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No. 8 }

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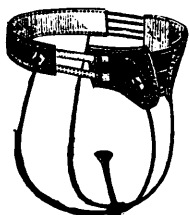
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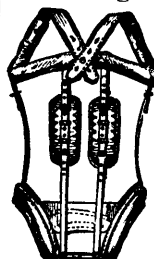
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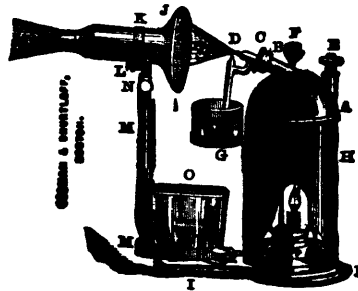
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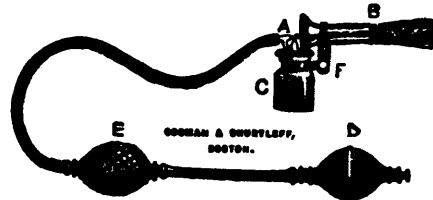


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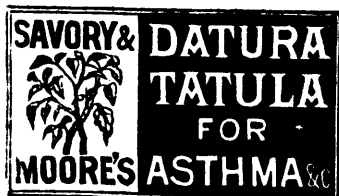
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[EXTRACT FROM DR. HOWARD CANE'S ARTICLE IN THE LONDON LANCET.]

From the great frequency of occurrence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

CASE 1.—G. R.—, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind. When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1/10 grain to be taken six times daily, and to see me again in a fortnight. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

CASE 2.—J. C.—, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fortnight. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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Original Communications.

CROUP AND DIPHTHERIA.

BY DR. P. MARLINI.

(Translated from the *Archivio Clinico Italiano*.)

BY JOSEPH WORKMAN, M.D., TORONTO, ONT.

[The preceding part appeared in the *Archivio*, of 1st January, and treated chiefly of the symptoms, treatment, and statistics of cases observed by the author. In the succeeding number, of 10th January, he discusses, at some length, the subject of the non-identity of diphtheria and croup, and as some difference of opinion on this question yet obtains in this country, we venture to lay before our readers a translation of Dr. Marlini's second part.]

"Having learned the views of Professor Virchow on the pathological anatomy of these diseases, and the clinical distinctions made by Niemeyer, Oppolger, and Charles West, and having always been able, at the bed-side, to distinguish the two morbid forms, I had become convinced of their diversity. Whilst I was thus firm in my opinion, and had believed all dissent extinguished, there came to light, through a translation by Professor Maffei, a monograph on diphtheria, by Morell Mackenzie, in which, under a separate head, he speaks of laryngo-tracheal diphtheria, and regards it as no other than croup. Although he has treated the subject with much ability, or, as his translator says, with great mastery, still the proofs adduced by him in support of his thesis have tended far otherwise than to remove every doubt, and to irrefragably establish the truth of his assertion in such a manner as to lead me to change my faith."

He seeks, in the first place, to demonstrate that the anatomico-pathological differences in the structure of the two species of false membrane, of croup

and diphtheria, are merely the hypothetical distinctions of Virchow. Everybody knows that Virchow admitted the existence of a diphtheritic exudation infiltrated into the substance of the mucous membrane, whilst that of croup was a transudation on its free surface, and that in the former it could not be detached without lacerating some part of the underlying texture, whilst in the latter it could be readily separated. In diphtheria, on the falling off of a patch of the infiltration, an ulceration remained on the mucous membrane, but in croup this surface remained almost sound, if exception be made of a slight degree of hyperæmia. In order to show that this is not true, Mackenzie says:—"In course of time Virchow was obliged to change his course, and to promulgate the idea that necrosis of the underlying textures was the notable characteristic of diphtheria." This modification only goes to confirm my belief in the difference, and to render it more conspicuous. We are not to regard as false, facts which have become modified in form, for then we must bring under doubt things most evident, as there have been hardly any observations in medicine which have not undergone subsequent modification. Mackenzie next adds, "Practically it has been found that this distinction was not more satisfactory than the first, since cases have come under observance, which responded clinically to croup, but in which there distinctly was death of the textures." But admitting, as matter of fact, the symptomatic similitude of primitive with secondary croup, or diphtheria, how does the author know that in a given case we are treating of the first and not of the second? The disease having had primitive origin in the larynx, does not signify that we have a true or primitive croup; but the true difference between this and diphtheria stands certainly in the anatomico-pathological lesions. Besides, as Mackenzie himself confesses, that, practically, cases of croup are presented, in which there is necrosis of textures, he virtually admits that the assertion of Virchow is not a mere supposition, or hypothesis, as we have above seen it called by him, but an observed fact. He afterwards says: "It has been observed that the difference in the degree of adhesion of croupal and diphtheritic exudations, is due to the difference in structure of the parts on which they are found."

In the first place, I would observe, that we are not now treating of simple adhesion, but actually

of a necrosis; and, next, leaving aside the fact that the anatomical modifications which are met with in these two morbid forms, interest, by unanimous consent, the mucous membrane only, which has an identical structure, whether on the pharynx or the larynx, and that the sole difference consists in the more or less adherence to the textures beneath, how happens it that, as he has said above, there are cases of croup in which there is death of the textures? This is equivalent to saying that in the mucous membrane of the larynx there may be necrosis, notwithstanding the supposed diversity of structure. Niemeyer, in his treatise on pathology, in the chapter on croup, expresses himself thus: "The diphtheritic process, which is observed on the respiratory mucous membrane, is distinguished from croup in this, that the exudation is not deposited *on* but *within* it, and that its texture becomes infiltrated, and its vessels compressed, and thus the membrane affected is killed, and an eschar ensues; it is detached and it leaves a loss of substance, followed by a cicatrix."

The last argument which Mackenzie offers in support of his thesis is the following: "Wagner," he says, "who has given us the best work in this relation, has declared that his preparations of croupal and diphtheritic membranes are much alike." But even leaving out of account the difference between similarity and equality, does he not yet implicitly admit the distinction? Besides, Wagner cites examples only of morbid products, and not of anatomical lesions existing in the diseased parts. Mackenzie continues thus;—"and Reindfleisch admits that the pathological process of pharyngeal croup is the same as that which takes place on the larynx." This merely proves that, notwithstanding the above mentioned supposed difference of structure between the larynx and the pharynx, when we treat of the same morbid process, the pathological products observed in the two parts are identical. No one has ever denied that the croupous process may commence in the pharynx. After all, it appears to me clearly to be brought out that Mackenzie has in no way proved the pathological identity of the two diseases, and this failure has especially resulted from his want of observations and direct facts. Taking up next the examination of the clinical differences, he divides them into those related, 1st, to the seat of the disease; 2nd, to its manifestations. As regards

the seat, he supposes, first of all, that the sustainers of the dualistic theory believe that croup is exclusively and essentially a disease of the larynx and trachea. But this is not at all true. All the authors agree in admitting two forms of croup,—the ascending and the descending. The pseudo-membranous croups may be found in the pharynx and the bronchi, and we all know that the genuine pulmonitis of adults is a true croup of the minute pulmonary air tubules. "It is the fact," adds Mackenzie, "that croup is ordinarily a disease which begins in the pharynx, whilst only 10 to 12 per cent. commence in the larynx." In this, as is seen, if we except a certain difference in the proportion, he is in perfect accord with his opponents. As regards the manifestations of the disease, he says "it is asserted by the upholders of the dualistic theory";—

1st. That "croup is a local disease, and diphtheria a constitutional one." It is true, he says, "that in croup the general symptoms are not so grave as when the disease extends to the pharynx. This fact, however, admits an easy explanation, from the consideration that the septic symptoms are in part secondary to the local process. Because, while the lymphatics of the soft palate, the tonsils, and the posterior portion of the pharynx, have very free communications with the numerous glands below the maxillary angle, the absorbent vessels of the mucous membrane of the larynx and trachea end solely in the solitary gland belonging to them under the large bone of the os hyoides, and in the little tracheal gland. There is, therefore, less tendency to general infection when the process resides in the latter named parts." These considerations would be most just, if it were not the fact, and he had not previously stated it, that in 90 per cent. of all cases of croup, the lesion exists also in the pharynx. Well, then, if, notwithstanding this, septic symptoms are not met with in croup, to what, if not to the diversity of the anatomico-pathological process, can the fact be attributed? In order to establish the truth of his assertion, it would have been necessary to prove that symptoms of septicism exist in those cases in which the croupous pseudo-membrane is extended to the pharynx,—a condition of which he has given no hint.

2nd. The dualists assert that croup is a sthenic inflammation, whilst diphtheria has an adynamic type.

To this he replies: "Cases of sthenic croup are very rarely met with, and the same fact holds as to diphtheria. On the other hand, there are physicians who assert that they have been able to treat diphtheria successfully by blood abstraction, consequently distinctions based on difference of type can have no place."

The author, being a partizan of the unitarian theory, has very probably confounded true croup with diphtheria, and hence his observed prevalence of the adynamic symptoms. But may we not, outside this morbid department, observe adynamic pulmonitis, in which we actually have but a croup of the air cells? Why then should it appear strange that croup of the larynx sometimes assumes this type? And is not diphtheria sometimes presented, and has it not been so described by authors, under an inflammatory form?

To this the author objects, as follows: "The cervical glands are not affected in croup, because the laryngeal mucous membrane has no communication with the superficial cervical glands; whereas, as has been above shown, there is a very elaborate connection between the pharynx and the lymphatic glands." This objection has already been confuted under No. 1, in our notice of the fact given by the author himself, that in 90 per cent. of cases of croup, the disease is seen on the pharynx, without any indications of septicæmia, and hence also without engorgement of the glands being manifested.

4th. In croup, albuminuria is absent, whilst it exists in diphtheria. In order to prove that this is untrue, the author says neither more nor less than the following:—"In croup albuminuria is often present." To this I answer;—yes, but only in the period of asphyxia from renal stasis.

5th. In croup consecutive paralysis does not occur, but it is often observed in diphtheria. In this relation the author says: "Paralysis is rare in croup, because almost all the cases end fatally (?), but it is met with in survivors." That in survivors from croup paralysis may be met with, stands as a fact, and presently I shall illustrate it by an example; but in such cases we are dealing with diphtheritic croup.

As has been seen, the arguments adduced by Mackenzie to establish the identity of croup with diphtheria from the clinical manifestations of the disease, are insufficient to prove the fact in an

unmistakable manner; and as I have done (in the first part of this article in the *Archivio* of January 1870), I shall, in relation to this part of the controversy, also, report the result of my own experience. In my medical practice, during five years, from 1868 to 1873, I had opportunities of visiting several patients, all under seven years of age, who had an acute disease, febrile, sporadic, and characterised by the product of a pseudo-membrane, which always occupied, though not exclusively, the larynx and trachea, as I had met with it on the fauces in three cases, but then always with appreciable external engorgement. At the close of 1873, instead of the above, I began to observe patients, varying in age from a few months to 50 years, affected with a disease, also acute and febrile, but epidemic, and exhibiting a deposit of patches of exudation that occupied, though not exclusively, the fauces, and which, falling off, left the surface of the mucous membrane bleeding, eroded or necrosed, with constant glandular engorgement external to the angle of the lower jaw, complicated often, if grave, with nephritis, and followed, in case of recovery, by paralytic symptoms. In the first 124 cases, diffusions in the larynx (*vide Archivio Clinico*, 1877) were observed in 7, and in 57 others 6 times. From the exposition of these facts, observed by myself, and all my colleagues who made observation before and afterwards, it appeared to me that the difference of the seat and the clinical manifestations of the two diseases, were clearly shown,—a difference which was always based on experience, which ought to be the sole judge of the controversy. After this, however, it could not be excluded that croup, although it always had its seat in the larynx, might yet be diffused upwards and downwards, so as to be found in the bronchi and the back of the mouth. And thus in diphtheria, also, although the disease is appropriate to the fauces, it may extend, as is the fact, into the larynx and œsophagus.

The observance has been made that the pseudo-membrane of croup in the pharynx does not exclude the fact that its preferential seat is the larynx; and the like may be said of diphtheria. Supposing, however, that croup and diphtheria are the same malady, we should have to admit that when it occurs sporadically and isolated, it has its seat in the larynx, but in the fauces when it is epidemic. I do not believe that the proporti

of 90 per cent. of cases of croup, in which the pseudo-membrane is extended to the pharynx, as Mackenzie asserts, is correct; he must, following his own convictions, have confounded true croup with diphtheria. It may still stand as a fact that croup sometimes commences in the pharynx, just as diphtheria sometimes in the posterior nares. In 1871 I was one night called to a boy of three years, in whom I was able to predict appearance of croupal symptoms before the morning, and so it happened; this patient, who finally succumbed, was seen also by my master, the illustrious Professor De Renzi. The same happened in another case visited by the celebrated Doctor Luxoro.

With a view of rendering more prominent some differences, as well in the symptoms as in the treatment, between idiopathic and diphtheritic croup, I shall here relate a typical case of each, which fortunately ended in recovery. The first was that of a male child of three and a half years. I visited him in 1872, on the fourth day of the disease. He had previously been treated by Dr. A. G., who is now dead. He visited him on the first day of the disease, and applied leeches on the neck, and administered tartar-emetica. This treatment was continued over the second and third days, but having done no good, the Dr. declared he could do no more, commended the patient to some saint's kind protection, and went his way in expectation of a fatal issue. It was just then I was called in. The child was well developed, of good constitution, and sanguineous temperament; but I found him in a state of prostration, the heat of skin diminished, the countenance pale, the pulse frequent; he was somnolent, the breathing was wheezy and laborious, there was great epigastric depression, etc.; there were traces of albumen in the urine, but no engorgement in the glands at the maxillary angle, nor traces of pseudo-membrane on the fauces. There was aphonia, but cough was totally absent, and from time to time attacks of suffocation occurred. I had no difficulty in reaching diagnosis of croupous laryngitis, with incipient carbonic narcosis. But the important question was, what must be done? I paid more regard to the great prostration produced by the abstraction of blood for three days, and by the continued use of the tartrate of antimony, than to the absence of cough; and I prescribed a decoction of polygala with the acetate liquor of ammonia, and a proper

diet with wine. I subjected him also to inhalations of lime water, which I had found very useful in croup, as recommended by Prof. DeRenzi. After one day of this treatment, which was carried out with the greatest exactness and punctuality, the child himself most willingly making the inhalations for 15 minutes hourly; the cough began to arouse, with a granulous frothing excretion, which was no other than the detritus of the pseudo-membrane now in process of dislodgment under the influence of the lime water. Presently the respiration began to be more free and the somnolence to pass off; heat returned to the skin, the pallor of aspect disappeared, and on the seventh day recovery was secure; on the 15th day convalescence was complete. I obtained the same result in two other cases. After these results I tried the lime-water in diphtheria, but have never seen its necrotic plates (*placche*) loosed by it, although it was still more easy to make the application by gargle than by penciling or inhalation.

I now present a case of diphtheritic croup. C. L. fell sick, 10th August, 1879. Two sisters, one of seven and the other of twelve years had been already struck by diphtheria; the latter had died on the 4th day; the other was now in convalescence from an attack of moderate intensity. My patient was three years old, was of good constitution, well developed, and of lymphatic temperament. On my first visit I found him in fever, temperature 38.9° (102° F), pulse 126. There was a tumefaction at the angle of the lower jaw, more marked on the right than on the left and painful to the touch. A patch of exudation of the size of a centime was seen on the right tonsil; on the left there was infiltration in the incipient stage. The tonsils were tumefied and reddish. No catarrhal symptoms had existed in the nose or the air passages; there was no vomiting, nor any albumen in the urine. I prescribed a diet as substantial as possible, and a decoction of bark, acidulates internally, and a solution of phenic acid applied by brush. The fever was mild and short, and disappeared on the second day. The patches were limited to the tonsils, and went off on the third day. On my visit on the fourth, however, I found the cough which had been rough, now barking; the voice harsh and choked, and the temperature that of new fever; to this by little and little were adjoined respirations slightly sibilant; the depressions at the

epigastrium and the base of the neck were hardly noticeable during inspiration, spasmodic accesses were wanting through all that day, and only in the night was there a momentary difficulty of breathing; in short there were all the symptoms of idiopathic croup, but of brief duration. I feel assured of having observed this progression in all cases of diphtheritic croup, even of those which ended fatally. In such instances whilst I always sought to sustain as far as possible the strength of the patients, I subjected them to inhalations of turpentine, and at intervals of eight hours I gave an emetic of the sulphate of copper, between these continuing the decoction of cinchona. With this treatment I had the pleasure of seeing in four days the recession of the perilous symptoms, and on the tenth day of the disease the glandular engorgement had disappeared, and the respiration became normal, though the voice continued aphonious for many days. Notwithstanding the tonic treatment persisted in throughout the course of the disease, and for two weeks after the cessation of the local affection, a most pronounced anemic state was manifested, with great muscular weakness and anorexia; paralysis of the posterior palatine muscles appeared, drinks began to flow out through the nose, and the voice was nasal; paralytic torsion of the neck was observed. The child was able to lie down, but he could not raise the trunk, because of the paralysis of the extensors of the vertebral column. I began to combat these symptoms with the phosphate of iron and lime, and infusion of arnica. Under this course he began slowly to improve, though at the end of two months he was not completely restored.

Another case quite similar was met with in a girl of five years, in which the same treatment succeeded. Paralysis of the palatine muscles ensued in this case also, but her former good health was gradually re-acquired. I shall here add the macroscopic characters of the pseudo-membrane which I was able to procure in those cases of croup, in which I had found it on the fauces; and next I shall describe those of the diphtheritic coating. In the first place, in cases of true croup, the tonsils were in the normal state, only the mucous membrane was somewhat tumefied and reddish; the pseudo membrane had a milky white color, it was not organized, and it had a creamy aspect; it arose on the mucous membrane of the

tonsils in a hardly appreciable degree; it occupied in preference the back part of the tonsil, and was easily detached, even from the first day, without leaving very observable lesions, and after the second day it had passed away. This change was due I think to the continual passage of drinks, the administration of emetics, &c., which favoured the detachment.

In two cases of autopsy made by me, the pseudo-membranes formed in the larynx and the trachea were well organized, soft, and of a uniform thickness; their color was amber and they extended into the bronchi; this was the reason why tracheotomy, which was performed, proved fruitless. This pseudo-membrane as I have already said, was soluble in lime water. When I encountered the diphtheritic coating there was enlargement of the body of the tonsil, glandular engorgement outside sufficiently manifest to strike the eye immediately; the colour was grayish; and the exudate was, even from the first, very adherent to the textures under it, from which it did not begin to separate before the fourth or fifth day, commencing at the margins, and when if it was laid hold of with the forceps to draw it away, it was felt to be very resisting at the centre, and by persistence pain and hemorrhage were provoked, and this sometimes took place even when it came off spontaneously, leaving an ulcerated, bloody surface. This sort of coating was hard, leathery, of unequal thickness, and more thick in the centre than at the edges; it had sometimes little projections scattered here and there of the size of pin-heads. I never saw this sort dissolve in lime water. I have seen mild cases of diphtheria in which, notwithstanding the presence of tonsillary enlargement and engorgement of the glands, with a patch of the size of a centime, having an irregular, circular boundary, slightly elevated, and depressed in the centre, where it was of a dirty white color; after a few days, this having fallen off and the swelling of the tonsil having subsided, the part presented a hollow which soon filled up again.

In concluding, I shall bring under notice the fact, that those authors who do not admit the distinction between croup and diphtheria, are constrained to describe in a separate chapter a species of angina which is but a more grave form of diphtheria. Bouchut speaks of two forms of angina, calling them the ulcerous and the gangrenous,

taking as their type the Syriac ulcer of Areteus; and following the doctrine of Bretonneau, he divides it into the simple or benign, and the grave or malignant. Valleix also treats in one chapter of malignant angina, and divides it into the pultaceous, the cottony, and the gangrenous, of which forms he gives separate descriptions, which merely create confusion.

I believe, therefore, that a distinction should be made between croup and diphtheria, and between the latter and angina maligna; and though we chance to meet with cases in which it becomes difficult to establish an exact diagnosis of the nature of the disease, this does not imply that we may not do so in the majority of cases, or that we ought to confound two diseases regarded from time immemorial as of distinct essence; a decision which recent anatomico-pathological researches have only confirmed. Recapitulating the facts herein exposed, we have seen:—

1st. That of eleven patients with croup observed in the first five years of my practice, none was older than seven years, and in only three was there diffusion of the membrane to the fauces, without, however, any external glandular engorgement; whilst in 181 cases of diphtheria, treated in two distinct epidemics in individuals whose ages varied from one year to fifty, only in thirteen was there diffusion to the larynx, and this in every instance was light, but external glandular engorgement was always present.

2nd. In three cases of true croup treated by me, subsequent paralysis was not seen; whilst in two cases of diphtheritic croup it followed.

3rd. In the eleven cases of croup traces of albumen were found in the period of narcosis; whilst in those of diphtheria it was almost constantly present, in grave cases which ended fatally, and was symptomatic of nephritis.

4th. Even from the macroscopic characters, the croupal pseudo-membranes could be distinguished from the necrotic diphtheritic exudate, and they also differed in their chemical properties.

5th. The lesions left on the localities affected were in various cases recognizable and different.

And as my final conclusion, I say that croup and diphtheria, hitherto regarded as two distinct maladies, ought still to be so retained, in view of the difference of the individuals attacked, the seat of the disease, the general results, and the pro-

ducts and alterations which they leave behind them. After all this, I would not that any one should believe that I have wished to criticise so able a clinic as MacKenzie. I have merely desired it to be noted, that the identity of croup with diphtheria does not seem to me to be established in an irrefragable manner. I am however, conscious of my own small ability, and I leave it to others, better able, to decide the question.

PELVIC HEMATOCELE.

BY D. C. ALLAN, M.D., AMHERST, N. S.

July 5th, '79 I was first called to see Mrs. W. B. who I was informed had been ill for some weeks, and from whom I got the following history: age 36, mother of four children, the oldest twelve and the youngest six years of age. Family history good, and had herself enjoyed comparatively good health until the last ten years, during which time she had suffered from some form of "womb complaint," but for which she had received no treatment.

She had menstruated regularly for the last five years. Two days previous to her present attack which began May the 29th, '79, she "had not felt well," and attributed the cause to the non-appearance of the periods which should have occurred two weeks previous. One week after the time the menses should have appeared, not feeling comfortable, Dr. T. W. Carritte was consulted, who gave an emmenagogue, and directed measures to be employed to encourage the menstrual flow. As before stated, on May 29th she was compelled to go to bed on account of pain in the pelvis, which was much aggravated by walking about. She did not suffer much when quiet in bed, although feeling quite ill in other respects. The medical attendant was again called, and two days after, the menses as was supposed, appeared. For the four following days she went down stairs, but could not remain long on account of the pain in the pelvis, and general weak and distressed feelings. She had never suffered pain during menstruation, but the latter was usually pretty free. From this time forward she had not left her bed but for a few minutes only, and was under the daily care of her former medical attendant who was of the opinion that she had suffered "a miscarriage."

For eighteen days this state of matters continued,

menorrhagia constant and pretty free, patient quite weak, appetite fair, and the bowels moved daily by infusion of senna. At the expiration of this time she discovered a swelling in the lower part of the abdomen, and for some days previous experienced some pain and difficulty in passing water, and the bowels became more difficult to move. The attendant's attention being called to the matter, an examination was made, and the trouble pronounced to be due to "enlargement of the womb" with prolapse and retroversion. She was now treated with bromide of potassium. From this time she gradually grew worse; a few weeks later a consultation was called, the diagnosis concurred in, and ergot added to the above treatment.

The patient still continued to grow worse, and about seven weeks from the date of attack she first came under my care. At this time she presented the following symptoms: The face was extremely pale and somewhat shrunken, but wore a quiet easy expression, she lay upon the back with the legs well drawn up, the whole body was much emaciated the skin dry and rather cool, the tongue moist and coated with a velvety brownish white fur. Pulse 114, small, feeble, compressible and regular. Temperature 98; respirations 24 in the minute. She complained of but little pain when quiet. Auscultation and percussion of the lungs showed no signs of disease, the heart sounds were weak with a slight bruit over the sternum. Examination of the abdomen and urine elicited no evidence of disease, but palpating the hypogastric region produced considerable pain, and rising for more than three inches above the pubic symphysis and extending into either iliac fossæ was a firm, smooth unmoveable tumor. Directly above the pubes in the median line could be distinctly felt through the thin and lax abdominal walls a small tumor about the size and form of a pear, quite moveable and resting upon the larger tumor before described. Introducing the catheter gave some pain, and but little urine came away; micturition was frequent and difficult, and the bowels constipated.

Digital examination found bleeding from the vagina, which was hot, and its anterior and posterior walls in firm apposition, this being produced by a uniform hard smooth rounded tumor occupying the latter wall, and extending for an inch from the fourchette as high up as the finger could reach. The rectum was flattened from side to side, the walls

pressed hard together, and the whole sacral curve and pelvic cavity completely filled with the same smooth hard tumor; and there was a copious slimy discharge from the bowels. The uterus was evidently above the symphysis and the os flattened transversely. Introducing the sound, the organ was of normal size, the point of the instrument passed over the pelvic arch and in front, and grasping the uterus with the other hand the former was quite moveable and proved to be the pear-shaped body resting upon the pelvic tumor. I consequently concluded that it was either a case of pelvic hæmatocele or pelvic abscess the result of cellulitis, but from the history and symptoms believed it to be the former. Informing the patient and husband of my opinion I proposed aspiration as a final proof, to which they readily assented. A No. 2 needle was passed quite easily and with little pain for a depth of two to three inches into the vaginal portion of the tumor just below the cervix; an ounce of red semi-fluid blood passed slowly over into the receiver, and so decided the nature of the pelvic accumulation. Treatment: absolute rest, opium to relieve pain, and quin. sulph. grs. *ii, ter in diem*, with nourishing food. A blister 4 x 6 was applied to the abdomen and allowed to vesicate lightly, and followed by light linseed poultices, and warm vaginal injections of a weak solution of common salt to be gently used three times daily. These measures were adopted to support the patient, to stimulate absorption of the blood mass and avert inflammation.

July 6th, 7th, 8th and 9th.—No material change had taken place.

July 10th.—Pulse 116; resp. 26; temp. 100° F. feverish, thirsty, with constant acute abdominal and pelvic pain, and great tenderness on pressure. Peritonitis had undoubtedly supervened; the treatment consisted of hypodermic injections of morphine to relieve pain, turpentine stupes to the abdomen, followed by fomentations of hot water and laudanum covered with oiled silk.

July 11th, 12th, 13th and 14th.—During this time symptoms steadily showed increased severity of the disease; pulse ranging from 130 to 155 per minute; resp. 30 to 35 with proportionate elevation of temperature; and there was nausea and vomiting, complete anorexia and great thirst. The tumor had been daily and rapidly increasing in size until now it reached above the umbilicus,

completely filling the iliac fossæ, presenting strongly forward being as large as the abdomen at the seventh month of pregnancy.

The tumor had lost its uniform smooth feeling, the surface being uneven, nodulated, and the whole mass seemed distinctly encapsulated. This change in size and surface of the tumor, and its segregation was doubtless the effused lymph the result of the peritonitis. The abdomen was extremely tympanitic. A stomach tube was passed with difficulty up the rectum into the colon beyond the tumor, and through this large quantities of gas escaped giving considerable relief. One pint of warm lac-assafoetida was slowly injected through the tube and the latter withdrawn. But in the course of an hour the tube had again to be introduced, and the fluid returned as it was producing discomfort, and could not pass unassisted on account of the firm pressure upon the rectum. A considerable quantity of fecal matter in solution returned through the tube, this being all that had passed for six days. Treatment continued.

July 15th, 16th and 17th.—The patient is very prostrate and growing worse; pulse 140; resp. 36; high fever, intense thirst, has taken no food, tongue dry and coated, the mouth surrounded by a thick crop of herpes labialis, the countenance anxious and agonized, and the eyes much sunken were surrounded by dark deep lines. Two ounces of brandy were given every two hours, and an occasional dose of a mixture of acetate of ammonia with nitrate of potassa. During the afternoon of the 17th she had a violent chill lasting for more than an hour, and this in turn was followed by hectic and profuse perspiration. The contents of the tumor were undoubtedly undergoing decomposition and producing septicæmia. Next morning Dr. R. Mitchell visited the patient with me to consider the propriety of evacuating the hæmatocele. We found her much better; pulse 108; resp. 22, but little fever, tongue moist, slight pain, abdomen less swollen, and diminished tenderness on pressure. It was decided not to operate just then; linseed poultices covered with oiled silk were applied, and treatment as before continued. I was hastily summoned on the following morning at 4 o'clock. Entering the room I noticed a most offensive odor. The patient seemed quite easy though somewhat agitated, and informed me that "half an hour since she was awakened from sleep by flooding from the bowels."

I found the bed deluged with blood—mostly fluid, quite bright red, some small clots and though exceedingly offensive there were no visible signs of pus. The fluid had saturated the clothing, permeated two ticks, forming a pool upon the floor, the quantity in all as nearly as could be estimated amounting to fully four quarts. The large abdominal tumor had mostly disappeared, although there remained considerable tympanites. By vaginal and rectal touch the swelling was found to be diminished in all directions, and the uterus was fallen below the symphysis, and the rectum filled with blood which was still flowing freely per anum. The hæmatocele had opened into the rectum. Pulse 128; resp. 28; slight fever and the patient exceedingly weak and prostrate. A liberal dose of brandy containing some aromatic spirits of ammonia was at once given, and soon after the bedding changed and the patient placed upon a rubber bed-pan which was allowed to remain. Warm vaginal and rectal injections of weak carbolic water were used three times in the twenty-four hours, dilute Condie's solution kept in the pan, carbolic spray from the atomizer used about the room and clothing, and the best available ventilation established. Brandy, morphine and poultices continued.

July 20th, 21st and 22nd.—Pulse varied from 110 to 120; respiration easy; slight fever, the tongue clean, but covered with sharply elevated papillæ resembling grains of sago. Herpes labialis improving. There was a discharge from the bowel of blood mostly fluid, but some clots amounting to about eight ounces daily, in color quite dark and very foetid. The bowels had moved six times spontaneously, large quantities of small hard feces being passed. There was still considerable tympanites and when turned upon the side large quantities of flatus escaped the bowels with much relief. The tumor could not be felt above the pubes and was decreasing in the rectum and vagina, but there was still considerable tenderness in the pelvic cavity. Treatment, as before, continued, to which quiniæ sulph. was again added.

July 23rd.—Not so well; during the night she had rigors followed by fever; pulse 130; resp. 28. The discharge was quite free, jellylike, and if possible more offensive than before. The tympanites had almost subsided, and the tumor could

now be found still larger, reaching near to the umbilicus, inclining to the right side and slightly moveable. There was increased tenderness on pressure, and with one finger in the rectum and another in the vagina pressed up against the tumor, and percussing the swelling externally with the other hand, fluctuation was easily detected. Treatment continued.

July 24th.—Passed a bad night; had chills and hectic; pulse 132; resp. 30; complete loss of appetite, some pain in the abdomen and the discharge considerably diminished. A large sized trocar guarded by the index finger was passed up the vagina and plunged into the tumor, just below the os uteri, about one foot of drainage tube passed into the cavity through the canula and the latter withdrawn. More than a pint of the contents of the tumor rapidly escaped through the tube, the free extremity of which was kept constantly beneath a disinfecting fluid. Treatment continued.

July 25th.—Had slight rigors during the night, some fever, tongue moist and clean, pulse 120; resp. 25. During the 24 hours there had been about two pints discharged from the bloody tumor. The cavity was washed out by slowly injecting one half pint of warm weak carbolicized water through the tube, by which it was allowed to return in a few seconds. This was repeated three times in succession, the last used coming away quite clear. Treatment continued.

July 26th.—Pulse 110; resp. easy; but little fever, moderate tympanites, discharge still free but thinner, and the small flow which had continued from the rectum since the vaginal puncture had now ceased. The cavity was washed out with weak Condie's solution and the same treatment continued.

July 27th.—Condition about the same as the previous day, with the exception of considerable swelling of both arms, extending up to the triangles of the neck, the arms were helpless and "felt very heavy," were quite painful and wore an erysipelatous blush. The affected parts were lightly brushed with dilute tincture of iodine and a bandage applied from the fingers to the shoulder.

July 28th.—Progressing about the same as on the previous day. The arms still much swollen and painful as also the parts in the region of the neck; some appetite. There was a moderate dis-

charge and less foetid than it had been at any time previous. Iodine and bandages were applied to the arms as before, and the cavity again washed out with three-fourths of a pint of carbolic acid and water 1 to 40. This injection produced immediate pain, collapse and delirium which caused considerable anxiety. All these symptoms gradually subsided however in about three hours. Brandy discontinued, and instead beef, pepsine and wine given, the morphine and poultices continued.

July 29th.—Improving; pulse 100; resp. 20; no fever or pain, but little tenderness on pressure, no tympanites and the tumor had all disappeared except what could be felt of the walls of the sac. There has been but little discharge since last the cavity was washed out, and this was pale, serous and but little foetid. There was some diarrhoea for which lacto-peptine, and bismuth subnitrate were given. The arms were much improved. The abdomen was painted with tincture of iodine covered with cotton batting, and a bandage applied. From this time forward the patient continued to improve under tonics, pepsine and good diet, and the occasional application of iodine, and constant use of the bandage to the abdomen; and for some days more a few hypodermic injections of morphine were used to allay irritability and procure sleep. During the first of the first week of August the drainage tube was removed, and by the latter part of the same week all discharge had disappeared, and by the middle of the same month the patient was able to go out of doors.

On Oct. 15th, after returning from a visit to her friends, having driven in a few days over one hundred and fifty miles by carriage, she suffered an attack of metro-peritonitis from which she was critically ill during the remainder of the month, but finally recovered and is up to the present time in good health.

Comments.—This was undoubtedly a case of intra-peritoneal hematocle, and in such a case when a large amount of blood is poured out, can absorption be confidently looked for? The mild and gradual symptoms of this case show how such a serious disorder may make considerable progress before being discovered, but doubtless had it been intelligently studied, might have been recognized during the first week. Is it not probable that this blood effusion came from the utero-ovarian vessels, predisposed by chronic disease and excited by

amenorrhœa, and might not such a result seem as a therapeutical hint, respecting the administration of emmenagogues in amenorrhœa with evidence of chronic disease of those organs? It can scarcely be doubted that the disorganized blood should have been evacuated before rupture took place, but primary evacuation resulting from rupture being insufficient for free discharge, doubtless secondary opening was proper to effect the latter and admit of disinfecting injections. An error was committed by too forcibly dilating the sac with fluid, and quite probably the latter was too strongly impregnated with carbolic acid.

The patient received over fifty hypodermic injections of Majendie's solution of morphine, varying in quantities from 25 to 30 drops; and the morphine given in this manner acted much better than when given by the stomach. The disease in the arms was probably produced by the needle punctures, but some time since I attended a very similar case in a patient suffering from puerperal phlebitis. The patient had constitutional syphilis. I should like to hear through the LANCET practical observations on pelvic hœmatocele.

THE CURE OF HERNIA BY HEATON'S METHOD.—A NEW HERNIAL SYRINGE.

BY W. B. DEGARMO, M.D., NEW YORK.

For many years the above operation was practised by the originator with apparent success, but from the fact that he kept his method secret, it was given very little attention by the profession, and when, shortly before his death, he saw fit to make known his experience it was very justly looked upon with distrust. There were those however, who had seen undoubted cures attained through him, that were anxious to ascertain by what means these cures had been produced.

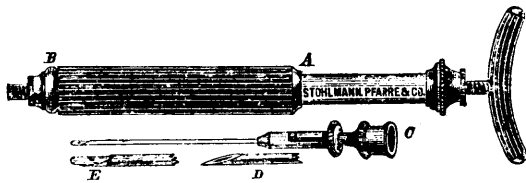
It was certainly no trifling evidence that prompted such eminent authority as Sir William Ferguson to refer to the operation in the terms used by him in the closing remarks of his chapter on hernia, although the method of operating was at that time unknown to him. Regardless of the past history of this operation, it is our duty to accept it for all that it is worth, and as it is simple, easy of performance, almost painless, and entirely devoid of

danger, none should hesitate to give it a trial in suitable cases. That those who have the opportunity and inclination to test it may do so, I shall here briefly state its details and offer a new hernial syringe for its performance, which I believe to be more convenient and certainly safer than the one used for so many years by Dr. Heaton.

The necessary preparations are very few. It is my custom to administer a mild cathartic the night previous to the operation, that the bowels may be kept confined afterwards with greater ease. The hernia having been perfectly reduced, the bandage to be used after the operation should be partially adjusted so that the patient shall not be disturbed afterwards. The bandage should be of heavy twilled drilling doubled, about six inches wide and of sufficient length to surround the patient's hips. Just back of the trochanter major should be pinned an under strap one inch in width and long enough to reach up over the pubes. A compress to go over the inguinal canal should also be in readiness. The syringe is charged before attaching the needle to the barrel, and in an ordinary case should be a little more than half full. Now remove the cutting sheath from the central hollow probe, screw the latter on to the barrel and with beak elevated eject sufficient of the fluid to expel all air and secure the perfect action of the syringe. Wipe the probe clean, replace the cutting sheath, and the syringe is ready for use. Grasp all of the tissues over the external ring between the thumb and the forefinger of the left hand, elevate them sufficiently to avoid touching the spermatic cord, then carry the needle *quickly* through the integument and fasciæ; the cutting sheath is then drawn back so that its point is perfectly protected. In this condition the beak of the syringe is changed into a blunt probe and as such may be gently carried up into the canal to the vicinity of the internal ring. At this point should be deposited a small amount of the irritant. By holding the crescent-shaped pistonhead firmly in the palm of the hand and rotating the furrowed portion of the barrel (A to B) between the thumb and the finger, at the same time gradually withdrawing the beak, the latter is made to traverse the entire canal leaving the irritant on its inner surface. A portion should also be deposited around the margins of the external ring. The injection being complete,

press the forefinger of the left hand firmly over the beak of the syringe and withdraw the latter *quickly* in order that none of the irritant shall pass into the subcutaneous tissues. The belt is now *tightly* pinned with compress over the canal, and under-strap brought up over both and made fast. The bowels should be kept confined for at least four days, the patient kept in the recumbent position for six, and if everything is favorable, discharged about the eighth day with a light truss. In bad cases, the operation should be repeated at the end of the first week, if there is any doubt as to the result of the first.

Dr. Heaton's syringe had a cutting point which was exposed during the entire operation. The one here shown, I believe to be safer by far, and the addition of the screw piston is an undoubted improvement. The principle involved in the construction of the needle used on this syringe has been used before as the "dome trocar," and was, I believe, the design of Dr. Simon Fitch, of St. John, N.B.



In the accompanying cut, "C" shows the entire needle. "D" shows it with cutting sheath exposed; and "E" with the same protected.

The formula of the irritant is:—

R Ext. Quercus Alba (Solid) . . . gr. xxviiij.
Ext. Quercus Alba fluid, . . . fl. ʒj.
Morphia Sulphas, . . . gr. j M.

The study of a number of Dr. Heaton's cases, and my own experience confirms my belief that this method is well worth trial, and it is the hope that many will test it that prompts this communication.

116 East 30th Street.

TREPHINING OF BONE FOR PUS.

BY A. B. ATHERTON, M.D., FREDERICTON, N.B.

CASE I.—Nov. 14th, 1876. J. S., æt. 20. Male. Family history good. Patient generally had good health till three years ago, when he began

to suffer with pain in the region of the left knee which radiated more or less downwards to the foot, and upwards for a short distance into the thigh. Has been unable during this time to continue long at steady work, as every now and then the pain compelled him to lie by. During the intervals he seemed to be almost if not quite well. Of late however, he has given up his situation and does not attempt to do much. The tibia has for some time been manifestly enlarged.

On enquiring carefully into his previous history, he states that five years ago he was run over by a heavy waggon, and the wheel passed diagonally across the left knee and over the right thigh near the groin. An abscess formed and opened in a few weeks at the latter point; but he never had any serious inconvenience in the left limb. The abscess soon healed in the right thigh and gave him no further trouble.

On examination, the upper four or five inches of the left tibia is found considerably larger than the right: measuring $\frac{3}{4}$ of an inch to an inch more across its anterior surface. Soft parts over the bone oedematous, and the latter tender on pressure.

Operation.—Chloroform was given, and a crucial incision made through the thickened soft tissues. I trephined the bone at its most tender point with a half inch instrument, removing a disc $\frac{3}{4}$ of an inch in depth. A few drops of pus welled up from the bottom of the wound, when the piece of bone was elevated, and a small cavity was felt with the probe, having a soft and velvety surface. A carbolyzed tent was introduced, and a dressing of carbolyzed oil applied.

Nov. 16th.—The former severe aching pain in the bone has been entirely relieved by the operation. Wound doing well; treatment continued.

Dec. 2nd.—Some bare bone felt along the sides of the canal made by the trephine. Doing well otherwise. Tent omitted; carbolyzed oil dressing continued.

Dec. 12th.—Discharge getting less. Tibia growing smaller. Little or no difference in the circumference of the legs at the line of wound.

Jan. 5th.—Wound nearly healed. Probe can be passed along a small sinus for $1\frac{1}{4}$ inches. Patient was out at a dance an evening or two ago.

March 15th.—Several small scales of bone have come away since last report; and I to-day, removed a cancellated piece of bone about the size

of a duck-shot from a point $\frac{3}{4}$ inch down the sinus.

April 2nd.—Wound entirely healed.

A few months ago the patient was heard from. He has had no inconvenience from the knee since it healed.

CASE II.—G. S., æt. 39. Male. Family history very fair. A phthisical taint in some members.

Personal history.—Generally healthy. 17 years ago he received a severe blow with a fence rail on the left side of the head about the ear. He was rendered insensible for a half hour or more at the time, and for a few days he felt some soreness and headache, but after that it gave him no further trouble.

June 25th, '79.—Six months ago he was attacked with a neuralgic kind of pain about the left ear and temporal region. This has continued with partial intermissions ever since. At times the pain was very severe. For this he was treated by myself and another physician with but little relief. The latter at one time ordered injections of warm water for the ear; but with the exception of small particles of wax, there was never any discharge; neither was there at any time any deafness. Moreover the pain was seated more above and behind the ear, and in the temple, and little if any was referred to the ear itself. Two or three months ago he began to have chilly sensations, and a fortnight since a swelling showed itself behind the upper half of the left ear. The pain has been considerably less severe since the swelling appeared.

On examination I found a swelling two or three inches in diameter, with the scalp reddened over it, and presenting a feeling of deep fluctuation. Two openings were made, one about $\frac{1}{2}$ an inch above tip of mastoid bone, the other two inches above it. Pus flowed freely out. The skull was felt bare over the whole base of the cavity opened. No sinus was discovered leading into the substance of the bone. A drainage tube was now passed through from one wound to the other, its ends fastened together, and carbolized oil dressing applied. This operation was done at my office, whither he had come from his residence four miles in the country.

Aug. 9th.—Visited by me at his home. For three or four weeks after opening the abscess, he had much less pain, and the discharge grew gradu-

ally smaller in amount. Then after getting wet and cold, he suffered again in the old localities, and as acutely as ever before. About ten days ago I removed the drainage tube; but that gave no relief though the wounds immediately healed.

At the present time there is not the slightest swelling or tenderness about the site of the abscess, but he complains of some soreness of the scalp in the temporal region after a paroxysm of pain. In fact the pain seems if anything most severe in that part. He describes it when at its worst as feeling as if some one were "pounding him with a club" on the side of the head. He declared that it would drive him mad if he did not soon get relief. Indeed his friends thought he was already not quite in his right mind when the pain was severe. Patient looked haggard and anxious; pulse rapid and feeble.

Operation.—Chloroform was given, and an incision made in a vertical direction in the line of old wounds, and the bone cleared of periosteum. A small trephine ($\frac{1}{2}$ inch) was entered $1\frac{1}{4}$ inches above the tip of mastoid process, and a disc of bone $\frac{1}{2}$ inch thick removed. On elevating it pus oozed up through a small hole at the upper half of the opening in bone. The piece of bone removed looked healthy, the abscess having just been tapped at its surface. The edges of the opening were now chipped off with a gouge and mallet, so as to make a free passage for the matter, about half a drachm of which escaped during the operation. A probe sharply curved at its end could be readily passed directly upwards under the edge of the bone for about $\frac{3}{4}$ of an inch. It then brought up against the side of opening in the skull, so that it could not go any further, although it felt as if the point would have done so, had it not been for the small size and depth of the wound preventing further progress. No bare rough bone felt.

Wound dressed with carbolized oil. Listerism was not employed in this case, because it was difficult to visit him often, and besides his means did not admit of it.

Aug. 13th.—Seen for the first time since the operation. He was going about the house, and expressed himself much better. He had not felt the "old pain" since. The discharge has been mostly of a thin oily nature, not very profuse. Wound in skin nearly closed. Edges separated by a probe, and an oiled tent inserted. This was ordered to

be repeated and left in two or three hours every day for the next week.

Aug. 17th.—Has complained of rather more pain for a day or two. Appetite and general condition better.

Sept. 1st.—Wound entirely healed; slight pains at times in the side of the head.

Sept. 17th.—Seen on the street in town. Says he feels "all right," except an occasional sensation of vertigo.

Oct. 14th.—In town with a load of hay. Feels as well as ever he did.

Feb. 10th.—Continues well.

Remarks.—If I am correct in supposing that the abscess in this case was the result of the injury received 17 years before, it seems remarkable that so long a time as seventeen years should elapse without any symptoms of trouble in the injured part.

With regard to the seat of pus, I was inclined to think from the thickness of the bone penetrated, and from the probe passing so readily upwards to where the skull is naturally of less thickness than the disc I removed, that I must have entered the cavity of the cranium. This view was strengthened by there being no apparent thickening or bulging of the part trephined. But I may be mistaken of course about the matter, and the pus may have lain just outside of the inner plate of skull. I was not sufficiently curious to endeavour to decide the point by any rough probing. As far as I can judge I entered the skull just above the petrous portion of the temporal bone.

Correspondence.

SUSPENDED GESTATION, OR WHAT?

To the Editor of the CANADA LANCET.

SIR,

Permit me to submit the following for the columns of your Journal. On the 31st of December, 1878, I was consulted by a Mrs. C. (who had then been married about four months.) She complained of dizziness, nausea, etc., especially immediately upon rising in the mornings—in short her case was marked by all the usual sympathetic symptoms generally met with in the early period of pregnancy.

From the date of her marriage till six weeks or

so prior to the time she consulted me she had enjoyed very good health. Upon inquiring into the history of her case, I learned in addition to the foregoing, that she "had not seen anything" for about two months; that she had more or less irritability of the bladder, pain in the back, augmented by standing, or exercise upon foot. She also had uneasiness of the breasts, which organs at times appeared increased in size. A capricious appetite completed the catalogue of symptoms. An opinion not having been solicited, I fortunately, considering the way in which the case has turned out, did not volunteer any.

The symptoms taken together, I regarded as somewhat suggestive and likely to work out a definite and natural solution in due time. I accordingly ordered support through the use of a bandage, and prescribed a sedative and tonic, in light doses of sherry, which afforded relief. The mixture was repeated once, and in the course of a few weeks the patient was reported in excellent spirits and health, which condition appears to have been uninterrupted until about two weeks ago, since which time she has experienced considerable pain in the back, which together with other symptoms of uneasiness led her to again seek advice. At this time (the 15th of this month, March, 1880), I learned that the "monthly flow" was still absent,—in fact had not made its appearance during last 18 months—two months after her marriage; and that no event, such as I had anticipated, and she and her friends had at one time expected, had as yet occurred. The out-turned lip presented an anæmic appearance; a dull, aching pain in the back was experienced; the appetite was reported poor. She also complained of restlessness and an indisposition to sleep.

I enjoined quiet, gave some general directions as to diet, and prescribed a tonic and sedative. She drove home and in a few hours after was seized with lumbar and abdominal pains, accompanied by vomiting and fainting, followed immediately by a return of her "monthly sickness," as she thought, but a *fœtal embryo* advanced two or months, in the opinion of the mother of the patient and other women present, also made its appearance.

I do not give you the *finale* of this case from personal knowledge, as the patient living at a distance from town, and nature having speedily

worked out her own remedy, no medical aid was summoned, but I am satisfied as to the reliability of my informant. As to the particular condition of the *fetus* I am unable to state. The case suggests to me one or two questions. Could the patient have been pregnant at the time she first consulted me, and gestation been subsequently suspended or arrested? Or were the symptoms at that time due to the suppressed, or suspended menstruation, conception occurring a short period prior to the last time she sought advice? I confess I cannot arrive at a satisfactory conclusion. Will some of the readers of the *Lancet* offer an opinion?

Respectfully,

Oshawa, March 19, '85.

WM. COBURN.

Selected Articles.

THE RAPID TREATMENT OF CLUB FOOT.

Mr. H. A. Reeves, Surgeon to the East London Hospital for Children, describes (*Med. Times and Gaz.*) his method of treating club-foot, which is applicable to the large majority of congenital or acquired deformities of the feet; but the milder cases—those in which slight pressure will bring the foot into the normal position, and in which the rebound or relaxing the grasp is very slight—can, with patience, be cured without operation. The patient being held by a nurse or assistant, and the foot being in the right position, the tendons of the *tibialis posticus* and *flexor longus digitorum* are first divided, and a pad and strip of adhesive plaster applied. Then the tendon of the *tibialis anticus* is divided, and a pad put on. Immediately after the tenotomies, the foot is forcibly but steadily brought into its right position, and kept there by an assistant while a flannel bandage is put on. Over this is put a plaster-of-paris bandage, then a thin layer of plaster paste, and finally another bandage and more paste. Sometimes a third plaster bandage is necessary, but in infants and children it may be dispensed with. Of course, the bandages must not be too tightly applied, and it is well to protect the bony prominences with a little cotton-wool. The foot is held in position until the plaster has set; and instructions are given to the parents to bring the child at once to be seen, or they are told how to loosen or remove the bandage should the toes become cold or purple. If the inner part of the plantar fascia be tense and interfere with the straightening of the foot, Mr. Reeves divides it first, forcibly stretches it, and at once thereafter divides the *tibialis* and *flexor longus*

digitorum. He adopts this plan, which differs from that usually recommended, so that the uncut tendons may resist him, and thus enable the anterior part of the foot to be more successfully abducted. In most instances he leaves the foot in the plaster case for a week; but in the more severe cases ten days to a fortnight are necessary. At the expiration of this time the bandage is removed, and the foot will be seen to have assumed its proper position. It is then well worked (*i.e.*, abducted), afterwards the tendo Achillis is divided, and the heel gently but firmly brought down. The pad and bandages are put on while the foot is held in the corrected position, the toes being left free, but the heel covered. Another week or ten days usually suffices by this method to bring the deformed foot into its normal position, and then the bandage is removed by cutting it in the mid-line, along the anterior aspect of the foot and leg. The foot is then well-worked in the desired directions and the leg muscles shampooed. The mother sees how this is done, so that she or her husband may occasionally do it at home, and the child is brought once a week to be seen by the surgeon. If the child be old enough to walk, it is measured for a proper boot and support at the commencement of the treatment, and in most cases in three weeks after the first operation it is allowed to walk. The foot is well worked night and morning, and the second plaster bandage is put on at bed time and retained in position by an ordinary roller. This is ordered to be continued for several weeks in order to prevent a relapse. Except in very severe cases an anæsthetic is unnecessary, but in private practice, should it be desired to prevent the child crying, it may be given. The advantages of the method proposed are briefly the following: 1. The results are rapid and satisfactory. 2. Expensive apparatus is unnecessary. 3. The muscles, joints, etc., are worked and exercised, and not allowed to atrophy or become temporarily fixed, as in the German method; and, 4. The patient, in ordinary cases, may be allowed to use the foot or to walk in three weeks after the first tenotomy.—*Lea's Monthly Abstract.*

CHOREA IN AN ADULT, FOLLOWED BY ACUTE RHEUMATISM.

[The following case under the care of Dr. Wilks is reported by the Clinical Clerk, Mr. G. F. Dixon.

James S., aged thirty-seven years, a wire-worker, was admitted on December 3, 1879. On admission the following history was obtained:—His father died at the age of fifty-nine, his mother at the age of forty-five: he does not know from what causes. He has several brothers and sisters alive and healthy; none of them have ever had chorea

or other nervous affection, nor is there any rheumatic family history or predisposition. Patient has been married for nine years; he has five children, all healthy, and his wife has had no miscarriage; he has never had syphilis. He is a total abstainer, but his work has been carried on in a close room, and he has been a great tea-drinker, drinking three or four pints of tea a day. His present illness began about three years ago, when patient first noticed a twitching of the left side, and then applied to and was admitted into King's College Hospital, where he stayed for three weeks, and then attended as an out-patient. He was better for the treatment. At this time his head was occasionally affected by irregular movements, but only slightly. Eighteen months ago patient was attacked on the right side by similar twitchings; he then went into St. Thomas's Hospital for a month, and afterwards attended for some time as an out-patient, improving under treatment; but he again became worse when he ceased attending. Subsequently he became an in-patient for ten weeks at the Hospital for the Epileptic and Paralyzed in Queen-square; and was again improved by treatment. From that time (June, 1879) until his admission here he had tried to work at his usual occupation, but as he got much worse he had to give it up. Patient is a short, spare, wretched-looking man; he looks very much older than he is, and his hair is quite gray. He answers questions somewhat slowly, and has an impediment in his speech, but speaks quite correctly. As he lies in bed his head is continually moving from side to side, and then forwards and backwards on to his pillow. He lies on his back with his hands crossed on his chest and his elbows are continually moving to and from his side. His legs are quite still, but he says they and the whole of his body often move irregularly when he is in bed. When walking he has apparently not perfect control over his legs, for he walks and staggers like a drunken man. When asleep the whole body and head are quiet. Temperature 98° ; pulse 84. The tongue (which he cannot keep out for more than a few seconds at a time) is clean, moist, and healthy; the bowels are regular, and appetite is good. The lungs and heart are normal; the urine healthy, specific gravity 1020. Patient has been placed on full diet with milk, cod-liver oil one drachm twice a day has been ordered, and a sedative draught containing bromide of potassium and hyoscyamus is to be taken at bed time.

December 10.—The evening draught has been discontinued as it has made the patient restless. Since he has been in hospital the movements have been less troublesome, and he says that he feels better. On the 8th a mixture containing three grains of sulphate of zinc and five minims of tincture of opium was ordered to be taken three times a day.

14th.—On the 12th the dose of the sulphate of zinc was increased to five grains. This evening patient has complained of great pain in the feet, knees, shoulders, and arms, and of profuse sweating; the left knee-joint is swollen and painful; the tongue is white and dry; the bowels have not acted for two days, and appetite is quite lost. Temperature at 8.30 p.m. 103° ; pulse 74. Twenty grains of salicylate of soda have been ordered to be taken every three hours.

16th.—Patient is rather better this morning; the pain in the joints is about the same; bowels have not acted yet. Temperature 10.45 a.m., 100.3° ; 1.30 p.m., 100.6° ; evening, 100.8° . Heart-sounds are normal. His diet has been altered to milk and beef-tea.

16th.—He slept better last night, but complains much of pain in the limbs, especially in the arms. The tongue is white and dry; bowels constipated. Morning temperature 100.7° ; evening 100.6° .

18th.—Temperature this morning 98.8° , evening 99.6° . There is now only slight pain in the left arm and shoulder, and the swelling has disappeared from the left knee-joint; the bowels acted twice to-day; tongue white and coated, but inclined to clean.

24th.—Patient is very much better, and the choreic movements have almost ceased. The temperature still rises to about 99.5° every evening, but is normal in the morning. He has been allowed full diet again.

26th.—To-day the rheumatism has returned. For the first time a somewhat rough systolic bruit is to be heard at the base, apex, and outside the nipple (the second sound of the heart is not accentuated); the tongue is furred; and there is some swelling and tenderness of the left wrist. Temperature 102.4° ; pulse 90. His diet has been altered, and the salicylate of soda resumed.

29th.—The rheumatic symptoms are now much less. Temperature 89.2° .

January 1.—The left wrist is better, but there is some fluid in the left knee-joint. The choreic movements are decidedly worse—patient not lying nearly so still as he did a week ago. The tongue is clean and moist.

4th.—There is now no pain in any of the joints, except in the right wrist, and the chorea is less. He sleeps well, and his appetite is good, but the bowels are confined. A mixture containing tinct. ferri perchlor. has been ordered, and patient is again on full diet.

8th.—There are occasional pains in one or more joints, but of short duration. The cardiac bruit is less clearly heard, and the temperature is normal.

14th.—Patient seems to have quite got rid of the rheumatism, but he is much troubled with the chorea. He now gets up every evening for a little

time. He is taking five minims of liquor arsenicalis three times a day.

17th.—The cardiac bruit is almost inaudible. The choreic movements are decidedly less marked, and patient's general condition has improved.

21st.—He complains to-day of a slight return of pains in the leg and wrist, and has an aching pain over the lumbar region. His appetite is good; tongue clean; bowels rather constipated. Temperature 99.6° .

24th.—To-day there is a second decided relapse. There are acute pains in the right shoulder and elbow, both knees and feet, and a little effusion into the knee-joints. The cardiac bruit is a little louder; the tongue is coated and the bowels are confined. Temperature 100.3° . The salicylate is commenced again, and patient has been put on milk diet.

25th.—Temperature 101.3° . Patient complains less of pain in the joints.

26th.—Morning temperature 101.6° ; evening temperature 101° . Patient says the pains are almost entirely gone; the tongue is white and dry, but the bowels are open.

28th.—Temperature normal to-day; last night 99° . The choreic movements have been more marked lately, as they usually have been when the rheumatic attacks are severe.

30th.—Patient seems now to have recovered his usual condition; there are no rheumatic pains, and the movements are quieter. Temperature normal. Full diet resumed.

February 2.—The pain returns slightly at times, and to-day he has pain in the right knee and foot. The tongue is clean, and the appetite is good. The chorea is better; the cardiac bruit is still audible, but does not increase.

6th.—Patient keeps much better in every respect. He gets up every evening for an hour or two, and will go home in the ensuing week. He is again taking the arsenic mixture. On the whole the choreic movements have been reduced since admission, but have not ceased. His general condition has also improved.—*Medical Times and Gazette*.

[We remember seeing a case exactly similar to the above a few years ago in a little girl ten years of age.] ED. LANCET.

RECOMMENDATIONS OF THE BRITISH MEDICAL COUNCIL, ON EDUCATION AND EXAMINATION.

1. That it be recommended to the licensing boards not to accept the certificate of proficiency in general (preliminary) education from any of the bodies, the names of which are contained in the list annually circulated, unless such certificate

testify that the student to whom it has been granted has been examined in the following subjects:—(1) English Language, including grammar and composition; (2) Arithmetic, including vulgar and decimal fractions; (3) Algebra, including simple equations; (4) Geometry, first two books of Euclid, or the subjects thereof; (5) Latin, including translation and grammar; (6) also one of these optional subjects. Greek, French, German, elementary Mechanics of solids and fluids—meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics.

2. That it is desirable that the examination in general education be left to the Universities, and such other bodies engaged in general education and examination as may from time to time be approved by this Council; and that it be delegated to the Executive Committee to communicate with the licensing bodies on the subject.

3. That it be recommended to the various licensing bodies to instruct their examiners in professional subjects to report to them any cases in which decided ignorance in the subjects of general education has been displayed by the candidates, with the name of the board or boards before which the preliminary examinations have been passed; and that the licensing bodies be requested to transmit such reports to the Registrar of the General Medical Council.

4. No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study.

5. The commencement of the course of professional study recognized by any of the qualifying bodies shall not be reckoned as dating earlier than fifteen days before the date of registration.

6. The several branch councils shall have power to admit special exceptions to the regulations as to registration for reasons which shall appear to them satisfactory.

7. The several qualifying bodies are recommended not to admit to the final examination for a qualification under the Medical Acts any candidate (not exempted from registration) whose name has not been entered in the Medical Students' Register at least forty-five months previously. In the case of candidates from other than schools of the United Kingdom, the branch councils shall have power to admit exceptions to this recommendation.

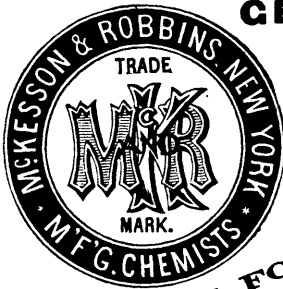
8. That the age of twenty-one be the earliest age at which a candidate shall obtain a license to practice, and that the age shall, in all instances, be duly certified.

9. That no licence be obtained at an earlier period than after the expiration of forty-five months subsequent to the registration of the candidate as a medical student.

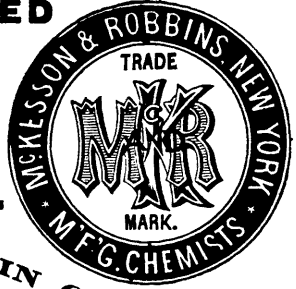
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This is the Brown Mixture of the U. S. P. with the addition of 1 gr. Ammonium Murias.	1 00	4 75	CODEIA, 1-16 gr.	1 75	8 50
AMMONIUM, VALERIANAE, 1 gr.	1 25	6 00	CODEIA, 1-5 gr.	2 50	12 25
ANTHELMINTIC, See Santonin and Calomel.	75	3 50	CODEIA, 1-2 gr.	3 50	17 25
ANTI-BILIOUS, 75	3 50		COLOCYNTH COMP. EXTRACT, 3 grs.	1 00	4 75
{ Ext. Coloc. Comp., 2 1-2 grs. }			COLOCYNTH, IPECAC AND BLUE, 1 00	4 75	
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{ Ext. Belladonnae, Pulv. Ipecacuanhae, aa 10 gr. }			COOK'S, 3 grs.	60	2 75
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{ Ext. Nucis Vom., 1-2 gr. }			{ Pulv. Rhei, 1 gr. }		
{ Ext. Hyocyami, 1-2 gr. }			{ Pulv. Saponis, 1-4 gr. }		
{ Ext. Coloc. Comp., 2 grs. }			COPAIBA AND OLEO-RESIN CUBEBA, 3 grs.	75	3 50
ARSENIOUS ACID, 1-50, 1-40, 1-80 & 1-20 gr.	50	2 25	COPAIBA AND OLEO-RESIN CUBEBA, 3 grs.	75	3 50
ASSAFETIDA, 2 grs.	50	2 25	{ Pil. Copaiabe, 2 grs. }		
{ Assafetida, 1-1-2 grs., Pulv. Saponis, 1 gr. }			{ Oleo-Resin Cubebe, 1 gr. }		
ASSAFETIDA, U. S., 2 grs.	50	2 25	COPAIBA AND OLEO-RESIN CUBEBA, 5 grs.	1 25	6 00
{ Assafetida, 3 grs., Pulv. Saponis, 1 gr. }			{ Pil. Copaiabe, 3 grs. }		
ASSAFETIDA COMPOUND, 3 grs.	50	2 25	{ Oleo-Resin Cubebe, 2 grs. }		
{ Assafetida, 2 grs. }			CORROSIVE SUBLIMATE, 1-100, 1-40, 1-20 & CROTON OIL, 1-2 gr.	1 00	4 75
{ Ferri Sulph. Exsic., 1 gr. }			DAMIANA EXTRACT, 3 grs.	3 60	14 75
ASSAFETIDA AND NUX VOMICA, 75	3 50		DIGITALIS, PURE, 1 gr.	75	3 50
{ Assafetida, 3 grs. }			DINNER (CHAPMAN'S), 4 grs.	60	2 75
{ Ext. Nucis Vom., 1-4 gr. }			{ Pulv. Aloes Soc., Pulv. Mastiches, aa 1-2 grs. }		
ATROPIA, 1-60 gr.	1 00	4 75	{ Pulv. Ipecacuanhae, 1 gr., Ol. Foeniculi. — }		
BELLADONNA EXTRACT, 1-4 and 1-2 gr.	50	2 25	DINNER (COLE'S), 60	2 75	
BISMUTH, SUBNITRATE, 3 grs.	1 00	4 75	{ Pil. Hydrarg., 1-1-5 grs. }		
BISMUTH, SUBNITRATE, 5 grs.	1 50	7 25	{ Pulv. Aloes Soc., 1-1-5 grs. }		
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BLUE PILL COMPOUND, 60	2 75		DINNER (LADY WEBSTER'S), 2 grs.	60	2 75
{ Pil. Hydrarg., 1 gr. }			{ Pulv. Aloes Soc., 1-4-5 grs. }		
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CAFFEIA, CITRATE, 1 gr.	4 00	19 75	ELATERIUM (LUTTERBUCK'S), 1-10 gr.	1 00	1 75
CALCEIUM, SULPHIDE, 1-10, 1-4, 1-2 & 1 gr.	75	3 50	EMMENAGOQUE, 1 40	6 75	
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{ Resina Guaiaci, 1 gr. }			FERRUGINOUS (BLAUD'S), 3 and 5 grs.	1 00	4 75
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CAMPBELL, HENBANK AND VALERIAN, 2 1-2 gr.	60	2 75	{ Cubebe, pulv., 2 grs. }		
{ Camphora, Pulv., Ext. Hyocyami, Alc., aa 1 gr. }			{ Pil. Copaiabe, 1 gr. }		
{ Ext. Valeriane, 1-2 gr. }			{ Ferri Sul. Exsic., 1-2 gr. }		
CAMPBELL, MONO-BROMATED, 1 50	7 25		{ Terebinth. Venet., 1-2 grs. }		
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HYPOPHOSPHITES, COMPOUND.	1 50	7 25	{ Ext. Nucis Vomice, 1-4 gr. }		
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IRON, "BLACK'S," See Ferruginous.	1 50	7 25	{ Phosphorus, 1-50 gr. }		
IRON, BROMIDE, 2 grs.	85	4 00	{ Pulv. Nucis Vomice, 1 gr. }		
IRON, CITRATE AND CINCHONIDA, 2 grs.	85	4 00	{ Tinct. Canthar. Conc., 1 minim. }		
IRON, CITRATE AND QUININE, } See			PHOSPHORUS, SULPH. ZINC AND LUPULIN.	1 25	6 00
IRON, CITRATE AND QUININE, } Quinine			{ Phosphorus, 1-50 gr. }		
IRON, CITRATE AND QUININE, } list.			{ Zinc Sulphus, 1 gr. }		
IRON, CITRATE & STRYCHNINE, 1 gr.	75	3 50	{ Lupulina, 1 gr. }		
{ Ferri Citrat. & Strychnia, 1-50 gr. }			PIPERIN COMPOUND.	75	3 50
IRON, DIALYSED (SCALES), 2 grs.	1 50	7 25	{ Piperin, 1-4 gr. }		
IRON, FERROCYANIDE, 3 grs.	60	2 75	{ Hydr. Chlor. Mite., 1-4 gr. }		
IRON, IODIDE OF (Blancaud's Form.), 1 gr.	80	3 75	PIUMBERG (see Calomel Compound).	60	2 75
IRON, LACTATE, 60	2 75		PODOPHYLLIN, 1-2 gr.	50	2 25
IRON, PHOSPHATE AND STRYCHNINE, 1 gr.	1 00	4 75	{ Phosphorus, 1-50 gr. }		
{ Ferri Phosphat., 2 grs. }			PODOPHYLLIN, 1-2 and 1-4 gr.	60	2 75
{ Strychnie pulv., 1-60 gr. }			PODOPHYLLIN AND BLUE.	1 00	4 75
IRON, PROTO-CARB. (VALLET'S), 2 and 3 grs.	50	2 25	{ Podophyllin, 1-2 gr. }		
IRON, PROTO-CARB. (VALLET'S MASS), 5 grs.	60	2 75	{ Pil. Hydrarg., 2 1-2 grs. }		
IRON, VALERIANATE, 1 gr.	1 25	6 00	PODOPHYLLIN AND LEPTANDRIN.	1 00	4 75
JABOIRANDI EXTRACT, 1 gr.	1 50	7 25	{ Podophyllin, 1-2 gr. }		
LAXATIVE (COLE'S), 3 grs.	60	2 75	{ Leptandrin, 1 gr. }		
{ Res. Podophylli, 1-10 gr. }			PODOPHYLLIN, CAPSICUM AND BELLADONNA.	1 00	4 75
{ Hydrarg. Chlor. Mite., 1 gr. }			{ Podophyllin, 1-4 gr. }		
{ Ext. Cal. Comp. Pulv., 3 grs. }			{ Ext. Bellad. Alc., 1-8 gr. }		
LIME, LACTO-PHOSPHATE, 5 grs.	2 00	9 75	{ Pulv. Capsici, 1-2 gr. }		
LITHIUM BROMIDE, 2 grs.	1 50	7 25	PODOPHYLLIN, COLOC., HENBANE & CALOMEL.	1 00	4 75
LUPULIN, 3 grs.	50	2 25	{ Res. Podophylli, 1-4 gr. }		
MERCURY, BIN-IODIDE, 1-40, 1-25 & 1-16 gr.	50	2 25	{ Ext. Col. Comp. Pulv., 1 gr. }		
MERCURY, CYANIDE, 50	2 25		{ Ext. Hyoscyamus, 1-4 gr. }		
MERCURY, PHO- IODIDE, 1-5, 1-4 & 1-2 gr.	50	2 25	{ Hydrarg. Chlor. Mite., 1 gr. }		
MORPHINE, ACETATE, 1-8 gr.	75	3 50	PODOPHYLLIN COMPOUND.	1 00	4 75
MORPHINE, ACETATE, 1-4 gr.	1 00	4 75	{ Podophyllin, 1-2 gr. }		
MORPHINE, MURIATE, 1-8 gr.	75	3 50	{ Ext. Hyoscyamus, 1-8 gr. }		
MORPHINE, SULPHATE, 1-2 gr.	75	3 50	{ Ext. Nucis Vomice, 1-16 gr. }		
MORPHINE, SULPHATE, 1-2 gr.	80	4 00	PODOPHYLLIN, EXT. COLOC. & BELLADONNA.	1 00	4 75
MORPHINE, SULPHATE, 1-4 gr.	1 00	4 75	{ Podophyllin, 1-2 gr. }		
MORPHINE, VALERIANATE, 1-8 gr.	1 25	6 00	{ Ext. Coloc. Comp., 2 grs. }		
NEURALGIA (BROWN-SEQUARD).	2 00	9 75	{ Ext. Bellad., 1-4 gr. }		
{ Ext. Hyoscyami, 2-3 gr. }			POKE ROOT COMPOUND.	1 00	4 75
{ Conii, 2-3 gr. }			{ Ext. Phytolacoe, Alc., 2 grs. }		
{ Ignatill Amara, 1-2 gr. }			{ Ext. Sillingburg, " 1 gr. }		
{ Opii, 1-2 gr. }			{ Ext. Stramonii, " 1-8 gr. }		
{ Aconiti, 1-3 gr. }			POTASSIUM, BROMIDE, 2 grs.	1 00	4 75
{ Cannab. Indica, 1-4 gr. }			POTASSIUM, BROMIDE, 5 grs.	1 50	7 25
{ Stramonii, 1-3 gr. }			QUINIDA SULPHATE, See Quinine list.		
{ Belladonnae, 1-3 gr. }			QUININE, BI-SULPHATE, SULPHATE AND COM- POUNDS OF QUININE, see Quinine list.		
NEURALGIA (DR. GROSS) See Quinine list.			QUININE, CARBOLATE, 1 gr.	2 50	12 25
NUX VOMICA EXTRACT, 1-4 and 1-2 gr.	50	2 25	QUININE, SALICYLATE, 1 gr.	2 50	12 25
OPIUM, U. S., 1 gr.	75	3 50	QUININE, SULPHO-CARBOLATE, } See		
OPIUM EXTRACT, 1-4 gr.	75	3 50	QUININE, SULPHO-CARBOLATE, } Quinine		
OPIUM EXTRACT, 1-2 gr.	1 00	4 75	QUININE, SULPHO-CARBOLATE, } list.		
OPIUM EXTRACT, 1 gr.	1 50	7 25	QUININE, VALERIANATE, 1-2 gr.	1 25	6 00
OPIUM AND ACETATE OF LEAD, No. 1, 2 grs.	80	3 75	RHEUMATIC.	1 25	6 00
{ Opii Pulv., Plumbi Aeat., aa 1 gr. }			{ Ext. Coloc. Comp., 1 1-2 grs. }		
OPIUM AND ACETATE OF LEAD, No. 2, 2 grs.	60	2 75	{ Ext. Colch. Acet., 1 gr. }		
{ Opii Pulv., 1-2 gr. }			{ Ext. Hyoscyami, 1-3 gr. }		
{ Plumbi Aeat., 1-2 grs. }			{ Hydr. Chlor. Mite., 1-3 gr. }		
OPIUM AND CAMPHOR, 3 grs.	80	3 75	RHUBARB, U. S.	75	3 50
{ Opium, 1 gr. Camphora, 2 grs. }			RHUBARB COMPOUND, U. S.	75	3 50
OX GALL, 3 grs.	60	2 75	RHUBARB COMPOUND AND CALOMEL.	75	3 50
{ Fol. Bovin. dep., 2 grs. Pulv. Zingiber, 1 gr. }			{ Rhubarb. Comp., 1-12 grs. }		
PEPPIN, 3 grs.	1 00	4 75	{ Hydrarg. Chlor. Mite., 1 gr. }		
PEPPIN AND BISMUTH, 5 grs.	1 50	7 25	SALICIN, 2 1-2 grs.	1 25	6 00
{ Peppin, 2 grs. Bismuth Subnit., 3 grs. }			SALICIN, 5 grs.	2 00	9 75
PEPSIN, BISMUTH AND STRYCHNINE, 5 grs.	1 75	8 50	SALICIN, 2 1-2 grs.	75	3 50
{ Peppin, 2 1-2 grs. }			SALICYLIC ACID, 1 25	6 00	
{ Bismuth Subnit., 2 1-2 grs. }			SALICYLIC ACID WITH MORPHINE.	1 25	6 00
{ Strychnia, 1-60 gr. }			{ Acid. Salicylicum, 2 1-2 grs. }		
PHOSPHATES IRON, QUININE & STRYCHNINE; See Quinine list.			{ Morphie Sulphas, 1-12 gr. }		
PHOSPHORUS, 1-100, 1-50, 1-20, 1-30 & 1-12 gr.	1 00	4 75	SALICYLIC ACID WITH MORPHINE.	2 00	9 75
PHOSPHORUS COMPOUND, No. 1.	1 25	6 00	{ Acid. Salicylicum, 5 grs. }		
{ Phosphorus, 1-100 gr. }			{ Morphie Sulphas, 1-8 gr. }		
PHOSPHORUS COMPOUND, No. 2.	1 25	6 00	SANDAL WOOD EXTRACT (MCK. & R.), 1 gr.	2 00	9 75
{ Phosphorus, 1-60 gr. }			SANDAL WOOD EXTRACT, 2 grs.	3 00	14 75
{ Ext. Nucis Vomice, 1-4 gr. }			SANTONIN, 1 gr.	1 00	4 75
PHOSPHORUS COMPOUND, No. 3.	1 25	6 00	SANTONIN AND CALOMEL.	1 25	6 00
{ Phosphorus, 1-50 gr. }			{ Santonin, Hydrarg. Chlor. Mite., aa 1 gr. }		
{ Ext. Nucis Vomice, 1-8 gr. }			{ Theobroma Cacao. }		
PHOSPHORUS COMPOUND AND IRON.	1 25	6 00	SQUILL COMPOUND, U. S.	60	2 75
{ Phosphorus, 1-100 gr. }			STRYCHNINE, 1-60, 1-40 and 1-20 gr.	50	2 25
{ Ferri Phosphat., 1-2 gr. }			STRYCHNINE COMPOUND.	1 00	4 75
{ Ext. Nucis Vomice, 1-3 gr. }			{ Strychnia, 1-100 gr. }		
PHOSPHORUS AND QUININE COMPOUNDS; See Quinine list.			{ Phosphorus, 1-100 gr. }		
PHOSPHORUS AND EXTRACT ACONITE.	1 25	6 00	{ Ext. Cannab. Indic., 1-16 gr. }		
{ Phosphorus, 1-50 gr. }			{ Ginseng, 1 gr. }		
{ Ext. Aconiti Alc., 1-16 gr. }			{ Ferri Carb., 1 gr. }		
PHOSPHORUS AND EXT. CANNAB. INDIC.	1 25	6 00	SULPHUR IODIDE, 1-25 and 1-10 gr.	50	2 25
{ Phosphorus, 1-50 gr. }			SUMBUL EXTRACT, 1 gr.	3 00	14 75
{ Ext. Cannab. Ind., 1-4 gr. }			SYMPHITIC (RICORD'S MODIFIED).	1 50	7 25
PHOSPHORUS AND IRON.	1 25	6 00	{ Hydr. Prot. Iodide, 1-2 gr. }		
{ Phosphorus, 1-50 gr. }			{ Lactucarium, 1-2 gr. }		
{ Ferrum Reductum, 2 grs. }			{ Ext. Opii, 1-10 gr. }		
PHOSPHORUS AND STRYCHNINE.	1 25	6 00	{ Ext. Clutee, 1 1-2 grs. }		
{ Phosphorus, 1-50 gr. }			TARTAR EMETIC, 1-100, 1-20 and 1-4 gr.	50	2 25
{ Strychnia, 1-60 gr. }			TONIC (DR. AIKEN'S). See Quinine list.		

BE CAREFUL TO SPECIFY McKESSON & ROBBINS'.

	Bottles 100 Pills	Bottles 500 Pills
TRIPLEX. (Ext. Aloes, 2 gr.) { Pil. Hydrarg., 1 gr.) { Potophyllin, 1-4 gr.)	1 00	4 75
TRIPLEX (DR. FRANCIS). (Pulv. Aloes Soc. Pil. Hydrarg.) { Pulv. Scammonii, Ol. Tiglli.) { Pulv. Myrrhin, Ol. Carni.)	1 00	4 75
VALERIAN EXTRACT.	3 grs.	1 00
ZINC, OXIDE.	1-2 gr.	60
ZINC, PHOSPHIDE.	1-6 and 1-4 gr.	2 75
ZINC, PHOSPHIDE.	1-2 gr.	3 75
ZINC, PHOSPHIDE & EXT. NUX VOMICA.	1 00	4 75
ZINC, VALERIANATE.	1 gr.	1 00

RECENT ADDITIONS TO OUR LIST OF GELATINE-COATED PILLS.		Bottles 100 Pills	Bottles 500 Pills
APHRODISIAC. (Turnera Aphrodisiaca, 2 grs.) { Phosphorus, 1-100 gr.) { Ext. Nucis Vomice, 1-3 gr. }		1 25	9 00
BELLADONNA EXTRACT,	1-4 gr.	50	2 25
DANDELION EXTRACT,	3 grs.	55	2 50
HYDRASTIN AND PODOPHYLLIN. { Hydrastin Phosphas., 1-4 gr.) { Podophyllin, 1-20 gr. }		1 00	4 75
HYOSCYAMIA (ALKALOID).	1-50 gr.	5 00	24 75
POLOPHYLLIN (COPPOUX) (ELECTIC). { Podophyllin, 1-8 gr.) { Leptandrin, Juglandin, aa, 2 grs.) { Macrotin, 1-32 gr., Ol. Capivi. }		1 00	4 75

Our Pills are procurable from all respectable Druggists, or sent by mail direct from New York, in Boxes of 100 and 500, upon receipt of list price, whenever it is impossible to obtain McKesson & Robbins' at your Druggist's.
Private formulas of 3, 500, or over, made and coated to order.

McKESSON & ROBBINS' GELATINE-COATED PILLS; QUININE AND OTHER CINCHONA ALKALOIDS.

Owing to the frequent market fluctuations of Sulphate of Quinine and the consequent necessary changes in the prices of pills containing it, we have placed them by themselves, for convenience of reference; our discount remaining the same for both lists.

	Bottles 100 pills	Bottles 500 pills
CINCHONA BARK ALKALOIDS.	1 90	9 25
{ Quinine Sulph., 1-2 gr. }		
{ Quinidine Sulph., 1-2 gr. }		
{ Cinchonine Sulph., 1-2 gr. }		
{ Cinchonide Sulph., 1-2 gr. }		
CINCHONA, SULPHATE.	3 grs.	95
CINCHONA, SULPHATE.	5 grs.	1 40
CINCHONIDA (ALKALOID).	1 gr.	95
CINCHONIDA (ALKALOID).	2 grs.	1 55
CINCHONIDA (ALKALOID).	3 grs.	2 05
CINCHONIDA, SULPHATE.	1 gr.	80
CINCHONIDA, SULPHATE.	2 grs.	1 40
CINCHONIDA, SULPHATE.	3 grs.	2 00
CINCHONIDA, SULPHATE.	4 grs.	2 50
CINCHONIDA, SULPHATE.	5 grs.	3 00
HOSPITAL QUININE.	1 4 gr.	3 00
HOSPITAL QUININE.	1-2 gr.	80
HOSPITAL QUININE.	1 gr.	25
HOSPITAL QUININE.	1 1-2 grs.	1 95
HOSPITAL QUININE.	2 grs.	2 50
HOSPITAL QUININE.	3 grs.	3 75
HOSPITAL QUININE.	4 grs.	5 00
HOSPITAL QUININE.	5 grs.	6 25
The unbleached, crystallized, combined alkaloids of Cinchona bark. (Cinchona alone separated) containing fifty per cent. pure Quinia Sulph.	2 grs.	75
IRON & CINCHONIDA CITRATE.	3 grs.	1 10
IRON & CINCHONIDA CITRATE.	1 gr.	95
IRON & QUININE CITRATE.	2 grs.	1 40
IRON & QUININE CITRATE.	3 grs.	1 90
IRON, QUININE AND STRYCHNINE. { Ferrum Reductum, 1 gr. }	1 90	9 25
{ Quinine Sulphas, 1 gr. }		
{ Strychnia, 1-60 gr. }		
NEURALGIA, (DR. GROSS).	3 75	18 50
{ Quinine Sulphas, 2 grs. }		
{ Morphine Sulphas, 1-30 gr. }		
{ Strychnia, 1-30 gr. }		
{ Acid. Arseniosum, 1-20 gr. }		
{ Ext. Aconiti, 1-2 gr. }		
NEURALGIA (GROSS), as above, without Morphine	2 50	17 25
PHOSPHATES IRON, QUININE & STRYCHNINE.	1 90	9 25
{ Ferrum Phosphas, 2 grs. }		
{ Quinine Sulphas, 1 gr. }		
{ Strychnine Phosphas, 1-60 gr. }		
PHOSPHORUS AND QUININE.	2 25	11 06
{ Phosphorus, 1-50 gr. }		
{ Quinine Sulph., 1 gr. }		
PHOSPHORUS, IRON AND QUININE.	2 50	12 25
{ Phosphorus, 1-100 gr. }		
{ Ferrum Carb. (Vallet's), 1 gr. }		
{ Quinine Sulph., 1 gr. }		
PHOSPHORUS, IRON, QUININE & NUX VOM.	2 50	12 25
{ Phosphorus, 1-100 gr. }		
{ Ferrum Carb. (Vallet's), 1 gr. }		
{ Quinine Sulph., 1 gr. }		
{ Ext. Nucis Vomice, 1-2 gr. }		
PHOSPHORUS, QUINIA, IRON AND STRYCHNIA.	2 50	12 25
{ Phosphorus, 1-100 gr. }		
{ Quinine Sulph., 1 gr. }		
{ Strychnia, 1-60 gr. }		
QUINIDIA, SULPHATE.	1 gr.	1 00
QUINIDIA, SULPHATE.	2 grs.	1 90
QUINIDIA, SULPHATE.	3 grs.	2 50
QUININE, BI-SULPHATE, same sizes and prices as Sulphate, see below.		
QUININE BROMIDE.	1 gr.	3 15
QUININE BROMIDE.	2 grs.	4 50
QUININE BROMIDE.	3 grs.	6 25
QUININE, CARBOLATE.	1 gr.	3 15
QUININE, SALICYLATE.	1 gr.	3 15
QUININE, SULPHATE.	1-4 gr.	90
QUININE, SULPHATE.	1-2 gr.	1 05

	Bottles 100 pills	Bottles 500 pills
QUININE, SULPHATE.	1 gr.	1 60
QUININE, SULPHATE.	1 1-2 grs.	2 80
QUININE, SULPHATE.	2 grs.	3 50
QUININE, SULPHATE.	3 grs.	5 10
QUININE, SULPHATE.	4 grs.	6 90
QUININE, SULPHATE.	5 grs.	8 50
QUININE, SULPHATE.	6 grs.	10 25
QUININE, SULPHATE.	7 grs.	12 00
QUININE, SULPHATE.	8 grs.	13 75
QUININE, SULPHATE.	9 grs.	15 50
QUININE, SULPHATE.	10 grs.	17 25
QUININE, SULPHATE.	11 grs.	19 00
QUININE, SULPHATE.	12 grs.	20 75
QUININE, SULPHATE.	13 grs.	22 50
QUININE, SULPHATE.	14 grs.	24 25
QUININE, SULPHATE.	15 grs.	26 00
QUININE, SULPHATE.	16 grs.	27 75
QUININE, SULPHATE.	17 grs.	29 50
QUININE, SULPHATE.	18 grs.	31 25
QUININE, SULPHATE.	19 grs.	33 00
QUININE, SULPHATE.	20 grs.	34 75
QUININE, SULPHATE.	21 grs.	36 50
QUININE, SULPHATE.	22 grs.	38 25
QUININE, SULPHATE.	23 grs.	40 00
QUININE, SULPHATE.	24 grs.	41 75
QUININE, SULPHATE.	25 grs.	43 50
QUININE, SULPHATE.	26 grs.	45 25
QUININE, SULPHATE.	27 grs.	47 00
QUININE, SULPHATE.	28 grs.	48 75
QUININE, SULPHATE.	29 grs.	50 50
QUININE, SULPHATE.	30 grs.	52 25
QUININE, SULPHATE.	31 grs.	54 00
QUININE, SULPHATE.	32 grs.	55 75
QUININE, SULPHATE.	33 grs.	57 50
QUININE, SULPHATE.	34 grs.	59 25
QUININE, SULPHATE.	35 grs.	61 00
QUININE, SULPHATE.	36 grs.	62 75
QUININE, SULPHATE.	37 grs.	64 50
QUININE, SULPHATE.	38 grs.	66 25
QUININE, SULPHATE.	39 grs.	68 00
QUININE, SULPHATE.	40 grs.	69 75
QUININE, SULPHATE.	41 grs.	71 50
QUININE, SULPHATE.	42 grs.	73 25
QUININE, SULPHATE.	43 grs.	75 00
QUININE, SULPHATE.	44 grs.	76 75
QUININE, SULPHATE.	45 grs.	78 50
QUININE, SULPHATE.	46 grs.	80 25
QUININE, SULPHATE.	47 grs.	82 00
QUININE, SULPHATE.	48 grs.	83 75
QUININE, SULPHATE.	49 grs.	85 50
QUININE, SULPHATE.	50 grs.	87 25
QUININE, SULPHATE.	51 grs.	89 00
QUININE, SULPHATE.	52 grs.	90 75
QUININE, SULPHATE.	53 grs.	92 50
QUININE, SULPHATE.	54 grs.	94 25
QUININE, SULPHATE.	55 grs.	96 00
QUININE, SULPHATE.	56 grs.	97 75
QUININE, SULPHATE.	57 grs.	99 50
QUININE, SULPHATE.	58 grs.	101 25
QUININE, SULPHATE.	59 grs.	103 00
QUININE, SULPHATE.	60 grs.	104 75
QUININE, SULPHATE.	61 grs.	106 50
QUININE, SULPHATE.	62 grs.	108 25
QUININE, SULPHATE.	63 grs.	110 00
QUININE, SULPHATE.	64 grs.	111 75
QUININE, SULPHATE.	65 grs.	113 50
QUININE, SULPHATE.	66 grs.	115 25
QUININE, SULPHATE.	67 grs.	117 00
QUININE, SULPHATE.	68 grs.	118 75
QUININE, SULPHATE.	69 grs.	120 50
QUININE, SULPHATE.	70 grs.	122 25
QUININE, SULPHATE.	71 grs.	124 00
QUININE, SULPHATE.	72 grs.	125 75
QUININE, SULPHATE.	73 grs.	127 50
QUININE, SULPHATE.	74 grs.	129 25
QUININE, SULPHATE.	75 grs.	131 00
QUININE, SULPHATE.	76 grs.	132 75
QUININE, SULPHATE.	77 grs.	134 50
QUININE, SULPHATE.	78 grs.	136 25
QUININE, SULPHATE.	79 grs.	138 00
QUININE, SULPHATE.	80 grs.	139 75
QUININE, SULPHATE.	81 grs.	141 50
QUININE, SULPHATE.	82 grs.	143 25
QUININE, SULPHATE.	83 grs.	145 00
QUININE, SULPHATE.	84 grs.	146 75
QUININE, SULPHATE.	85 grs.	148 50
QUININE, SULPHATE.	86 grs.	150 25
QUININE, SULPHATE.	87 grs.	152 00
QUININE, SULPHATE.	88 grs.	153 75
QUININE, SULPHATE.	89 grs.	155 50
QUININE, SULPHATE.	90 grs.	157 25
QUININE, SULPHATE.	91 grs.	159 00
QUININE, SULPHATE.	92 grs.	160 75
QUININE, SULPHATE.	93 grs.	162 50
QUININE, SULPHATE.	94 grs.	164 25
QUININE, SULPHATE.	95 grs.	166 00
QUININE, SULPHATE.	96 grs.	167 75
QUININE, SULPHATE.	97 grs.	169 50
QUININE, SULPHATE.	98 grs.	171 25
QUININE, SULPHATE.	99 grs.	173 00
QUININE, SULPHATE.	100 grs.	174 75
QUININE, SULPHATE.	101 grs.	176 50
QUININE, SULPHATE.	102 grs.	178 25
QUININE, SULPHATE.	103 grs.	180 00
QUININE, SULPHATE.	104 grs.	181 75
QUININE, SULPHATE.	105 grs.	183 50
QUININE, SULPHATE.	106 grs.	185 25
QUININE, SULPHATE.	107 grs.	187 00
QUININE, SULPHATE.	108 grs.	188 75
QUININE, SULPHATE.	109 grs.	190 50
QUININE, SULPHATE.	110 grs.	192 25
QUININE, SULPHATE.	111 grs.	194 00
QUININE, SULPHATE.	112 grs.	195 75
QUININE, SULPHATE.	113 grs.	197 50
QUININE, SULPHATE.	114 grs.	199 25
QUININE, SULPHATE.	115 grs.	201 00
QUININE, SULPHATE.	116 grs.	202 75
QUININE, SULPHATE.	117 grs.	204 50
QUININE, SULPHATE.	118 grs.	206 25
QUININE, SULPHATE.	119 grs.	208 00
QUININE, SULPHATE.	120 grs.	209 75
QUININE, SULPHATE.	121 grs.	211 50
QUININE, SULPHATE.	122 grs.	213 25
QUININE, SULPHATE.	123 grs.	215 00
QUININE, SULPHATE.	124 grs.	216 75
QUININE, SULPHATE.	125 grs.	218 50
QUININE, SULPHATE.	126 grs.	220 25
QUININE, SULPHATE.	127 grs.	222 00
QUININE, SULPHATE.	128 grs.	223 75
QUININE, SULPHATE.	129 grs.	225 50
QUININE, SULPHATE.	130 grs.	227 25
QUININE, SULPHATE.	131 grs.	229 00
QUININE, SULPHATE.	132 grs.	230 75
QUININE, SULPHATE.	133 grs.	232 50
QUININE, SULPHATE.	134 grs.	234 25
QUININE, SULPHATE.	135 grs.	236 00
QUININE, SULPHATE.	136 grs.	237 75
QUININE, SULPHATE.	137 grs.	239 50
QUININE, SULPHATE.	138 grs.	241 25
QUININE, SULPHATE.	139 grs.	243 00
QUININE, SULPHATE.	140 grs.	244 75
QUININE, SULPHATE.	141 grs.	246 50
QUININE, SULPHATE.	142 grs.	248 25
QUININE, SULPHATE.	143 grs.	250 00
QUININE, SULPHATE.	144 grs.	251 75
QUININE, SULPHATE.	145 grs.	253 50
QUININE, SULPHATE.	146 grs.	255 25
QUININE, SULPHATE.	147 grs.	257 00
QUININE, SULPHATE.	148 grs.	258 75
QUININE, SULPHATE.	149 grs.	260 50
QUININE, SULPHATE.	150 grs.	262 25
QUININE, SULPHATE.	151 grs.	264 00
QUININE, SULPHATE.	152 grs.	265 75
QUININE, SULPHATE.	153 grs.	267 50
QUININE, SULPHATE.	154 grs.	269 25
QUININE, SULPHATE.	155 grs.	271 00
QUININE, SULPHATE.	156 grs.	272 75
QUININE, SULPHATE.	157 grs.	274 50
QUININE, SULPHATE.	158 grs.	276 25
QUININE, SULPHATE.	159 grs.	278 00
QUININE, SULPHATE.	160 grs.	279 75
QUININE, SULPHATE.	161 grs.	281 50
QUININE, SULPHATE.	162 grs.	283 25
QUININE, SULPHATE.	163 grs.	285 00
QUININE, SULPHATE.	164 grs.	286 75
QUININE, SULPHATE.	165 grs.	288 50
QUININE, SULPHATE.	166 grs.	290 25
QUININE, SULPHATE.	167 grs.	292 00
QUININE, SULPHATE.	168 grs.	293 75
QUININE, SULPHATE.	169 grs.	295 50
QUININE, SULPHATE.	170 grs.	297 25
QUININE, SULPHATE.	171 grs.	



MCKESSON & ROBBINS,

Manufacturing Chemists,

91 FULTON STREET, NEW YORK.

GELATINE COATED PILLS AND GRANULES,

OVAL IN FORM -- PERFECT IN COATING.

Powdered Purified Chinoidine.

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10. That the course of professional study required for a licence shall occupy at least four years, of which at least three winter and two summer sessions shall be passed at any school recognized by any of the licensing bodies mentioned in Schedule (A) of the Medical Act.

11. That it is undesirable that any teaching or licensing body should insist on the student taking more than one course of lectures on any one subject.

12. That the following are the subjects, without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered:—1. Chemistry, including a knowledge of the principles of chemistry, and of those details of the science which bear on the study of medicine; and Chemical Physics, meaning thereby heat, light, and electricity. 2. Anatomy. 3. Physiology. 4. Materia Medica and Pharmacy. 5. Pathology, including morbid anatomy. 6. Medicine, including medical anatomy, clinical medicine, and therapeutics. 7. Surgery, including surgical anatomy and clinical surgery. 8. Midwifery. 9. Forensic Medicine.

13. That the Council will view with approbation any encouragement held out by the licensing bodies to students to prosecute the study of the natural sciences before they engage in studies of a strictly professional character.

14. That a certificate be required, by each licensing body, from every candidate for its degree, diploma, or licence to practise medicine or surgery, that he has studied vaccination under a competent and recognized teacher; that he has himself performed the operation successfully under the teacher's inspection; that he is familiar with the different stages of the vaccine vesicle, and with the methods of preserving lymph; and that he is thoroughly informed in every necessary part of the subject.

15. That such a certificate should be received by any licensing body only from an institution where the appointed teacher of vaccination is recognized by the Local Government Board.

16. That it is desirable that the different licensing bodies, whether singly or in combination, should frame their examinations so as to secure that the knowledge of every practitioner whose name appears on the Register shall have been tested in all the subjects of professional education which the Council has determined to be essential, viz.:—1. Chemistry, including a knowledge of the principles of chemistry, and of those details of the science which bear on the study of medicine; and Chemical Physics, meaning thereby heat, light, and electricity. 2. Anatomy. 3. Physiology. 4. Materia Medica and Pharmacy. 5. Pathology, including morbid anatomy. 6. Medicine including medical anatomy, clinical medicine, and therapeutics. 7. Surgery, including surgical anatomy

and clinical surgery. 8. Midwifery. 9. Forensic Medicine.

17. (a) That there be in future three professional examinations. (b) That the professional examination be arranged in two divisions; the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after the passing of the first division, nor before the completion of the fourth year of study. That the examinations, and the subjects included in each, be such, and in such order, as may insure, so far as possible, a due continuity and sequence of study.

18. That the first division of the examinations shall include the following subjects:—1. Chemistry and Chemical Physics. 2. Anatomy. 3. Physiology. 4. Materia Medica and Pharmacy. That the second division of the examinations shall include the following subjects:—1. Pathology, including morbid anatomy. 2. Medicine, including medical anatomy, clinical medicine, and therapeutics. 3. Surgery, including surgical anatomy and clinical surgery. 4. Midwifery. 5. Forensic Medicine.

19. That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study.

20. That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being so.

21. That not less than two examiners shall take part in every oral and clinical examination.

22. That the questions to be answered in writing should be submitted to the whole body of examiners for consideration, and revision if desirable, before being proposed to the candidates.

23. That the written answers should be submitted to more than one of the examiners.

24. That the excellence in one or more subjects should not be allowed to compensate for failure in others.

25. That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.

26. That returns from the licensing bodies in Schedule (A) be made annually, on January 1, and in a prescribed form, to the General Medical Council, stating the number of the candidates who have passed their first as well as their second and third examinations, and the number of those who have been rejected at the first, second and third examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned in due time.

27. That it is not desirable that any University of the United Kingdom should confer any degree in medicine or surgery, whether that of bachelor, doctor, or master, upon candidates who have not graduated in Arts, or passed all the examinations required by the bachelorship in Arts, or passed, after due course of education, examinations, such as are *bonâ fide*, academically equivalent to those required for a degree in Arts.

28. That in the opinion of the Council it would be desirable, as a general rule, that none of the higher degrees or qualifications in medicine or surgery should be conferred on persons who have not shown evidence of higher professional attainments.

29. That it is desirable that in the examinations on several of the subjects of the curriculum, such, for example, as Chemistry, including chemical physics, physiology, and materia medica, the licensing bodies should limit and define by schedule the extent of examination.

30. That it be recommended that in no case should the examination of a candidate by any of the licensing bodies in any subject be conducted wholly by the lecturer or teacher in that subject in the school in which the candidate has been educated.

31. That it is desirable that observation with the microscope should form part of the examinations of candidates for a licence.

32. That it be recommended that candidates for the final professional examination be required to give evidence that they have had opportunities of practical study with care of patients, as pupil, assistant, clinical clerk, or dresser, in hospital, dispensary, or elsewhere.

33. That it is desirable that, in examinations in Anatomy, candidates should understand that they may be called upon to perform actual dissections, and that candidates in examinations in Surgery should understand that they may be called upon to perform one or more operations on the dead subject.—*Med. Times and Gaz.*

DILATATION OF THE STOMACH MISTAKEN FOR OVARIAN CYST.

[The following extraordinary case is reported in the *Detroit Lancet*, Jan. '80, by A. Reeves Jackson, A.M., M.D., of Chicago.] On the 28th day of October last I was called, through the courtesy of Dr. B., a prominent surgeon of this city, to visit Mrs. X., a resident of Chicago, who was supposed to be suffering from ovarian dropsy. On reaching the house of the patient I obtained the following history: She was twenty-two years of age, and had been married a little more than a year. In the early part of August she was delivered of a still-

born child after a natural labor, which presented no unusual features. About ten days afterwards, when she quitted her bed, she noticed an enlargement in the right iliac region, which seemed to "roll about" when the position of the body was changed. The bowels were obstinately constipated, urine scanty, appetite good, sometimes voracious, but she had frequent attacks of vomiting within a short time after eating. She had lost flesh rapidly, and in two and a half months her weight had been reduced from 145 to less than 100 pounds.

There was no evidence of cardiac, hepatic or renal disease, unless it were, possibly, the character of the urine, already referred to.

The vomiting, which was increased whenever the patient attempted to lie on the back, interfered greatly with the making of a satisfactory physical examination. I found the abdomen very much enlarged, the fullness being tolerably uniform, although the greatest distension was in an oblique direction, from the left hypochondriac to the right iliac region. The superficial vessels were not prominent, nor was the umbilical depression effaced. Palpation showed that the enlargement was soft and yielding, no hardness being perceptible in any part; neither could I detect the outline of any tumor or cyst. A wave of fluctuation could be transmitted in every direction. When the patient lay on either side there was a dull percussion sound in all the dependent parts, reaching as high as the navel, above which point the sound was clear and resonant. It seemed evident that the abdomen contained fluid which obeyed the laws of gravitation. The uterus was in normal position, soft and slightly enlarged. No fluctuation could be detected by vaginal or rectal touch. As the result of the examination, the surgeon in charge of the case adhered to his diagnosis of ovarian cyst, but inasmuch as it was my opinion that the enlargement was due to ascites, he agreed to make a diagnostic tapping before resorting to ovariectomy.

The abdomen was tapped and two or three ounces of a dark-colored fluid, removed. The fluid had a sour odor, an acid reaction, and contained portions of partly-digested food, among which could be distinguished swollen grains of rice, pieces of potato, bread, meat, etc. To my question, put in a jesting manner, whether he had tapped the stomach, the doctor said that such a thing was impossible, since the trocar had been introduced at least three inches below the navel. His explanation of the fact of the fluid possessing these characteristics having been removed from that part of the abdomen was that the woman had been suffering from an ulcer of the stomach, which, having caused extensive perforation, had permitted the gastric contents to escape into the peritoneal cavity, whence he had removed a part, and, he added, with characteristic energy, "There's a bucketful in there yet." He proposed to open

the abdomen the following morning for the purpose of taking away the remainder.

November 1, present Drs. B., Steele, Moore and Jackson. The air of the room in which the patient lay was saturated with carbolic spray, and the temperature raised to about 78°. The patient was etherized, and an incision made by Dr. B. in the median line about 4 in. long, midway between the umbilicus and pubes. This was deepened until there came into view a dark-red, congested body which resembled a fibro-cyst of the uterus. It seemed adherent to the abdominal wall, but the operator, believing he had not yet penetrated the peritoneum, made an incision into it about an inch long, giving exit to a large quantity of gas and partly digested food, having a disagreeable, rancid and sour odor. Among the escaping substances could be discerned pieces of meat, potato, rice, the entire pulp and seeds of grapes, etc. The incision in the abdominal wall was now carried about three inches above and to the right of the umbilicus. The opening in the cyst-like body was also enlarged upwards to about four inches. This permitted the contents to escape more freely, which they did to the amount of six or eight quarts, obscuring, for the time being, all the anatomical relations of the parts. They were received into a tub placed by the side of the table, and when they were sufficiently cleared away from the abdomen to permit a proper examination, it was discovered that the latter incision—as well as the trocar puncture—had been made into the wall of an enormously dilated stomach, along its anterior border between the lesser and greater curvature. The stomach was now drawn forward and a stream of warm carbolized water thrown into it, cleansing it thoroughly. The operator then passed his hand into its interior and stated that he could discover no obstruction or thickening about the pylorus. The part was not examined by anyone else. The uterus and ovaries were normal. During the operation the patient's pulse became extremely rapid and feeble, and it was found necessary to administer several hypodermic injections of brandy in order to keep her from sinking. The unfortunate woman expired about midnight.

At the autopsy, the cavity of the abdomen was found to be occupied by an immense cyst, which proved to be the stomach filling up the entire space in front of the other abdominal organs. When opened it was found to contain three or four quarts of very dark fluid; the pyloric orifice was contracted to the size of a crow-quill and the tissue about it infiltrated with scirrhous deposits.

[Comment is wholly unnecessary, nothing but the grossest carelessness, or an utter inability to interpret the clinical features of the case could have led to such a fatal blunder.]—ED. LANCET.

BROMIDE OF ETHYL.—THE NEW ANESTHETIC.

—To Dr. Lawrence Turnbull is due the credit of introducing this anesthetic, which for rapidity of action and quickness of recovering from its effects has claims to superiority over other agents for producing insensibility to pain. Dr. R. J. Levis, of Philadelphia, finds much to recommend in it. He finds that it produces but slight disturbance of the circulation, rendering the danger of syncope very small. Complete anæsthesia is produced by bromide of ethyl in from two to three minutes. After-*nausea* is infrequent. "My own plan, with adults, is to pour two drachms of the bromide of ethyl on a small napkin folded up to a space of about four inches square, and then laid on a larger napkin, folded so as to be large enough to cover the entire face of the patient. It is well to secure the two napkins together with a pin. The vapor of the bromide of ethyl is not inflammable; indeed, when dense, it extinguishes a flame if brought into contact with it. In this respect it is free from the danger incident to ether when administered at night in proximity to lights, or when the actual cautery is used. The article used by me was made by the firm of Powers & Wightman, manufacturing chemists, of this city."—*West. Lancet.*

THE TREATMENT OF HYSTERICIS.

I think that this woman told me that she suffered from falling of the womb; but however that may be, she is certainly a very nervous woman—almost hysterical—so much so that she cannot answer any of my questions. I try to calm her by holding her hand firmly, and endeavor to divert her attention by feeling her pulse. You will find this sometimes a very excellent means of quieting these hysterical patients. Her hysterical aphonia is very marked, but I gather, from her sobbing utterances between the spasms, that she is 34 years of age and unmarried. This hysterical contraction of one or all of the sphincters of the body is a very strange thing for us to understand, but we very often meet with it. Now it is a spasm of the sphincter ani, with difficulty in defecation; again it turns up as dysuria, with scalding sensations in the passage of the urine, due to contraction of the muscular fibres throughout the whole length of the urethral track; or we may have spasm of the internal os uteri; or, as in this instance, of the epiglottis and trachea.

I introduce my hand into the vagina, and find a virgin os, long, sickle-shaped, and looking upward and forward, instead of downward and backward. But the examination gives rise to so much pain and such hysterical symptoms that I shall postpone it until after the lecture is ended. Meanwhile, let me say a few words to you regarding hysteria and its treatment.

Hysteria is a disease to which every woman is

liable; and which, every physician will be, some time or other, called upon to treat. Most of you will find it very hard, in most instances, to distinguish between hysteria and organic disease, for it, in many instances, mimics exactly grave structural diseases. There is no difficulty in forming a diagnosis when you meet with a real hysterical attack, attended with screaming and groaning and kicking.

When you are called to treat a young girl with a hysterical attack, there are three things which you had better do. (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly—take a good sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression upon the nervous system.

When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafoetida—none of your small, two or three grain doses, but ten grains all at once.

I am in the habit of regarding a hysterical woman in the same light as a skittish, unmanageable horse; and just as I catch the one by means of a handful of oats, so I do not hesitate to entrap the woman by much the same means. I remember one instance, in which I assured the husband of a hysterical woman that the drug I was giving—assafoetida—had a very powerful odor and had come from a very great distance. I have no doubt that he thought I had sent all the way to the Orient after it, and gave his wife to understand accordingly; certainly, my words acted like a charm in that case.

There is everything in a doctor's manner in the sick room; and he who looks and speaks hopefully, saying, "take this, and you will get well," and "do that, and you will feel better the next moment," is much more likely to cure his patient than the man who magisterially goes through the motions, without a ray of light or hope in his face, ordering "this pill to be taken in half an hour," and "so many teaspoonfuls of that prescription to be given at such and such times."—Dr. Wm. Goodell, in *Clinical News*.

MEDICAL AND SANITARY LEGISLATION.—The Government this year introduced their Medical Act Amendment Bill into the House of Commons at once, in order that it might, without delay, be referred to the Select Committee on the Medical Bills, which Committee was to be reappointed.

The Bill was brought in by Lord George Hamilton, and read a first time, on Tuesday, the 10th, and it stood for the second reading in the orders of the day on the 11th. But it has got no further. Ireland and Her Majesty's faithful Opposition have delayed the progress of business in the House of Commons so effectually that the Address in reply to the Queen's Speech has not yet been got rid of. Dr. Lush's Medical Bill has been read a second time; but it stood first on the orders of the day on Wednesday, and was not opposed, so that there was time for it to be read before six o'clock. But Mr. Plunket had given notice of an amendment to the other Medical Bill, and the Irish Volunteer Corps Bill stood before it in the orders. Mr. Mills' Medical Act Amendment Bill has also been introduced, and Mr. Errington's Bill to amend the law relating to the Qualifications required for holding certain Medical Appointments is to be brought forward. The Lord Advocate has introduced an "Artisans and Labourers' Dwellings Improvement (Scotland)" Bill; and several other measures in which the medical profession will feel a special interest have been, or are to be, introduced.—*Med. Times and Gazette*.

SURGICAL STATISTICS WITH AND WITHOUT LISTERISM.—The statistics given by Mr. Lister of the results from his operations performed under strict antiseptic precautions, have called forth a reply from the pen of Mr. James Spence, of Edinburgh. Mr. Lister took a period of five and three-quarter years, during the period when he says his antiseptic system has been more perfectly carried out. During that time he had performed eighty major amputations, with nine deaths. Claiming the same right, Mr. Spence takes a period before the antiseptic system was heard of, when he used the very simplest dressings. He finds that out of sixty-three major amputations he had three deaths; during the same period, out of twenty-three excisions there was but one death. Mr. Spence objects to Mr. Lister's elimination of fatal cases, by which means the claim is made that "no patient died from a preventable disease;" and he reminds Mr. Lister of a fatal case of amputation at the shoulder-joint, of which no mention had been made. Mr. Lister's experience in ununited fractures of the femur is thought to be unusually extensive, for during a much longer period Mr. Spence has met with but two such cases, and one of these was rather a case of delayed union than non-union. Both were operated upon successfully, and without giving rise to constitutional symptoms. According to Mr. Spence, Mr. Lister does not state clearly the results of his operations as regards union, but Mr. Spence knows of one case in which the operation was repeated once or twice without union resulting. Of the resection of bones during acute necrosis, Mr. Lister gives no examples; in this class of cases Mr.

Spence has been uniformly successful, and no spray or special antiseptic method has been used. Nor does Mr. Lister give his results in excision of tumors, although Mr. Spence claims that the large cut surface exposed to the air during these operations render this class of cases, according to the germ theory, especially liable to infection; in Mr. Spence's experience it is the exception for these cases not to do well. In regard to the application of the antiseptic system to chronic abscesses, Mr. Lister is asked to explain the fact that when he left the Edinburgh Infirmary there remained in his wards, uncured, some seventeen of these cases. Mr. Spence found in his experience that, as regards constitutional symptoms, these cases did well under the antiseptic system, but not as to cure or arrest of discharge.—*The British Medical Journal*, Jan. 24, 1880. *Med. Record*.

PROOF OF DEATH.—Those timid beings who are haunted by apprehensions of being buried alive, and who make testamentary provisions against such a contingency, may now take courage, for science has supplied an infallible means of determining whether or not the vital spark has quitted the mortal frame. Electricity enables us to distinguish with absolute certainty between life and death; for two or three hours after the stoppage of the heart, the whole of the muscles of the body have completely lost their electric excitability. When stimulated by electricity they no longer contract. If, then, when Faradism is applied to the muscles of the limbs and trunk, say five or six hours after supposed death, there be no contractile response, it may be certified with certainty that death has taken place, for no faint, nor trance, nor coma, however deep, can prevent the manifestation of electric muscular contractility. Here there is no possibility of mistake, as there certainly was when the old tests were employed. Muscular contractility under the Faradic stimulus disappears gradually after death. It is instantly diminished, but only finally extinguished in about three hours; and hence Dr. Hughes Bennett has suggested that electricity may sometimes be of use in medico-legal investigations, by affording evidence as to the time of death.—*Med. News and Circular*.

SIMS' SPECULUM ALWAYS AT HAND.—The index and middle fingers of the right hand may be used as a perineal retractor in place of the ordinary Sims' speculum. They may be introduced with the patient in Sims' latero-prone position, the operator standing back of the patient, on the side of the table, in exactly the position of the assistant, who holds the speculum in the ordinary way. In this manner the cervix and vagina may be exposed almost as well as by the speculum. This method of exposing the parts may be of great use when a speculum is needed and not accessible; in the ap-

plication, for instance, of the tampon in sudden hemorrhage, or in consultations at a distance, when, for reasons not anticipated, it becomes necessary to examine the pelvic organs.—*Chicago Med. Gaz.*

TREATMENT OF DELIRIUM TREMENS.—Opium given in large and enormous doses, as was formerly the practice, was conclusively shown by Ware to be pernicious. Sleep is the desired object, but narcosis is not a substitute therefor. It is hazardous to induce the latter. But an opiate, in small or moderate doses, is often useful. A quarter of a grain of the sulphate of morphia every four or six hours, or an equivalent of codeia or some other preparation, is the safe limitation as regards dose and intervals. Alcohol is relied on by many, but opposed by some on the ground of moral considerations. The latter are of little weight. The patient will not be likely to resume the habit which has caused the disease any the more, because alcohol may have conduced to the recovery. In the treatment, alcohol should be given in moderate quantity, and suspended when sleeping occurs. It is indicated especially when the patient is much enfeebled, and the pulse denotes cardiac weakness. The inhalation of chloroform may be tried, especially when the delusions induce extreme terror or violence of delirium. It sometimes is useful, but more frequently it fails. The attempt to produce anæsthesia is often resisted by the patient, and the violence of the delirium is thereby increased. The hydrate of chloral is more easily employed. It sometimes acts like a charm. Proper precautions are to be observed in the use of this remedy. The bromides may be given with much less reserve. They should be fairly tried. Their effect is sometimes excellent and sometimes *nil*. Digitalis is in some cases notably efficacious; it is indicated especially when the heart's action is frequent and weak. It is unnecessary to give this remedy in doses of from half an ounce to an ounce of the tincture, as may be done with safety; half an ounce of the infusion every two or three hours, will secure all the benefit to be obtained from it. Antimony is suited to a certain class of cases, namely, those in which the symptoms are violent, and the patient robust, and the action of the heart strong.—*Flint's Clinical Medicine*.

HOW TO APPLY THE HOT WATER VAGINAL DOUCHE.—In the *Chicago Medical Gazette*, Dr. E. C. Dudley says:

The following is designed to impress the importance of strict observance of detail in the application of the douche, since in no other manner will its good effects be realized: 1 It should invariably be given with the patient lying on the back, with the shoulders low, the knees drawn up and the hips elevated on a bed pan, so that the outlet of the vagina may be above every part of it. Then the

vagina will be kept continually overflowing while the douche is being given. 2 It should be given at least twice every day, morning and evening, and generally the length of each application should not be less than twenty minutes. 3 The temperature should be as high as the patient can endure without distress. It may be increased from day to day, from 100° or 105° to 115° or 120° Fahr. 4 Its use, in the majority of cases, should be continued for months, at least, and sometimes for two or three years. Perseverance is of prime importance.

The sitting posture is especially objectionable, for the reason that it favors pelvic congestion by force of gravity, while the dorsal position utilizes this force during the application of the douche.

A Satisfactory substitute for the bed pan may be made as follows: Place two chairs at the side of an ordinary bed, with space enough between them to admit the lower bucket; place a large pillow at the extreme side of the bed nearest the chairs, spread an ordinary rubber sheet over the pillow, so that one end of the sheet may fall into the bucket below, in the form of a trough. The douche may then be given with the patient's hips resting on the pillow and with one foot on each chair; the water will then find its way along the rubber trough into the bucket below.

RETENTION OF A PESSARY FOR THIRTY YEARS.—Dr. A. A. Smith, (*N. Y. Clinical Society*) exhibited a glass pessary, which had been given him by a medical friend living out of New York, with the following history: In 1849—thirty years ago—it was introduced into a vagina, and had not been once removed until a short time ago. The woman recently fell down stairs, and subsequently had a bloody vaginal discharge. The physician discovered and removed the pessary, which had become well embedded in the tissues. It was incrustated with calcareous deposit, and was introduced for uterine displacement years ago—with no advice, according to the woman's statement, regarding its subsequent removal. The pessary was concavo-convex, and about three inches in diameter, with a small opening in its center. To effect its removal, a catheter was passed through this opening and traction made upon it. Dr. Smith called attention to the duty of physicians to impress upon patients the importance of the regular removal of pessaries. Dr. Peabody said he had found a pessary, thickly coated with calcareous material, in making a post-mortem examination. He mentioned an instance of the removal of a pessary, by Dr. E. K. Henshel, which had been introduced seventeen years before by the latter's father. Dr. Foster said he had cut out, from the vaginal tissues, a pessary which seemed to have been made of iron. Dr. Smith mentioned the removal of one by Dr. Sayre from the uterine cavity after its retention for ten years, and alluded to another case of prolonged retention

of a pessary in the vagina, which finally gave rise to an attack of peritonitis. Dr. Weir remarked that he had removed a glass pessary eight years after its introduction, and asked whether glass pessaries were better borne than others, to which there was no reply.—*N. Y. Med. Journal*.

MICROCEPHALUS.—Dr. Jacobi (*N. Y. Medical Society*) presented a case of microcephalus in a child, aged three and a quarter years. The cranial measurement from ear to ear was twenty-five centimetres. The child was born with long hair and closed fontanelles; the use of the limbs was entirely wanting, and the extremities were in a state of constant flexion. The first tooth, which was already discolored, appeared in the lower jaw, at the eighteenth month. The division of microcephali into two classes was based on distinctive features of difference. The first class comprised those that presented ossification of the cranial sutures at an early period, the brain remaining normal. In the second class were included microcephali whose cranium and brain, especially at the upper and anterior aspect, showed deficient development. The case presented would belong to the first class.—*N. Y. Med. Journal*.

HOSPITAL MANAGEMENT.—The Rochester (*N. Y.*) City Hospital allows its private patients to choose their medical attendants from the list of reputable physicians in the city. A member of the staff cannot be compelled to attend a patient in a private room. The theory is that if a patient wants the luxury of a private room, he is able to pay for professional services. In Baltimore, Maryland, there are at least two hospitals conducted on the Carney Hospital plan. They are the "Church Home," an institute maintained by the Protestant Episcopal Churches of the city, and St. Vincent's Hospital, under the management of Sisters of Charity. This plan is said to work excellently well in Baltimore.

THERE is no telling what the ignorance, boldness and complete self-possession of an impostor will do towards inspiring confidence among unthinking people; and there is no accounting for the mania with which people thirst after humbugs and deceptions. The truth is far too tame and uninteresting for many people—in order to be fascinated they must be fed on fiction.

FRACTURE OF RIBS.—Dr. H. A. Martin, the Boston surgeon who introduced the use of the pure rubber bandage in skin affections, reports that this bandage is an admirable dressing for broken ribs.

WHEN a death occurs in Fiji, it has to be registered; and the native scribes not unfrequently fill the blank left for "cause of death" with the words "medicine supplied by the missionaries."

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

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TORONTO, APRIL 1, 1880.

TREATMENT OF ELEPHANTIASIS BY ELECTRICITY.

The *Gaceta Medica* of *Bahia*, in its issue of October last, publishes a long and able article on the above subject, by Dr. Araujo, in which details are given of two cases treated by him with apparent success, by means of electric currents of induction, continued regularly over a period of twelve months. Both the patients were females, and their disease had been of long duration. A third case is detailed, which was presented in a male, but in this patient the scrotum was the part affected, instead of the leg, as in the females. Perhaps the most interesting fact stated by Dr. Araujo is, that he was led to the adoption of this treatment by electricity, on purely theoretic grounds. We here introduce a translation of Dr. Araujo's speculations on the etiology of the disease.

"Elephantiasis is, principally, a lymph-angiectasis; and the troubles under which my patient "the male" suffered, ought, to a great extent, to prove the existence of atony of the lymphatic vessels of the affected part. Histological *post-mortem* examination has shown, that in elephantiasis there is obstruction of the lymphatics and their respective lacunæ, from agglomeration of enlarged and deformed epithelial cells. This heaping of corpuscles, which here and there distend, and in every part fill the lymphatics of the region, clearly denote that a primary paralytic condition has taken place. As regards the lymph-angiectases, even the naked eye suffices to discover that such dilatations cannot exist without an atonic state of the walls of the respective lymphatics. Such being the case, is it not probable that a means which might cause contraction in the scrotal mass, say

electricity, would necessarily be reflected in each arterial, venous and lymphatic capillary, and consequently call into action the torpified circulation? In this manner the obstructed lymphatic vessels should again become pervious, with the exception however, of those which had already completely lost the qualities of contractile tubes, and whose walls had suffered a degeneration which approached them from the histological constitution of the textures of the vicinity, that is to say, the lardaceous degeneration. Should electricity, however, fail to benefit the latter conditions, it certainly ought to be of service for those vessels which are simply dilated and not obstructed, in other words, for the lymph-angiectases. Starting from these premises, which I confess were merely theoretic, I resolved to employ the electric treatment on my patient."

Dr. Araujo draws special attention to the fact, that in his patients, discovery was made by a professional friend, of the presence in the parts affected, of the *filariæ Wuchereri*, in both the developed and the embryonal state, and he seems to regard the efficiency of the electric shocks on these creatures as an important element in his successful treatment. He enumerates the following facts, as deserving of consideration.

First, the coincidence in a single individual of divers morbid manifestations, which were attributed to microscopic *filariæ*, as the efficient cause. *Secondly*, the discovery, by Dr. Victorino Pareira, of embryos, in the liquid of lymph-angiectases,—a fact hitherto not observed in *Bahia*. *Thirdly*, the discovery by myself, of two large *filariæ* in the liquid of the same procurement. *Fourthly*, the curative result obtained in relation to the associated chyluria, and erysipelas, and the improvement of the *craw craw* and the elephantiasis."

He asks,—“Will the flattering condition” into which the electric treatment has brought his patient, “prove persistent?”—to which he discreetly replies, “time alone can tell.” For the sake of humanity, and the honor of Dr. Araujo, we sincerely hope the answer given by time will be satisfactory. He has not proceeded in his work, in a merely empirical manner, but with a rational, scientific consideration of the cases which came under his observation and treatment. Though elephantiasis is a disease almost peculiar to southern climates, it is not unknown in northern

latitudes. We have seen it in this city, and were a witness to its intractibility.

Dr. Araujo closes his article with the following frank invitation to the profession. "Now I must leave to my colleagues, the verification of these experimental attempts, contenting myself with the request that they will publish any cases in which they may have employed similar treatment, whether the result has been complete, incomplete, or negative. Only thus can we demonstrate the merits or demerits of the process."

ELECTRICITY IN MEDICAL TREATMENT.

In one of our English exchanges appears an article in which the writer seems to think that the medical profession is very much in the dark as to the value of electricity in the treatment of disease, and that, moreover, it is likely to remain so, because as the writer alleges, its application is "troublesome and tedious," and requires "patience and sacrifice of time," and "therefore the belief in its efficacy is theoretical rather than practical with the great majority of the profession." The *London Lancet* in commenting on the above statement says, "those who know anything of medical work will not need to be told that the measure of usefulness to be credited to electricity as an agent, both in diagnosis and treatment, has been most carefully estimated. It has been tested, expounded, discussed, and to a certain extent exposed, in all its varieties. The medical profession has bestowed, and is still bestowing, fully as much attention on the subject as it claims. The knowledge of its uses and abuses, has been, and still is being extended; and at every hospital in the kingdom medical men have recourse to electricity in each and every one of its forms in cases which seem to require it." The writer in conclusion expresses regret that erroneous impressions of professional work should be created by such statements, and that assertions of the nature referred to are an aspersion on the work of every intelligent practitioner in the land.

We fully endorse every word that the writer has penned in reference to this subject. The therapeutic value of electricity has been thoroughly investigated, and the proper place assigned it among the category of remedial agents. A certain

few with a mental capacity insufficient to grasp more than a single idea at a time, hobbyists, monomaniacs, *et loc genus omne*, are to be found, who advocate its use in the treatment of all "the ills that flesh is heir to." Such individuals bring themselves to the belief that it is a remedy possessed of almost miraculous power, and are apt to berate the profession for what they are inclined to think is a species of skepticism on its part. The indiscriminate and unscientific use of electricity in the treatment of all manner of diseases, has done more harm than all the alleged skepticism of the medical profession as to its virtues.

On the other hand there are those who discover in it a mine of wealth untold, and mushroom electro-therapeutic institutions spring up on every corner, with their gilded sign-boards, and clap-trap devices to ensnare the unwary, and mislead the uninitiated. Such institutions are to be found in nearly all our large cities, and some of them are bolstered up, and an air of respectability given them, by their having connected with them regularly qualified medical practitioners, to the shame of the latter be it said. We trust that our medical brethren both in town and country will make such provision for the electro-therapeutic treatment of their patients where they deem it suitable, as will prevent them finding their way to such institutions. Any institution that claims to cure all manner of diseases by means of electricity no matter by whom it is managed, or how respectable it may appear, is nothing short of a swindle upon the public and a disgrace to civilization.

REPORT OF THE REGISTRAR-GENERAL OF ONTARIO.

This report, containing the vital statistics of the Province for the year 1878 was presented to the House at the close of the session just ended. During the year, 40,236 births, 12,729 marriages and 17,808 deaths were registered. The returns of births and marriages show an improvement in the number registered; and the marriages now compare favourably with those in other countries where, the registration is fairly accurate. The birth-rate (25 per 1000 living) however, is still a third below what it should be. There is no improvement whatever as regards the mortality returns,

the deaths being 2,245 less than the number registered in 1877. The death-rate therefore is only 11 per 1,000 of the population, and if we assume, as stated in the report that "probably in no country is the death-rate less than 18 per 1000" we shall find that there were at the lowest calculation at least *eleven thousand* deaths in the year, of which no record was kept. This is deplorable. When we reviewed the last report we had to congratulate ourselves on an increase in accuracy of the returns, and we hoped that the improvement would continue. Unfortunately this has not been the case, and we are now forced to the conclusion that the whole system of registration needs thorough revision. The act, as now enforced has, with but slight alterations, been in force for 10 years; and it is evident that there must be something radically wrong, when the data are so imperfect. The laxity with which the regulations are enforced, may perhaps be accounted for from the fact, that the registration fees are supposed to be paid annually by the various municipalities to the Division Registrars; but in many cases the law in this respect is practically a dead letter, and therefore there is no inducement for the Registrars to endeavour to obtain correct returns. Another feature is, that the penalty for not fulfilling the law is very seldom inflicted.

It is to be regretted that so much time and labour should have been spent over such inaccurate data. There is a decided improvement in the method of treating the returns; but it would have been no loss whatever, either to the country or to science if the whole of the last 136 pages had been omitted from the report. The deductions must necessarily be erroneous, even if the returns, such as they are, contained reliable information regarding the deaths which were registered; but as long as there is no recognized plan in obtaining information regarding the cause of death, no other result is to be expected.

Page 37 gives the nationalities of decedents over sixty years of age; but the returns are useless unless we have the proportion to population. Table G. shows the number of deaths and percentage of the whole, from phthisis, in each county; but no information of value can be obtained unless the proportion to population is given. Then we should have some idea, (if the returns were accurate) of the effect of locality on this disease. It is not fair

to treat any one place as having the highest or lowest death-rate from any special disease, until we feel assured that all the cases, or, at any rate, nearly all, are registered. For the same reason it is useless to attempt to show the relative longevity of persons according to occupation.

In view of the action of the Dominion Government last session in passing an act, providing for the collection of vital statistics, it may be well to consider the matter thoroughly, and to get the ideas of the profession generally as to the method whereby the best results may be attained. What is undoubtedly desired is, a correct record of the vital statistics according to some well arranged plan. With regard to the deaths, some uniform system of nosology will have to be adopted, and as far as we can see, none better than that employed in England has been found. Some excellent remarks on this point will be found in the London *Lancet* for Feb. 14th, 1880. The idea there expressed, that the medical practitioner should receive a fee for each return he makes is not a new one; but it is shown that the professional diagnosis, "if it is worth anything must be carefully formed, and expert judgment—based on special knowledge often outside the mere treatment of disease"—and as such worth paying for.

We shall be glad to hear the views of the profession on the whole subject, as it is evident that the public will not permit the present system, which has cost the country during the last ten years about 150,000 dollars, to continue.

JAMES BOVELL, M.D.

This well-known Canadian physician died on the 16th of January, in the island of Nevis, West Indies, where he had been residing for several years. He was born in 1817, in Barbadoes, in which island his family had long been resident. When in his 17th year he went to England and entered his name as a student at Cambridge, but shortly after was taken ill, and, on recovery, began the study of medicine at Guy's Hospital, where he enjoyed the friendship of the Coopers, of Bright, and of Addison. Through life he remained a Guy's man, and was never weary of talking of his old teachers, among whom Bright and Addison appear to have been his ideals. After taking the license of the

College of Physicians, he proceeded to Edinburgh, and studied morbid anatomy for several months under Dr. Craigmie. From thence he went to Glasgow, and worked at the Pathology of Fever with Dr. Buchanan, taking his degree at the University in 1838. Attracted by the fame of Stokes and Graves, and having friends and relatives in Dublin, he proceeded to that city, and for several years studied under those great masters. While there, he formed a lasting friendship with the late Dr. R. L. Macdonnell, of Montreal. During the latter part of his stay in Ireland he had typhus fever, and on recovering determined to return to Barbadoes, though strongly dissuaded from this step by his Dublin friends. There can be no doubt that in this he made a great mistake. Intimate with both Stokes and Graves, possessed of ample means, and with intense enthusiasm for his profession, the way to success was clear. He entered into practice at Bridgetown, Barbadoes, and rapidly gained the public confidence. About 1848, and subsequently, a considerable number of West Indians came to Canada, and among them was the subject of the present notice. He settled in this city, and at once took a prominent position in the profession. In 1850 he took part with Drs. Hodder, Bethune, and Melville, in the establishment of the Medical Faculty of Trinity College, in which he held the positions of Professor of the Institutes of Medicine, and Dean of the Faculty, during its short, but successful career, of four years. In addition to the positions already mentioned, he was physician to the General and Burnside Lying-in Hospitals, and gave clinical instruction in both institutions. He also subsequently held the chair of Natural Theology in the University of Trinity College. In conjunction with the above named gentlemen, and Drs King and O'Brien, he assisted in the publication of the *Upper Canada Medical Journal*, 1851, the first issued in this Province. After the disruption of the Medical Faculty of Trinity College, he joined the Toronto School of Medicine, and continued to lecture on Physiology and Pathology until 1870, when he returned to the West Indies, to the island of Nevis, where he had an estate. Shortly after, he was ordained a clergyman of the Church of England, and took charge of a parish on the island, where, with the exception of two visits to Toronto, he remained until his death.

His contributions to medical scientific literature

were numerous, and are to be found in the *British American Medical Journal*, the *Upper Canada Medical Journal*, and the *Canadian Journal*. Among the most important are the series of papers on the "Barbadoes Leg," *Brit. Am. Med. Journal*, 1849; "On the Transfusion of Milk in Cholera," *Canadian Journal*, 1854, and papers on the "Anatomy of the Bear," and of the "Medicinal Leech," in the same *Journal*. His published works are chiefly of a theological and devotional character: "Outlines of Natural Theology," and "Passing Thoughts on Man's Relation to God," both of which were very favourably received; also, "The Advent," and "A Manual for the Holy Communion."

A consideration of the life and character of Dr. Bovell presents certain difficulties, for in many particulars he was an exceptional man, and cannot be judged by ordinary standards. Prominent among his characteristics was a moral nature of unusual delicacy and fineness; vice naturally avoided him, virtue was drawn towards him, and the good side of a man instinctively showed itself in his presence. This, with a frank, kindly disposition, made him exceedingly loveable to his friends and deeply respected in the community. Mentally he had been richly endowed, a strong memory—except in matters of professional business—keen perceptive faculties, a quick wit, and considerable fluency of expression. But with all there was something lacking, and it is this which makes the retrospect of his life in some respects a sad one. There was a want of that dogged persistency of purpose without which a great work can scarcely be accomplished. The contrast between actualities and possibilities in his case was painful; and the work done—though excellent—seemed almost feeble compared with what might have been achieved. Much of this arose from attempting too many things. It may be well for a physician to have pursuits outside his own profession, but it is dangerous to let them become too absorbing. To Dr. Bovell the fields of science, philosophy, and theology were especially attractive, and were cultivated equally with the field of medicine, in which it was his chief duty to work. With equal readiness and knowledge he would discuss the Origin of Species, the theories of Kant, Hamilton, and Comte, or the doctrine of the Real Presence, and what he said was well worthy of attention, for his powers of criticism and analysis were good.

But this versatility was an element of weakness, as he himself knew. His reputation depended chiefly upon his professional skill as a physician, and this was proportionate to his talents and advantages. The training which he had received under Bright, Addison, Stokes, and Graves made him at once a valuable addition to the medical men of any community, and in Barbadoes and Toronto he quickly commanded a consultation practice. But here a circumstance must be mentioned which was adverse to material success. As a young man he was possessed of fair means, and never felt the "frosty but kindly" influence of *res angusta domi*, which, repressive and injurious in certain cases, has, on the whole, a beneficial effect, particularly in the formation of business habits. These, and the scientific habit of mind, are rarely found conjoined, and in many respects Dr. Bovell was a typical example of a class. The exacting details of practice were irksome to him, and too often appointments were neglected and patients forgotten in the absorbing pursuit of a microscopic research, or the seductive pages of Hamilton or Spencer. There are numerous stories related of his absent-mindedness, some of them true, but many more apocryphal. As a physician his power of diagnosis was especially good, more particularly in diseases of the heart and lungs, and such was the confidence the profession and the public placed in him, that, had he been alive to his own interest, he might have made a large fortune. As a professor his personal character made him a great favourite with the students, but he was a brilliant lecturer rather than a good teacher; his own intuitive grasp of ideas was so rapid and clear that he failed to make allowance for the slower perceptions of less gifted minds. To his professional brethren he pursued a course of unwavering kindness, living on terms of good fellowship with every medical man in the city.

After taking Orders he devoted himself almost exclusively to ministerial work, though, during his visits to Toronto, his old patients sought him out in numbers.

For many years he suffered from an ulceration of the back, which had latterly grown much worse. On the 9th of December he had a paralytic stroke, and, ten days later, a second, which he survived a few weeks only. The influence for good which a life like that of Dr. Bovell exercises in the profession, and in society at large, is, in many ways,

incalculable. Enthusiasm, high moral principle, and devotion at a shrine other than that of material prosperity, are not the qualities that build a princely fortune, but they tell, not only on a man's own generation, but upon the minds and hearts of those who are growing up around him, so that his own high purpose and unselfish life find living echoes when he himself has long passed away.

BLOOD CORPUSCLES SEEN IN THE LIVING BODY.

After a series of investigations Prof. Hueter finds that it is possible by the aid of a suitably arranged microscope, to examine the blood-vessels of the mucous membrane of the inner surface of the lower lip, so as to be able to see the blood corpuscles passing through them and to observe the course and changes in the circulation. The instrument he employs consists of an arrangement for fixing the head similar to that used by photographers, and a microscope which magnifies about forty-two times. The apparatus was prepared for him by Weinberg of Griefswald. The lip is fixed by a mechanism like a pair of forceps, attached to each angle of the mouth. Good, clear daylight or a gas jet with condensing lens is sufficient to illuminate the parts. Prof. Hueter says it is difficult at first to observe the blood stream, and advises that for first observations, scrofulous children, twelve to eighteen years of age, with disease of the bones or joints with suppuration, should be selected. In such cases the thinness of the mucous membrane, and the increased number of white corpuscles facilitate the examination. The red corpuscles are seen as fine points, and the white, as small white spots in the red stream.

Prof. Hueter is of the opinion that important physiological and pathological truths, as to the disorders of circulation in fever, poisoning etc., may be elicited by this method of investigation. By compression of the lips with forceps, venous congestion may be produced and the attending phenomena observed; the application of ice to the mucous membrane of the lip is followed by a stoppage of the current, owing to contraction of the capillaries, but after a few minutes it is restored again. Blood-stasis may also be produced by chemical irritants, and Hueter recommends glycerine, as more powerful irritants such as ammonia,

chloroform, or carbolic acid are attended with clouding of the epithelial cells. If the lip be dried and a drop of glycerine applied, the red corpuscles are seen to become slightly packed together, and irregularity of the current follows, which however, soon passes away. This method of investigation is known by the euphonious name of "Cheilangioscopy."

MEDICAL ELECTIONS.—As the time for the election of representatives in the Ontario Medical Council approaches, the candidates and their friends are bestirring themselves, and every day brings new men into the field, and arouses the old members into greater activity. Dr. Edwards, the former well-known and popular representative of the Western and St. Clair Division, and who now resides in London, is out in opposition to Dr. Hyde for the representation of the Malahide and Tecumseth Division, and is making a vigorous push.

Dr. Alexander R. Stephens, of Collingwood, has also been requested to offer himself as a candidate for the representation of Saugeen and Brock Division. The only other candidate for this division, so far as we have heard, is Dr. Yeomans, of Mount Forest, whose name we mentioned some time ago.

For the Midland and York Division, Dr. Ross, the former representative, at the request of a number of his friends, has consented to stand again. In a letter received too late for insertion under correspondence, he says: "while serving in the interest of the profession of this division as a part, I have always endeavoured to further the interests of the whole profession of Ontario in accordance with the provisions of the Ontario Medical Act. I had intended at the expiration of the present term to have retired, but upon more mature consideration and in compliance with the wishes of many of my professional brethren, I have been induced to again offer myself as a candidate for re-election, and humbly ask you through your journal to intimate the same to the medical profession of Midland and York, trusting that, if my conduct in the past has been such as to meet their approval, they will vote for me at the ensuing election. Dr. Ross will have as an opponent Dr. J. H. Burns, of this city, and, in all probability, there will be a close contest between them, as Dr. Burns is a graduate of Toronto University and very popular among his fellow graduates.* He is in favor of

increasing the number of Territorial representatives and shortening the term of election from five to *three* years; the appointment, as far as possible, of the examiners from outside the Council, and of so conducting its affairs as not to allow it to be run for the benefit, and in the interest of a few of its members, but for the general good of the profession—principles which we fully endorse.

MEDICAL LIBRARY ASSOCIATION.—Through the kindness of Dr. S. H. Taylor, we have received a draft copy of a bill prepared by the medical profession in St. John, N. B., and vicinity, to be submitted to the Legislature, for an Act of Incorporation for the purpose of procuring and maintaining a "Medical Library" in the city of St. John. The affairs of the "Medical Library Association" are to be administered by a council of nine members to be elected annually, and a secretary and treasurer. Every legally qualified medical practitioner in St. John, or within a radius of ten miles of the city, will be required to pay an annual fee of \$10 to the treasurer of the Association, and no practitioner shall be allowed to hold any public medical or surgical appointment or to give evidence as a medical or surgical "expert" before any Court, or to collect his fees by law, unless he has paid his fees as above stated. It is also proposed that all those who commence practice for the first time in this district, after the expiration of five years from the passing of this act, shall pay an admission fee of \$15 in addition to the annual fee.

This is a very good move, and one that deserves every encouragement so far as its scientific aspects are concerned, but we fear there will be found a difficulty in passing, or if passed, in enforcing that portion which relates to the exclusion of defaulting members from holding medical or surgical appointments, giving evidence in Court, or collecting their fees by law.

A "HEADLESS MAN."—While the people in this, and neighboring cities in Canada have had their sensation in the shape of a "headless rooster," the people of Peru, S.A., have had theirs in the shape of a "headless man;" at least, so says the *Sunday Chronicle* of San Francisco, a copy of which a friend has been kind enough to send us. The story, which seems in all respects incredible, is as follows:—A murderer named Francisco Hansa

was sentenced to be executed, whereupon application was made to President Prado to have the person of Hansa delivered over to Dr. Deranogozo, formerly professor of anatomy in the University of Lima, who has been engaged for years in the study of nerve centres, to be by him used as he saw fit. The application was granted, and Dr. Deranogozo became the custodian of Hansa. He proceeded, under anæsthesia, to remove the brain—portion after portion—from time to time, watching the effect of each successive change until he had removed the whole cerebrum, and rendered him "brainless;" yet he lived. The temperature now fell below the normal; his hearing, sight, taste and feeling were lost, or at all events he appeared to have no idea of the impression caused; when placed on his feet, he could walk forwards, but was just as liable to fall backwards. The following appropriate sequel is given to the Peruvian scientist's absurd story, viz., "that this man without brains is just as great a mystery as he was with brains."

THE NIGHT MEDICAL SERVICE.—The night medical service system which has been found to work so well in Paris, Berlin, St. Petersburg and other places, is now being agitated in New York. The object of the system is to supply medical service to strangers, or people in poor circumstances who may be taken suddenly ill. A list of respectable physicians willing to undertake the work is kept at the police stations, and in case of emergency the police officer on duty summonses a medical man, and sees that he is paid for his services, either by the patient himself, or the department. This arrangement prevents delay, and secures the assistance of first class men, who are promptly paid for their services.

COMMISSIONERS UNDER THE LICENSE ACT.—The following gentlemen have been appointed Inspectors of License in their respective districts:—Dr. J. S. Sprague, Hastings, N.R.; Dr. L. Harvey, Lambton, E.R.; Dr. W. McGill, Ontario, S.R.; Dr. W. H. Blackstock, Simcoe, E.R.; Dr. James Ferguson, Russell; Dr. W. W. Ogden, Toronto, and Dr. A. Robillard, Ottawa.

RAPID CITY "ENTERPRISE."—We have been favored with a copy of the above named interesting and valuable paper, edited by Messrs. Pim and J. Carruthers. Rapid City is situated on the

Little Saskatchewan River 150 miles west of Winnipeg, in the midst of the most fertile district in the North West. Both Mr. Pim and Carruthers are experienced printers, and the publication of so respectable a paper in this comparatively new country is highly creditable to these gentlemen, and is evidence of the rapid progress which is being made in the Prairie Province of the Dominion.

THE INDEX MEDICUS.—This valuable publication has entered upon the second year of its publication under some difficulties. It has not received that support from the profession that its merits demand. It contains a monthly classified record of the original articles that appear in all the Medical Journals, also new books, etc., and the current medical literature of the world, and is therefore of the greatest possible value to studious members of the profession. It is published by F. Leypoldt, 15 Park Row, New York. Price \$6 per annum.

RUPTURE AND INVERSION OF THE UTERUS:—A case of this nature recently occurred in the practice of Dr. H. B. Evans of Kingston Ont. and was the occasion of a good deal of unpleasant publicity, Owing to the suddenness of the woman's death, and the belief entertained by the husband, that his wife had been improperly treated, an inquest was ordered to be held. The *post mortem* examination was made by Dr. Sullivan, assisted by Drs. Lavell and Saunders, who stated in their evidence that in their opinion the death of the woman "was due to inversion, laceration and removal of the womb." The following extracts are from the report of the *post mortem* examination.—"The body was that of a well formed woman, about 35 years of age. A large dark colored mass protruded from the vagina about four inches, around the upper portion of which a ligature was tied tightly. It proved to be the greater part of the uterus; it had been inverted. One half had been torn across, and the other and thicker portion cut with a sharp instrument. The fundus was entirely removed."

From Dr. Evans' statement of the case and the evidence of others, it would appear that it was a case of rupture of the uterus occurring in labor; that during or after the delivery of the child, inversion of the uterus took place, and, that the medical attendant resorted to excision, instead of replacement. The child, her ninth, was still-born.

The Jury brought in the following verdict.—“The late Mrs. David came to her death through unnatural causes in childbirth, hastened through a mistake made by Dr. Evans in his treatment of the case.”

We do not allude to this case with a view to criticise the treatment adopted by the medical attendant, for it would indeed be a difficult matter to say what would be the best line of treatment to pursue in so grave a situation, but to give expression to our very great surprise that he should have allowed himself to be without counsel in so serious a case. We hold that no medical man, however experienced he may be, should assume the entire responsibility of the management of a case in which the termination was so certain to be disastrous, and we think Dr. Evans has himself greatly to blame for the unpleasant publicity which this unfortunate case has given rise to.

PERSONAL.—Dr. G. S. Ryerson, L.R.C.P. & S. Ed. late assistant and acting house surgeon, Royal Ophthalmic Hospital, Moorfields, London, and Central Throat and Ear Hospital, has commenced the special practice of the eye, ear and throat, in Toronto, (317 Church-street). He has been abroad for four years, and brings with him the highest recommendations from eminent specialists in England and the Continent.

Dr. L. N. Sharp, formerly of Norton Station, has commenced practice in Woodstock, N.B.

EXAMINERS IN MEDICINE, TORONTO UNIVERSITY.—The following gentlemen have been appointed examiners in medicine in Toronto University for the ensuing year: Dr. W. Osler, Physiology and Comparative Anatomy; Dr. E. C. Malloch, (Ottawa), Surgery and Anatomy; Dr. J. Workman, Medicine and Therapeutics; Dr. D. Clarke, Midwifery and Medical Jurisprudence; Prof. W. H. Pike, M.A., Chemistry; Prof. H. N. Martin, (Baltimore), Natural History.

PROFESSIONAL EXAMINATIONS.—The medical examinations to be held in Toronto for degrees and license to practice will this year commence as follows:—University of Toronto, April 14; Medical Council, primary April 6th; final April 28; University of Trinity College, about May 10.

MEDICAL EDUCATION FOR WOMEN.—The man-

agement of the Royal College of Physicians and Surgeons at Kingston propose to hold a summer session for female students of medicine, commencing in April. It is said that already twenty ladies have signified their intention to take the course.

Dr. Allen, Police Magistrate, of Cornwall, Ont., has been suspended from his position by order of the Attorney General, in consequence of the developments in the criminal charge preferred against him by a young woman residing in that town.

DOUBLE QUALIFICATION.—J. G. Hyde, M.D., of Stratford, Ont., has successfully passed the professional examination of the Royal Colleges of Physicians and Surgeons, Edinburgh, and obtained the double qualification, L.R.C.P. and L.R.C.S., Edin.

RETIREMENT OF DR. FARR.—Dr. Farr has received a retiring allowance of £800 from the British Government, an amount equal to his former salary.

The death of Mr. Lockhart Clarke, F.R.S., Physician to the Hospital for epilepsy and paralysis is announced in our British exchanges.

CORONERS.—The following gentlemen have been appointed associate Coroners for their respective districts: W. McClure, M.D., of Cumminsville, for the Co. of Halton; P. McDonald M.D. of Wingham for the Co. of Huron; and J. W. Wood M.D. of Victoria Road for the Co. of Victoria.

Reports of Societies.

BATHURST AND RIDEAU MEDICAL ASSOCIATION.

The semi-annual meeting of the Bathurst and Rideau medical society was held in Ottawa, on the 1st ult. Dr. Grant, President in the chair. There were present, Drs. Whiteford, Carmichael, McDougall, Malloch, Higgins, Lynn, Bentley, Sweetland, Horsey, Hill, Wright, Rogers, McRae, Powell, Shaw, Sproule, M.P., Munroe, of Lanark; Kellock, of Perth; Baird, of Pakenham; and Cranston, of Arnprior.

After the reading of the minutes, the resignation of the secretary, Dr. Lynn, who is removing to British Columbia, to settle in practice on account of impaired health, was accepted, and a high com-

pliment paid to that gentleman for his long and faithful services.

THE PRESIDENT'S ADDRESS.

The President, Dr. Grant, from press of time had not written an annual address, but made a few observations on "The Brain from an Educational Point of View." This subject he said was attracting the attention of many of the leading scientists of Great Britain and America. There are those who still maintain superiority of physical over mental culture; however, the tendency to a purely physical training is rather on the decline, and the degree of admiration once bestowed on men of great strength is not valued so highly as it was formerly. Mental and physical culture must go hand in hand. The one was necessary for the thorough and practical development of the other. The greatest evidences of physical culture and intellectual development, never deranging the balance or impairing the symmetry of the whole, were probably more keenly appreciated and exhibited in ancient Greece and Rome than any other portion of the known world. Now-a-days the educational idea has undergone a considerable change, and the strain after knowledge, in the shape of a skeleton of distinction, it is to be hoped will become a matter of the past. The ventilation now being given to this subject is exposing very justly "the intemperance in study,"—the expressive term of Dr. Tuke of Edinburgh, in his able paper, to the British Medical Association. Education in childhood is a subject of vital importance. Children's brains are often taxed long before they have either learned how to walk or how to play. Play is looked upon rather as a reward than as a source of encouragement to study. Thus we have conflicting interests between physical growth and mental food. The building of a brain is to-day a great social problem, and those in charge of our educational institutions will require to observe closely its solution. How many girls and boys of the present day could undergo such a tax as was placed on the system of John Stuart Mill, from three to sixteen. It is unphysiological, and attended with great danger, to promote hot house mental culture, by excessive application to books, before the very tissue of the brain is strong enough to carry along successfully, impressions made upon it. Who would think of

coaxing a baby to stand, before the bones of its legs were strong enough to support its body, or who would expect a young colt to draw the load of an ordinary team of dray horses? If we examine into the history of either the past or the present, what is the evidence to be adduced? The men to day who wield the destiny of this Dominion are largely self-made men, whose brains in early life did not cripple physical development, and whose nerve fibre to day possesses the result of practical education, applied in the normal or natural way. Sir Walter Scott, when attending the University of Edinburgh, was called the great block head, and yet the world has recognized the gradual development in him of latent intellectual power. His field sports contributed largely to his success. Again, it is well known that Wellington, the hero of a hundred battles when once looking at the boys engaged in their sports at Eton, where he spent his boyish days, remarked that "it was there the battle of Waterloo was won." He then adverted to the question of summer holidays in public schools, recently brought before the Ontario Government. The point argued was that three, instead of six weeks, were quite sufficient as a holiday. However, it was very properly left to the discretion of the various educational boards which he hoped would consider it from a sanitary point of view, and extend the full six weeks as a summer vacation. Medical men in the various districts would no doubt have opportunities of examining closely into this whole subject of such vital importance, inasmuch as the proper estimation of it was intimately connected with the welfare and prosperity of our common country.

Drs. Hill and Sweetland fully endorsed the remarks of the President, and stated that in their opinion, the course of study in the common and grammar schools was too oppressive for the proper education of children, many of whom were too young to attend.

Dr. Kellock of Perth read a very interesting paper, giving an account of a visit to the Hospitals in New York, for which he received the thanks of the Association.

Drs. Cranston, Powell and Malloch were requested to prepare papers for the next meeting to be held at Carleton Place, after which the meeting adjourned.

NEWCASTLE AND TRENT MEDICAL ASSOCIATION.

The fourth regular meeting of this association was held in Port Hope, on the 4th of February, Dr. Herriman, President, in the chair. Present, Drs. Hamilton, Waters, Wright, Burritt, Riddall, Halliday, Clemasha, Powers, Corbett, Griggs, and Oliver. After reading the minutes, the Treasurer's report was received, showing the receipts and expenditures for the year and on motion was adopted.

The following officers were then elected for the ensuing year: Dr. Herriman, President; Drs. Waters, Willoughby, and Ruttan, Vice-Presidents; Dr. Halliday, Secretary-Treasurer; and Drs. Burnet, Douglas, and Bell, Local Secretaries for their respective districts. The following papers were on the programme for discussion:

Paper on Gunshot Wounds, by Dr. McDonald, Brighton. Case in Medical Jurisprudence, by Dr. Herriman, Port Hope. Paper on Jaundice, by Dr. Hamilton, Port Hope. Subject for general discussion: Treatment of Phthisis. Dr. Hamilton, presented two cases to the society, one an unusual form of Hysteria and the other, Stricture of the Oesophagus. In the latter case, Dr. H. passed the bougie with considerable difficulty, showing the constriction.

The rest of the session was taken up with the draft of the tariff of fees to be submitted to the Ontario Medical Council for ratification. The next meeting will be held at Brighton on the first Wednesday in June.

OTTAWA MEDICO-CHIRURGICAL SOCIETY.—At a meeting of the Ottawa Medico-Chirurgical Society held Jan. 9th, 1880, the following gentlemen were elected for the ensuing year: *President*, Dr. Carleton; *1st. Vice-President*, Dr. Prevost; *2nd. Vice-President*, Dr. Malloch; *Secretary-Treasurer*, Dr. Powell. The meetings of the Society are held regularly twice a month.

Books and Pamphlets.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M.D., F.R.S. With numerous additions and illustrations by Henry Hartshorne, A.M., M.D. In three volumes. Vol. II. Diseases of the Respiratory and Circulatory Systems. 8vo. Philadelphia: H. C. Lea. Montreal: Dawson Bros.

This is the second volume of this admirable work, the first volume of which we noticed in our last number. The present vol. bears out the statements made regarding its high character and use-

fulness as a guide to the practice of medicine. It is sold by subscription only, price \$15 for the three volumes. The third volume will shortly appear.

THE THEORY AND PRACTICE OF MEDICINE. By F. J. Roberts, M.D., F.R.C.P., Prof. of Materia Medica at University College, London. Illustrated. Third American from the fourth London edition. Philadelphia: Lindsay & Blakiston. Toronto: Hart & Rawlinson.

This excellent work on the practice of medicine is already well and favourably known to the profession in Canada. It is very concise, yet comprehensive, and will meet in a most practical manner the every-day wants of the busy practitioner. The illustrations, though not very numerous, are well executed, and enhance very much the value of the book. The work has undergone thorough revision, and the information it contains is brought up to the present date. The chapters on the Absorbent and Nervous systems, have received special attention, and important additional matter has here been introduced. The book is dedicated to Sir Wm. Jenner in token of esteem and regard. We can confidently recommend the work as one well suited to the requirements of students and medical practitioners.

HEAD-ACHES, THEIR NATURE, CAUSE AND TREATMENT. By W. H. Day, M.D., M.R.C.P., Physician to the Samaritan Hospital, London, England. Third edition with illustrations. Philadelphia: Lindsay & Blakiston. Toronto: Willing & Williamson.

This is a most useful and practical little work. It deals with all possible varieties of headache and their appropriate treatment, viz: anemic, hyperemic, sympathetic, congestive, nervous, neuralgic, rheumatic, toxemic, headaches in childhood and early life, etc., etc. The views advanced in this work are the result of careful study and observation extending over a period of many years, and are on that account all the more valuable. We cordially recommend the work to our readers.

—THE obituary notice of the late Dr. Bovell was written for the CANADA LANCET by one of his intimate friends, and copies were also sent to other Journals.

Deaths.

On the 10th ult., John Roy Philip, M.D., M.R.C.S. Eng., of Galt, in the 51st year of his age.

On the 11th ult., Robert S. Campbell, M.D., of Dartmouth, N.S., in the 50th year of his age.

BEEF IRON AND WINE.

Extract of Beef, Citrate of Iron and Sherry Wine.

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

Pallor, Weakness, Palpitation of the Heart,

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COMBINES NUTRIMENT WITH STIMULUS.

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

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

Valuable Restorative for all Convalescents.

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

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

Dose for Children should be reduced according to the age.

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

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Phosphorus itself, which theoretically is strongly indicated in these cases, as a stimulant to the nervous system, and thus indirectly as a promoter of nutrition, cannot be so disguised or sheathed with demulcents as to be tolerated by the stomachs of many patients who would otherwise be greatly benefited by its use. It must be chemically combined, and introduced into the system in such a form as to favor its absorption and assimilation. Precisely this is done when Hypophosphorus acid, with one or more of the alkaline bases above mentioned, is properly prepared. The stomach receives it without irritation; it is taken up along with other food and carried into the economy, to be there resolved, and to supply the waste which often constitutes the first link in a chain of morbid actions.

It is in cases of pulmonary disease, with emaciation, cough, debility, hemorrhage and the whole train of too-well known symptoms, that the benefits of this article are most manifest. In many other wasting disorders, both in children and adults, the same indications are presented.

The advantages derived from Cod Liver Oil in the same class of affections need hardly be dwelt upon. We use a strictly correct expression when we say that the tissues are "burning up" they are really being consumed to maintain the temperature—often much above the normal standard—of the body. Cod Liver Oil takes their place as a fuel. By its introduction into the economy, and its consumption there, the living elements of the organism are enabled to retain their structure, and restored to their proper nutrition and functions.

By combining the Hypophosphites with Cod Liver Oil the latter in a finely divided state, by the peculiar process of emulsifying, and so disguised as to be inoffensive to even a delicate stomach, we are enabled to afford at the same time a stimulant to the nervous system, and a promoter of nutrition, as well as a fuel which takes the place of the wasting tissues.

It would be easy to dwell at much greater length upon the claims of this valuable combination on the favor of the medical profession and the public; but we feel assured that the foregoing brief statement, founded upon physiological and chemical facts, and borne out by the constantly increasing testimony of experience, will commend itself to those who give it their unbiased consideration.

We would only say further, that this preparation, like every other bearing our name, is composed of the very best materials, and made up with the utmost care. We are, therefore confident that it will fully maintain our assertions in regard to it.

ADULT DOSE—One half to a tablespoonful three times a day. An hour before or after meals is the best time to take it.

Children may take one to two teaspoonsful as often. For Infants decrease in proportion to age.

Each tablespoonful contains six grains of chemically pure Hypophosphite Salts, manufactured expressly for this preparation, with scrupulous care and combined at once to avoid any chemical change.

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If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

In an exhaustive and interesting paper read before the Philadelphia County Medical Society, by Thomas M. Drysdale, M. D., (published in the *Medical and Surgical Reporter* of March 17th, 1877,) he gives a detailed statement of results of the administration of this salt. His experience in the treatment of very many cases, induces him to claim it as almost a specific in Diphtheria and Pseudo-Membranous Croup. He says "it is not claimed that it will cure diphtheria in every instance, for we will meet with malignant cases in all epidemics of acute infectious diseases which will resist every remedy, or, rather, where the patients are so thoroughly poisoned by the infection that they will die before any medicines can act upon them. But, in fact, so efficient do I consider chlorate of potassa, used in the manner which has been recommended, that I regard it quite as much a specific, if we may use such a word, for this disease, as is quinine in intermittents, or mercury in syphilis."

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The advantages claimed for this form of Iron are due to the absence of free acid, which is dependant upon the perfect dialysation of the solution. The samples of German and French Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

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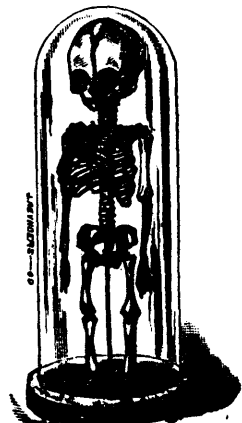
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THE PRELIMINARY AUTUMNAL TERM for 1879-80 will begin on Wednesday, September 17th, 1879, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term but such attendance is not required.

THE REGULAR SESSION will begin on Wednesday, October 1, 1879, and end about the 1st of March 1880. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins on the 1st of March and continues until the 1st 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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Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE; that the whole story of the Defendant, FREEMAN, was deliberately untrue.

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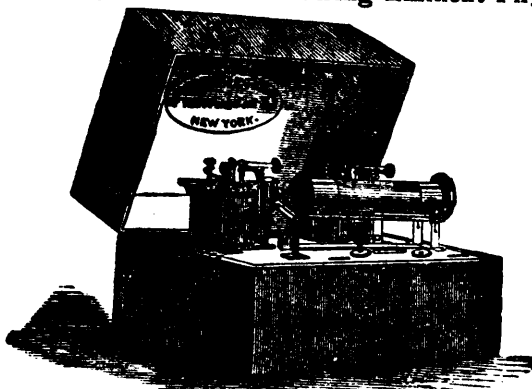
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All students desirous of attending the above courses are expected to register their names with the Registrar of the Faculty *within one week* after the beginning of the Session, and to pay a fee of \$10, when a ticket will be issued admitting bearer to the lectures. Enregistration and payment of the fee is compulsory upon all students, whether attending one or more of the classes. The fees will be devoted to the extension and improvement of the Library and Museum, to which all students can obtain access. A printed certificate of attendance will be issued at the close of the Session.

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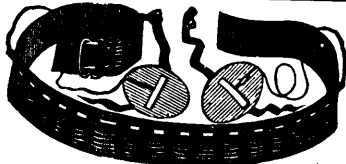
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NEW AND RARE DRUGS.

Placed before the Profession by

PARKE, DAVIS & CO.,

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Extract Duboisia. We are just in receipt of a direct importation of this rare and expensive drug. Duboisia, although scarcely two years before the profession of this country, has already largely supplanted atropia, formerly regarded as indispensable as a mydriatic, in the practice of ophthalmology. Its action on the eye is similar to that of atropia, dilating the pupil and paralyzing the muscles of accommodation, but is much more prompt, and is attended by none of the disagreeable effects of that salt, irritation of the conjunctiva, dryness of the throat, and in children, hallucinations, delirium, etc.

Menthol. (JAPANESE PEPPERMINT). This article, dissolved in alcohol and put up in small bottles, was for a long time sold at extravagant prices in Europe as a secret remedy for nervous headache, and neuralgic pains. Applied over the seat of pain it produces an agreeably warm sensation which is followed by alleviation of the suffering. Applied to the cavity of the carious tooth, it gives prompt relief in toothache. Mr. MacDonald, in the *Lancet*, recommends it for sciatica, and neuralgia, particularly for intercostal neuralgia. It is the basis of the Japanese "Po-ho-yo," or neuralgic remedy. Menthol is also an antiseptic, possessing properties which make it preferable to thymol or carbolic acid in many cases, being less corrosive and harmless when taken internally.

...desideratum in medicine. Many of the thoracic affections of treatment is to keep the patient alive until the disease passes, and it is often felt that if the blood could but be purified in such cases Quebracho, from the reports of authentic witnesses (London, Eng.) accidentally made this discovery while the effect of Quebracho was being tried. Subsequent trials have shown it to be of color.

...the government of India as a remedy for leprosy, and it has been held in great repute among the natives. It was first found of value in consumption. Mr. Jones, head of the Indian land continued his observations. He found it to be of great use in other constitutional diseases has established its value as a medicine." Surgeon-Major Balfour says, "there is no doubt that it is a valuable medicine."

...is the product of a tree indigenous to the mountains of Brazil, Angelim Amargosa, (bitter angelim). The root contains eighty per cent. of its weight, which makes it of great value in the form of ointment (40 grains to the ounce), or in the form of a tincture. A distinguished English dermatologist, pronounces it a powerful remedy for leprosy, and an ointment, of a strength of from ten to fifteen grains to the ounce, is a substitute for those commonly employed, and its effects attending the use of the two latter agents, are at the same time devoid of danger. Ethidene is introduced as a substitute for those commonly employed, and its effects attending the use of the two latter agents, are at the same time devoid of danger. Ethidene is introduced as a substitute for those commonly employed, and its effects attending the use of the two latter agents, are at the same time devoid of danger.

...The reports which have already been received from the various Dispensaries can justify our action in placing it before the profession. As the public mind has been aroused, we would only say, that, whereas, we have been accustomed in recommending it as a substitute for opium in the treatment of the morphia habit, in its leaving up the secretions, and in its leaving none of the deleterious effects attending the use of the two latter agents, are at the same time devoid of danger. Ethidene is introduced as a substitute for those commonly employed, and its effects attending the use of the two latter agents, are at the same time devoid of danger.

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...is a principal in both Brazilian Dispensaries in which it is of a positive kind. So marked is its effects in the syphilitic disease, that it is recommended also as an anti-rheumatic, relieving the pain in the joints. In addition to the list of remedies commonly employed in the treatment of the disease, it is recommended also as an anti-rheumatic, relieving the pain in the joints. In addition to the list of remedies commonly employed in the treatment of the disease, it is recommended also as an anti-rheumatic, relieving the pain in the joints.

...mention the CANADA LANCET.