. He also alluded to the wonderful success of Dr. McEwen and Mr. McNamara in bone-grafting. He then remarked that no organ was considered sacred by the surgeon, and spoke of the wonderful success that had attended the operations of nephrotomy and nephrectomy. The treatment of club-foot was glanced at, and the opinion of the members asked as to the advisability of tenotomy. The report concluded with an account of the late improvements in the treatment of the joints, and the question of excising joints for joint disease discussed.

Dr. Grant, of Ottawa, referred to the valuable services of M. Pasteur in the field of surgery, and emphasized the importance of antisepticism in the treatment of disease.

Dr. Roddick, of Montreal, while expressing great admiration for Dr. Shepherd's report, disagreed with him as to the value of dry dressing. He also spoke strongly in favor of the antiseptic treatment.

Dr. Hingston, of Montreal, after complimenting Dr. Shepherd on his admirable report, said that antisepticism and Listerism were not convertible terms. There was no surgeon who was not in favor of antisepticism, by which he understood complete cleanliness in treating wounds. With regard to the treatment of club-foot, he was not in favor of the division of the *tendo-Achillis* at an early stage of the disease. In his mind the tendon was not at fault in a majority of cases, and should be the last to be divided.

Dr. Mackay, of Woodstock, had sometimes treated club-foot without dividing any tendons.

Dr. Sloane, of Blythe, spoke of the improvements made within the last few years in the treatment of wounds.

Dr. Workman wished to know whether any member present had any experience in dressing wounds with whiskey.

Dr. Ferguson, of Toronto, and Dr. Stewart, of Brucefield, also discussed the paper.

Dr. Harrison, of Selkirk, did not understand the separation of antisepticism from Listerism. He remarked that he was thankful that in the country places they had never discovered anything—(laughter)—as he found that discoveries very often underwent a course of indiscriminate praise, and afterwards undeserved abuse.

Dr. Canniff did not think the whole credit was due to Dr. Lister. M. Pasteur and Dr. Samson Gamgee, of Birmingham, had also rendered service of the highest order.

Dr. Campbell, of Seaforth, would like to have a definition of what Listerism really was, and asked the president to define it.

The president said that would be a very arduous task for him. His own practice was to cleanse wounds and then apply the spray. He considered the use of the spray advantageous, and meant to continue the use of it till something better was in-

roduced. Even with the use of antiseptics he had not found it possible to prevent suppuration. He was not convinced Dr. Gamgee's method of dry dressing was in any way superior to the moist.

Dr. Brodie said he had used very little carbolic acid in his practice, and did not know but he had been as successful as his brethren who had made use of it. One fact which he thought was a good deal lost sight of was the management of the patient before the operation.

Dr. Tye, of Thamesville, then read the report of the Committee on Therapeutics. He referred to the dangers resulting from hasty generalizations in therapeutics as well as in surgery. The power of medicines was merely to increase or diminish the functions of tissues and organs; they could not change the character of these functions. He dwelt on the use of electricity in cases of anæsthesia, asthenia, and suppressed menstruation, and also characterized the effects of different kinds of currents, such as the magneto-electric, the galvanic, and the frictional, when applied in the treatment of different kinds of disease. The therapeutic effect of certain newly-introduced drugs, such as nitro-glycerine, pilocarpin, salicylic acid, antiseptic inhalations, etc., was also referred to.

Dr. Canniff laid before the association a printed report of the committee appointed to seek from the Dominion Government improved legislation in respect to sanitation and vital statistics. (This report will be found in another column.)

The association then adjourned.

#### MEDICAL SECTION.

Dr. Harrison, of Selkirk, read a paper on "A Peculiar Form of Fever" which had come under his observation. He described the symptoms, progress and treatment adopted in these cases. Sometimes the fever was remittent, subsiding occasionally for a few days, and then recommencing. He had prescribed quinine, as in ordinary intermittent fever, but without any benefit. He then changed the treatment to iodine, maltopepsyn and carbolic acid. In two cases the patients had died in thirteen or fourteen weeks from pure exhaustion. In another case the patient had recovered after eight weeks. The peculiarity was the variation of the symptoms from one kind of fever to another, and the long duration of the disease.



Dr. Riddel thought these were cases of a kind of malarial fever, partaking of the nature of cerebro-spinal meningitis.

Dr. Ross, of Montreal, did not think that they were in a position to discuss these cases. There might have been suppuration of some internal organ, such as the kidney. This could only be ascertained by examination of the urine. It was not impossible that they might have been cases of ulcerative endocarditis.

Dr. Tye, of Chatham, stated that some time ago a large number of cases of the kind so graphically described by Dr. Harrison had come under his observation. Indeed it had been at one time almost epidemic, and was considered a form of cerebro-spinal fever.

Dr. Holmes, of Chatham, had had similar cases under his observation. He did not agree with Dr. Ross.

Dr. Mullin, of Hamilton, read a paper on "Diphtheria." There were, he said, various forms of the disease, and in some cases other ailments were set down as diphtheria. He described a case of diphtheritic croup that he had treated. He prescribed an emetic of ipecacuanha, followed by steaming. In a few days the symptoms became unfavorable. The patient was attacked with severe asphyxia, and tracheotomy was performed. An attack of ague supervened, but ultimately the patient recovered. The low forms of animal growth that invaded the fauces and tonsils in this disease were very tenacious of life. The bacteria and bacilli present should be destroyed if possible by cauterization or otherwise. Opinions differed as to the value of treatment in diphtheria. Some held that a certain proportion of cases would recover by the unaided *vis medicatrix naturæ*, while others would not recover under any treatment.

Dr. Holmes, of Chatham, read a paper on "Cholera Infantum." Among its causes, he said, were hot weather, damp atmosphere, defective nourishment, bad ventilation and drainage, unsuitable clothing and indigestible food, and to prevent the disease, such of these causes as were preventible should of course be removed. The treatment should aim at reducing the temperature and restoring the normal condition of the stools. To reduce the temperature sponging might be used or the evaporation of spirits on the body. The use of opiates, either for the purpose of relieving pain or

as astringents, should be carefully avoided. He recommended the use of castor oil and minute doses of mercury.

Dr. Macdonald, chairman, was glad that the disease was not now so virulent as formerly, and better modes of treatment were in vogue. He had often prescribed a long trip on the lake with success.

Dr. Ross, sr., had found the use of laxatives and sedatives advantageous.

Dr. Stewart gave an account of three cases of "Sciatica," and one of "Painful Stump," treated by "Stretching the Sciatic Nerve." In each case he had used antiseptic precautions. Ether should be given during the operation in preference to chloroform. The operation was a very successful one, 97 per cent of all cases being either cured or greatly relieved.

The paper was discussed by Drs. Ross and Workman.

Dr. Prevost, of Ottawa, read a paper on "Tumour of the Bones of the Skull." There was an aperture in the frontal and parietal bones. The skin covering the tumour was of normal colour. The intellect of the patient did not seem much affected. He was, however, drowsy and dull. He walked slowly and his memory seemed affected. He went to the hospital and soon fell into a state of indifference, which was after a time followed by coma and death. The autopsy of the case showed that the morbid products had originated in the bones of the skull. He also exhibited the morbid specimen.

Dr. Cameron exhibited a case of "Pseudo-Hypertrophic Muscular Paralysis." The treatment was the administration of iron, arsenic, and the application of galvanism. The boy showed the peculiarity of his movement in ascending stairs and also in rising off his back. The Dr. stated his views in regard to the pathology of the case, which were those of Charcot and Bristowe.

Dr. Temple said such cases were rare, and were found chiefly amongst boys of the age of the patient, and mentioned a case under his care, in a man 64 years of age.

Dr. Graham believed the pathology to be first a sclerosis, and secondly a change in the muscles.

Dr. Sheard gave it as his opinion that in such cases the lesion originated in the anterior horns of the spinal cord.

Dr. Black submitted notes of an autopsy of a

case of "Echinococcus Disease of the Lung." He also exhibited the morbid specimens, and narrated the history of the case, which lasted during a considerable time, resulting ultimately in death.

Dr. Osler said that the fatal result in this case was due to suppuration of the cyst, which was one of the chief dangers of the disease. The spleen had been the seat of a cyst, which had developed to the size of a child's head. The cyst in the liver was also of enormous size.

Dr. H. P. Wright, of Ottawa, read a paper on "Phantom Pregnancy." The tumour was situated on the left side and developed in such a way as to produce in the mind of the patient the idea of pregnancy. The movements of the tumour tended to confirm this idea as they so much resembled those of the living fœtus. When chloroform was administered reduction was effected, thus proving what was suspected. The woman recovered.

Drs. Ross and Sloane discussed the subject.

Dr. Ellis read a paper on "The Chemical Composition of the Milk of Cows fed on Distillery Refuse." He had made an analysis of the milk of cows fed with different kinds of food. The mean of the solids in the milk of distillery cows was 14.64; of other cows 11.82. The amount of fat in distillery cows' milk was greater than in the milk of others, the minimum of the former being equal to the average of the latter. The caseine, sugar, and ash ingredients were much the same in both. The principal difference was the greater amount of fat in the milk of distillery cows. The distillery refuse when examined was found to consist of grain, with the sugar and saccharine matter removed. The fat and albumen remained, together with a small quantity of alcohol, as small as distillers can make it. He could not say whether the use of this food produced any morbid condition in cows.

Dr. Workman had heard that cows could not be kept on this kind of food without degeneration.

#### SURGICAL SECTION.

The section met at 2 p.m.

Dr. Gardner of Montreal read a very interesting paper on a "Rare Form of Uterine Tumor."

Dr. Hingston, of Montreal, read a paper on "Certain Obstructions of the Air Passages." He reported a case where a horn button had become lodged in the nostril, his attention being first called

to the boy for general nervous trouble, when he discovered the existence of the button, which he removed, followed by a speedy recovery. Another, where a lady had swallowed a false tooth with its setting. There was no distressing symptoms for a considerable time, when a cough set in. Inversion was first tried, without benefit. After becoming much worse, she consented to tracheotomy for its removal. The paper was discussed by Drs. Major, Harrison, Fulton, Wright, and Roddick.

Dr. Fulton read a paper on "Polypoid Fibroma of the Bladder," and exhibited a specimen of a case occurring in a child. Cystotomy, he said, was the only rational mode of treating these growths. A double-eyed catheter might be used with advantage in the case of small polypoid growths. The paper was discussed by Dr. Hingston and others.

Dr. Ryerson read a paper on "Polypus Nasi." He described the various modes of treatment, giving his opinion that removal with a "snare" was the best.

Dr. R. A. Reeve, of Toronto, read a paper on "Orbital Diseases," dwelling mainly on the importance of an early recognition of such affections and timely operations for their removal. Specimens of tumors removed and photographs of cases were exhibited.

Dr. Walker, of Detroit, read a paper on "Modern Lithotripsy," describing several cases in which he had used Bigelow's instrument with success.

Dr. Ferguson, of Toronto, gave a report of three cases of "Eczema," which he had treated successfully by the internal administration of viola, and by the use of conium baths.

Dr. Cameron exhibited a woman suffering from an immense tumor, which covered her whole face.

Dr. Fenwick, of Montreal, made a few remarks on "Excision of the Knee Joint." In excision of the knee in children it was desirable to preserve the growing power of the limb. If the parts from which the bone grows could be preserved the operation could be performed in young children, with every prospect of a useful limb. He showed a specimen taken from a girl of 11 years, from whom he had removed the knee joint, and in which there was good bony union between the epiphyses of the bones. He had had in practice and hospital in all twenty-six cases. Of these twenty-two had recovered with useful limbs. Two had died: one from pyæmia, on the 18th day after the opera-

tion: the other at the end of eleven months from heart disease, following an attack of acute rheumatism.

Dr. D. H. Goodwillie, of New York city, read a paper on "The Operation for Closure of the Hard Palate and Hare Lip Immediately after Birth." He said that closure of the hard palate should be done before the child is two months old to avoid injuring the developing teeth, and the soft palate before the child begins to speak, at about two or three years of age. By the use of a wax model and diagrams the Dr. illustrated his procedure. The child is placed under an anæsthetic, and by means of a small revolving knife and the surgical engine a small V-shaped section was removed inside of the alveolar process of the intermaxillary, also running up into the septum a very little and at the same time the edges of the cleft of the hard palate are freshened by the revolving knife. Holes are also cut on either side of the hard palate for the purpose of passing suture-pin clamps to hold the maxillæ together. Just enough was taken away by the V-shaped section to allow the alveolus of the intermaxillary to resume its normal position. Now, by means of a forceps the maxillary bones are forced together so as to close the cleft of the hard palate. Then a nasal forceps is passed into the nostrils, grasping the septum, and the nose is drawn into perpendicular position, and at the same time the intermaxillary is forced into its normal place closing up the V-shaped section made by the revolving knife.

The alveolar ridge of the intermaxillary now meets with the maxillary of the opposite side. They are held together by the suture-pin clamps which he has devised for the purpose, made of steel and gold-plated.

The cleft in the lip is now closed, by first carefully applying the compression lip clamp on each side of the cleft lip, to prevent hemorrhage.

After the edges are pared, then carefully approximate both skin and mucous membrane, by passing the first suture in the vestibule of the nostril and ending with the vermilion border and then complete the operation by passing the suture pin clamps to take the strain off the sutures.

The advantages of this method are, viz. :

1. The cleft in the hard palate is closed in all cases where there is a normal amount of bone developed.

2. The alveolar ridge with the tooth germs are saved and brought into place, securing as near as possible the normal outline of the mouth and subsequent development of the teeth.

3. The nose is brought into normal position, and over-distended nostril restored.

4. The external normal appearance of the face is reclaimed.

A conversazione was given in the evening by the medical profession of Toronto to the members of the Association and ladies, at the Education Department, St. James' Square. The grounds were illuminated with Chinese lanterns, and the theatre, library, and other rooms of the building were brilliantly lighted and fitted up for the guests. The library was used as a reception room.

Shortly after assembling, the guests repaired to the theatre, where the chair was taken by Dr. Canniff. The chairman introduced Dr. Workman, who delivered a brief but hearty address of welcome, interspersed with that dry humour which always characterizes the doctor's utterances. Dr. Fenwick made a suitable reply.

Dr. Carpenter, who was present, was asked to make some remarks. He referred to the great progress of Canada, and the satisfaction with which that progress was regarded in England. During his visit he had met with nothing but feelings of attachment to the Mother Country. He also referred to their American brethren and the large number of distinguished men on the other side of the border. He had received the same welcome from Columbian as from his Canadian friends. Gatherings such as that now being held he regarded as of the greatest importance. During the past few days he had had conversations which had produced a great impression on him. He felt refreshed by the untrammelled state of existence enjoyed here, compared with London, from which he had come. He referred to the value and benefits of educational endowments, and eulogized the educational provisions of Canada. He had made himself acquainted with some of these establishments, such as the Toronto Science School, and spoke in high terms of them. He next referred to Emerson, who he found upheld the maxim, "Thought rules the world." Dr. Johnson said of Goldsmith, "*Nihil tetigit quod non ornavit.*" The same might be said of "thought." He assured

them he would leave Toronto with the liveliest feelings of gratification at their great progress and prosperity, and feelings of satisfaction with the intercourse he had had with his medical brethren and others.

The Misses Hillary, Miss Berryman, Mr. Pernet, Drs. W. W. and A. J. Geikie, and Mr. H. Creswell had volunteered their services for the musical programme. The guests now abandoned themselves to promenading through the museum and grounds, the band of the Tenth Royal Grenadiers meanwhile furnishing excellent music. Refreshments were served during the evening.

#### THIRD DAY'S PROCEEDINGS.

Dr. Worthington read a special report upon "Malaria," which formed part of the report of the Committee on Climatology and Public Health. It stated that the committee had sent out a series of questions to different medical men in various parts of the province, with the request that they be returned and answered, to serve as the foundation of a report on malarial poisoning. Thirty-seven circulars were sent to seventeen counties, and replies received from twelve medical men residing in ten different counties. In four of these no malaria was reported to have existed for many years, but in the remaining six it was said to be prevalent. In the malarial districts, the answer was that it prevailed to an unlimited extent, and was termed the curse of the country. In the districts referred to, the country around was reported to be flat, with sluggish streams whose beds and banks consisted of alluvium. The first effect of cultivation was to increase the evil, but it afterwards became the true remedy. Malarial poisoning seemed to be more active after the month of July until the cold weather. In the Lake Scugog district, malaria prevailed to such an extent as to cause the people to request the attention of the Government to the matter. The better draining of all low-lying land was suggested as a remedy, with the cultivation of the eucalyptus globulus, as practised in the marshy districts of the South.

The report was discussed by Drs. Ferguson, Riddel and Oldright.

Dr. Playter submitted the following resolution from the Sanitary Committee:—That for the present the collection of sanitary statistics shall be

confined to the cities and large towns of the Dominion, the results to be published monthly, and the deductions drawn therefrom to be circulated in the various centres specified. That a commission be appointed by the Dominion Government in order that by consultation and co-operation with the Local Governments a common basis may be arrived at for carrying out such sanitary measures as may be necessary for the guidance of the Dominion Government. The commission to consist of two or more medical men with a legal adviser.

The President said it was important that there should be a committee in communication with the Government on the subject, and he hoped that the subject of the report would be sent to the Government as the official report emanating from the Association.

Dr. Oldright said disease statistics would show when a certain disease was threatening a district. Death statistics often gave the information too late. He would regret any resolution of the kind recommended by the committee. In order to put restrictive regulations into force it would be necessary to get information at the time the disease was raging, and not when it was too late to be remedied. He moved in amendment that the statistics be not confined to the towns and cities.

Dr. Grant said that the Dominion Government had only granted \$10,000 for the whole of Canada, and it would be impossible to do more with that sum than was suggested by the committee. To pass the amendment would be to neutralize the whole action of the committee. They could do no better for the present than collect the statistics from the older towns and cities. The system could be subsequently extended if found to work well.

The original motion was carried by a vote of fourteen to two.

The Nominating Committee brought in a report recommending the election of the following officers for the ensuing year, which was adopted:

*President*.—Dr. J. A. Mullin, Hamilton; *Vice-Presidents*.—Dr. Tye, Chatham, Ont.; Dr. Gibson, Cowansville, Que.; Dr. Atherton, Fredericton, N.B.; Dr. Jennings, Halifax, N.S.; Dr. Kerr, Winnipeg, Man. *General Secretary*.—Dr. Osler, Montreal. *Treasurer*.—Dr. Robillard, Montreal. *Local Secretaries*.—Dr. Saunders, Kingston, Ont.; Dr. Brunelle, Montreal, Que.; Dr. Coleman, St.

John, N.B. ; Dr. Almon, Jr., Halifax, N.B. ; Dr. Whiteford, Winnipeg, Man.

*Committees.*—On Publication, Dr. Ross, Montreal ; Dr. I. H. Cameron, Dr. Fulton of Toronto, the general secretary and the treasurer. On Therapeutics—Chairman, Dr. H. P. Wright, Dr. Tye, Chatham, and Dr. Jas. Bell, Montreal. On Medicine—Chairman, Dr. Stewart, Brucefield, Dr. F. W. Campbell, Montreal, and Dr. Allison, St. John, N.B. On Surgery—Dr. Grasset, Toronto ; Dr. Brunelle, Montreal, and Dr. Atherton, Fredericton. On Obstetrics—Chairman, Dr. Kennedy, Montreal. On Necrology—Chairman, Dr. Fulton, Toronto ; Dr. Atherton, Fredericton ; Dr. La Chapelle, Montreal. On Climatology—Dr. Laroque, Montreal ; Dr. Botsford, St. John ; Dr. Worthington, Clinton ; Dr. Playter, Toronto. On Ethics—Drs. Gardner, Montreal ; Marsden, Quebec ; Bayard, St. John ; Parker, Halifax ; W. J. Almon, Halifax ; Steeves, St. John ; Beaudry, Montreal ; Chas. Moore, Sr., London. On Arrangements—Drs. Sullivan, Saunders, Fenwick, Metcalf, and Sweetland.

Kingston was selected as the next place of meeting on the first Wednesday of September 1883.

After the installation of the newly elected President, formal votes of thanks were tendered to the retiring President, the Mayor and Corporation of Toronto for the use of the Hall, to the Railway and Steamboat Companies, etc. etc., and the Association adjourned.

After adjournment, the members proceeded to the asylum, where they were most hospitably entertained by Dr. Clark, the medical superintendent.

During the session many of the members of the association visited the Hospital and were shown over it by Dr. O'Reilly, the medical superintendent. They expressed themselves as highly pleased with all the arrangements.

Several interesting exhibits of pharmaceutical preparations and surgical instruments were shown by different houses.

Messrs. Reed & Carnrick manufacturers of preparations of Maltine, and The New York Pharmaceutical Association, both represented by Mr. Gisborne, of Toronto, had a fine exhibit of medicines, and distributed samples of lactopeptine among the members of the Association. Messrs. Wyeth & Bro., of Philadelphia, showed an assortment of pharmaceutical preparations, compressed pills, and

fluid extracts. Mr. Hazen Morse, of Toronto, also had a fine display, and distributed samples of malt-pepsyn. Messrs. Stevens & Son, of London England, exhibited some beautiful specimens of surgical instruments.

## ONTARIO BOARD OF HEALTH.

### SANITARY CONVENTION.

The first Sanitary Convention under the auspices of the Provincial Board of Health, convened in St. Thomas on the 19th ult. The following gentlemen were present :—Dr. W. C. Van Buskirk, Mayor and chairman of the local committee ; Dr. W. Oldright, chairman of the Board ; Drs. Yeomans and Cassidy, members of the the Board, and Dr. P. H. Bryce, Secretary ; Dr. Cascaden, M.P.P., Iona ; Judge Hughes, St. Thomas ; Dr. Ellis, Public Analyst ; Rev. Prof. Austin, Alma College ; Dr. Kains, sec. of the local committee ; Dr. Wilson, Dr. W. E. Smith, Mr. Coyne, St. Thomas ; Dr. McLarty ; Mr. Coatsworth, City Commissioner, Toronto.

Mayor Van Buskirk welcomed the members of the Convention to St. Thomas, on behalf of the citizens, expressing their appreciation of the determination to select St. Thomas as the place of meeting for the first Sanitary Convention in Ontario. He noted the immense field covered by sanitary measures, and felt convinced that it could not be gone over at a single convention. He recognized the wisdom of the Legislature in creating the Provincial Board of Health.

Judge Hughes, of St. Thomas, read a paper on the "Adulteration of Food," prefacing it with the remark, as a layman, that social science and sanitary reform do not belong to any one profession, and may be taken part in by many. He commented in severe language on the dishonest tradesman who bolted his doors against thieves, and then educated his clerk for the prison by instructing him in the adulteration of articles in stock. Educate young men into the mysteries of adulteration—milk watered, oatmeal ground with shorts, sugar glucosed, coffee made from clay or peas or chicory, tea poisoned, a loaf made under weight, calico sized and weighted with plaster—and you prepare matriculates for the penitentiary. The adulteration of tea was exhaustively treated upon, especially the facing of teas with coloring matter. He advocated

the appointment of a Sanitary Commission with power to investigate and remove the various evils complained of.

Dr. Ellis, concurred in the paper of Judge Hughes, and said that all green teas even the best qualities were faced with Prussian blue and china clay. He also alluded to the adulteration of milk.

Drs. Yeomans and Wilson also commented upon the paper.

A committee was appointed, consisting of Drs. Yeomans and McLarty, and Messrs. Coyne, Farley, and Casey, to report on desirable amendments to the Adulteration of Food Act. A committee was also appointed to inspect and report on sanitary apparatus, when the meeting adjourned.

At the evening session a letter was read from Dr. Carpenter, in which he emphasized the teaching of elementary physiology in every public school. He also referred to the removal and utilization of *excreta*, and recommended the separation of house drainage from surface drainage. He also recommended compulsory vaccination.

Dr. Oldright then delivered the inaugural address. This was followed by a paper on the "Impurities of Water" by Dr. Ellis, which was discussed by those present.

Dr. R. W. B. Smith, of Sparta read an interesting paper on "Contagion" which was well received.

Rev. Prof. Austin, of Alma College, read an able paper on "Public Schools and Public Health."

September 20th, 1882.

The committee did not meet this morning according to programme, but met at eight in the evening.

The committee on sanitary apparatus reported that the exhibition of sanitary apparatus did not come up to their expectations. A Toronto plumber was prevented through illness from sending apparatus for the exhibition.

Dr. Coventry, of Windsor, read a valuable paper on "Prevention of Controllable Diseases," such as cholera, yellow fever, typhus, typhoid, scarlet fever, diphtheria, measles, whooping cough. He strongly advocated quarantine and local supervision by boards of health, also compulsory vaccination, and expressed the hope that a minister of

Public Health would form a member of the Government.

On motion of Mr. McDougall the following motion passed:—"This Convention has heard with much gratification Dr. Coventry's account of the success which has attended the adoption in the town of Windsor of measures for arresting the spread of scarlet fever, diphtheria, and other contagious diseases, and would urge upon other municipalities the adoption of similar measures, such as, prompt isolation in their own houses, or in hospitals of the first named, and all cases of these diseases, which at present made such havoc among our people."

Dr. Vanbuskirk spoke on the "Disposal of Sewage," referring to three methods, viz., the cesspool, dry-earth closets, and water closets. He gave the latter the preference for thickly populated cities. Ventilating pipes fixed to the soil pipes outside would effectually ventilate the sewers.

Dr. Cassidy, of Toronto, read a paper on "The Heating and Ventilation of Buildings," after which the meeting adjourned.

### Selected Articles.

#### UTERINE HEMOSTATICS.

By J. BRAXTON HICKS, M.D., F.R.S., Guy's Hospital, London.

As a small contribution to the practical portion of the subject of uterine hemostatics, I venture to make a few remarks on the mechanical kinds, which we know by the name of plugs or tents. In doing so I must be understood to refer only to those cases where the cavity of the uterus is not sufficiently large to contain blood in quantity, the loss of which from the circulation is likely to produce anything of serious detriment.

If we go back to former practice and to textbooks, we find it recommended that in case of threatened abortion with much hæmorrhage, a vaginal plug should be used. The vaginal plugs recommended are the tampon, cotton or wool, silk or cambric handkerchief, rags or sponges pressed in till the vagina is filled up. An India-rubber ball also has been suggested, covered with felt or such like material. Now, even with the best management there is much of distress to the patient in the use of the vaginal plug; and with regard to its hemostatic effect very much of uncertainty, and generally partial failure; and in the hands of the

unskilful and careless there is positively no restraint of bleeding worth the mention. If at any time any good results be produced, it is rather by the reflex irritation that it causes, whereby the uterus expels its contents. It is not so very rare an occurrence that one finds, on removal of the plug, the ovum on the uppermost part of it. But besides its palpable inefficiency, a vaginal plug, being of a porous texture, absorbs a large quantity of blood and thus conceals it from our sight; it also favors decomposition, and this, as is well known, occurs within a few hours; and thus we have a new element of danger.

Again, in many cases, when called to such a case, we have no speculum at hand; and although we may extemporize one out of card-board, book-covers, or such like material, yet, before we have thoroughly and firmly filled the vagina we must have given the patient considerable pain and distress, besides having occasion to put such pressure on the urethra as may necessitate subsequent catheterism. For these reasons, namely, the imperfection of action, pain in introduction, and danger if left in long—in other words, its general crudity, it seems to me that as a general rule the vaginal plug should, in the cases I have supposed be discarded. And as a substitute I would urge the employment of the cervical plug as being more precise in action, as well as being capable, if we use a dilating kind, of expanding the canal for the purpose of exploration, or for the expulsion or removal of its contents.

If, then, in any case of uterine hæmorrhage where we have the conditions above alluded to, we desire, besides immediately checking the bleeding, to dilate, we can use the compressed sponge-tent; the best form of which I have found to be those made after Sir James Simpson's plan, by Duncan, Flockhart & Co., Edinburgh. These can be introduced by a long pair of forceps, and retained *in situ* by placing a piece of sponge, with tape attached, in the upper vagina. Of course, even these materials retain some secretions, etc., and tend to facilitate decomposition; but their removal and cleansing can be effected much more readily than the vaginal plug, because it requires but a small portion. The sea-tangle tent, by reason of its slipperiness, is unreliable as a plug in hæmorrhage. If we desire, however, only to plug the cervix, we can very easily extemporize a plug from materials to be found in every house. For instance, take a stick (say a flower stick) about a foot long, and taper it at one end to about the size of an uterine sound, or larger; wind round this end, for about three inches down, strips of cambric rag, lint or sponge to the required thickness, judging from the size of the os. Strips of sponge can be readily obtained from cup-shaped sponges of compact texture, and they can be tied on by thread, layer after layer, till the requisite conical form is

obtained. The strips of the other material can be laid on similarly. After the covered end has been well greased it is passed into the canal and the stick retained *in situ*, after the manner in which we tie in a catheter; an elastic tape, if obtainable, is to be preferred.

A catheter or bougie, or the end of a long injection-tube, can be treated in the same way. If we require great precision of application, then it is best that the hand should hold the external end till the hæmorrhage has ceased. If the catheter and stilet be used, then I have found it convenient to bend the external portion backward, between the buttocks, tying the tape round the ring of the stilet—the ends of the tape being carried, as usual, to back and front of the waist-band.

These more homely adaptations I have recommended, rather than the especially made kinds, because they are often wanted at times when we can not send home for a showy sort. In any case, a cervical plug, expanding or not, is more precise, less crude and painful in application, than the vaginal, and, in my experience, nearly always successful. In all cases of abortion, where a plug is necessary, I would lay it down as a rule that the expanding tent should be employed. In cases of flexion with abortion (and it is this complication which so frequently increases the hæmorrhage) it will be found that the covered stick or stemmed plug, above described, is very useful; for, if the fundus be elevated during its introduction, the uterine cavity is straightened and evacuation of the contents thereby facilitated.—*British Med. Journal.*

#### ON THE TREATMENT OF CONVULSIONS IN CHILDREN.

Eustace Smith, M.D., F.R.C.P. *London Lancet*, gives the following:

When called to a case of convulsions the practitioner should lose no time in questioning the attendants, but should have the child placed in a warm bath of the temperature of 90° F., and apply sponges dipped in cold water to his head. This is the time honored remedy. It is certainly an innocent one; it may tend to quiet the nervous system; and it is one the efficacy of which is so generally recognized among the public that it would be unwise to court unfavourable criticism by neglecting to employ it. The bath must not be continued too long. In ordinary cases the child should be allowed to remain in it for ten or fifteen minutes, according to his age. If, however, the patient be an infant who has lately been reduced by an exhausting diarrhœa he should not be allowed to remain more than two or three minutes in the hot water, and cold applications to the head must be dispensed with. If the convulsions have ceased when the case is first seen the bath need not be

used; but we should not omit to have the child completely undressed, and then to see that he is placed, lightly covered, in a large cot, and that the room in which he lies is well ventilated and not too light. Care should be taken to unload the bowels by a large enema of soap and water, and if the child be noticed to retch, his stomach may be relieved by a teaspoonful of ipecacuanha wine. In the case of a teething infant, opinions differ as to the propriety of lancing the gums. There is no doubt that this operation is a useless one if employed with any hope of hastening the eruption of the teeth; but if the object be to relieve pain and tension I consider the practice judicious, and never hesitate in such circumstances to have recourse to it. If it be desirable to remove all sources of irritation, surely such a source of irritation as a swollen and inflamed gum should not be disregarded. Lastly, if it can be discovered that the child has had pain in the ear, or if the tympanic membrane can be seen to be red, the ear should be syringed out and fomented with hot water, and, if thought desirable, a leech may be applied within the concha, the meatus being first plugged with cotton wool.

If in spite of these measures the convulsions return, or signs are noticed of continued irritability of the nervous system, it is best to administer a dose of chloral. Two or three grains can be given to a child between six and twelve months old; and if the patient be unable to swallow, half as much again may be administered by the rectum dissolved in a few teaspoonfuls of water. If necessary, the dose can be repeated two or three times a day. Bromide of ammonium and belladonna are also largely employed in these cases. The former can be given in three or four grain doses every two hours to a child of from six to twelve months old; the second in ten or fifteen-drop doses two or three times a day to a child of the same age. Infants are so tolerant of this drug that it should be given to them in a dose which can produce some appreciable effect. In the convulsions of whooping-cough where the spasm of the glottis is extreme, treatment by bromide of ammonium or potassium is especially indicated. The bromides are well borne by quite young children, and we should not fear ill consequences from what may appear a very large dose. Chloroform is often employed, but it is decidedly inferior to chloral and much more troublesome.

If the child has been lately the subject of exhausting discharges warmth should be employed, and stimulants, such as the brandy and egg mixture of the British Pharmacopœia, be given energetically. If the convulsive attacks are followed by signs indicative of intracranial mischief, such as stupor, squinting, ptosis, etc., the child should be kept quiet and an ice-bag be applied to his head. In all such cases the treatment must be conducted

according to the condition from which the convulsion is supposed to have arisen.

When the convulsions have ceased, and signs of irritability of the nervous system are no longer to be observed, we must take steps to improve the general condition of the patient. His bowels should be attended to and his diet carefully regulated. If rickets be present it must be treated. Most children in whom the convulsive tendency exists are benefited by iron wine and cod-liver oil, for the nutrition is usually at fault, and both the alcohol and the iron contained in the wine are beneficial, while the oil is of the utmost value in supplying nutritive deficiencies. Fresh air, too, is of the utmost importance, and the child should be warmly dressed and be taken regularly out of doors.

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CROSSED ACTION OF THE SPINAL CORD—ANOTHER CHANGE OF BASE.—The present generation of physicians have been taught to believe that owing to a decussation of fibres at the base of the brain, each hemisphere holds its relation to the opposite side of the body and not to its own side. But we are now required to modify our views on this subject, if not to throw them aside. According to the *London Lancet*, Dr. Brown-Séquard repudiates the old theory. The numerous researches he has undertaken during the last four years seem to him to involve conclusions exactly contrary to the opinions which are universally received. For example, against the assertion that the irritation of the motor region of the brain uniformly produces movements in the limbs on the opposite side, he opposes certain experiments of his own. These show that irritation of one side of the pons Varolii or of the medulla, even of the anterior pyramid, causes eight or nine times out of ten, movements of the limbs on the same side, and the same effect is observed when after a transverse division of one-half of the medulla, the superior part of the pons is stimulated, mechanically or by electricity, in the part considered as motor. Irritation of the cerebral peduncle in the part considered as motor often causes movements of the limbs on the same side. This result occurs five or six times in ten when the stimulation is applied to the upper part. If the fibres are galvanized which pass from the corona radiata or corpus striatum to the peduncle, movements are often observed on the corresponding side of the body. If these parts are divided transversely on the right side or on the left, the mechanical excitation thus produced rarely causes movement, but when it does the effect is usually manifested on the same side as the irritation. Even stimulation of the motor zone of the cortex, as Cauty, has shown sometimes causes movements on the corresponding side. Moreover, Dr. Brown-Séquard has repeatedly shown that if this zone is galvanized after the lateral half of the medulla or



of the pons Varolii is divided, the movements in the opposite limbs, instead of being prevented by this section, occur with still greater force than before the division of these conductors which have believed to be alone capable of transmitting the stimulation of this zone to the limbs.

According to received doctrines, if one lateral half of the cervical cord is divided at the second pair of nerves and different parts of the brain are then stimulated, mechanically or electrically, on the same or on the opposite side to the spinal lesion, no movement should occur, or only a very slight movement in the members on the same side as the lesion. But Dr. Brown-Séquard finds that, under these circumstances, stimulation of the brain causes energetic movements of the limbs, such as "bipedal" movements, diagonal or lateral, to the right or left, or a movement of three, or even of four limbs. He concludes from this that one-half of the cord will suffice to transmit to the limbs, on both sides of the body, the excitation caused by stimulation of the opposite half of the brain.

According to received doctrines the transverse section of the two lateral halves of the base of the brain, the one section at a distance of one centimetre above or below the other, ought to destroy all or almost all communication between the spinal cord and the portions of the brain above the higher section, so that mechanical or chemical excitation of the cortex should cause no effect on the limbs. But Dr. Brown-Séquard asserts that under these circumstances not only does stimulation of the motor centres act energetically upon the limbs, but the same effect is produced by stimulation of the parts which are not considered to be motor, such as the optico-striate bodies. In this case, also, the effect is usually most marked on the same side as that stimulated. An analysis which Dr. Brown-Séquard has made of 500 cases of unilateral convulsions in consequence of varied lesions of the brain show that the same is true of man as of animals. Irritation of the base of the brain and the adjacent motor regions causes convulsions more frequently on the side irritated than on the other. The superficial parts of the brain, it is true, produce chiefly crossed convulsions, but irritation in all parts may cause convulsions on the same side.

The conclusions drawn by Dr. Brown-Séquard are, that one of the chief foundations for the theory of psycho-motor centres, and of the crossed functional relations between the hemispheres and the limbs must be considered to have lost its value; and, secondly that the excito-motor zone of the cerebral surface, and indeed all the excitable parts of the brain, are capable of putting in action the limbs of the same side, as well as those of the opposite side, and that they may produce these effects after the transverse division of one-half of the pons Varolii, of the médulla, or of the cervical

cord, and even after two sections of the base, one of the right half and the other of the left, provided a certain interval exists between the two.—*Pacific Medical Journal*.

DIAGNOSIS AND TREATMENT OF TUMORS OF THE BLADDER.—The case of successful removal of a tumor of the bladder reported by Sir Henry Thompson at the last meeting of the Royal Medical and Chirurgical Society will no doubt awaken fresh interest in this important subject. We will not here repeat the many points dwelt on in the subsequent discussion, but would refer to two only—the difficulty of diagnosis, and the safety of Sir Henry's operation. All the speakers touched upon the former, none questioned the latter. From the discussion and records of cases it seems evident that while there are few removable bladder tumors, and many unremovable ones, which can be reasonably diagnosed to be such during life, there is a large number of cases in which with only his present means, the surgeon must remain in doubt. All that is wanted in this case is to be able to feel the tumours. In the female, where the finger can be easily passed through the urethra, and the whole interior of the bladder explored, the diagnosis of these tumors can, we presume, always be made. Sir Henry Thompson will have done great service with his paper if it helps to draw attention to the ease and safety with which the male bladder can be thoroughly explored through a wound from the perineum into the membranous portion of the urethra. Such a wound does not interfere injuriously with the neck of the bladder, is easily made with precision, and heals readily. Every part of the viscus can be explored through it, without violence or risk, and medium sized tumors, at any rate, can be removed through it. Whether the median incision into the urethra be the best for removal of tumours in all cases we are not now anxious to show: its superiority over others for purposes of diagnosis we venture to think none would question, and we would recommend that in any case where a tumor of the bladder is reasonably suspected, and where other means of examination have not demonstrated that it is unsuitable for removal, the bladder should be explored by this safe and efficient means.—*Lancet*.

To be copied into the practitioner's note-book: Inhalation of five to ten drops of amyl nitrite will break up the chill of malarial fever; so will the hypodermic injection of one-sixth of a grain of muriate of pilocarpine. It is said that twenty drops of oil of turpentine will control the diarrhoea of typhoid fever. Two to five drops of wine of ipecacuanha three times a day will, in the majority of cases, check the vomiting of pregnancy.—*Independent Practitioner*.

# THE CANADA LANCET.

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

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, OCTOBER, 1882.

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

## BRITISH MEDICAL ASSOCIATION.

The British Medical Association held its 50th annual or Jubilee meeting in Worcester, England, its birth-place, on the 8th of August and four following days, under the presidency of Dr. W. Strange, of Worcester. There was an attendance of seven hundred and fifty members present. The President in his opening address alluded to the founding of the Association in 1832, by Sir Charles Hastings, of Worcester, and a few devoted fellow-workers, and paid a suitable tribute to their memories. He also recalled to the memory of the Association the distinguished galaxy of names that marked that decade in medicine — Lawrence, Abernethy and Cooper, who were already passing away; Copeland, Latham, Marshall Hall, Brodie and Watson, in England; Barclay, Gregory, the Munroes, the Thompsons, Knox, Bell, Alison and Christison, in Scotland; Graves, Stokes, Colles and many others, in Ireland; on the Continent were Louis, Andral, Chomel, Magendie, Roux and Milne Edwards in France, whilst Rokitsansky, Skoda, Liebig, and later, Virchow, were raising the German school out of its backward condition toward the pitch of eminence to which it has since attained. He next alluded to the establishment of the *Lancet* as the leading medical journal, and its agency in destroying monopolies, and redressing abuses within and without the profession. He then contrasted the condition of the profession at that time with that of physicians of the present day, and concluded an able address by urging the importance of strengthening the branches, and of

modifying the electoral system, so as to infuse new blood into the senate of the Association.

The address on medicine was delivered by Dr. W. F. Wade, of Birmingham. He referred to the therapeutical methods in use half a century ago, the chief characteristic of which was blood-letting and alluded to Marshall Hall's opposition to the practice, and his final triumph. He also showed how Hall's vivisection experiments were justified by their results, and defended Harvey's claim as the discoverer of the circulation of the blood. He next dilated upon the progressive nature of medical and therapeutical science, not only in the matter of new drugs, but also in our knowledge of how better to use old ones. In conclusion he cautioned his hearers against unduly subordinating the physiological to the restorative basis of treatment.

The address on surgery was delivered by William Stokes, F.R.C.S., Eng., of Dublin, in which he enumerated some of the chief advances in surgery during the last half century. The three to which he gave especial prominence were, 1. The discovery of anæsthesia. 2. The antiseptic treatment of wounds. 3. Subperiosteal surgery, and osteogenesis. He concluded a most eloquent address with a strong and earnest appeal in favor of vivisection. Prof. Stokes, who is a son of the celebrated Dr. Stokes of Dublin, proved himself to be a medical orator scarcely, if at all, inferior to Sir James Paget.

The association was divided into eight sections each of which was well attended. In the section on medicine the opening address, which was retrospective in character, was given by Dr. Clifford Allbutt, President, and was characterized chiefly by its excellence as a literary effort.

Dr. W. S. Playfair then opened a discussion on "The Systematic treatment of aggravated Hysteria and allied forms of neurasthenic diseases," in which he strongly recommended Dr. Weir-Mitchell's "massage" treatment in appropriate cases. There was considerable difference of opinion in the section as to the influence of uterine diseases in producing these conditions.

Dr. Austin Flint read a paper on "The Self-limited Duration of Pulmonary Disease," and mentioned several cases in which the disease subsided without any special treatment. Dr. C. T. Williams, of London, also read a paper on "The Contagion of Phthisis," which he held was incom-

patible with the theory of germs. Dr. A. J. Harrison read a paper on "Primary Endocarditis," in which he maintained its possibility of occurrence, and gave the history of four cases.

In the section on Surgery, Mr. J. Greig Smith opened the discussion on "Early operative treatment of joint disease as a preventive of excision." His plan was to scrape away diseased tissues, move the joint freely, and drain antiseptically. Mr. Prigden Teale said his plan of treatment was to make subcutaneous incisions into the capsule of the joint and allow the fluid to escape into the surrounding tissues to be absorbed. Martin's elastic bandage was recommended by some of the speakers to promote absorption of the effused fluid. The subject of litholapaxy received attention at the hands of Mr. Reginald Harrison, of Liverpool. He reported a case in which he removed a calculus weighing  $2\frac{1}{2}$  ounces, and the patient recovered without any unpleasant symptoms. Mr. W. Adams read a paper on "Forcible Movements in Stiff Joints." Cases suitable for operation were those of traumatic origin in healthy constitutions, and those due to rheumatic inflammation; those due to strumons disease, and acute suppurative inflammation were unfavorable. He preferred the gradual to the violent method of breaking up the adhesions.

In the section on Obstetrics Dr. J. Williams read a paper on "Subinvolution of the Uterus," etc. Among the causes he mentioned general debility, post-partum hemorrhage, retention of portions of placenta, laceration of the perinæum, and pelvic inflammations. The treatment consisted in removing the cause, rest, and the use of warm (112° F.) disinfectant vaginal injections. Dr. Bantock of London read a paper on "Hysterectomy," and reported 21 cases in which he had removed the uterus for fibroids, with fifteen recoveries. The great danger after removal of the uterus was from hemorrhage and to prevent this he recommended a suitable clamp. He relies on absolute cleanliness and discards entirely, all antiseptic treatment.

The pathology of "Diabetes," and the "Changes which take place in the Great Sympathetic in Chronic Bright's Disease," were discussed in the Pathological Section and microscopical specimens of the latter here exhibited, showing degeneration of the nerve cells in the semilunar ganglia.

The annual report of the Council of the Association showed that the receipts for the past year were about \$50,000, and the number of members upwards of 9,560. The social side of the meeting was, as usual, very agreeable. Dinners, garden parties, excursions, especially the one to Stratford-on-Avon, were in order, and many of the members availed themselves of the customary hospitalities. Drs. W. T. Aikins and J. E. Graham, of Toronto, attended the meeting, and were elected members by invitation.

#### AMERICAN SCIENCE ASSOCIATION.

The meeting of the American Association for the advancement of Science, was held this year in Montreal, commencing on the 23rd and closing on the 30th of August, under the presidency of Dr. Dawson. The attendance was very large, nine hundred and fifty members having registered their names. Three hundred and thirty new members were elected, and no less than two hundred and fifty papers were received in the different sections. The meeting was in every sense of the term, a most successful gathering—one of the most successful meetings in the history of the Society. The President, in his opening address, alluded to his election to the presidency as evidence of the Society's expansion over the Continent, and its disregard of national boundary lines. The delegates were welcomed to the city of Montreal by Dr. Sterry Hunt, in an appropriate address. He also referred to the expansion of the Association, and expressed the hope that it might some day meet in the city of Mexico.

The business of the Association was conducted in nine sections, each of which was addressed by the respective president. Many interesting and valuable papers were read and discussed in the sections. Prof. Brush, the retiring President, read a paper on the "Progress of American Mineralogy." This paper which was a most interesting one, is published in the *Popular Science Monthly* for October. Dr. Asa Gray, the distinguished botanist, gave an interesting address on the "History of the Study of the North American Flora." Dr. John Rae, of London, England, read a paper on "Arctic Explorations and Ethnology." Rev. Dr. Houghton, of Dublin, also read a paper in which he advanced a "New Theory of the Evo-

lution of the Planets." Many other papers of equal merit and interest were read and discussed in the various sections.

Several distinguished men from abroad were present, among whom we may mention Prof. W. B. Carpenter, of London; Dr. Kovalevski, of Moscow; Dr. Koenig, of Paris; Mr. Fitzgerald, of Dublin, and D. Szabo, of Buda-Pesth, Hungary. The last named gentleman read a paper in the Chemical Section, and Dr. W. B. Carpenter one on "The Microscope;" in the Microscopical Section. The social side of the meeting was all that could be desired, and reflected credit upon the well-known hospitality of the citizens of Montreal. In addition to the entertainments in the city there were excursions to Ottawa, Quebec and other places, which the members in considerable numbers availed themselves of. Prof. C. A. Young, of Princeton was elected President for the ensuing year, and Minneapolis, Minn., was chosen as the next place of meeting, in 1883.

We also learn that the members of the British Association for the Advancement of Science, purpose holding their meeting for 1884, in the city of Montreal. Should they do so, we can bespeak for them a cordial welcome, and the warmest hospitality of the city. In doing so we hope we may be pardoned if we call attention to the facilities afforded by the city of Toronto for meetings of the kind above alluded to. It is favorably situated, easy of access from all parts, only a short distance from Niagara Falls, one of the *eight* wonders of the world, and in the matter of hospitality not second to any other city in the Dominion of Canada.

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#### CANADA MEDICAL ASSOCIATION.

The Canada Medical Association held its fifteenth annual meeting in Toronto, on the 5th, 6th and 7th ult., under the presidency of Dr. Fenwick, of Montreal. A comparatively full report of the proceedings will be found in another column. Owing to the number and variety of the papers, the meeting was divided into two sections—medical and surgical. The papers read were of more than ordinary interest, and occasioned considerable discussion. The continuance of the meeting into the third day was a new feature, and one to be commended. It is a mistake to endeavor to crowd the work of the Association into two days, as has hith-

erto been the case. Much valuable discussion is lost by reason of the haste to have all the papers read before adjourning. The presence of Dr. Carpenter and his interesting address on "Vital Statistics," was very gratifying to the Association, and we hope his remarks may have a beneficial effect upon our Governments in the way of inducing them to give a little more attention and support to matters pertaining to public health. During the intervals between the sessions, many of the members took occasion to visit some of the public institutions of the city, and were much pleased with their visits. In the evening of the second day the Association attended a *conversazione* at the Educational Department, given in their honor by the profession of Toronto, which was largely attended. At the close of the proceedings, the members who remained were invited to visit the Lunatic Asylum, where they were hospitably entertained by Dr. Clarke, the Medical Superintendent. The final decision of the Association to meet at Kingston next year was, we are constrained to believe, a good stroke of policy. Some of the members wished to have it meet in Montreal, but owing to a feeling, with which we have no sympathy whatever, that the Association is being manipulated by McGill professors and their friends, the majority deemed it wiser to meet in Kingston the ensuing year, and the motion was carried. Although the members of the profession in Kingston have hitherto held aloof from the Association, we have every reason to believe they will give it a hearty welcome, and endeavor to make the meeting a success in every sense.

Much credit is due to Dr. Osler, the able Secretary General, for the success of the recent meeting. In point of numbers and general interest, it was the most successful gathering in the history of the Association. We anticipate that under his skilful management the number of members will soon be doubled or even trebled—when it will have so outgrown its present proportions, that it can no longer be said to be under the wing of McGill or any other College.

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#### ONTARIO COUNCIL MATRICULATION.

When the Ontario Medical Council a year or two since, adopted the High School Intermediate, with Latin, as its ordinary matriculation examina-

tion, it was hoped that no changes affecting the examination to any serious extent, were likely to be made. We were accordingly somewhat taken by surprise on learning a few months back, that certain modifications were in contemplation by the Minister of Education, and were likely to be carried out. During the last meeting of the Council several of its members interviewed some of the officials of the Education Office, and learned then, what has since been corroborated, that whatever changes might be brought about, were not likely to affect the examination required by the Council. After the adjournment of the Council the number of enquiries sent by intending medical students to the Registrar, regarding any changes which might be made, necessitated the issuing of a short circular, which was prepared after consultation with the Educational authorities under the direction of the President of the Council. It will be seen from this circular, which we give below, that the subjects included in the examination required, are precisely what they have been all along—and we learn on the highest authority, that the time-table of the Intermediate Examinations will be so arranged as to give every facility to those who take the examination as prescribed—different hours being assigned to the several compulsory subjects.

The following is the circular :—

“The Intermediate Examination referred to on page 10 of the Annual Announcement of the College of Physicians and Surgeons of Ontario for 1882-83; as the ‘Matriculation’ Examination, includes the following subjects, all of which are compulsory :—English Grammar; English Literature; Composition; Dictation; Arithmetic; Algebra and Euclid; History and Geography; Latin. By order, R. A. Pyne, Registrar.”

This does away with any difficulty, and allays all apprehensions, for it fixes the examination at exactly what the Council decided it should be, and lays down a standard for matriculation in medicine in Ontario, as high if not higher, than is required in any country in the world. The Medical Council has very good reason to be proud of the success which has thus far crowned its efforts to advance both the preliminary and professional education of Ontario students, who, wherever they go, take a high standing.

#### DR. JOHN N. REID.

It is our painful duty to announce the death at the early age of 52 years, of Dr. J. N. Reid, of Thornhill, Ont., of cancer of the tongue. Dr. Reid might be said to be one of the pioneers of the medical profession in his section of the country, having practiced in that locality for upwards of thirty years. He was a graduate of the College of Physicians and Surgeons of New York, and received the Provincial license in 1853. For thirteen years he was professor of physiology in the medical department of Victoria University, known as Rolph's School. He delivered three lectures per week, and was invariably punctual in his engagements with his class, although he had to journey a distance of twenty-four miles on each occasion. After the discontinuance of the medical department, he retired from college work and devoted himself entirely to his practice which was both large and lucrative. His death is greatly regretted by the community in which he labored, as he was much respected for his professional ability and fraternal disposition. He leaves a wife and family to mourn his untimely loss.

ARMY MEDICAL SERVICE.—In no campaign in which British arms have been engaged, have there been more complete and satisfactory arrangements for the care of the sick and wounded, than in the one now happily brought to a successful issue. An Army Hospital Corps of nine hundred men were in the field, distributed at various points where their services were required, and two large steamships, each capable of accommodating 250 patients, were fitted out as hospital ships. A competent surgeon, and staff of assistants and nurses were in charge of each ship. One purpose of the hospital ships was to serve as transports for the sick and wounded to general hospitals at Cyprus and Malta. All the medical officers attached to the staff were supplied with printed instructions in regard to the sanitary precautions necessary to the preservation of the health of the army. There are two diseases prevalent in Egypt to which the soldiers were exposed, viz., ophthalmia, and endemic hæmaturia. The former disease is produced by the scorching rays of the sun reflected from the hot sand, and the latter by drinking water, some of which

contains an organism (*Bilharzia hæmatobia*). The troops appear fortunately to have escaped both of these affections. At one time it was feared that a virulent epidemic would result from the frightful massacre which attended the bombardment of Alexandria, owing to the number of dead bodies, human and animal, that were rapidly decomposing in the hot sun; but a sanitary commission of local medical men, who realized the danger, undertook the work of removing the dead bodies, and burying them in trenches outside the city. The water supply was increased, the streets cleaned, and by prompt action the threatened danger was happily averted.

**TREATMENT OF OPIUM HABITUÉS.**—As there is no home for the treatment of the above-named class of patients in Canada, we take pleasure in calling attention to Dr. J. B. Mattison's institution in Brooklyn, N.Y. Dr. Mattison has had several years' experience in the treatment of opium habits, and has been very successful. His plan of treatment is to withdraw the opium in from five to ten days, avoiding the painful ordeal of immediate abandonment on the one hand, and the tiresome delay of prolonged decrease on the other. Tonics and nervines, together with cheerful social surroundings and personal professional attention, are the agencies used in the management of his patients.

**NEW YORK POST-GRADUATE MEDICAL SCHOOL.**—We take pleasure in calling attention to the inauguration of a post-graduate school of medicine in the City of New York. The members of the Faculty are all accomplished specialists in the departments respectively assigned them. The establishment of such an institution will be a boon to many medical practitioners by enabling them to acquire a further knowledge of any department of medicine which they may deem essential to their success in practice. We are glad to learn that the success of the new school is already assured.

**UNCERTAINTY OF CATGUT LIGATURES.**—In a case of Cæsarian section performed by Prof. Spaeth of Vienna, he sewed up the uterine wound with catgut ligatures—Lister's antiseptic chromic acid ligature. The patient died 48 hours after the operation, from peritonitis. At the autopsy the catgut

sutures in the uterus were found untied and straightened out, and the wound open and discharging lochia into the abdominal cavity.

**INTERNATIONAL CONGRESS OF HYGIENE.**—We have just received from Dr. C. W. Covernton, member of the Ontario Board of Health, a programme of the fourth International Congress of Hygiene, which met in Geneva, Switzerland, from the 4th to the 9th of September. Dr. Covernton was present as a delegate from the Ontario Board of Health.

**BRANT COUNTY MEDICAL ASSOCIATION.**—The regular quarterly meeting of the above Society took place on the 5th ult., at Paris. The following gentlemen were elected officers for the ensuing year: Dr. Wm. Clarke, (Paris) President; Dr. William T. Harris (Brantford) Vice-President; Dr. W. E. Winskel, (Brantford) Secretary-Treasurer.

**MCGILL MEDICAL COLLEGE MONTREAL.**—The Medical Faculty of McGill University will celebrate the 50th anniversary of the school by a *conversazione* and dinner on the 4th and 5th inst. The Alumni and friends of the University have been invited and will no doubt respond in great numbers. A successful gathering and pleasant time may be anticipated. We sincerely wish the Faculty every success.

**REMOVALS.**—Dr. H. C. Burritt, member of the Ontario Medical Council for Newcastle and Trent, Dr. T. G. Holmes of Brussels, and Dr. Rutherford of Chatham have removed to Toronto. Before leaving for Toronto a number of Dr. Burritt's Peterboro' friends met at the residence of his father and presented him with a magnificent epergne, accompanied with an address.

**DR. H. H. REEVE** has left Minesing, and taken the practice of Dr. Lund, of Churchill, the latter having gone to Guelph.

We have received a letter from Dr. Burns anent the Council matriculation, too late to appear under the head of correspondence. The points raised in the Drs. letter are, however, fully answered in one of our leading articles.

**PERSONAL.**—Dr. A. Henderson, of Montreal, has returned from a trip to South America.

TO REMOVE THE TASTE OF QUININE.—Weak tartaric acid lemonade taken immediately after the quinine, will almost entirely remove the bitter taste which is complained of by many patients. According to the authority of Dr. Starke, (*Berlin Klin. Wochenschrift*), tartaric acid also favors the absorption of the quinine.

VOMITING DURING ANÆSTHESIA.—Dr. Keith says that he has seen less vomiting since he gave up the use of chloroform as an anæsthetic. With ether, patients will sometimes vomit during the operation; but we no longer have the vomit of chloroform, going on all the first night and next day after the operation.

HEREDITARY LINEAMENTS.—Dr. Oliver Wendell Holmes is credited with the following:—As he was waiting for a prescription, the druggist said: "That is my son, sir, sitting by you; don't you think he looks like me?" "Well, yes," replied the poet, "I think I can see some of your liniments in his face."

"What would you do, sir," asks *Punch*, "if you were called to see a man who had hung himself?" "I would cut him down." "Then what would you do?" "I would cut him up."

L.R.C.P. & S., EDIN.—Drs. Jas. Warburton, of Prince Edward Island, J. McBride, of Toronto, C. W. Belton, of London, passed their final examination and were admitted L.R.C.P. and L.R.C.S., Edin., in July and August last.

APPOINTMENTS.—Dr. Shultz has been appointed a Senator of the Dominion of Canada.

L. Teskey, M.D., M.R.C.S., Eng., has been appointed Assistant Demonstrator of Anatomy in Trinity Medical College, Toronto, and enters upon his duties on the first of October.

Dr. Bell, of Ottawa, has been appointed Surgeon of the Ottawa Field Battery, *vice* Dr. Bentley, who has removed to Winnipeg.

J. W. Oliver, M.D., has been appointed surgeon to the 44th "Norfolk" Battalion, *vice* Dr. F. C. Mewburn retired surgeon-major, and S. H. Glasgow, M.D., has been appointed assistant surgeon.

Dr. W. J. Christie, son of the Hon. Mr. Christie, of Brockville, who has recently been appointed surgeon of Her Majesty's sloop-of-war 'Bittern,' is now on duty with his ship at Alexandria.

## Reports of Societies.

### ONTARIO BRANCH MEDICAL ASSOCIATION.

A meeting of the North-Western Branch of the Ontario Medical Association was held in Palmerston on Thursday, August 17th. Dr. Stewart, of Brucefield, presided. Thirty-two members were present.

After the usual preliminaries, Dr. Mackid, of Lucknow, shewed a case of scrofulous disease of the ankle-joint, which elicited a good deal of discussion as to which was conservative surgery in this case, to attempt to save the limb, or amputate in order to preserve the patient's life.

Dr. Yeomans, of Mount Forest, presented a very interesting, but rather obscure case of spinal disease. The patient is 58 years of age, previously healthy. A year ago last April he had an attack of pleuritis, followed by loss of power in the upper extremities; subsequently symptoms of paralysis occurred in the lower extremities. He cannot walk without crutches, cannot stand or walk with his eyes shut. His powers of co-ordination are at fault. No feeling of constriction around the body. He feels as if walking on a very rough or uneven surface. Patellar tendon-reflex present; no pain in spinal column. Any smooth article appears rough to the sense of touch in both hands. His habits of life have always been good. Electricity produces increased irritability.

Dr. Stewart, of Palmerston, shewed a case of infantile paralysis, having two separate lesions, the right arm and left leg being paralyzed. Also a case of neuromatous tumor of the ulnar nerve, accompanied by severe pain, no doubt resulting from injury to the nerve as a complication of a compound fracture of the humerus, which he had received.

Dr. Burgess, of Listowel, read a very instructive paper on "The pulse variations and their significance," which was well received.

Dr. Stewart, of Brucefield, reported a case of abdominal section for fibro-cystic tumor of the uterus, on which he operated on the 28th of June last. The patient was a young woman, 18 years of age. Tumor was first noticed three years ago. Abdominal incision was 10 inches long; pedicle divided in two parts, secured by carbolized silk and dropped back into the abdominal cavity. There were

no adhesions. A drainage tube was left at the lower part of the wound. Thorough antiseptic precautions (Listerism) were observed throughout. Had been mistaken for an ovarian tumor. Complete recovery. Tumor weighed twelve pounds, which was shown to the meeting.

Dr. Standish, of Palmerston, opened a discussion on the nature and treatment of diphtheria, in which the following gentlemen took part: Drs. Macdonald, Yeomans, Jones, McNaughton, Cowan, Gunn, Clapp, Philp, Bethune, Collinge and Halsted.

The following resolutions were passed:—That two meetings be held each year, instead of three as at present, each having three sessions. That the next meeting be held in Palmerston, on the first Tuesday of February next, and that Drs. Burgess and Graham prepare by-laws for the approval of the branch at next meeting.

The following gentlemen were appointed by the President to prepare papers for next meeting:—Drs. Gunn, Cowan, Macdonald and Holmes.

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### Books and Pamphlets.

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A TREATISE ON THE PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF SULPHATE OF QUININE. By Otis Frederick Mason, M.D., Prof. of Physiology, etc., in the Medical College of Virginia. Philadelphia: J. B. Lippincott & Co.

This work though not large, is a most exhaustive one on the subject. The author states that although this remedy has been in use nearly two-thirds of a century, yet there is, perhaps, no agent concerning whose properties such opposite opinions are held, or which has elicited more discussion. He gives an interesting account of its discovery and first introduction into practice. He then gives in detail: 1st, its action on animals; 2nd, its action on man in health; and 3rd, its effects on the human organism and disease. This is followed by a chapter upon the therapeutic uses of quinine, and the author concludes with a short chapter on its *modus operandi*. Among the many diseases in which this remedy is used, he speaks very confidently of its great value in cholera infantum, and cerebro-spinal meningitis. His theory of its *modus operandi* may be summed up as follows, viz.: That it contributes to the removal of disease by rendering the nervous system insensible

to the action of the morbid causes of those maladies in which its employment has been proven by experience to be efficacious.

A MANUAL OF HYPODERMATIC MEDICATION; the treatment of diseases by the Hypodermatic method. By Roberts Bartholow, M.A., M.D., LL.D., Prof. of Materia Medica and Therapeutics in Jefferson Medical College. Fourth Ed. Philadelphia: J. B. Lippincott & Co. Toronto: Willing & Williamson.

In this work the author deals with the history of hypodermic medication, the method, the syringe, the solution, the remedies and their action, in short, everything in this connection that is likely to be of service to his readers. This little volume of 350 pages is the fourth edition, and has undergone careful revision by the author. Many changes have been made and considerable new matter has been added to the work. The author has ventured to substitute the term *hypodermatic* for the familiar word *hypodermic*. It will be found very difficult, we apprehend, to introduce the new term, the other having been so long in use. We cordially commend the work to our readers.

POCKET-BOOK OF MEDICINE AND PERPETUAL VISITING LIST. By D. Tod Gilliam, M.D., Columbus, Ohio.

This Visiting List comes as near perfection as any work of the kind we have yet seen. It comprises a compendium of diseases and their treatment, poisons and their antidotes, urinalysis, table of doses, many elegant prescriptions, etc. The call list is perpetual, and may be used at any time or for any year, either as a weekly or a monthly record, to suit the taste or convenience of the physician. The sheets of the call list are movable and may be replaced by new ones every week or month as required, or when posted into the ledger. The list is very compact, of most convenient size and handsomely bound in morocco. We heartily recommend it to our readers.

LABOR AMONG PRIMITIVE PEOPLE BY GEORGE J. ENGELMANN, A.M., M.D., Prof. of Obstetrics, Post-Graduate School of Missouri Medical College, Fifty-six Illustrations. St. Louis: J. H. Chambers & Co.

The author has devoted a good deal of time to the study of the obstetric customs among the primitive nations, and the work before us is the result of his *labor*. The subject is ethnological rather



than medical, but is nevertheless very interesting to a professional reader. The first part of the work is devoted to a description of the posture in labor; the second to the management of the third stage, and the third to the time of pregnancy, labor and childbed, and concludes with sketches of characteristic labor scenes among the yellow, black, and red races.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN, by Louis A. Duhring, M.D., Prof. of Diseases of the Skin in the University of Pennsylvania. Third edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co.

We are pleased to announce the receipt of a new edition of this excellent work on diseases of the skin. The work has undergone careful revision. The chapter on the anatomy and physiology of the skin has been re-written and elaborated in accordance with recent studies in microscopic anatomy. Several new illustrations have been added, and the work as a whole has been considerably enlarged. The treatment of the various diseases has been brought up to the very latest improvements. We have very great pleasure in bearing our testimony to the value of the work as a text book on this interesting subject.

ESSENTIALS OF VACCINATION, by W. A. Hardaway, M.D., Prof. of Diseases of the skin in the Post-Graduate Faculty of the Missouri Medical College, St. Louis, Mo. Chicago: Jansen McClurg & Co. Price \$1.00.

This is a careful compilation of the more essential facts relating to this important subject, and as such will prove acceptable to the profession and also to the general reader. The author treats of the history of vaccination, nature of vaccinia, re-vaccination, the merits of different kinds of vaccine virus, methods of obtaining and storing it, and concludes with an examination of the objections to vaccination.

WHAT TO DO IN CASES OF POISONING by William Murrell, M.D., M.R.C.P., Lond., Lecturer on Materia Medica, &c., at the Westminster Hospital, second edition. Detroit: Geo. S. Davis, Medical Publisher.

The above will be found a most useful guide in an emergency. It is very small, and may be carried in the vest pocket and consulted without a moment's delay.

THE COMPEND OF ANATOMY FOR USE IN THE DISSECTING ROOM, AND IN PREPARING FOR EXAMINATIONS, by John B. Roberts, M.A., M.D., Philadelphia: C. C. Roberts & Co.

THE VEST-POCKET ANATOMIST, (founded upon Grey,) by C. Henri Leonard, M.A., M.D., Detroit, Mich. Eleventh revised edition. Price 75 cts.

The above works are similar in character and will be found useful as aids to the memory in dissecting, or on the eve of an examination—but should not be used in any way as text-books on the subject by the student.

INHALATION IN PHTHISIS.—A few drops of the following mixture placed upon the sponge of McKenzie's inhaler, and applied to the mouth and nose for several hours daily, will be found very serviceable in the treatment of this disease:—Acid carbol. ʒijss.; Tinc. Iodi, Ethereal, ʒijj.; Creasote ʒjss.; Spts. Vini, Rect. ad ʒj—M.

ABSENCE OF UMBILICAL CORD.—Dr. Kinne of Ypsilanti, Mich., reports in the *Detroit Clinic* a case occurring in his practice in which a woman gave birth to a six-month's foetus still-born. It was enclosed in a long and narrow amniotic sac to which the placenta was attached in a sessile manner.

"What is the action of disinfectants?" was asked of a medical student. "They smell so bad that people open the door and fresh air gets in," was the reply.

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### Births, Marriages and Deaths.

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On the 18th ult., Dr. J. B. Bond, of Yarmouth, N.S., in the 80th year of his age.

In Halifax, N.S., on the 11th of June, B. Gardner, Page M.R.C.S., Eng., in the 72nd year of his age.

At Thornhill, Ont., on the 19th ult., of cancer of the tongue, Dr. J. N. Reid, aged 52 years.

At St. Benoit, Que., on the 25th ult., Hon. Dr. Dumouchel, aged 72 years.

In Galt, Ont., on the 23rd ult., Dr. Samuel Richardson, aged 74 years.

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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.

# WARNER & CO.'S PHOSPHORUS PILLS.

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## 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.

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

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Quiniæ 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.

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## 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.; Quiniæ 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.

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## 8.—PIL. PHOSPHORI CUM QUINIA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Quiniæ 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.

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## 9.—PIL. PHOSPHORI CUM QUINIA CO. [Warner & Co.]

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

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

℞ Phosphori, 1-50 gr.; Quiniæ 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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**BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.**

## WARNER & CO.'S PHOSPHORUS PILLS.

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

℞ Phosphori, 1.50 gr.; Quiniæ 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.; Morphiæ 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. Nuclis Vomitiæ,  $\frac{1}{4}$  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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BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

That many of the diseases from which mankind suffer during infant and adult life are caused by malnutrition, there can be no doubt; and the extent to which non-assimilation of the life-giving properties of food interferes with recovery from severe illness, baffling the best directed efforts of the physician, points the necessity for an agent or combination of agents sufficiently potent to replace the deficient principle and aid nature in renewing the degenerated tissues.

Realizing this need, the science of chemistry produced pepsine. Richard Tuson, F. C. S. Professor of Chemistry, London, England, in the *Lancet* Aug. 13, 1870, speaks of this remedy as follows: "Since the introduction of Corvisart and Boudault's poudre nutritive into medicine, in the year 1854, Pepsine, obtained from the stomach of the pig, calf or sheep, in a state of greater or less impurity has been extensively prescribed in Dyspepsia and certain other affections. According to the testimony of some authorities of high standing, long experience in the use of this agent fully justifies Corvisart's predictions relative to its therapeutic value, which were based on physiological reasoning.

There are other authorities who express doubts as to the efficacy of Pepsine. This difference of opinion undoubtedly arises from the circumstance that pharmacutists supply medical men with various preparations, all bearing the same specific name of Pepsine, but differing very considerably in their digestive powers and other qualities. In fact, I find those who speak favorably of its employment in the treatment of disease have prescribed that prepared by the best makers, while those who express a doubtful opinion have been in the habit of prescribing those varieties or makes, which the experiments of myself and others have proved to be practically without any digestive activity, *i. e.* worthless. Under these circumstances it is *absolutely* necessary for the practitioner to be certain of the *makes* of Pepsine he uses. *Pure Pepsine*, thoroughly triturated with finely powered sugar of milk (saccharated pepsine) will undoubtedly produce the best results.

Experience in diseases of the stomach, dyspepsia, etc. has demonstrated in many cases, the lack of other agents required to promote a healthy digestion beside Pepsine, namely Pancreatine and Diastase or veg. Ptyalin. Pancreatine the active principle of the sweet-bread or pancreas possesses the wonderful power of emulsifying the fats and oils of food, rendering them easily assimilated by the system not affected by pepsine in the slightest degree. Diastase or veg Ptyalin, as obtained from malted barley in the *dry* extract of malt, represents the saliva, and has the remarkable property of converting the insoluble starchy portions of food into the soluble glucose, thus rendering the indigestible and innutritious article starch into the nutritive and easily assimilated food glucose.

The value of these different ingredients and the difficulty of procuring them of the right quality led Hazen Morse, 57 Front Street East, Toronto, to experiment with various combinations during seven years' employment in the manufacture of Pepsine on a large scale and with the assistance of several prominent physicians he was finally enabled to present to the profession the following formula.

Saccharated Pepsine.....	10 Grains.
" Pancreatine.....	5 "
Acid Lactophosphate of Lime .....	5 "
Exsiccated Extract of Malt equal to one teaspoonful of Liquid Extract of Malt.....	10 "

Said formula has been registered at Ottawa under the distinctive name Maltopepsyn, thus giving the physician a guarantee of always procuring the same standard preparation and preventing their being imposed upon by imitations of inferior quality, and at the same time putting it at as low a figure (fifty cents for 1½ ozs.) as possible for such a formula to be compounded from the ingredients of the *best* possible manufacture.

Maltopepsyn has digestive power ten times greater than the best Pepsine in the market, as it digests Fibrin and Caseine, emulsifies the fat of food taken into the stomach, thus rendering it assimilable, converts starch into glucose, in fact it combines all the agents that act upon food, from mastication to its conversion into chyle, digesting all aliment use by mankind while Pepsine acts only on plastic food. Maltopepsyn also combines with the above the nutritive qualities of Extract of Malt, and the brain and nerve strengthening powers of the Acid Phosphates.

It has been found that a free acid, like Hydrochloric, does not combine well with a Saccharated Mixture, and renders it liable to decomposition, I therefore do not use it in my formula. It can be easily prescribed in solution, (say 20 drops of acid to 4 ounces of water) one half-ounce with each dose, in cases where its use is indicated.

For infants, however, Maltopepsyn will be found to yield the most satisfactory results, and the acid should be dispensed with. The necessity for the absence of acid which would tend to produce harmful results, will be recognized, when it is considered that even the slight acidity of most cow's milk, when used as food for infants, is sufficient to disagree with them.

With regard to the proper time for its administration, as before or after taking of food, opinions vary, but reason would suggest that about half an hour before eating will afford the ferment a sufficient time to combine with the existing condition of the stomach, and produce the most natural effect upon the food.

# 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 :-

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*Hazen Morse, Esq.,*

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 Diarrhoea 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,**

# 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.  
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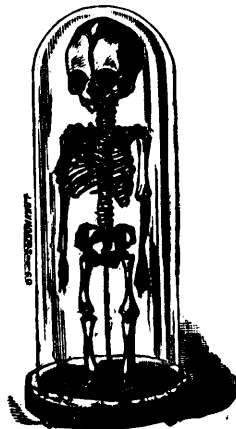
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From Symes & Co., Pharmaceutical Chemists, Medical Hall, Simla.—*January 5, 1880.*

To J. T. Davenport, Esq., 33 Great Russell Street, Bloomsbury, London.

"DEAR SIR,—Have the goodness to furnish us with your best quotations for Dr. J. Collis Browne's Chlorodyne, as, being large buyers, we would much prefer doing business with you direct than through the wholesale houses. We embrace this opportunity of congratulating you upon the wide-spread reputation this justly-esteemed medicine has earned for itself, not only in Hindostan, but all over the East. As a remedy of general utility, we much question whether a better is imported into the country, and we shall be glad to hear of its finding a place in every Anglo-Indian home. The other brands, we are happy to say, are now relegated to the native bazaars, and, judging from their sale, we fancy their sojourn there will be but evanescent. We could multiply instances *ad infinitum* of the extraordinary efficacy of Dr. Collis Browne's Chlorodyne in Diarrhœa and Dysentery, Spasms, Cramps, Neuralgia, the Vomiting of Pregnancy, and as a general sedative, that have occurred under our personal observation during many years. In Choleraic Diarrhœa, and even in the more terrible forms of Cholera itself, we have witnessed its surprisingly controlling power. We have never used any other form of this medicine than Collis Browne's, from a firm conviction that it is decidedly the best, and also from a sense of duty we owe to the profession and the public, as we are of the opinion that

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

THE REGULAR SESSION will begin on Wednesday, September 20, 1882, and end about the middle of March, 1883. 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 two 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.

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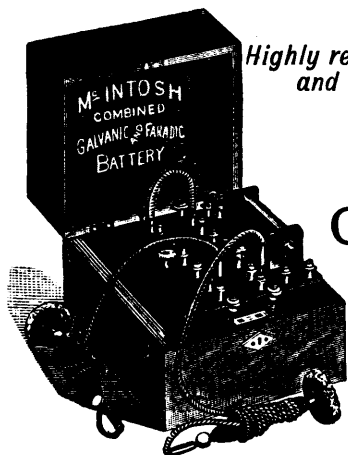
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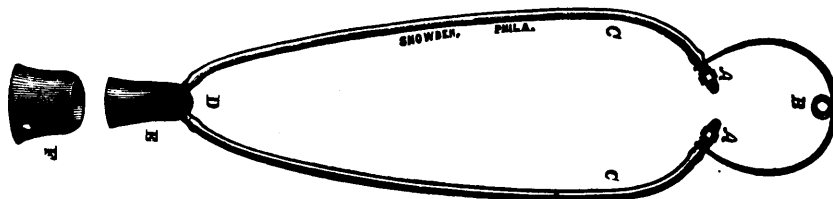
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**Tonic.**—One teaspoonful at each meal in a wineglassful of water (cold).

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For Children, the doses should be regulated according to age, viz., from 9 to 12, one-half; from 5 to 9, one-third; from 1 to 5, one quarter.

To secure the full remedial effect, ALWAYS dilute largely with cold water.

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FROM THE "LONDON MEDICAL TIMES AND GAZETTE," MAY 14, 1881.

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We are now, however, prepared to furnish an ELIXIR OF PHOSPHORUS, which is free from all the objectionable qualities above stated. It is absolutely reliable, non-irritating, and pleasant to the taste. Each teaspoonful contains gr.  $\frac{1}{100}$  of free Phosphorus, held in perfect solution, and of assured stability. This article has been tested for nearly a year by some of the leading physicians of this city, and their satisfaction with it has been such as to warrant us in offering it to the profession at large as worthy of their favor. It may be given in combination with other preparations, as for example with our Elixir of Iron, Quinine, and Strychnia, with the tincture of Nux Vomica, etc.

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## LIQUOR ACIDI PHOSPHORICI. WITHOUT IRON!

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Each fluid drachm contains 3 grs. Phos. Lime; 2 grs. Phosph. Magnesia;  $1\frac{1}{2}$  grs. Phosph. Potassa, with free Phosphoric Acid.

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This combination of the Acid Phosphates has been used with very satisfactory results by Dr. Wm. Pepper, and many prominent Physicians, as a tonic to the digestive organs, and to the nervous system.

The value of the Phosphates, held in solution by an excess of Phosphoric Acid, in the ailments dependent upon a want of nerve force, and enfeebled digestive power, was fully demonstrated in the administration of the Compound Syrup of Phosphates, (Chemical Food), manufactured by us twenty years since, for Prof. Samuel Jackson, of the University of Pennsylvania.

Physicians will find this to be an excellent vehicle for the administration of Morphia, Quinine, Pepsin, and all the class of remedies in which an excess of acid is required.

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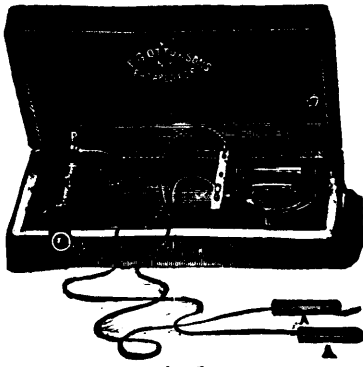
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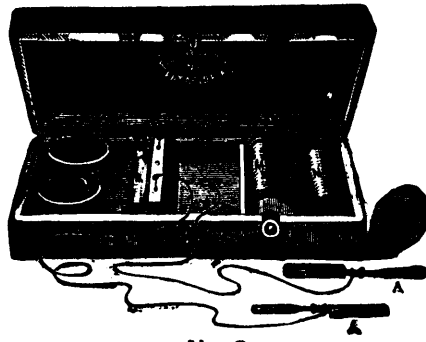
	\$	c		\$	c						
Acid, Carbolic.....	oz.	0	07	Jalapin.....	"	1	75	Rad. Rhei. pulv.....	lb.	2	00
" Sulph. Ar.....	8 oz. bot.	0	20	Lin. Saponis.....	8 oz. bot.	0	24	Santonine.....	oz.	0	80
" Hydrocyan.....	1 "	0	23	Liq. Ammon.....	"	0	17	Soda Bicarb.....	lb.	0	14
Ether, Nit.....	8 oz. bot.	0	22	" Arsenic.....	"	0	20	" Potass. Tart.....	"	0	33
" Sulph.....	"	0	33	" Bismuth.....	"	0	40	Spir. Ammon. Co.....	8 oz. bot	0	24
" Co.....	"	0	28	" Donovan.....	"	0	28	Syr. Aurant.....	"	0	20
Antim. Pot. Tart.....	oz.	0	08	" OpilSed.....	"	1	20	" Codela.....	"	0	90
Argent Nit. fus.....	"	1	20	Morph. Sul.....	oz.	4	25	" Ferri Iod.....	"	0	54
Balsam Copaib.....	8 oz. bot.	0	50	" Mur.....	"	4	25	" Strych. Phos. Co.....	"	0	80
Bismuth, Car.....	oz.	0	20	Ol. Crotonis.....	lb.	0	25	" Hypophos.....	"	0	38
Ceril Oxalis.....	"	0	20	" Jecoris Asselli.....	lb.	0	25	" Phosph. Co.....	"	0	35
Chloral Hy rate.....	"	0	13	Pil. Aloes.....	gross.	0	30	" Scilla.....	"	0	22
Chlorodyne.....	"	0	15	" et Ferri.....	"	0	30	Tinct. Aconit.....	"	0	24
Chloroform.....	lb.	1	30	" Assafœtid.....	"	0	30	" Arnica.....	"	0	24
Cinchon, Sul.....	oz.	0	45	" Cath. Co., U. S.....	"	0	45	" Camph. Co.....	"	0	20
Ergot, pulv.....	"	0	15	" Hydrarg, Mass.....	lb.	1	00	" Cardam. Co.....	"	0	24
Emp. Lytta.....	lb.	1	25	" Subchlor. Co.....	gross,	0	30	" Catechu.....	"	0	20
Ext. Belladon.....	oz.	0	20	" Rhei. Co.....	"	0	35	" Cinchon Co.....	"	0	24
" Colocynth Co.....	"	0	12	" Podophyllin, Co.....	"	0	40	" Colch. Sem.....	"	0	30
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" Nucis Vom.....	"	0	75	" Bicarb.....	"	0	35	" Ferri Perchlor.....	"	0	18
Gum, Aloes Soc.....	"	0	90	" Bromid.....	"	0	60	" Hyosciam.....	"	0	20
" Acacia, pulv.....	"	0	60	" Iodid.....	"	5	00	" Iodine.....	"	0	50
Gly cerine, pure.....	lb.	0	30	Pulv. Opil.....	oz.	0	75	" Nucis Vom.....	"	0	24
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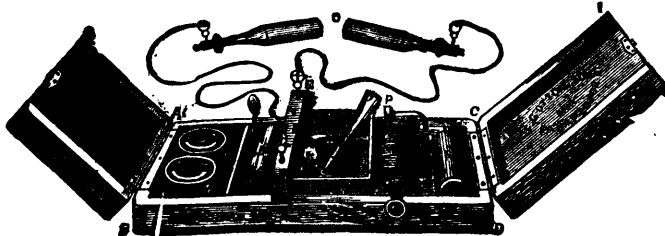


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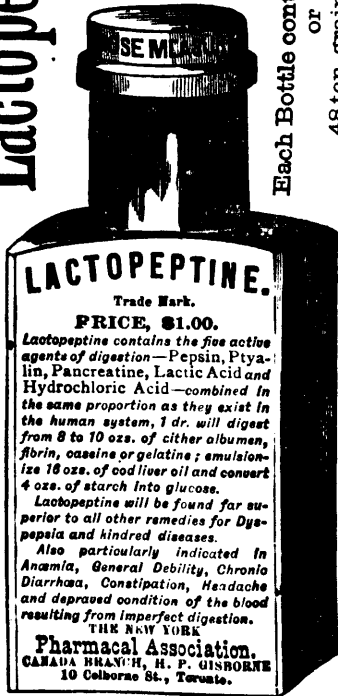


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Manufacturers of Surgical Instruments, and  
Orthopedic Appliances.

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Each Bottle contains 1 ounce  
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48 ten-grain Doses.

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AS A DIGESTIVE AGENT.

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

LONDON, May 8, 1892.

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

JOHN ATTFIELD.

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

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

## FORMULA OF LACTOPEPTINE :

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

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

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

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

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

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

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

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

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

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**Ung. : Hydrargyri : Nitratris (Citrine Ointment) . . . . . Cerat. : Resinae.**  
**Cerat. : Plumbi Sub-acetatis (Goulards Cerate) . . . . . Cerat. : Simplex.**

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

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