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

Vol. IX  
No. 5.

TORONTO, JANUARY 1, 1877.

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## CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, *Guiana*, *Quindia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and *no external agents*.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

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"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

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3d. It is less costly; the price will fluctuate with the rise and fall of barks; but will always be much less than the Sulphate of *Quinine*.

4th. It meets indications not met by that Salt.

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April 13, 1875.

Gentlemen. I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

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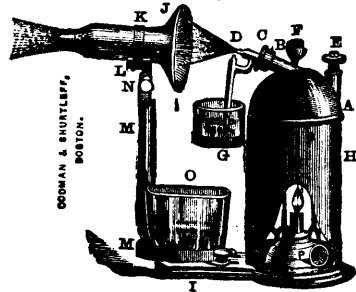


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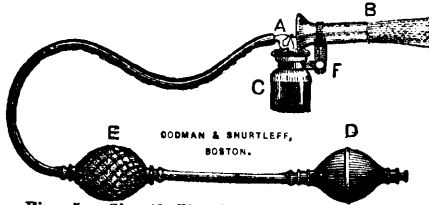


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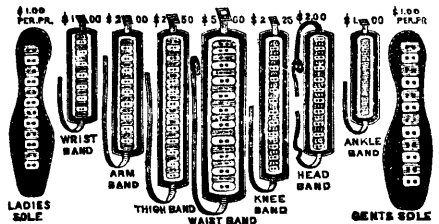
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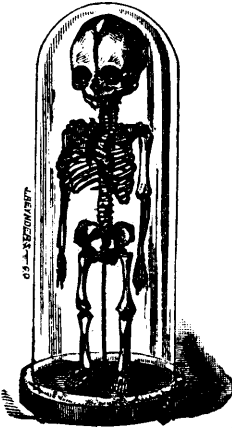
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# THE CANADA LANCET.

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## Original Communications.

### NOTES ON TWO CASES OF LEUCOCYTHÆMIA.

BY JAMES STEWART, M.D., L.R.C.P., ED.; AND R. W. HURLBURT, M.D., BRUCEFIELD.

Our object in drawing the attention of the profession to the subjoined cases is to show (i) that phosphorous, as first pointed out by Dr. Broadbent, has a certain influence over the course of the splenic form of leucocythæmia; and (ii) to give the clinical details of a rare and very important disease—a disease that so far as we know has not been reported in any of the medical journals of Ontario, and with the exception of a case reported by Dr. Bell, of Montreal, in the April number of the *Canada Med. and Surg. Fr.*, in the Dominion.

There are three distinct forms of this disease. We have (i) the *splenic* variety, and (ii) *lymphatic* leucocythæmia, and (iii) *medullary* or *myelogenic* leucocythæmia. A fourth form may be added—where the disease arises from an affection of parts which are anatomically analogous to the spleen and lymphatic glands—as the tonsils, follicles of the throat and intestines.

The two following cases are examples of the first and second varieties:

#### LEUCOCYTHÆMIA SPLENICA.

W. F., aged 43, married, farmer; first consulted us in December, '74, when he complained of a sprain in the left side under the false ribs.

He has always been a healthy man, never had intermittent fever, nor did he ever reside in a malarious district. He is a powerfully built man, 5 feet 11 inches in height, and weighs 177 pounds. The family history is unexceptionable. The pain that he complained of at this time was only of a few days duration. He was also troubled at this time with symptoms of atonic dyspepsia.

During the winter of '74 and '75 he was in fair health, the pains had left him, but towards spring they returned again and were accompanied by flatulence and acid eructations. In the month of May he paid a visit to the Highlands of Scotland; while there slight œdema of the lower extremities made its appearance, he commenced to loose flesh, and about the middle of August he first noticed that there was a "lump" in his left side. He returned to this country about the middle of October. He did not come under our observation again until the 14th of December, when we found him in the following state:—

He complained of headache, diarrhœa, sleeplessness, and œdema of the lower extremities, especially of the left. There was marked anæmia with considerable emaciation. His appetite was bad; tongue denuded of its epithelium; troubled with flatulence and acid eructations; bowels moved about three times daily; the stools presented no special abnormal appearance. His pulse and temperature were normal. The apex of the heart was found between the fourth and fifth ribs, half an inch to the inside of the nipple. No murmurs heard over any of the cardiac areas. With the exception of occasional shortness of breath, which is due to the pressure of the enlarged spleen, there is nothing abnormal in connection with the lungs. The urine is high colored, acid, sp. gr.; 1,020, and contains a large quantity of amorphous urates with numerous crystals of uric acid. It is free from albumen, sugar, pus and blood.

On examining the abdomen, there is at once discovered a large, smooth and firm tumor. It is frequently the seat of pain and is painful on percussion and deep pressure. The severest pain is caused by grasping the tumor at its posterior and inferior angle and dragging it upwards and forwards. It is freely movable on pressure and on deep inspiration. Its margins are clearly defined. It extends from the splenic region forwards and passes fully two inches to the right of the median line above the umbilicus, it then recedes and again passes to the right of the median line an inch and a half below the umbilicus, thus presenting a deep notch on this border. Posteriorly it extends to the vertebral column, at least no clear note can be made out in this situation. In the mamillary line it extends from the upper border of the sixth rib to the anterior superior spine of the ilium. There is

slight enlargement of the liver, its vertical diameter in the mamillary line being five and a half inches, it also extends slightly to the left.

The true nature of the disease not being suspected at this time no microscopical examination of the blood was made, neither was there any search made for any other enlarged lymphatic glands. The red oxide of mercury ointment was given to be applied over the tumor. Quinine and iron were given internally.

He was seen again on the 29th of December; there was no noticeable change to be detected in the size of the splenic tumor. His appetite continued poor and the diarrhoea troublesome. January 16th. He is gradually losing flesh and strength. There is no difference in the size of the tumor, the lower extremities are still slightly œdematous, the left being most affected. The tongue is raw, with very prominent papillæ. The liver has increased slightly in size since the last examination; this enlargement is principally confined to the left lobe. The bowels move about four times daily, although he is taking powders composed of bismuth and Dovers' powder. The urine is high colored, acid, sp. gr. 1,022; it contains great quantities of amorphous urates, numerous crystals of uric acid and a few oxalate of lime octahedra. A most careful examination failed to detect any enlarged lymphatic glands. There is a good deal of tenderness over the right side of the abdomen, which is slightly tympanitic.

*Examination of the Blood.*—The blood to-day was examined for the first time. It was drawn from the pulp of the middle finger, received into capillary tubes which were immediately sealed. It looked paler than natural and had a soapy feel. Under the microscope (Hart. oc. 4, obj. 7) the white corpuscles were found to be greatly increased—from 150 to 200 could be counted in a field. In some specimens which were largely diluted with Dr. Keyes' artificial urine, \* the proportion was two red to one white. Many of the white cells were very large. An occasional one was seen which had two nuclei. The red cor-

\* Dr. Keyes (A.M. Jr. Med. Secs.) gives the following method for preparing artificial urine. Take a quantity of neutral filtered urine and to each ounce add five grains of corrosive sublimate. This has the effect of throwing down the amorphous urates. After standing the urates fall to the bottom, the clear fluid is then decanted, and its sp. gr. reduced to 1,020 with water. The blood corpuscles retain their shape in this fluid.

We found the fluid from a pleural effusion a very good medium for the examination of the blood corpuscles. It can be preserved by keeping a piece of camphor in the bottle in which it is kept.

puscles appeared to be diminished in number, and had no tendency to form into ruleaux.

On January the 17th he commenced taking 1-25 of a grain of phosphorus twice daily.

Feb. 13th. He has been taking 1-50 of a grain of phosphorus steadily for the last three weeks. He says he feels greatly improved. His bowels continue to move three to four times daily, the stools are natural in color. His pulse is 108. Temp. 100°. There are no enlarged lymphatic glands. There is acute inflammation of the lymphatics of the left thigh; this was first noticed by the patient two days ago; the inguinal glands are enlarged and very tender. There is a distinct diminution in the size of the spleen; its anterior border above the umbilicus does not extend over one inch to the right of the median line; below the umbilicus there is not a diminution to the same extent, although it is quite appreciable. The liver has not diminished any in size. The white blood corpuscles appear about as numerous as before.

Feb. 20, P. 90, Temp. normal. The diarrhoea is still troublesome; the stools are of a brownish color. The tongue is still denuded of its epithelium. He sleeps well; headache has disappeared. The œdema of the lower extremities is still considerable. He complains of pain over both spleen and liver, on deep pressure it is more marked over the liver. The inflammation of the lymphatics of the left thigh has subsided, the inguinal glands are no longer tender and swollen. Examination of the blood shows a distinct diminution in the number of white corpuscles; they are more markedly of two kinds—large and small; little masses of molecules and free nuclei are to be seen in every field. The spleen has slightly diminished in size since last report, at no part now does it pass to the right of the median line, its vertical diameter is also less. There is no difference to be detected in the size of the liver.

Feb. 26. The stomach is at times slightly irritable, but this is not apparently due to the phosphorus, of which he is taking 1-50 of a grain three times daily. The bowels have been confined during the last few days, and to-day he suffers from a pain which he refers to them.

The following measurements of the splenic tumor were taken. In the axillary line it extends from the upper border of the 6th rib, to within two inches of the crest of the ilium—a distance of 8½

inches. In the mamillary line the dulness extends from the upper border of the 6th rib to three inches below the ribs—a distance of  $7\frac{3}{4}$  inches.

The transverse dulness taken on a line with the centre of the 8th rib extends from the vertebral column to within two inches of the median line—a distance of fifteen inches. The vertical dulness of the liver in the mamillary line is  $5\frac{1}{2}$  inches. The white blood cells are steadily decreasing in numbers, but still they are very much more numerous than they should be—from seventy to ninety can be counted in the field. The red corpuscles have a greater tendency to run into rouleaux than on former examinations.

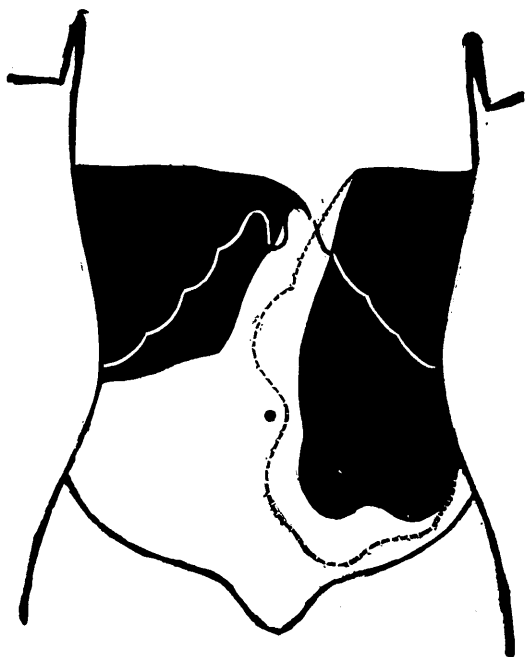
March 6th. The bowels have been moving much more frequently during the last few days—eight to ten stools daily. He is very much emaciated, and anæmic. P. is 100, temp. normal. He has been steadily taking 1.50 of a grain of phosphorus three times a day, it does not cause him the slightest inconvenience now.

March 10th. The diarrhœa in spite of the most active treatment continues to be very severe—about twelve motions in the twenty-four hours; the stools are offensive and of a dark brown color. There is no noticeable change in the number of white corpuscles. He takes nourishment freely. Had a sharp attack of epistaxis yesterday.

March 12th. Diarrhœa profuse. The patient is evidently sinking.

March 14th. Died at 12.30 p.m. to-day, from exhaustion. The mind remained clear to the last. No *post mortem* permitted.

REMARKS.—The accompanying figure will give an idea to what extent the spleen diminished in this case. The dotted line represents the original size of the tumor. The shaded portion is intended to illustrate the size of spleen from measurements taken about a week previous to the patient's death. There was no diminution whatever in the size of the liver from first to last; on the contrary it was slightly increased in size at the time that the above measurements were taken. At no time was there any discoverable enlargement of the lymphatic glands. When the blood was first examined (two months previous to death) 150 white cells could be easily counted in a field; a week before death the number was not more than 70.



Until recently leucocythæmia was looked upon as an absolutely fatal disease. We can only find a report of eight cases, where a cure was effected, four of these are reported by Mosler, where quinine was the agent employed; all the cases were in the early stage of the disease, and one at least was of a distinctly malarious origin. In speaking of the effects of quinine in this disease, Dr. Wilson Fox says: "that even in very large doses, of ten to twenty grains, daily, continued during a long period, quinine has failed in my hands to exercise the slightest influence, either on the fatal progress of the disease or on the pyrexia."

Dr. Da Costa reports the case \* of a man, aged 32, where there was considerable enlargement of the spleen, with a slight increase in the number of white corpuscles. The disease was diagnosed as commencing leucocythæmia. The hypodermic injection on alternate days, of five grains of ergotine, was followed by almost complete restoration to health, after the eighth injection.

It is to Dr. Broadbent that we are indebted for showing us the beneficial influence of phosphorus in the disease. He gives the details of two cases† both of which were cured by the use of this drug.

Dr. Wilson Fox describes a case ‡ that was under

\* Am. Jr. of Med. Sciences for Jan. 1875.

† Practitioner for January 1875.

‡ Lancet, July 10, 1875.

his care in University College Hospital, where the use of phosphorus was followed by almost complete restoration to health, the white corpuscles had diminished to the normal amount, the spleen did not however regain its normal size, but this appeared to have no deleterious influence. It does seem from recent observations that people may live and enjoy fair health, even after the removal of the spleen. M. Pean \* has removed the spleen in two instances with success, and it appears that no injurious effects have followed, both patients being in good health. What influence an enlarged spleen may have on the health remains yet to be seen.

In the present case although phosphorus failed to save the patient's life, it cannot be denied but it had a remarkable influence not only in reducing the size of the enlarged spleen, but also in diminishing the number of white corpuscles, and we are strongly of the opinion that had we recognized the disease sooner, and given the phosphorus earlier the result would have been different. The phosphorus (except during the first week) was well borne, during the last few weeks he was steadily taking 1-50 of a grain three times daily, without its causing him any inconvenience.

Dr. Moxon of Guys' Hospital lately read a paper † before the Clinical Society, on two cases of leucocythæmia. In both cases the treatment by phosphorus was employed, but with an unsuccessful result. One of the cases however was complicated with a malignant tumor, which compressed and obstructed the bile duct at its entrance into the duodenum. This case is certainly not a fair test for the treatment by phosphorus. In the discussion which followed the reading of this paper Sir Wm. Jenner said he had a case of leucocythæmia lately under his care, where the treatment by phosphorus failed to do any good whatever.

In our patient the diarrhœa from the first was obstinate, and no doubt it was the immediate cause in bringing about the exhaustion from which he died. For sometime previous to his coming under our care, diarrhœa alternated with constipation, but from the time that the disease was recognized, with the exception of three days during which the bowels were confined, diarrhœa was always present. At first it was not severe, but during the last four weeks of his life, it was profuse and little at all influenced by the most active treatment.

\* Lancet, August 26, 1876.

† British Medical Journal, March 11, 1876.

Whether the inflammation of the lymphatics in the left thigh was a merely accidental complication, or *not*, we are unable to say. In this connexion it may perhaps be worth mentioning that the patient's father, a man aged 77, died 24 hours before his son, from idiopathic erysipelas of the right leg and thigh. Both lived in the same house. In concluding these remarks, we would state, that after the treatment by phosphorus was commenced, no other drugs were employed, with the exception that the red oxide of mercury ointment was continued for about a week.

#### (II). LEUCOCYTHÆMIA LYMPHATICA.

We have unfortunately only very imperfect notes of this case. The patient resided a long distance from us, and it was only at considerable intervals that we saw her. We did not see her for sometime previous to her death.

Miss I—, aged 20, first consulted us on the 19th of October, complaining of swellings on her neck and shortness of breath. The disease is of a little more than two years duration, and first showed itself as a swelling on the right side of the neck, a little below and in front of the lobe of the ear. This swelling gradually increased and extended. About fifteen months ago the other side of the neck commenced to enlarge and has been gradually increasing in size ever since. Up to the commencement of the present trouble she enjoyed excellent health. The family history presents nothing of importance. She is medium-sized, weighs 130 lbs., muscles well developed although flabby. There is no emaciation but she has an anæmic appearance. The face has an anxious expression with a cyanotic hue. She has had no menstrual discharge for four months, but previous to this she was quite regular.

PRESENT CONDITION.—The cervical glands on both sides of the neck are enormously enlarged. The hypertrophied condition of each separate gland can be distinctly recognized, differing in this respect greatly from scrofulous glands. The skin over the most prominent parts of the right neck has a bluish tinge, and in two or three places there are red cicatrices, caused by the application of an escharotic. The following measurements were taken—

(I.) From the lobe of one ear passing over the

upper lip to the lobe of the opposite ear is  $10\frac{1}{2}$  inches.

(II.) Distance apart of most prominent points on opposite sides (measured by calipers) is  $7\frac{1}{4}$  inches.

The glands along the sterno-mastoid and clavicle are also enlarged. The axillary glands are also affected, but it is only lately that the inguinal glands have become involved in the morbid process. The thyroid body is also enlarged, both lobes being about equally affected. The most careful physical examination failed to detect any enlargement of either the spleen or liver.

A drop of blood examined under the microscope presented a great increase in the number of white blood corpuscles—from 60 to 80 could be easily counted in a field; their size was not much if any larger than normal white cells, being in marked contrast in this respect to the white cells of the preceding case. We could not decide that the red cells were less in number than they should be, though from the investigations made on this point by those who have paid special attention to this subject it is probable that there is always a positive decrease in their number in this disease. They appeared natural in form, but formed imperfect ruleaux. She is troubled with an asthmatic cough and dyspnoea. These two symptoms although always present, are much aggravated when she takes a "cold." Hissing, sibilant rales are heard all over the chest, they are loudest in the inter-scapular region. There is no change in the resonance in the latter situation, but a slight degree of dulness can be detected over the first bone of the sternum. There is no venous hum \* heard over the manubrium. The pulse is 80 and regular. There is nothing abnormal found in connection with the circulation, except that there is distension of the cervical veins. The following treatment was ordered. The red oxide of mercury ointment is to

be applied to the cervical glands—over a very small space at a time. She is to take four minims of Fowler's solution three times daily.

November 4th. There is no noticeable difference to be detected in the size of the enlarged glands. Examination of the blood shows about the same proportion of white corpuscles as on her former visit. The spleen and liver were again carefully examined, but no enlargement of either can be detected. She is troubled as formerly with a spasmodic cough, but says she breathes easier.

November 30th. Patient reports herself better in general health. Breathing is not much interfered with. The enlarged glands have diminished a little in size, the following measurements were taken to-day.

(I.) From the lobe of one ear passing over the upper lip to the lobe of the opposite ear is one inch less than it was when first measured.

(II.) Distance apart of most prominent points on opposite sides is three-quarters of an inch less than it was formerly.

January 4th. Breathing is very free. No appreciable difference in the measurements.

February 1st. Patient says she has taken a cold. The breathing is very difficult, and is attended by a "TRACHEAL STRIDOR" heard several feet from her. Measurements are increased—being greater now than they were at first. The axillary glands have also increased in size since her last visit. She says the glands in her neck commenced to swell a few hours after her return home from her former visit to us, and in forty-eight hours had attained their present dimensions.

There is no difference to be detected in the number of white blood cells. The face has a cyanotic hue. The cervical veins are considerably swollen. The voice is whispering. This was the last visit she paid to us. She died shortly afterwards—asphyxiated.

REMARKS—It is well known that glandular enlargement is not always attended by leucocythæmia, and that there is a condition which can be distinguished from this disease only by the absence of an excess of white corpuscles in the blood. This condition is called Hodgkin's disease by Wilks, adénie by Trousseau. Hodgkin who was the first to describe it, named it *lymphatic anæmia*. It resembles the lymphatic form of leucocythæmia in its slow and insidious outset; in the organs attacked

\* Dr. Eustace Smith describes (Lancet, August 14th, 1875) a *venous hum* which is produced in children with enlarged bronchial glands. It is heard by placing the stethoscope over the manubrium, and at the same time making the patient turn back the head so that his face becomes almost horizontal. "The explanation of this phenomenon I believe to be that the bending backwards of the head throws forward the lower end of the trachea, which carries with it the glands in its bifurcation, and the left innominate vein, as it passes transversely behind the first bone of the sternum, is compressed between the enlarged glands and the bone."—(Smith). The absence of the hum in the present case is likely owing to the adherence of the glands to the bone, so that the trachea in its ascent could not carry them up. Dr. Smith saw a case where this occurred, it was a boy who had lymphadenoma. There was dulness over the manubrium, but no venous hum. After death, the enlarged glands were adherent to each other and to the sternum. The alteration in the position of the trachea when the head was bent back, had no effect on the position of the glands.

—lymphatic glands, spleen, liver, and occasionally the intestinal glands; in the gradually increasing weakness and emaciation which marks its progress. They also resemble each other in their invariably fatal termination. As before stated there is a great difference in the character and composition of the blood in the two diseases. M. Jacoud thinks that the two diseases are identical. Dr. Southey \* expresses the opinion that the leucocythæmia simply indicates a stage in the disease, a view which is also held by Dr. H. C. Wood, Jr. †

To explain the increase of white corpuscles M. Jacoud thinks it not improbable that some alterations in the osseous medulla, which according to the re-searches of Neumann and Bizzozero, contains colourless corpuscles like the white blood cells, as well as cells with coloured nuclei; has the effect in bringing about the leucocythæmia. He also suggests another explanation, viz:—That the increase of connective tissue which takes place in the glands in Hodgkin's disease, by its contraction will obliterate the efferent vessels, and prevent the passage of the white globules into the blood. "So that if the white corpuscles do not find their way into the blood it is simply because the way is closed against them."—(Jacoud). There are strong reasons however, for believing that the two diseases are not identical, as M. Jacoud tries to maintain. If leucocythæmia is a disease primarily of the solid elements of the blood, then this view cannot be maintained. The following points are in favour of leucocythæmia being a disease of the white cells of the blood primarily, and the changes in the spleen, lymphatic glands, &c., being secondary to this change in the blood.

(I.) We often find that there is a marked change in the proportion of the white cells, before any decided enlargement takes place in the lymphatic glands, and further leucocythæmia may run its course to a fatal termination, where there is only a very slight increase in the size of the spleen, and no enlargement whatever of the lymphatic glands. ‡

(II.) After the extirpation of the spleen in animals, neither the blood nor any organ exhibits important alterations.

(III.) The parenchyma of the spleen or liver in

leucocythæmia, is not only not hypertrophied, but on the contrary is in a state of atrophy. †

(IV.) The white cells are not only increased in number in leucocythæmia, but they are also larger; this, according to Biesiadecki, is due to a form of colloid degeneration of their protoplasm.

(V.) These degenerated cells, according to the above authority, are deposited in the same organs and parts of organs as those in which blood cells containing pigment or vermilion collect.

The fatal issue in the present case, was brought about by the gradually increasing respiratory embarrassment induced by the pressure of the enlarged intra-thoracic glands.

The treatment pursued was the internal administration of arsenic, with the local application of the red oxide of mercury. This was continued up to the time of her last visit to us, when we prescribed phosphorus. Whether she took any of the latter drug or not we did not learn. The arsenic at first appeared to be of some benefit, but this is often the case with the most indifferent treatment, no stress can be laid on it; again the enlarged glands diminish perceptibly in size during the course of the disease when no treatment whatever is employed. Iron, iodine, mercury, quinine, and cod-liver oil have been tried, but all of them have proved equally powerless in preventing a fatal issue. Whether phosphorus has such a beneficial effect in this form as it has in the splenic variety of the disease remains to be seen.

#### NOTES ON DIPHTHERIA.

BY W. R. CLUNFESS, M.D. SACRAMENTO, CA.

Although the daily occurrences of interest over all the civilized world are almost instantaneously made public throughout the length and breath of the land, yet it may not prove uninteresting to your readers to learn somewhat more in detail, something regarding matters medical upon this coast. This, in reponse to your kind invitation, I will endeavour to furnish however imperfectly. Let me then say, that from time to time we have our endemics and our epidemics. Local influences here as well as elsewhere produce their characteristic effects. Climatic influences, likewise, produce

\* St. Bartholomew's Hospital Reports, 9th Vol.

† American Jr. of Med. Sciences, October, 1871.

‡ One of the cases brought by Dr. Moxon before the Clinical Society is an example of this. (Brit. Med. Jr., March 11, 1876.)

† Biesiadecki. (Med. Times and Gaz., Nov. 13, 1875.)

their peculiar phenomena observable in all countries during atmospheric disturbances. Nevertheless, it has occurred to my mind, that when an epidemic influence exists here, the special disease then prevailing assumes a more malignant form than with you. This, however, is simply an impression, for I have no means of satisfactorily determining so important a question.

At present that scourge of *the innocents*, diphtheria, is prevailing to an unusual extent, and in many districts of California is more than ordinarily malignant. Commencing last spring in the southern portion of the State, it slowly but surely spread northward, here more severely, there less so, until it made its appearance about four months ago in San Francisco, where it is now prevailing in an epidemic form. A record of over two hundred deaths from this disease in that city, since the latter part of September, (besides the number of cases unascertained, attended by quacks) will indicate the fatality attending this most distressing of all diseases. From San Francisco it soon reached Vallejo, a city of about 10,000 inhabitants, across the Bay, and about 25 miles distant. The cities of Napa and Stockton, also near the Bay, one lying westerly and the other easterly, also felt its fatal influences. Still further northward is the town of Dixon, containing about 1000 inhabitants, where no less than thirteen children died in ten days during the early part of last month. There, also, eight adults who were in attendance upon children ill of the disease, were attacked, and although all recovered, yet the malignancy of that form of diphtheria now prevailing and its consequences were well demonstrated. About six weeks ago it made its appearance in this city, and has exacted tribute from the homes of several of our citizens, my own having to contribute on the fourteenth of last month to its death-dealing influence. And still "the stern tyrant on his heartless round" is striking down the innocents of our lovely California with its more than Italian clime. At present we hear of its march in various directions towards the interior of the State, and there is little doubt that it will ere long be remembered in sorrow over all parts of the coast.

I will not, in a running communication like this, dwell upon the etiology or pathology of the disease under consideration, nor do I propose endeavouring to determine whether it is a local or

constitutional affection, or sometimes one and oftentimes the other, but will briefly outline the general principles which govern the treatment by the best informed physicians of this city and the Pacific Coast. Acting upon the well established fact that it very soon at least becomes a constitutional disease, and that the blood becomes early contaminated, such remedies as are known to oppose septic influences are usually given. A general tonic and supporting course of treatment is always prescribed. Quinine and iron in the form of a tincture of the chloride are early administered and persisted in throughout. Egg-nog, cream, milk, beef tea and such other concentrated articles of diet as are easily swallowed and known to be nutritious, are liberally given. One of my medical friends in this city, thinks favourably of the free use of the bisulphites, especially the bisulphite of soda, given to the saturation of the system. The principle which underlies this system of treatment will, of course, be readily comprehended, and is worthy of the fullest investigation. Being myself much inclined to the belief that the disease is frequently local in its very inception, and can be prevented from becoming constitutional, such applications as have been determined by experience to be destructive of the diphtheritic germ, or what ever you may choose to call it, are made as early as possible. The first case in a family, or institution, manufactory, school, or whatnot, is of course rarely seen in its incipency, and absorption has taken place before local remedies have been resorted to; but when such remedies have been applied to cases that have very recently been, or are likely to be exposed, and persisted in until local influences are removed, and the epidemic condition of the atmosphere has passed, I am well convinced that the disease can thereby be in a great measure prevented.

The following is my favourite application, varied in strength according to age and circumstances:

℞ Liquor, ferri, subsulph..... ℥ ij.  
 Acid, carbolic..... gr. x.  
 Glycerine ..... ℥ vi. M.

SIG.—Apply with a large sized camel's hair brush to all parts of the throat every three hours.

By the application of the above mixture together with the administration of the remedies already mentioned, the development of the disease is frequently prevented—the exudation having



taken place is so charred and disintegrated by it as to cause its exfoliation—further deposition is better prevented by it than anything else known to me at least. It is easily applied and with as little discomfort to the patient as any of the remedies usually prescribed for this purpose. When considerable pain exists, or when the glands of the throat and neck are swollen, the application of the tincture of iodine gives manifest relief. Of course a host of other applications and remedies are frequently resorted to with signal benefit and with just as signal failure in malignant cases.

But let me say a word regarding the quarantining of houses and localities into which the disease has gained entrance. That it is contagious no one will, I presume, attempt to disprove. If, however, any of your readers still doubt, let me refer them to the discussion and decision of the Suffolk District Medical Society, published in a recent number of the *London Lancet*. But above all, let such doubting ones read and carefully digest the lecture of Professor Tyndall, on "Fermentation and its bearing upon the phenomena of disease," recently delivered before the Science Lecture Association of Glasgow. Here is food for reflection, pregnant with some of the greatest benefits which has ever been conferred on man. But to return, if, as affirmed, diphtheria be contagious, why not quarantine houses infected with this disease as well as those in which small-pox is known to exist. You have recently had your epidemic of small-pox, more notably in Montreal, and you quarantined infected houses, and we do so likewise—even this day a yellow flag in a certain locality upon one of our streets indicates the existence there of the latter disease and the propriety of giving it a wide berth.

Where scarlatina exists you isolate as far as practicable those who are unprotected by a previous attack of the disease. With measles, or other infectious or contagious disease the same rule prevails; and who that has practiced medicine for many years has not become conscious, directly or indirectly of the communicability of puerperal fever? Why not then quarantine a house infected of diphtheria as well as one in which either of the diseases enumerated exists. It is surely as fatal when epidemic, as either of them. It is said that there are different forms of the disease, each form depending upon its own peculiar germ

for development. My own observation and experience tend to disprove this assertion—the variations being wholly dependent upon the peculiar epidemic constitution of the atmosphere existing at the date of the attack. Like produce like. Scarlatina will no more produce measles than small-pox will originate diphtheria; neither can an acorn any more be made to grow or produce a peach than an orange a tree; its produce must be an oak. As every kind of fermentation has its peculiar fungus and each fungus its own peculiar germ, so each disease must be generated by its own peculiar germ. Those germs live and float in the atmosphere for a longer or shorter period of time according to its normal or abnormal condition. Quarantine early and effectually, and much may thus be done in preventing the dissemination of the seeds of disease until the epidemic influence has passed. Remove all causes tending to render the surrounding atmosphere impure; above all, let us remember that "Cleanliness is next to godliness."

#### THE ABUSE OF HYPODERMIC INJECTIONS OF MORPHIA (MORPHIOMANIA)

Dr. EDWARD LEVINSTEIN, in "Bulletin General de Therapeutique," April 30th.

(Translated by J. Williams).

Allow me to draw your attention to an affection for which I can find no more suitable name than "Morphiomania." It has not yet found a place in our books, and only a few observations on it have been collected (see Fiedler and Hirschfeld in Kunze's *Zeitschrift fur Praktische Medicin*, 1875).

The history of this affection is short; it dates from the time when subcutaneous injections by the process of Pravaz became popular, and in spite of the shortness of time it has reached dangerous proportions. Morphiomania arises from the abuse of injections of morphia, and the results of this abuse are disorder of the entire nervous system. The producers and propagators of the disease are those physicians who, in affections more or less painful and of great length, have allowed their patients to inject themselves morphia under the skin; and it has been propagated more still, by those who know the relief produced, but not the dangers.

The symptoms of morphiomania are almost the same as those of dipsomania; the analogy of these two diseases extends even to the delirium. In the delirium tremens of alcohol and in the delirium tremens of morphia, the trembling and the hallucinations are pathognomonic; in the two affections the inflammation of the lungs, of the intestine, etc., follow a course equally serious. They differ essentially in the following particulars: in morphiomania, the mania does not supervene as a psychic form of the disease, and in opposition to what is observed in dipsomania, the victims are almost exclusively from the higher and more cultivated classes. To those who use injections of morphia frequently, they become indispensable in removing every mental or physical uneasiness, and they addict themselves to morphia as the drunkard does to his liquor. They lull to sleep their mental pains, their domestic troubles and their social annoyances; as the alcoholic drinker does with his morning glass, so they strengthen their unsteady limbs with morphia; and when this has been excreted, and the sensation of depression and of torture (as after the excretion of alcohol), places before them their miserable position and their shattered intellectual and corporal life, a new dose of the poison enables them to forget their misery, which is only in part of spontaneous origin. But the intervals during which they can lead a supportable life without the use of morphia become shorter and shorter; the craving for morphia increases constantly; the fearful chain which surrounds them confines them more and more, until they become incapable of resistance and are completely destroyed.

I will relate the history of three cases, remarkable at once for the large doses and the long time they were continued:—A woman and her husband, confided to my care by Dr. Gunther of Dresden, and Professor Westphal of Berlin, were admitted to the Schoenberg Asylum (Berlin) on the 19th July, 1875. The husband was 38 years old, had been an officer and was solidly built. Ten years previously he had learned to use morphia for rheumatic pains, and during the last five years he had injected daily one gramme of morphia acetate. His wife had suffered for some time from hepatic colic, against which she had used injections of morphia. The war of 1870-71 taught her another indication of its use. She addicted herself to

morphia to lull her grief, and to forget the anxiety caused by the dangers to which the members of her family were exposed. During the last five years, she had injected eight decigrammes of morphia daily. The patients had reached the following condition:—the husband had lost sleep, his reflex excitability was increased, his sensibility was exalted and perverted, he had neuralgia, muscular spasms and dryness of the tongue. There was no constipation, and the pupil of the eye, instead of being contracted, was dilated. The face had a remarkably deep red color; he perspired at the slightest exertion, and even when in repose, and to such an extent that he was obliged to change his linen several times a day. The patient, although intelligent and well informed on many points, had no taste for anything; he was stupid and exhausted, and felt himself ill. His wife, aged 23, had a leaden-grey complexion; her pupils were scarcely larger than the head of a pin. Menstruation had ceased four years before. She had hyperæsthesia and neuralgia as well as violent shiverings of the tertian type. Her appetite was feeble; she had a special repugnance to animal food. The memory and judgment were well preserved in both.

At once I denied the morphia completely to the husband. As for the woman, I diminished the quantity daily, so that the use of it had ceased entirely at the fourteenth day. The first day after the suppression, the man presented a very great degree of irritability; he twisted and wrenched himself beyond expression if one only felt his pulse; he had shiverings and painful coughing fits. The second day he was very much depressed and so feeble that it was necessary to carry him to the bath, and to clothe and unclothe him. In the night he had diarrhœa, which continued afterwards for fourteen days; with the diarrhœa, during the first days, there were symptoms of congestion in the head, and vomiting from time to time. He bore himself as one without hope; he begged for morphia, he knocked on the doors and windows, etc. Doses of three grammes of chloral produced no sleep during the first three nights. During the three following days, the sensibility was yet increased, and there was hyperæsthesia of the scalp, and vertigo. On the last of these days, however, the patient commenced to eat and feel more at ease. Four days after the treatment commenced,

the patient slept without chloral, but with interruptions; during the hours of sleeplessness in the night he was agitated, and during the day depressed. At the end of the second week there was cessation of the psychic and somatic effect of the suspension of the morphia, with the exception of an increase of sensibility. The temperature did not undergo abnormal variation during the treatment. The patient gained 2,500 grammes in weight during the four weeks.

With the woman, the successive reduction of the injected morphia was accompanied by an increase of reflex irritability, and extreme feeling of uneasiness and loss of strength. She did not sleep, and when she was in bed it seemed to her that she was constantly falling. There were convulsive movements of the members, and neuralgia of the genitals and of the bladder. She avoided her bed, because in lying there she was seized with painful contractions of the arms. After the daily dose of morphia had been reduced to five centigrammes, a moderate diarrhoea supervened, which lasted eight days; it was accompanied with anxiety, vertigo, palpitations of the heart and redness of the face. The patient, an intelligent and well informed woman, mourned and wept like a child, was much excited and demanded morphia incessantly. At the end of three days the redness of the face disappeared; the patient was very feeble in standing, and complained of suffering from pain in the region of the stomach and liver. Ten days after the complete suspension of the morphia the menses appeared and followed a normal course. Having remained four weeks under treatment, she left the establishment happy and satisfied, having gained 2,000 grammes in weight.

The third patient was a man of 32, strongly built, with pale yellowish skin and hollow eyes. The pupils were dilated; there was no constipation; and no power of venery for the last six months. Three months previously he injected more than a gramme of morphia daily. On the 9th of October, he entered the Asylum to be cured of his habit of using morphia, for he had lost his appetite and sleep, and was troubled with abundant vomiting every morning. The use of morphia was suspended at once. Twelve hours afterwards, there was depression, feebleness, melancholy and clonic convulsions. The next day there was diarrhoea, which lasted nine days, and violent

vomiting which continued eight days. During the first five days, he was entirely deprived of sleep and had illusions of the vision. The fourth day there was trembling of the muscles of the face, of the tongue and members; speech was difficult, and he had convulsive spasms. The fifth day, speech became more difficult, the uneasiness and hallucinations of vision increased and weakened the patient. His voice was hoarse, discordant and hesitating, and his appearance was that of weakness or depression. During the fifth night, the patient, in sitting down on his bed, fell suddenly backwards on the pillow; respiration slackened and became difficult and panting. He had the *facies hippocratica*. At the end of half an hour, the pulse and respiration returned, but he remained one remove from a collapse. The sixth day he slept half an hour, and the seventh, after a bath by affusion, an hour and a half. Until the eighth day he vomited all his food; then his appetite returned and the vomiting ceased. The ninth day the patient felt more at ease, said that he had no desire for morphia, and only felt the want of sleep. There was, on the fourth night, an elevation of the temperature to  $38^{\circ}5c$ . An almost daily examination of the urine in the two first cases, showed, the first two days after the suppression of the morphia, a deviation of the plane of polarization to the left. Also, Trommer's test, applied during the four weeks of observation, gave, in the two cases, a reduction of the hydrated oxide of copper. In the third case, there was no change in the polarization, but Trommer's test gave the same result as in the other cases. The reduction could not be due to the chloral, because the woman had taken it very seldom, and the last patient not at all.

The symptoms of morphiomania are so distinctly defined in these cases, that it is not necessary to describe them specially. It is worthy of remark, that the abuse of morphia produces almost the same pathological phenomena as those against which it is employed as a remedy. Hyperaesthesia, neuralgia, sleeplessness, anxiety, depression and irritability are at once conquered and produced by morphia. Again, when morphia is suddenly, or, little by little, suspended, there is, during the first days, a considerable aggravation of the complaint, especially of the cerebro-spinal nervous system and the vaso-motor (feebleness of gait, trembling, shivering, deep redness of the face, and

perspiration on all the body). As to the prognostications of morphiomania, I will say, that out of a great number of patients, I have only seen 25 per cent. of cures; in a great number of cases there was a relapse. In two cases, I have seen the abuse of morphia followed by marasmus and death; two others committed suicide. Five were drinkers; among these was the wife of a colleague, who had read in a work on materia medica that alcohol was an antidote against morphia; she used it as a remedy and perished from it.

The treatment of morphiomania consists principally in the suspension of morphia; sudden cessation is preferable to the gradual process. The organism supports a sudden and decided intervention better than that which acts slowly, as we see in surgical and obstetrical operations. The treatment requires the personal attention of the physician to the patients, and it is a difficult and thankless task. To wean inveterate morphiomaniacs from their drug is impossible, unless they are treated as prisoners. While the morphia is forbidden, it is necessary to isolate them and have them watched by intelligent persons, inaccessible by all corruption. It is difficult to find these persons, because some bring morphia secretly to the patients, in the hope of recompense, and others cannot resist the pathetic supplications and cruel sufferings of the patients. The doors and windows should be closed against all communication with the outside world. The dress of the patients, the sofas and the closets of their chambers, should be examined from time to time, because it is characteristic of all who come willingly or unwillingly to such an establishment, that they carry a large dose with them, as well as one or more syringes for injection. The physician should not rely on the promises, or the most solemn assurances, or the word of honor of the patients. Morphiomania, as other passions, forms part of the character of the individual; the best educated, and intelligent men do not avoid any means or ruse to deceive the physician and preserve the morphia they have brought with them, or procured from another. If the physician is energetic, watches constantly his patient; if he has influence over his assistants and these are honest, the most difficult part of the treatment is accomplished in eight days.

Twelve hours after the suspension of the morphia, a collapse habitually occurs, conse-

quently it is necessary to keep the patient in bed, and, during the first eight days, to employ some stimulating wine; it is even necessary for women to take large doses of alcoholic liquors at that period. As we have seen in the case of the third patient, the collapse may become grave enough to endanger life. The danger is combatted by subcutaneous injection of *liq. ammoniæ anisatas*\*, followed immediately by an injection of 15 milligrammes of morphia. If during the first forty-eight hours after the suspension of the morphia the patient neither moans nor laments, if he is capable of eating during the first days, and if his countenance is animated, it is certain, in spite of his denials, that he has used morphia; the smallness of the pupils and absence of diarrhoea will very soon confirm this belief.

The distress, the sleeplessness, the despair which affect the patients during the first three days, are so grave, that it is necessary the physician should be profoundly penetrated by the duty he has imposed on himself to regard calmly those sufferings, and have neither ear nor heart for despair, lamentations and tears. The attempts at suicide on the part of the patients, as their unfortunate mental disposition urges them, should be watched and prevented. Prolonged baths should be given, at once as a remedy against neuralgia which appears during the period of abstinence, and to provoke sleep during the night, and if the collapse is not too great, they may be combined with cold affusions. Diarrhoea, which, in all the cases observed by me, supervened almost always immediately after the suppression of the morphia, is not an obstacle to the treatment except when it becomes fatiguing. Injection of the rectum, two or three times a day, using from one to three litres of water at blood heat, helps to calm the symptom. Vomiting, which in certain cases appears during the first days of abstinence, and which does not yield to any remedy, for it is necessary to exclude narcotics from the treatment, demands that nourishment be administered by the rectum. The nutritive injections of Leube are very useful in these circumstances.

As morphiomania has affinities with dipsomania, the use of wine and alcoholic liquors should not be entirely forbidden, but ought to be allowed

* Px, Alcohol sp. gr. 0.833,	12 oz. by weight.
Oil of Aniseed,	3 drams. "
Liq. Ammon. sp. gr. 0.960,	3 oz. "

only from time to time when the patients begin to take regular food. The subsequent treatment must be regulated by the general state of the patient. Fresh air, nourishing food, and iron preparations, will soon renew the shattered system. Nevertheless above all, it is necessary, even before the end of the third week of treatment, to provide some physical and especially some mental occupation for the patients. Experience teaches that the use of morphia, internally or by subcutaneous injections, as long as it is administered by the physician himself, does not conduce to morphiomania, and that that affection develops itself when the physician prescribes injections of morphia, and confides the administration of it to those who attend the sick. The reason we have often heard given for this fact, (that the physician is prevented from making the injection himself,) is not valid; he can then content himself with the internal administration of morphia, because, although the effect may be delayed a little if it is given by the rectum, or on an empty stomach, it relieves the pain and produces sleep as much as does the injection under the skin. The use of morphia internally is not accompanied by that sensation of happiness, altogether useless, which makes that substance a source of pleasure to the patients, and encourages them to continue the use of it.

The suggestions and objections made when I read a memoir on this subject to the Congress of Naturalists at Gratz, were principally the following:—On the one hand, there can be no reason for confiding the injection to persons who attend the patients; there may be exceptions to this, but as a rule, we are convinced of the disadvantages which follow the practice. On the other hand, we suggest that a law be enacted, forbidding druggists and apothecaries, under penalty of severe punishment, from selling morphia to unauthorized persons. An analogous law exists already, and nevertheless a great number of apothecaries sell morphia to whoever demands it. Besides, it is often impossible to render them responsible, because they are often themselves deceived by false prescriptions. Considering the danger which menaces society by the extension of the disease, it was regarded as the duty of every physician to make the injections of morphia personally. The busy practitioner can limit himself to the internal use of morphia, if he cannot comply with this. In the

hands of a physician, the method of subcutaneous injections is a benefit to the human race; in the hands of the ignorant, it is a calamity. I conclude, gentlemen, by requesting you to consider this new form of disease. If you use your influence in your teaching and your writings, then, and only then, will its development be arrested.

### Correspondence.

#### THE LONDON HOSPITALS.

To the Editor of the CANADA LANCET.

SIR.—As many Canadian students probably have in view a visit to Great Britain, an account of what is to be seen in the London Hospitals may be of interest to some of your readers. The first question to be thought of is the passage over, and the student will find a great many lines of ocean steamships to choose from, the cabin fares ranging from \$50 to \$80. Having experienced a more or less pleasant voyage, we will suppose he has arrived in the metropolis of the world, and has set up at some hotel for a day or two, either Armfields in Finsbury Circus, or in any of those near Westminster. His next task will be to find apartments, and preference should be had for the vicinity of the hospital he proposes to attend. He may arrange to have all his meals at the apartments, or partly there and dinner at a restaurant, and if he can secure a roommate so much the better. Board can be thus obtained for from \$4 to \$6 per week. It is advisable, though not absolutely necessary, to attach himself to some one hospital, and Canadians usually prefer St. Thomas'. This hospital contains 572 beds, and consists of six blocks appropriated to the reception of patients, one for the administrative and other offices, and a separate one for the medical school. These blocks, though connected by corridors, stand apart so as to afford free exposure in every direction. St. Thomas' Hospital is really the first in appearance, though it does not contain as many patients as some of the older hospitals, but there are fewer students, and therefore greater opportunities for obtaining appointments, etc. At this institution Canadian graduates are admitted to all the lectures, hospital practice, use of library, and the privilege of becoming dressers, obstetric clerks, etc. for \$50, receiving a *perpetual* ticket. For the same advantage at Guys' he would have to pay \$200. We will

suppose then that he has taken out a ticket for St. Thomas' and is ready to begin work. On Monday morning at 8.30 or 9 he will find a number of students waiting in the grand hall for the medical officer, and he may choose to go round the wards with either the physician Dr. Peacock, or the surgeon Mr. McCormac. We will suppose that he is interested in surgery, and follows Mr. McCormac, to whom a certain number of patients are allotted, and who are visited every Monday and Thursday. Magdalen ward, devoted to female venereal diseases is first visited, cases examined, and prescribed for, and remarks are made on every special case. Then the other wards are gone through, questions on diagnosis and treatment being asked of students, points on surgical anatomy referred to, or the latter may be made to mark out with pen and ink on some patient the incisions and ligations, cutting of tendons, amputations, etc., This occupies his time until 11 o'clock when the library may be visited, and there he will find a very large collection of medical-works, text-books, and periodicals.

At 1 P. M. the out patients are seen, and Mr. Francis Mason, assistant surgeon attends on Monday and Thursday; while Dr. Ord assistant physician attends to the medical department. A great many patients receive advice and medicine gratuitously in this way, and plenty of interesting material for study is afforded. The pathology of ulcers, tumors, hernia, etc. is explained, and students are questioned on points of diagnosis and treatment. Excellent opportunities are afforded in the wards under Dr. Peacock, and in the out-patient department under Dr. Ord for examining affections of the heart and lungs, and the microscopical and chemical examination of the urine. His time will thus be occupied until about 4 P.M., when a visit to the post-mortem department may reveal some interesting study in pathology, or verify the diagnosis of some case previously seen in the wards. There are from one to three post-mortems daily, and the pathologist goes most minutely into each case.

On Wednesday morning there are usually a great number of students waiting at the entrance for Dr. Murchison, well-known for his classical work "Fever of Great Britain," and "Functional diseases of the Liver." He has a list of students whom he always "grinds," and anyone can have their name added by speaking to the house-surgeon. Having

arrived at the bedside he calls some name on his list, and asks the student to come forward and examine the case. The primary questions "how long have you been ill," and "what do you complain of" are asked, and he is directed in his examination of the case until all the symptoms are elicited, a diagnosis is then asked, and its defence required, and finally the prognosis and treatment. One or two cases are gone through every Wednesday and Saturday in this way, after which the other patients are seen and the result of previous treatment noted. A large stock of valuable information and experience is thus elicited, and no Canadian should neglect a regular attendance on Murchison's clinics during his stay in London. In the afternoons of Wednesday and Saturday, operations are performed at St. Thomas', usually from two to six cases presenting for operation; and among the surgeons perhaps Mr. Sidney Jones is the most brilliant operator. Two afternoons in the week Mr. Liebrich attends to ophthalmic out-patients and afterwards operates. Great facilities for using the ophthalmoscope are afforded; pathological appearances in each case being explained by means of plates and drawings on the blackboard; and frequently the patient is adjusted to a fixed ophthalmoscope, so that the student can be sure of not mistaking the appearance in disease. Every day Drs. Jervis and Cory, alternately attend the out-patients suffering from diseases peculiar to women. Here the student has every facility offered for digital examination; introduction of speculum; passing of uterine sound; and application of pessaries. On two mornings Dr. Jervis visits the obstetric wards and operates. Here the student has opportunities of seeing the galvanic cautery used in removing tumors from the cervix; vesico-vaginal fistulæ closed, etc.

Every morning a surgeon and a physician goes round the wards; and every afternoon out-patients are attended to by the assistant-surgeons and physicians, and the cards of new patients are often distributed among the students, who examine the cases, write down the symptoms, and give a diagnosis to be afterwards criticized seriatim by the surgeon when he examines the case and prescribes. It will be well for the graduate at the time he takes out his ticket, to put down his name for the first vacancy which occurs as dresser and obstetric clerk, students undertaking the duties of these

offices in succession. We will suppose his time to act as obstetric clerk has arrived. He takes up his quarters in the hospital and occupies a room in the upper story of the main building, in which is attached a gong worked by electricity from the porter's lodge. The first week he acts as assistant obstetric clerk, the second week as obstetric clerk, getting every case which comes to the hospital, while his assistant gets those which come during his absence. Stray cases coming when both are out are sent to students boarding near by, who have left their names with the porter. A stray "bob," (shilling) occasionally to the porter will secure plenty of these. No lying-in cases are admitted into the wards, but cards which have been previously given are brought to the hospital when the woman takes sick, and they are attended to by the obstetric clerks for a mile around in every direction. If any difficulty occurs the resident accoucheur is sent for, who is a graduate of some British college, and takes the responsibility of applying forceps, turning, etc., and often allows the student to operate himself. The resident accoucheur at the present time is a Canadian, (Dr. Millman.) During the two weeks of his obstetric clerkship, the student is boarded free of charge, and has great facilities for acquiring a practical knowledge of obstetrics, over 40 cases being known to have been attended during the above time. A certificate, like a diploma, may be obtained when 50 cases have been attended.

When his turn for out-door dresser arrives, he attends the assistant-surgeon, whom he has chosen, for three months, on two days of the week. Here he finds plenty to do in the way of bandaging, strapping, opening abscesses, ligating nævi etc. On certain days he takes his turn in the casualty department where the house surgeon receives accidents and casualties, and here the student is busy stitching and dressing wounds, applying splints, bandaging and strapping. If he is fortunate enough to secure an indoor dressership, he is appointed for three months to take charge of cases in the wards under the surgeon to whom he is attached. During this time he acts as no. 1 dresser for one week, when he is boarded in the Hospital, and gets the first call to all accidents and casualties. If the case is serious the house-surgeon is called, and the case may be admitted into the wards, to be under the dresser's care for the

time he acts as such. He will in this capacity have opportunities for performing many operations in minor surgery and become familiar with bandaging and the application of every variety of splints. Another advantage in living close to the hospital is that he can be sent for at night to see operations for strangulated hernia, and accidents requiring immediate surgical interference.

A clinical clerkship to the physicians is more easily obtained, and as such he keeps the history of each important case in a book furnished him for that purpose, takes temperatures, examines urine etc. The student, if he has time, will derive much benefit from an ophthalmoscopic clerkship, clerk to the physician for diseases of women, or a pathological clerkship, in which capacity he assists the pathologist in making post-mortem examinations. A great deal about skin diseases may be learned from Dr. Payne on Thursday afternoon.

As to the lectures, he will find that they are as a rule not superior to those of his Canadian professor, and as he is already, we suppose, stocked with the principles of his profession, he will find more advantage in spending his time in the hospital at practical work. However, Dr. Murchisons' lectures on the "Practice of Medicine," are well worth attending, and he should take full notes. These lectures are very clear, concise, and systematic.

In London each Medical School is attached to an hospital—theory and practice are combined—and the lectures are divided into a winter and a summer session. Thus in summer, materia medica, midwifery, botany, medical jurisprudence, and practical chemistry are taught; while in winter the remaining subjects are taught. The student has thus more time to attend to practical work, and, indeed, if he is attentive he may obtain a knowledge of every subject of medical study in the wards and out patient department.

At certain intervals, Mr. Stewart, curator, goes round the museum explaining the specimens and giving a course on pathology which is excellent. Students of St. Thomas' have also the privilege on certain days of attending "Bedlam" where Dr. Williams lectures on Insanity, and then visits the wards where the different varieties, stages, and treatment of insanity are referred to. The Canadian student will thus at once see the advantage of attaching himself to some particular hospital,

and as St. Thomas' offers the greatest advantages for the smallest amount, and as he will be sure to find other Canadians here, it will be more agreeable.

Some Canadians prefer the London hospital as it perhaps affords more surgical cases, being situated in a densely populated neighbourhood, and near the docks where a great many accidents happen. [The fee is also the same as at St. Thomas's.] ED.

On the other hand he will find enough experience at St. Thomas', and as Canadians are clannish, and he a stranger in a foreign land, he will find it pleasanter to be where he has friends. The English students are reticent and slow to make acquaintances, but the Canadian at once makes friends with his countrymen though they may never have met before.

K. N. F.

Kingston, December 18th, 1876.

To the Editor of the CANADA LANCET.

SIR,—About eighteen months ago one of your correspondents called attention to the deplorable fact that *free trade* in medicine existed in New Brunswick. Permit me to ask one or two questions, which may furnish food for thought to those who *care to think*.

In or about the year 1860 the Legislature of this Province passed an Act requiring all persons, legally qualified to practice, to "Register" their names in the books of a "Society" organized by this Act in St. John. The fee for registration was twelve dollars. Two hundred and fifty practitioners registered. In a very short time this "Society" became defunct, and the Act practically worthless. As I cannot learn of one instance in which the fee was refunded, I beg to ask:—Into whose pockets did the *three thousand dollars* collected, fall?

Is the probable difficulty of organizing another registration *affair* the cause of the apathy?

Many Nova Scotians, instead of patiently availing themselves of the *thorough* training afforded by their own, and other Dominion Medical Schools, continue to graduate in the United States. *Since* the recent Act of the Nova Scotia Legislature, to "*Regulate the Practice of Medicine and Surgery*,"

Nova Scotian United States' graduates are swarmed into the Province of New Brunswick. Why is this thus?

These questions *may* be easily and satisfactorily answered—but I should like to see them answered.

A NEW BRUNSWICKER.

November 23rd, 1876.

### Selected Articles.

#### SIGNS OF THE FIRST STAGE OF PHTHISIS.

It is so all important to recognize phthisis at its inception, that we quote the following summary from a lecture in the *Lancet*, by Dr. James Edward Pollock:

The *first stage*, which consists of a filling up of the alveoli by inflammatory or tubercular products, is recognizable by the signs which indicate altered physical conditions of a portion of the lung. In health we hear the gentle vesicular murmur caused by the entering air, followed by an equally gentle expiration-sound as the air is expelled, and the percussion-note is even on both sides. The voice scarcely resounds through the elastic air-tubes but communicates a gentle purr or fremitus to the hand when applied to the chest-walls. But if a portion of lung be solidified surrounding a pervious air-tube, all this is altered. There is a dull note on percussion, because less air is under the finger. The entering air-sound may be *feeble*, *harsh*, or *jerky* and interrupted; the expiration sound is prolonged unduly; while the voice sounds are propagated to the ear as through a tube, and the heart's sounds are also conducted. Now these are common to the first stage of phthisis, but why? All that auscultation can tell you, is that a portion of the lung has several of its physical conditions altered, but of the nature of the product which so alters them it can tell you nothing. That knowledge can only come to you by a study of the other relations of your case. Let us try these alterations by their meaning.

*Feeble respiration* may be due to obstruction in one or more bronchioles, by pressure on their walls or narrowing of their calibre; by any obstacle to air entering, as a tumor or a foreign body in the bronchus; by anything which increases the distance of the lung from the ear, as effusion into the pleura or by a thickened pleura; and by emphysema which impairs the elasticity of the lung.

*Harsh* breath-sounds may be due to thickening of the walls of the air-cells, whereby their elasticity is impaired, by induration causing pressure on the



alveoli, and by dryness of the mucous membrane of the bronchi.

*Prolonged respiration* depends on a difference in the density and an alteration in the elasticity of the lung, whereby a sound naturally feeble is developed and rendered more audible.

The *bronchial* or *tubular* character of the breath-sounds and voice is caused by the increased conducting power of the solidified lung, and excessive audibility of the heart-sounds means the same.

The *wavy* or *interrupted* inspiration sound is only valuable when permanent and conjoined with other sounds which indicate solidification, as a whiffy or tubular character of breathing. It is probably caused by alterations in the elasticity of the alveoli and their irregular expansions.

Now, if you can group several of these signs in any one case, and if dulness co-exists, and the space presenting this phenomenon be limited in extent and one-sided, you may be sure that some solidifying alteration has taken place in and around the alveoli of that part of the lung. But if this condition be preceded by a slight loss of flesh, sub-febrile symptoms, and with dry cough or a scanty flocculent expectoration, you may be pretty sure that you are dealing with the early stage of phthisis. But you only know your patient's present state; the future is masked, or may be altered by various other agents than those now evident to you. Physical evidence is always true, but the inference may not always be correct. I have pointed out to you that even from this state of things there may be recovery; the alveoli may collapse, the chest-walls fall in, the morbid product of the lung undergo degenerative change, dry up, and be expectorated, and a little flatness and dulness alone betray the nature of the attack.—  
*Medical Reporter.*

### IODINE INJECTIONS IN HYPERTROPHIED PROSTATE.

The reported success of Heine of Prague, backed up by his six published cases of alleged cure of hypertrophied prostate, seems alike so brilliant and encouraging, many a surgeon has doubtless waited with some impatience for fitting opportunities to show his triumph.

It may be scarcely necessary to state that the method of treatment recommended by Heine consists in the use of iodine, not simply in the manner so long ago proposed, but by injections into the body of the hypertrophied prostate. Heine claims for this treatment: 1st, that it does not cause suppuration nor undue irritation; 2nd, that it induces diminution of the hypertrophy, and of course the bladder trouble consequent upon it. The little

operation proposed for the cure of this grave disorder is so simple, the success to be anticipated seems so probable and so complete, that I think it important to show that in the hands of others than the author of the method, the results may be less brilliant, that in the most accomplished hands, indeed, this treatment may cause undue irritation, suppuration, and death.

Prof. Dittel, of the general hospital here, whose experience in diseases of the urethra, and particularly of the prostate, is probably unsurpassed, has not been slow to try the method of Heine, and as the following case has been under my own daily observation during the greater part of its history, I have been perhaps the more impressed with its warning.

The patient entered Prof. Dittel's wards the 21st of last November, with simple hypertrophy of the prostate, was easily relieved by the catheter, and was otherwise in good condition. The case was thought to be a good one for the method in question. Accordingly the solution as recommended by Heine, containing pot. iod. ʒ ij., tinct. iodine ʒ ij., aqua dest. ʒ ij., was prepared, and four drops of it at two different times, and a few days apart, were injected into the body of the prostate. No irritation or reaction followed immediately; but before the time for the third injection, inflammatory symptoms showed themselves. Fluctuation was afterwards detected in the prostate and the abscess opened. The inflammation continued to increase and spread; peri-prostatitis, peri-urethritis, and peri-urethritic abscess supervened; peri-prostatitis bringing up the rear of this long, unpleasant train. On the 13th of January it became necessary to perform supra-pubic puncture of the bladder, which afforded not only temporary relief, but induced considerable general improvement, never enough, however, to allow the supra-pubic route to be dispensed with. The battle was fought with bravery and great patience by both surgeon and patient; there was certainly not another case in all the wards the management of which was so troublesome and tedious. The patient gradually sunk under his many complications, however, and on the 10th of July died.

On examining the prostate, I found the seat of two old abscesses corresponding to the points where the injections had been made. The other lesions were recorded as "suppurative prostatitis, peri-prostatitis, pyelitis, and nephritis."

I am informed that in the other instances also in which Prof. Dittel has tried this method, abscesses have resulted. My friend, Prof. Dittel, certainly is more than satisfied not to try the method again, but to leave it to others with a different experience.

Having seen in the NEW YORK MEDICAL RECORD (which, by the by, is distinguished for its regular appearance on the files here) an account of

the success of this method, as well as its freedom from danger, it is not unlikely that some of its readers may be tempted to incur unwittingly risks almost as disastrous to themselves as to the patient. And while I do not presume to condemn the treatment upon the limited evidence in hand, I think it important to add, and that without delay, the facts as above given, which without comment serve exceeding well to illustrate the other side of the question and to teach a caution which cannot be too carefully observed.—*Dr. Howard in Mid. Record.*

### ON DILATATION OF THE UTERUS.

Dr. Lombe Atthill, in his address on obstetric medicine before the British Medical Association, says:—

I am well aware that by some practitioners the dilatation of the uterus is still looked on with dread, and the attempt, if made at all, is undertaken with the greatest hesitation. I can only say that I believe these fears to be groundless, and that, if due care be taken to select suitable cases, and proper methods of carrying out the process be adopted, the treatment is as safe as well as justifiable one. My own experience of the dilatation of the uterus has been great. I have practised it very frequently, indeed, during the last ten years, and as yet, in no single instance has a bad symptom followed, nor have I even once been compelled to abandon the attempt. But I am far from throwing doubt on the accuracy of the statements made by others, who have recorded the occurrence of alarming symptoms, or even of death, as consequent on the attempt to dilate the cervix uteri; and I am quite prepared for the possible occurrence of such, for all are aware that cases must occur in which the most trifling exciting cause will be followed by serious symptoms, though no grounds existed beforehand for anticipating the occurrence of such. But these are exceptional, and I believe, as a rule, that when serious symptoms arise, either during the process or in consequence of dilatation of the cervix uteri, they do so either because an unsuitable subject has been selected in whom to practice the treatment, or an unwise method adopted for carrying it out. On examining the records of the cases in which serious or unpleasant symptoms followed the attempt to dilate the uterus, I find they have generally occurred when practiced—

- 1st. Either for the relief of dysmenorrhœa depending on the existence of a narrow cervical canal;
- 2nd. When the cervical canal is encroached on by a fibroid of large size and unyielding structure,
- 3d. When the process has been attempted to be carried out rapidly by means of metallic dilators,

4th. When it has been protracted over several days.

I have, therefore, in order to guard as far as possible against the serious results recorded by others as following attempts to dilate the uterus, laid down for myself the following rules, which I can recommend with confidence to others:—

1. Never to dilate the cervix uteri for the cure of dysmenorrhœa or sterility depending on a narrow cervical canal or conical cervix.
2. Never to dilate in cases in which a large and dense intramural fibroid presses on and partially obliterates the cervical canal.

2. Never to use metallic dilators of any kind, but to choose for the purpose either sponge or sea-tangle tents, which expand slowly and gradually.

4. Never to continue the process of dilatation for more than forty-eight hours. I prefer, in the few cases I have met with in which, after the lapse of that time, the cervix was not sufficiently opened to suit the purpose I had in view, to postpone all operative interference for some weeks, rather than risk the result by prolonging the dilating process.

With respect to the first of these rules, I look upon the treatment of what is termed "mechanical dysmenorrhœa" by dilatation as altogether a mistake. I doubt if any permanent benefit has ever resulted from it; while in several cases grave symptoms, and in one death, have, to my knowledge, followed the attempt. Equally, it is of importance not to prolong the dilating process. My own experience in the treatment of uterine disease requiring dilatation leads me to this conclusion that unpleasant symptoms are likely to occur in a direct ratio to the length of time over which the process of dilatation extends. Again, I have known death to follow the attempt to dilate the uterus in a case where a large fibroid of dense structure, giving rise to menorrhagia, and causing intense pain, was developed in the uterus, and encroached on the cervical canal. In such cases dilatation is doubly objectionable, because the process is useless as well as dangerous; useless, because you will generally find that any attempt at operative interference from the interior of the uterus will be impossible; and dangerous, because inflammation is liable to follow, and that, too, in patients in the worst possible condition for resisting the attack.—*Med. Reporter.*

DEEP INJECTIONS OF CHLOROFORM IN THE TREATMENT OF INVETERATE SCIATICA. — This method of treatment, first practised by Collins and Bartholow, consists of an introduction of an hypodermic syringe-needle to as great a depth as possible into the buttock or thigh, and the injection of from thirty to fifty drops of pure chloroform. Collins (*Schmidt's Jahrbuch*, 1875) reported rapid and definite cures of inveterate sciatica, which had re-

sisted the majority of the usual remedies. Among others, he reports the following cases: sciatica, obstinate pain in the internal plantar nerve, duration six weeks, cure after injection of thirty drops; sciatica, six weeks' duration, cure by the first injection. A third case, of three years' duration, disappeared completely after an injection of forty drops. Dr. Cerenville has repeatedly tried this treatment with the best results in old cases of sciatica, which had been treated with blisters, iodine, all kinds of revulsives, even the actual cautery. The injections were made into the buttock, thigh, and ham; cures were obtained as rapid as those reported by Collins; in other cases, however, the pain returned. Cerenville noted two phenomena incidental to these chloroform-injections. In two instances complete anæsthesia of the leg was observed, which lasted two days, and its disappearance was as sudden as its onset. The puncture had been made into the middle posterior portion of the thigh, and the injection had probably penetrated the nerve-sheath or near it. There was also very intense pain at the moment the liquid penetrated. In another case, an injection into the upper part of the ham was followed by a very painful swelling, which yielded to applications of mercurial ointment and emollient poultices. No general effects from the chloroform were observed, nor *malaise*. The average quantity injected each time was about fifty drops.—*Bull. de la Soc. Med. de la Suisse; N. Y. Med. Journal.*

### LISTER'S ANTISEPTIC METHOD IN OVARIOTOMY.

BY J. MARION SIMS, M.D., NEW YORK.

Professor Lister's late visit to this country seems to have given a new impulse to antiseptic surgery. Van Buren has adopted it with success, and is lecturing on it to his class at Bellevue with great enthusiasm. Stephen Smith has also adopted it with the same success, and is teaching it most earnestly to his class at the University, and other surgeons must take it up. I have often wondered why it had not been used in ovariotomy. Lister told me it had not been done in Great Britain. He advocated it strongly, but Spencer Wells, and Keith have had such wonderful success in their operations, that they did not feel justified in trying any new method.

I would have used it long ago if I could have found a convenient and ample spray-producer.

A fortnight ago I heard that Dr. Sass had perfected an apparatus, and had tested it in operations by Van Buren, Stephen Smith, and others. I saw Dr. Sass, and he kindly consented to bring

his apparatus, and apply the carbolic spray for me in a case of ovariotomy.

The patient, forty-seven years of age, noticed a tumor the size of an orange in the right iliac region last April. She consulted her family physician, who pronounced it ovarian. On the 5th July she went Philadelphia to see Dr. Atlee, who gave her the same good advice. I saw her on the 20th September. I have never seen anyone so anxious for an operation. I dissuaded her from it, advising her to return home, and wait at least till next spring. I told her the tumor did not weigh more than ten pounds, and that an operation was not justifiable till she vomited her food, and began to emaciate. I saw her a month later. She declared she had not the strength to make the journey home, and that she threw up every time she took food. I still refused to operate. She wrote to Dr. Atlee, and he replied on the 6th November: "I can scarcely think a tumor so small can affect your general health so seriously. But if your emaciation and debility are the result of the presence of the tumor, then by all means it should be removed." I believe her vomiting and consequent emaciation were mainly the result of mental and moral causes. Whatever the cause, her declining strength and a recent fugitive attack of peritonitis warned me not to procrastinate the operation any longer.

The operation was done on Thursday, the 23rd November last. I am particular in fixing the date, because I believe it inaugurates a new departure in ovariotomy.

Dr. Sass directed the spray, which covered the seat of operation with a delicate carbolic mist. The hands, sponges, and instruments were all dipped in carbolic water. The operation and dressing lasted forty minutes, the spray being kept up all the time. It could have been continued two hours, if necessary. There were no adhesions. The peritoneal cavity contained six or eight ounces of a reddish serum. The peritoneal membrane was everywhere deeply congested. This fact explains the presence of reddish serum, and the previous attack of peritonitis.

The pedicle was very short, and at least three inches broad. It was tied in three sections with strong twine, and drawn out and fixed in the lower angle of the wound, clamp-fashion.

The external incision was closed by sutures, and a carbolic dressing applied.

The pulse never rose above 90, nor the temperature over 101.

Convalescence was fully assured in forty-eight hours, and the patient is now quite well. The tumor was polycystic, on right side, and weighed fifteen pounds.

I hasten to lay this case before the profession merely to urge the adoption of Lister's antiseptic method in ovariotomy, which, I am sure, will prove

as valuable in this operation as it has in general surgery.

Dr. Sass's apparatus answered its purpose admirably, and I think he has rendered us a great service in bringing it before the profession at this time.—*N. Y. Med. Record.*

### SPENCER WELLS' METHOD OF OVARIOTOMY.

A correspondent of the Boston Journal describes the Spencer Wells' method of ovariectomy. The one witnessed was the seven hundred and ninety fifth operation :

"1. Those invited to attend were requested to sign a certificate that they had not been present within seven days at a post-mortem examination, visited a dissecting-room, or treated a case of contagious disease.

"2. They were then, punctually to the moment appointed, taken to an upper chamber, with bright open exposure to the southwest, where Mr. Wells stood in readiness for his patient, who was already anesthetized.

"3. Bichloride of methylene was the agent administered ; or rather air charged with methylene by means of a caoutchouc pump.

"4. The lower extremities were confined by a band across them ; the upper ones by a strap to each wrist, the arm being brought down beneath the table and fastened to one of its supports.

"5. The abdomen was covered by a thin rubber sheet, with a circular opening adapted to the possible length of the incision. Beneath the table, to catch the fluid contents of the cyst, or any thing which might drip, was an ordinary metallic hip-bath tub. Under the edge of the table, fastened so as to be within immediate reach of the operator, hung Mr. Well's large spring-trocar, with a long curved arm, to which was attached a rubber tube of great caliber communicating with the tub beneath.

"6. None of the bystanders were permitted to examine or otherwise touch the patient.

"7. The incision was short, low down, occupying but a portion of the umbilico-pubic interval, and was completed on a director of peculiar form, broad towards its rounded extremity. There were extensive adhesions, which were broken down by the hand with tolerable ease. Moderate hemorrhage occurred from their site, and from vessels in the line of incision. The cyst was multilocular, one of its cells containing a large amount of turbid fluid. Through the trocar-opening, sufficiently enlarged, Mr. Wells passed his hand and broke down such of the adjoining septa as would thus yield. The mass having thus been readily delivered, a stout, slightly curved steel clamp was

attached to the pedicle, and on severing this the first stage of the operation was completed in ten minutes from the first stroke of the knife.

"8. The other ovary, though still small, proving cystic, was also removed, the base being transfixed by a double silk thread tied on each side.

"9. All coagula having been carefully removed from the peritoneal surface and pelvic cavity, the clamp was adjusted crosswise externally, and the wound was closed by seven stitches, the pedicle emerging between the last and the last but one. These sutures, like the ligature already described, were of Chinese silk, uncarbolicized. They were passed through both the integument and the peritoneum, without, however, taking up the whole thickness of the abdominal wall, and during their tying, the loose pouch of the abdomen was bunched up, as it were, by the hand of an assistant. The threads were provided with a needle at each extremity, the second of which was held by the operator's lips while the first was being passed, thus preventing twisting and other entanglement, and permitting greater speed.

"10. The wound having been closed, bits of lint were carefully placed under the clamp and between the sutures ; the extremity of the pedicle outside the clamp was touched with solid perchloride of iron ; the abdomen was covered with cotton-wool, over which were strapped broad bands of adhesive plaster ; a binder of flannel was placed outside this, and the entire operation was completed in just half an hour from its commencement.—*Louisville Med. News.*

**SUBCUTANEOUS OSTEOTOMY.**—On Saturday, July 15, we were attracted to the London Hospital by a notice that Mr. Maunder would perform subcutaneous section of the femur with the chisel and mallet, to correct angular deformity resulting from ankylosis after hip-joint disease. Like many of our readers, we had made ourselves acquainted with what had passed at a recent meeting of the Clinical Society (May 12, 1876), when Mr. Maunder read a paper on this subject, and exhibited patients who had been operated upon in this way ; but we wished to see the operation done, and the instruments employed for the purpose. These we will now describe as we witnessed them, for the information of those surgeons who are interested in the subject. Two patients were submitted to this treatment on Saturday—one was a young girl who for about seven years had been unable to put her foot on the ground. Disease of the hip-joint had ended in fibrous ankylosis, with the thigh fixed at an angle of 118° with the trunk. Thomas's splint had been tried for several weeks with the view of gradually straightening the limb, but no improvement whatever had resulted. The other patient was a young man of fine proportions and well nourished, who had been sent up from Ply-

mouth with the express object of undergoing the operation. Disease of the left hip-joint had supervened upon fever, and had ended in fibrous ankylosis with the leg at right angles with the trunk. Before commencing the operation, an assistant standing in front of the patient drew forwards the soft parts. Mr. Maunder then measured the distance from the top of the trochanter major to the shaft at a level immediately below the small trochanter—this spot being selected because it is highest beyond the attachment of the numerous muscles which are inserted into the upper end of the femur. At this spot (and while the soft tissues are well drawn forwards) he inserted a double-edged knife down to and at right angles with the bone on the outer side of the limb, cuts through the periosteum, and then, before removing the knife, introduces the chisel, which is also kept at right angles to the axis of the shaft of the femur. With a light wooden mallet the chisel is driven well into the bone, then partially withdrawn, to be again driven onwards, inclined somewhat obliquely forwards, and then backwards so as to divide the bone in the rest of its thickness. While doing this the hand of another assistant is pressed upwards against the inner surface of the thigh, so as to make counter force to the direction of the penetrating chisel. Finally the limb is gradually and carefully extended, any small portion of bone which may happen to have escaped the chisel being at the same time broken down; lastly, a straight interrupted outside splint is applied.

The chisel—a sperate one for each case—used by Mr. Maunder is three-eighths of an inch in width at the cutting edge, where it is wider than elsewhere; and three inches and a half long in the shaft. The operation is attended with next to no hemorrhage, and the small wound in the soft tissues through which the chisel has been worked, becomes valvular and air-tight as soon as the tissues themselves are allowed to fall backwards into their natural position. A minute or two was the time required to complete the division of the bone in the case of the girl; in that of the man the process was longer, owing to the greater thickness and toughness of the bone. We are happy to state that up to the present time both patients are doing perfectly well.

Mr. Maunder showed to several visitors who had assembled to see the operation three cases in which it had been performed some weeks previously. All these three patients walked into the theatre—one man without the aid of stick or crutch—with limbs in nearly perpendicular position, and with little or no lordosis. There necessarily, however, remains some deformity about and around the hip-joint. This is easily understood when it is remembered that there is ankylosis at an angle, and in some cases it has followed so-called dislocation from disease: while, as the division of the femur is made

below the small trochanter, there is no attempt to correct the abnormal position of the upper extremity of the bone.

Mr. Maunder stated that in most of his cases there has been no suppuration whatever after the operation, and that it was very limited indeed in the case in which it occurred. This entirely coincides with the experience of Professor Volkman, who also has employed the chisel instead of the saw. Professor Volkman, however, used three chisels of different thicknesses to prevent the jamming and sticking fast in the deeper parts of the incision into the bone. The superficial part was divided with the stoutest, the deeper with a thinner, and the deepest with the thinnest instrument of all so that the cleft was slightly wedge-shaped. Mr. Maunder, by a modification of the form of the chisel, finds it unnecessary to use more than one instrument.—*Med. Times and Gaz.*

#### COLLES' FRACTURE AND DR. CARR'S SPLINT.—

Dr. H. Martin says that he has in six years treated about forty-five cases of fracture of the lower two inches of the radius with Dr. Carr's splint, and that in none of these could any deformity be recognized at the time the apparatus was removed. Many of these cases were seen years after the injury, and in not one was he able to detect, by any deformity, which arm had been injured. Dr. Carr, a physician practising in New Hampshire, invented the splint in 1843. It consists of a strip of light wood, one-sixth of an inch thick, eleven and one-half inches long, and two inches wide, on which is laid a carved wooden bed, the irregular convex surface of which is exactly adapted to the concavity of the anterior surface of the radius. An oblique cross-piece, round, four inches long and one inch in diameter, is attached to its distal end. The inventor's idea was that, the radius being a much curved bone, treatment of its fractures on a perfectly flat splint could only result in more or less impairment of the symmetry and usefulness of the wrist. In a splint recently invented by Prof. Gordon, of Dublin, the concavity of the radius is recognized as an indication for treatment, but the convex bed is applied to the *side* of the bone and not *under* it. In preparing the splint for use, four thicknesses of cotton sheeting are laid on its upper surface, and the lower surface of the forearm is then laid on this and secured by a few turns of bandage. If the patient now grasps the cross bar as strongly as possible, the action of the hand itself will, in a large proportion of cases, reduce the fracture; a light splint, eight or nine inches long and two inches wide, is then applied to the back of the arm as low down as the metacarpal junction, and a bandage applied from the middle of the metacarpus to the proximal end of the splint. Of course the fracture may, if desired, be reduced before applying the palmar splint. After a week

the bandage need not extend below the carpus; but this joint should then be firmly bound to the palmar splint by a strip of plaster. The cross bar keeps the hand inclined to the ulnar side, while at the same time the patient has free use of the fingers, and later of the entire hand. It is not necessary to remove the bandage at all during the course of treatment, except it may be necessary to tighten it. When properly applied, the pain is entirely relieved very soon after the arm is "put up." The great advantages of this splint are that it relieves the patient of much discomfort and disability and leaves the hand ready for use and free from stiffness when the fracture is sufficiently consolidated for its removal. It is also admirably adapted to secure perfect rest of the joint in cases of sprains of the wrist.—*Boston Med. and Surg. Journal*, August 17th. *Medical Record*.

**PRESCRIBING DRUGGISTS.**—Another instance of the evils of prescribing by druggists is undergoing investigation. It is referred to in the daily papers as follows:—"At an inquest on the body of Henry Martin, an infant, aged seven months, held before Mr. Humphreys, coroner, at Limehouse, it was alleged that death was occasioned by the administration of an improper mixture prescribed and prepared by a woman, supposed to be the wife of a chemist. Dr. Harris, who was called in, said the deceased was dangerously ill, and ordered a warm bath. The same evening the infant went into convulsions and expired. Dr. Carpenter, who was also called in, said he had examined the mixture, which contained rhubarb, the administration of which in such a case as that under consideration would accelerate death. The inquiry was adjourned for the attendance of Dr. Harris." The practice of prescribing by druggists is prohibited under a penalty by the Apothecaries' Act. Recent experience has proved that this Act is much more easily enforced than the Medical Act, and we should like to see a Medical Defence Committee established in every large district of the kingdom in connection with the Branches of the Association, supplied by a subscription with the funds necessary, and charged with the duty of prosecuting those concerned in this illegal, pernicious, and unlawful practice. The cost of the prosecutions would not be great, as the fines received usually suffice to pay the balance of costs incurred, not covered by the taxed costs. This subject is, we think, worthy of the serious consideration of the Branches.—*Brit. Med. Journal*.

**AMERICAN MEDICAL COLLEGES.**—The Association of American Medical Editors met at Philadelphia, June 5th. The president, Dr. A. N. Bell, delivered an elaborate address upon "The Relation of Medical Editors to the Medical Profession of the United States." Its drift may be gathered

from its closing sentences: "Our medical colleges must be made to feel that their period of unexampled prosperity under existing regulations shall no longer continue to be a period of peace. And, if I may be permitted, in conclusion, to apply one of the wholesomest axioms of sanitary science to the most important of all subjects which now concerns the medical profession in the United States—the low standard of professional education—my proposition is, from this time forth until it is reformed, to treat it as an intolerable nuisance. By universal assent, *the fittest time for the removal of a nuisance is the very earliest day practicable after its existence has been made known*. Whoever opposes the removal of it on that day will be sure to oppose it, if he dare, on every other day." At the close of the address, a short discussion upon the question of reform in medical schools was continued at considerable length. Dr. Parvin offered a resolution expressive of approval of a preliminary examination and three years' graded course, which was adopted. As officers for the ensuing year, Dr. H. C. Wood was elected president, Dr. Byford, vice-president; permanent secretary, Dr. F. H. Davis.—*Detroit Med. Review*.

**CHRONIC OTORRHOEA.**—Strong solutions of nitrate of silver (one drachm to one ounce of distilled water) have perhaps been more efficient in curing a chronic suppuration in the middle ear than any other remedy; and especially in those cases where the mucous membrane has not yet been greatly disorganized or covered with granulations, the caustic treatment yields very nice results. But still, even in such cases, it sometimes fails to remove the suppuration completely, though it may diminish it to a certain degree. In such cases where the (eight to ten times) repeated cauterization of the mucous membrane of the middle ear did not arrest the suppuration, a very rapid decrease and an entire cessation of the otorrhœa follow the insufflation of powdered alum into the external auditory meatus. The alum may be blown into the ear through any short tube, with a piece of rubber tubing attached to it, or by means of an "insufflator," used in laryngeal surgery. After a successful insufflation the mucous membrane and the drum-head must look snow-white. Unless the purulent discharge is profuse, the alum remains in the ear at least two days. If on the third day the powder is still dry, it ought to be let alone, because any interference by syringing or otherwise will start the secretion anew. But if at that time the insufflated powder is moist, it should be removed by injecting warm water; and if the purulent secretion has not ceased within the next twenty-four hours, another application of alum shall be made.—*Chicago Med. Journal*.

**TREATMENT OF RHEUMATIC FEVER.**—In St. Bartholomew's Hospital, London, an English con-

temporary states that, in ordinary cases, Dr. Southey has had the best results from a mixture containing two grains of quinine and five grains of iodide of potassium, with a few minims of hydrochloric acid. Carefully prepared, this is clear, and agrees well. At the very commencement, if the tongue be coated and dry, a purgative and Carls-water, or citrate of potash, are advisable, but should soon be replaced by the iodized quinine mixture, which benefits under most complications as well as in simple attacks, relieves pain and sweating, and especially brings about a convalescence less protracted than the alkaline treatment. Taking seven days as an average duration of severe symptoms in very favorable cases, and twenty-one or twenty-seven days in other cases, three weeks have been found the average total duration in one hundred cases treated by this plan. They are not blanketed; it is considered that this only bathes them in morbid perspiration. Perchloride of iron has not given satisfactory results; and blistering is often done to excess, and without any permanent relief. Tincture of iodine is, however, a useful local adjunct.—*Med. & Surg. Reporter, Phila.*

### Medical Items and News.

**TINCTURE OF CANTHARIDES AND CHLORAL IN ENURESIS.**—Dr. George N. Nonette, of New Orleans, writes to the *American Practitioner*, stating that he has found a combination of tincture of cantharides and chloral extremely useful in the treatment of enuresis, as it re-establishes the tonicity of the vesical sphincter, and modifies the excessive sensibility of the muscular coat of the bladder. Cantharides in appropriate doses will relieve the strangury often present in cystitis. The chloral considerably modifies the action of the cantharides.

**CONVULSIONS ARRESTED BY THE SINISTRO-LATERAL POSTURE.**—Dr. F. J. Brown has seen two cases of convulsions arrested by turning the patient over upon the left side. One patient, a man with Bright's disease, had uræmic convulsions, which ceased instantly after he had been turned upon the left side. Another man, who had been seized with unilateral convulsions, was relieved in fifteen seconds after turning upon the left side. Dr. Brown's theory is that this posture is in some way beneficial by favoring the heart's action.—*Practitioner.*

**THE NITRITE OF AMYL** has been tried in *chorea* and *intermittent fever*. In three cases of chorea, inhalations of three to six drops were ordered three times daily, during two weeks, at the end of which time the convulsions had been arrested. In intermittent fever amyl has aborted the chill, but only shortens the latter stages; it may be given even after the algid stage has fairly set in. Some bold ex-

hibitions have been tried, even to the extent of thirty drops, with good rather than bad effects, in this form of fever. The ordinary dose has been six drops.—*Dublin Journal.*

**THE GLYCONINE EMULSION OF COD-LIVER OIL** first made public by Mr. G. C. Close, of this city, in the *Druggists' Circular* of October, 1874, is again commended by that journal as probably equal to the best method of administering cod oil. His formula is: "Cod-liver oil, four ounces; glyconine, nine drachms; aromatic spirit of ammonia, one drachm; Sherry wine or brandy, sixteen drachms; dilute phosphoric acid, four drachms; essence of bitter almonds, two drachms." Glyconine is made by adding five parts in weight of concentrated glycerine with four parts of yolks of eggs, previously well beaten.

**SEDATIVE SOLUTION IN HOOPING-COUGH.**—Gue-neau de Mussey, in *Four de Med et de Chirurgie Pratiques*, gives the following:

R Musk..... gr. iij ;  
Potassic bromide..... ʒ ss-ʒ ij ;  
Cherry laurel water ..... ʒ iss ;  
Syrup of ether ..... ʒ ss ;  
Syrup of belladonna..... ʒ i ;  
Syrup of codeine ..... ʒ i ;  
Syrup of orange flower... ʒ iss. M.

To a child eight or ten years of age give a teaspoonful between meals, morning, evening, and night. During the day it is not to be used, lest the narcotic recommended disturb digestion. The musk, if unsupportable, may be omitted.—*New Remedies.*

**CORROSIVE SUBLIMATE IN GONORRHEA.**—Founding his trials on a case which he published in 1873, Dr. Bruck, of Buda-Pesth, now recommends this treatment as producing the following results:

1. In the course of six weeks, without any of the complications contingent on the use of injections, the gonorrhœa may be cured, and the means may be resorted to in the hyperæmic stage of the affection. The discharge during the first ten days is remarkably profuse, and then becomes less and less and more serous, the urethral burning being supportable and the chordee moderate.

2. During the treatment alcoholic drink, strong coffee, and highly seasoned foods must be abstained from.

3. Purgatives are also to be avoided, being unnecessary during the use of the sublimate.

4. When much griping pain is produced in the stomach or intestines, the sublimate must be suspended for some days.

5. It is not to be employed where there is heart or lung disease. It is given in the form of pills, one centigramme divided into twenty pills being taken in the course of the first ten days. The next twenty pills contain two centigrammes, and are consumed in half that time, and so on.—*Centralblatt f. Med. Wiss. (Med. News, Louisville.)*

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science  
Issued Promptly on the First of each Month.

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TORONTO, JAN. 1, 1877.

## THE PAST YEAR.

In reviewing the events of the past year in the medical world, one cannot but be struck with the rapid and striking changes which have occurred in one short year. The year just now brought to a close has been an eventful one in the history of medicine, not so much from the discovery of new remedies and appliances as in the general advancement of scientific medicine and in the social relationship of the professional body politic. Medical men from all parts of the habitable globe have met together, and have discussed the great medical questions of the day and although possibly we may not see at present any practical benefit from all this, yet we cannot but look upon such meetings as hopeful signs of the time when the profession shall have frequent international and friendly meetings to discuss matters concerning the welfare of the whole human race. Every year the profession of medicine is enlarging its scope, and aiming at higher and more philanthropic means of extending its usefulness, and the day is not far distant when the united voice of the entire profession of the world will make itself heard among the councils of the nations. The meeting of the International Medical Congress, at Philadelphia, in September, was one of the events of the year, and was successful beyond anticipation. Here were gathered together in one scientific body the foremost medical men of every civilized country. The session of Congress lasted four days, and many subjects of interest to the profession and the public were discussed. Both the scientific and social aspects of the Congress were most satisfactory and encouraging. Besides this there was the regular meeting of the American medical association, in June, which was also very well attended, and at which

more than the usual amount of work was done. At this meeting resolutions were passed, having for their object the establishment of an International medical association, or a union of the American and Canadian medical associations. This was followed by a meeting of a joint committee of the above-mentioned bodies in Philadelphia, at the same time as the meeting of the Medical Congress. It was there recommended that the Presidents of the American and Canadian Medical Associations should introduce the subject of a conjoint association into their annual addresses next year. The Canadian Medical Association also held its annual meeting in Toronto, in August, and was largely attended, and many interesting papers were read and discussed, some of which have found a place in our columns. The social element was brought prominently out, and many will remember with pleasure the meeting of the Association, the pleasant "at home" at Mr. Bickford's, the excursion to Lake Couchiching, and the annual dinner there.

In the field of medicine much improvement has been made. Venesection, which had almost passed into oblivion, has had attention directed to it as a remedy in acute diseases, and a few physicians have been found bold enough to oppose the tide of anti-venesection, and re-introduce this method of treatment in acute affections. Under the guidance of sound medical intelligence, and a more correct knowledge of physiology and pathology, venesection is not likely ever again to fall into the same disrepute which has attended it in the past. The use of the clinical thermometer has done much to aid in the correct diagnosis of many affections, and in some few cases very high degrees of temperature have been observed. In a case of meningitis, in the Mount Sinai Hospital, N. Y., the thermometer indicated 120° F. at different intervals—a temperature much higher than is generally supposed compatible with life.

In reference to hypodermic medication, it continues to be extensively used and nearly every soluble alkaloid has been administered in this way. During the past year many trials have been made with hypodermic injections of ergotin in fibroid tumors, and in some cases with much benefit, if not entire success. Cases of sun-stroke have also been successfully treated by the hypodermic use of quinine, the remedy so used having remarkable efficacy in reducing the temperature. The hypo-



dermic use of milk and other aliments have also been resorted to in extreme cases, and with marked benefit. During the previous year, propylamine was introduced as *the* remedy for acute rheumatism, but it was very soon displaced by salicin and salicylic acid. The latter have been extensively used both at home and abroad, and in some instances with apparently marked success, while in other hands they have proved utterly useless. It is much to be feared that the sole remedy for acute rheumatism has not yet been discovered.

Treatment by aspiration has been more fully tested, and many important successes have been recorded. It has been used with perfect safety and success in several cases of hydro-pericardium, and also for the relief of tympanitis. A case is recorded by Dr. Armstrong, of Arnprior, Ont., in which he aspirated a case of hydrocephalus with relief to the patient, although the child did not recover. Such successes, however, and freedom from danger by its use give promise of its great utility in many grave cases.

In surgery, the torsioning of arteries still holds its ground as the best means of arresting hemorrhage, especially of the smaller vessels. Lister's antiseptic treatment has been still more prominently brought under the notice of the profession, both here and in Great Britain, also on the Continent. Prof. Lister was at the International Congress, and took a very prominent part in the debate on this subject; but failed to impress his ideas on the surgical section in such a way as to secure their adoption by the Medical Congress. The practice has its friends and its enemies, its advantages and its disadvantages. Of one fact, however, there can be no difference of opinion, viz.,—that cleanliness is the great desideratum in the treatment of all surgical affections. A new treatment has originated during the past year in the management of tetanus. It consists in cutting down upon the nerve at some distance from the wound and stretching it. This has been tried on a case of tetanus in the Montreal General Hospital; but in that particular instance was not successful. The successful removal of the spleen in two or three cases has been recorded during the past year. Although a formidable operation, recovery has taken place in at least one of the cases. Gastrotomy has been performed in three cases; one by M. Labbe, for the removal of a fork from the stomach, which was perfectly successful;

one for stricture of the œsophagus, by Prof. Lucke, in which the patient died; and one quite recently, by M. Verneuil, which was attended with the most satisfactory results. Esmarch's bandage has been applied to new uses; as for example, in the treatment of aneurisms and old ulcers. In the latter case, it is applied for a few minutes to the ulcerated leg twice a day, and with most beneficial effects. It removes fluids by pressure, unfit for the healing process, and when removed the vessels fill with more nutritious fluids. The subcutaneous section of bone is also a new departure in surgery, and has been successfully put in operation several times by Dr. Adams, of London, and other surgeons.

An operation in obstetrical surgery proposed and carried out by Dr. Battey of Georgia, and called "normal ovariectomy," has been several times performed by him. It consists in the removal of the healthy ovary for the relief of some abnormal condition. The operation was first suggested by the case of a young woman who had no uterus, and whose system was impaired by an active menstrual molimen unrelieved from month to month, and of which she died. Another case of extirpation of the uterus and ovaries for ovarian disease is reported during the past year by Dr. Kimball of Lowell, Mass.—the patient recovering in very short time after the operation. In therapeutics several new remedies have come into use and some of the old ones have been revived and reintroduced. The actual cautery which had nearly disappeared from the armamentarium of the physician has again been called into requisition, and Brown Sequard recommends its use highly in neuralgia, congestion of the spinal cord, brain and membranes, diseases of joints, epilepsy, chorea, &c. It should be used at a white heat and applied rapidly and lightly so as not to cause unnecessary pain. The use of croton-chloral has also had a more extended trial. As a nerve sedative it has been found to fill the indications for which the hydrate of chloral and bromide of potassium are so frequently given. It is especially indicated where large doses of chloral hydrate are necessary to produce sleep, or in cases of heart disease where the latter would be unsafe. Gelsemium has been much used within the past year in the treatment of neuralgias. It has also been recommended in certain dropsical affections, and its use has been

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attended with favorable results. The injection into the rectum of liquor bismuthi in internal hæmorrhoids and the success which has attended it, seem worthy of special mention. It was tried in several instances in the Toronto Gen. Hospital, and was found very efficacious. Half an ounce to an ounce is injected night and morning. A new substance named coca, has come in for a share of attention. It is the leaves of a plant which grows in Peru. The taste is slightly bitter and aromatic, and the leaves are much used by the natives. It has been observed that those who use it require less food, and when used in considerable quantities they are able to undergo great fatigue without taking scarcely anything else. Its moderate use is therefore considered wholesome, but in excess its effects are similar to opium or alcohol. It has been used in paraplegia, and as a substitute for quinine in intermittents. The dose is from three to four drachms of the infusion.

A remarkable address, delivered by Dr. Richardson, of London, at the Social Science Congress, on "Hygeia, or a Model City of Health," attracted the attention of scientists in many parts of the world. The greater portion of the address was taken up with an elaborate and detailed description of the manner in which a healthy city ought to be built, with a view of ensuring the health of its inhabitants, and their perfect freedom from all but a few diseases. In some of the late exchanges we observe, that efforts have been made in some parts to carry out a few of his suggestions.

Although during some portions of the summer season we had what we might call tropical weather in Canada, it does not seem to have had any decidedly injurious effect on the health of the community. A large number of sun-strokes occurred in New York and other places, but in Canada such occurrences were rare. Later in the season scarlet fever and diphtheria were more than usually prevalent in some parts of the country, but no serious epidemic prevailed at any time. In Montreal, as usual, small-pox was the prevailing epidemic. An outbreak of this loathsome disease has lately occurred in the Red River country, Manitoba, but is now rapidly abating. In the Southern States, especially in Savannah and Brunswick, Ga., yellow fever was very prevalent during the months of September, October and November. The mortality from the disease was very great in

Savannah, and the suffering was intense, but with the approach of cool weather the disease abated.

The profession in Quebec has again been agitated over a proposed amendment to the present Medical Act. The different rival promoters have met together and effected a compromise, but the fate of most arrangements of this kind is likely to be realized. The outside profession is clamoring for an Examining Bureau for the license to practice, and those in the schools would seem to prefer matters as they are, or they would agree to the appointment of inspectors, but this is not satisfactory to the profession, and there is likely to be more legislation on the matter yet.

The following new medical books have been issued during the past year. Ziemssen, Practice of Medicine; Hospital Construction and Organization (Johns Hopkin's Hospital); Wagner's Pathology; Holmes' System of Surgery; Pifford, on Diseases of the Skin; Browne's Medical Jurisprudence of Insanity; Carter, on Diseases of the Eye; Bartholow's Materia Medica; Bristowe's Practice of Medicine; Playfair's Midwifery, &c., &c.

Among the deaths which have occurred in our ranks may be mentioned, Prof. Lorain and Andral of Paris; Drs. Anstie, Gibbs, Headland, Letheby, Donovan, and Laycock; Dr. Begbie of Edinburgh; Stromeyer of Germany and many others. Among our brethren in Canada we may mention Drs. McArthur, Toronto; Scott, Gananoque; Brown, Wolfville, N. S.; Hamilton, Melbourne, Que.; McIntosh, Hamilton; Muir, Truro, N. S.; Johnston, Sarnia; Wafer, Kingston; Bergeron, Granby, Que.; Fry, Dunnville; Holden, Belleville; Shirley, Watford; Erskine, Dunham, Que.; Galbraith, Newcastle; Grenier, Editor *L'Union Medicale*, Montreal; Ryall, Hamilton; Lovekin, Newcastle; Bates, Toronto, &c., &c.

In conclusion we extend a hearty greeting to each one of our readers, wishing all a full share of health, prosperity and happiness in the year on which we have entered.

COLORLESS TINCTURE OF IODINE.—The most simple and effectual mode of decolorizing tincture of iodine is to rub up a crystal of hyposulphite of sodium in the tincture. This has also the effect of increasing rather than diminishing its properties. The addition of a small quantity of carbolic acid to the tincture will also decolorize it.

## SUPPRESSION OF INTEMPERANCE.

It is a common mistake of well-meaning but narrow minded persons, that every sin is a crime, that every violation of the law of religion and morality should be punishable by the criminal laws of the land. Upon this principle, every persecution has been and may be justifiable. There are some, however, who would be shocked at being supposed capable of applying the principle to modes of faith, who venture, nevertheless, fearlessly to apply it to the constraint of the passions and appetites. We have lately had a striking instance of this moral fervour of legislation worthy of the palmy days of the blue laws of Connecticut. It has been seriously recommended that Government should introduce a general and comprehensive measure for the prevention of all manner of drunkenness! It is unnecessary to say a word upon so preposterous a proposal, until we see the plan of an Act of Parliament likely to accomplish the purpose better than the Royal proclamation against all profaneness. Amongst other matters there is a recommendation that medical vendors alone, should be licensed to sell ardent spirits, and that foreign spirits should be admitted only for medical purposes or sold in the bulk. The showy shop of a druggist might be turned into a saloon with little concealment, and at a trifling outlay. And as to the effect of this alteration upon the profits of their trade, we apprehend our friends the druggists would have no objection to the transfer. We have frequently received pamphlets and voluminous documents from temperance organizations, and if we have not noticed them in our pages, the omission has not arisen from hostility to their object. On the contrary, we are friendly to every attempt at a voluntary reformation of the habit of drinking to excess, and if our testimony to the mischievous effects of the practice were wanted, we are willing to give it. We believe these societies have done infinite service all over the world. In the upper and middle ranks of society, the habit of excess in drinking has for years past been reformed by civilization and refinement. In the lower classes, poverty and distress often drive their unfortunate victims to stimulants, but notwithstanding the temptations of saloons, we doubt whether drunkenness is at present more prevalent than in former times. Gov-

ernment is, of course, warranted in imposing the highest license it can, consistent with the prevention of illicit sale. Everything else must be left to the gradual improvement of national manners. In Burke's Works, Vol. IV, page 284, the following observations are to be found: "As to what is said in a physical and moral view against the home consumption of spirits, experience has long since taught me very little to respect the declamations on the subject. Whether the thunder of the laws, or the thunder of eloquence 'is hurled on gin', always I am thunder proof. The alembic, in my mind, has furnished to the world a far greater benefit and blessing than if the *opus maximum* had been really found by chemistry, and like Midas, we could turn everything into gold. Ardent spirits is often a great medium to remove distempers. It is not nutritive in any great degree. But, if not food, it greatly alleviates the want of it, it invigorates the stomach for the digestion of poor meagre diet, not easily alliable to the human constitution. Wine the poor cannot touch; beer, as applied to many occasions, as among seamen and fishermen, for instance, will by no means do the business. Let me add, what wits inspired with champagne and claret, will turn into ridicule—it is a medicine for the mind. Under the pressure of the cares and sorrows of our mortal condition, men have at all times, and in all countries, called in some physical aid to their moral consolations—wine, beer, opium, brandy, or tobacco."

## THE QUEBEC MEDICAL BILL.

A good deal of feeling and interest has been excited among the profession of our sister Province by renewed attempts at medical legislation. The profession in that Province has for many years been under the rule of the College of Physicians and Surgeons, by virtue of powers granted and rights vested in it as a corporate body under an Act of the United Parliament of Canada, chap. 26, 10 and 11 Vic., taking effect, Sept. 15th, 1847. The College was made up of members elected from among the licentiates, and from among these was chosen a body of governors. Without going into detail, it may be sufficient to remark that the members, governors, and foremost members of the profession in that Province have been well pleased

with the working of the hitherto existing Medical Act, but, in order to secure certain advantages, sought legislative interference to secure certain modifications of the existing Medical Act.

This was rendered necessary by the introduction of a rival medical bill to the legislature, under the charge of the Hon. Mr. Chapleau as *chaperon*, the Bill of amendments being introduced by the Hon. Mr. Loranger. We have not been able to procure a copy of the Bill introduced by the Hon. Mr. Chapleau, but its objects are said to have been of a revolutionary character, placing—by virtue of numbers—the rule of the profession in the hands of men, not chosen for their superior merits and eminence necessarily, but from their ability to command a large partizan following in any given district or college entitled to representation. The various steps need not be detailed by which this educational matter has developed into its present stage. It is sufficient to state that a committee from the profession in Montreal proceeded to Quebec on the 13th ult., and appeared before the Private Bills, Committee with a view of opposing the rival bills (for there proved to be a third bill before the House) and promoting the Bill of amendments. This committee comprised Drs. Howard, Fenwick, Rottot, Campbell, Dagenais, and others. They appeared before the Committee and took part in the discussion, when three different bills were submitted, and a sub-committee named to look into them and report on the following day, when it was expected a compromise would be effected and the three Bills be blended into one. This modified Bill is regarded by members of the profession outside the schools as a *fiasco*. It does not resemble in any important feature the Bill of modifications asked for by the College of Physicians and Surgeons, and will be unsatisfactory to the profession generally outside the teaching bodies in the Province.

The French members sought to introduce all the members of the profession in the Province as members of the College of Physicians and Surgeons—legislating after the manner of Ontario,—and in this they succeeded. It was sought by the Bill of amendments to establish a Central Bureau for Examinations, which had been and is considered an essential feature by all men outside the schools, and we believe by many within. The representatives of the medical schools have succeeded, how-

ever, in retaining the power of examination for the license to practice. Instead of a Central Bureau of Examiners, two Examining Inspectors are to be appointed for each school, who shall witness and exercise surveillance over all examinations. The Montreal deputation was unquestionably very influential, and it is believed, had it so desired, could have carried a Central Examining Bureau, but conflicting college interests are not always lost sight of in pursuance of the general weal. No one expects that the appointment of Inspectors will result in any practical good, or will, indeed, be practicable at all. The old Bill is changed so as to make young graduates members at once by paying an annual fee of \$2.00 instead of being obliged to wait four years for admission to membership as heretofore.

The profession of the Province is not likely to accept as satisfactory the proposed Bill, and further efforts at legislation are in all probability to be looked for.

#### THE TORONTO UNIVERSITY AND ITS AFFILIATED MEDICAL SCHOOLS.

In the May number of the LANCET we alluded to the fact that a movement was on foot in the senate of the Toronto University, having for its object the cancelling of the affiliation of all existing medical schools with a view to their re-affiliation on a different basis. We also pointed out that this arrangement would have the effect of closing the doors to all candidates for medical degrees and honors at the Toronto University, except those who were educated in the Toronto School of Medicine, thus creating a monopoly in favor of one teaching body and narrowing instead of widening the basis of the Provincial University. We regret to say that this report has proved only too true, that all existing affiliations have been cancelled, and that hereafter the students of medical schools connected with other universities shall not be allowed to present themselves for degrees and honors at the Provincial University.

In 1854 all the medical schools in Ontario became affiliated with the Toronto University, but all of them becoming sooner or later, more or less closely connected with other universities, the students did not avail themselves to any great extent

of the rights and privileges thus accorded them. One school, "the Toronto School of Medicine," is, in the Senate's report, excepted from those becoming closely related to other degree-conferring institutions. But from the year 1854, the very year of its affiliation, to 1856, that school by special arrangement acted as the Medical Department of Victoria college, and only ceased to do so because of difficulties having occurred with the Victoria College Board. In 1856 the school was re-opened under its present name and management. For many years the Victoria Medical School was prosperous under the late Dr. Rolph—and granted its own medical degrees—although from time to time even from it, gentlemen presented themselves for examination, and took their degrees at the Provincial University. During these years Trinity School was not open, it having been reorganized in 1871, and hence, most of those graduating in the Toronto University were educated in the Toronto School.

But of late years, owing to the growing popularity of the Toronto University, and the desire of many young men to become possessed of the degrees and honors of the Provincial University, several candidates presented themselves from time to time before the University examiners and prominent among them were students of Trinity College. The students of the latter school having received a very good training, went up to the Toronto University and were successful in carrying off many of its honors. The teachers of the Toronto School of medicine, accustomed, for some years, to have all the honors carried off by their own students, without competition from any other quarter felt this to be a great injustice, forsooth! and fearing wholesome competition, immediately set to work to prevent its occurrence, and having managed to secure a large number of representatives (no less than five or six) on the Senate, they endeavoured in a hole and corner manner to manipulate the meagrely attended meetings of that body, and only too easily succeeded in the object they had in view. This course, no doubt, seemed to them a master stroke of policy, as every year matters were becoming worse on account of competition becoming stronger. The students of Trinity College were coming up in annually increasing numbers—last year 19 Trinity students presented themselves, and this year upwards of 40 have expressed a desire to go up to

the University for examination. Here the Senate might have thought was a fine opportunity to give the University a Provincial character, and to enlarge its number of graduates. But such a thing must not be permitted any longer, by the interested ring of would-be medical monopolists. These *pseudo*-friends of the University say, "these students take honors in another university also, and this must be made the pretext for cutting them off altogether, and the national character of the University must be made subservient to the special interests of our own school." We may say to these self-styled friends of the University, that such a thing will not be tolerated, that no such narrow policy will ever be sanctioned by the Government and the country. The day of monopoly is forever past and gone.

The Faculty of Trinity College, without admitting the justice of the action of the Senate, and in order to remove every possible pretext for withholding its rights from the school, have applied for an act of incorporation as a separate and distinct teaching body. This, if granted, will enable the newly incorporated Medical School to become affiliated at once with the Toronto University of complying with the terms of the curriculum laid down for all medical students.

The most peculiar thing of all, and that which shows the moral obliquity of the whole proceeding in its full light, is the fact that at the very time the scheme of theirs was being urged on the Senate the Toronto School of Medicine itself, occupied the most intimate relation to Victoria University at Cobourg. In the calendar of Victoria College for the past two years, 1875 and 1876, the Faculty of the Toronto school of medicine is advertised as the MEDICAL DEPARTMENT of Victoria college in Ontario. Dr. Aikins, president of the Toronto school of medicine is chairman of the board of examiners for Victoria University, and for some time past, students of the Toronto School have been examined by it, and medical degrees conferred by the University at Cobourg. It is no argument in favor of a narrow anti-Provincial University policy to enlarge upon the number of students sent up to the University of Toronto from any particular school in past years for their degrees, for the benefit was quite as great to the school, as to the university which conferred its honors. Now that, with the progress of medical

education other and larger streams are setting in towards the Provincial University, the idea of adopting such a narrow policy as this which would virtually de-Provincialize it as regards medicine, is not to be thought of.

Trinity Medical School wishes no favors, but asks the same rights and privileges as other medical schools in Ontario. Neither are its professors afraid of competition, but are desirous that the honors and scholarships of the Provincial University shall be open to all medical students alike, no matter where they may receive their medical education.

**TREATMENT OF OTORRHOEA.**—In many cases of Otorrhœa the treatment usually employed (namely, careful cleansing of the running ear with tepid water, inflation of the tympanum, and the application of various astringents), proves inefficient. If in such cases the ear is carefully cleansed and thoroughly examined, we shall generally discover more or less extensive growths as the source and cause of the purulent process; there may be simple soft granulations or densely organized polypi. These growths arise either from the mucous membrane, the bone being unaffected, or they cover a portion of carious bone. The means hitherto employed for the removal or destruction of these formations have been the cauterization with silver, the wire snare, and the galvano-cautery. Now Dr. Wolf recommends the removal of those fungous growths by means of sharp spoons, with which also the surface of the carious bone may be scraped. These small spoons have a cutting edge and a malleable shank of untempered steel mounted on a small wooden handle. The instrument can be bent at any angle, to suit the location of the point to be operated upon. "After the ear has been well syringed and is illuminated by the mirror obtained by the forehead-band, we should try to obtain a view of the diseased spot by carefully removing the epidermic scales covering the parts, employing for this purpose a fine probe, and we seek at the same time for the pedicle and attachment of the polypus or the granulations. The instrument is then bent according to indications, and the cutting edge of the spoon is pressed against the root of the granulations with a slight digging movement. If in the operation, we do not detect any distinct grating, as if the instrument came in con-

tact with dead bone, we are satisfied with the removal of the granulation or polypus. If on the other hand we feel a rough surface of the bone, we proceed to apply the spoon once more, and continue to scrape the carious surface until no more little particles of bone appear in the spoon." The operation is so quickly done, and attended by so little pain, that it appears scarcely necessary to anæsthetize an intelligent patient. No material reaction ever follows the operation. After the operation the meatus should be closed with clean lint, which should be changed frequently, and the patient should be kept quietly at home.

**SUCCESSFUL GASTROTOMY.**—M. Verneuil has lately exhibited before the Paris Academy a patient on whom he successfully performed the operation of gastrotomy for intractable stricture of the œsophagus. The patient, a lad of 17 years of age had swallowed caustic potash by mistake, and stricture of the œsophagus followed. Treatment by the introduction of bougies was attempted but without success. The stricture was too low for œsophagotomy, and nothing was left but death from starvation or gastrotomy. The operation was performed on the 26th of last July. The patient is now fed through a fistulous opening; at last accounts he was doing well.

**PARASITIC FUNGI, THE CAUSE OF COUGHS:—**An Italian investigator has been studying the cause of coughs, and has come to the conclusion that they are the result of the presence of a parasitic fungus in the air passages. In severe cases the parasite multiplies and takes possession of the lung cells. Quinine is said to possess the power of stopping the microscopic fungi, and is therefore recommended as a remedy. The Italian doctor has successfully used a powder composed of the chlorhydrate of quinine, one part; bicarbonate of soda, one part; gum arabic, twenty parts. The soda is intended to dissolve the mucus, the gum arabic to increase the adherence of the powder on the bronchial passages. The blowing in of the powder should take place during a deep inspiration of the patient, so that it may penetrate the wind-pipe, the chief seat of the microscopic fungus. Inhalation of the fumes of sulphur or of sulphurous acid, cures catarrhal and other affections of the air passages on the same principle, and has proved of signal service in the epizootic and distemper of horses and other animals.

**GALVANO-PUNCTURE IN OVARIAN CYSTS.**—Three cases of ovarian cysts cured by galvano-puncture are recorded in the *Weiner Med. Presse* by Dr. Semeloder. The cures were accomplished in from two to six weeks, and no unpleasant consequences ensued; none of the cysts refilled. The action of the battery causes coagulation of the albuminous matter at the positive pole, followed by atrophy and diminution of the cyst cavities.

**ERGOT IN ENLARGEMENT OF THE SPLEEN.**—Hypodermic injections of ergot or ergotin have been highly spoken of, in enlargement of the spleen. A case is reported in the *Med. Record*, N. Y., of greatly enlarged spleen, which was cured in a very short time by hypodermic injection of ergot.

**HYDRASTIN IN GONORRHOEA.**—A solution of hydrastin in glycerine injected into the urethra is highly recommended in the treatment of gonorrhoea. Warm water is first injected into the urethra, followed by a weak solution of persulphate of iron. In six hours afterwards the solution of hydrastin is injected. This is repeated twice a day until a cure is effected, which takes place usually in a few days.

**ERGOT IN PURPURA HEMORRHAGICA.**—In an article in the *Practitioner* for November, Dr. Bulkley recommends the use of ergot in purpura hemorrhagica and in hemorrhages generally. He says it possesses decided powers in contracting involuntary muscular fibre, causes arteries to contract, and is a valuable hemostatic. The most effectual way of administering it is by hypodermic injections. One or two grains of ergotine in solution, or ten to fifteen minims of fluid extract of ergot once or twice a day are sufficient.

**TRINITY COLLEGE MEDICAL SCHOOL.**—The Medical Faculty of the above named Medical School has applied to the Local Legislature of the Province of Ontario for an Act of Incorporation under the name of the "Trinity Medical School." The reason of this step is explained in another column.

There is a very large number of students at this school during the present session. No less than one hundred and twenty students are in attendance, of these fifty are fresh men.

We are happy to be able announce that we have made arrangements with our paper manufacturer for a larger sized sheet for the *Lancet*, which will enable us in the future to trim the edges. This is an improvement which both readers and advertisers will, no doubt, fully appreciate.

**TO SUBSCRIBERS.**—We take this opportunity of thanking our many subscribers for their kindness and promptness in remitting the amount due as subscription for the past year, and would most respectfully remind those who have neglected to do so of the omission. This is a most suitable time to square accounts. Let us commence the new year with a clean sheet.

**SMALL-POX.**—A very serious outbreak of small-pox has occurred in Manitoba among the Menominites and Indians. The Government is sending doctors to the relief of the settlers. The fur trade has been stopped by order of the authorities.

**HYDROBROMIC ACID AS A PREVENTIVE OF CINCHONISM.**—Mr. Fothergill of London, speaks highly of hydrobromic acid as a solvent for quinine, and a preventive of the head symptoms frequently experienced from its use. The following formula may be used.

R—Quiniae sulph.	3 j.
Acid Hydrobrom.	
Aquæ aa	3 iss—M.

**SIG.**—A teaspoonful in a little water three or four times a day. Hydrobromic acid may be formed as follows:—Dissolve 3 x of potassium bromide in Oiv of water, and add 3 xiii of acid tartaric. The acid remains in solution, and potassium bitartrate is precipitated.

**APPOINTMENTS.**—James Bedford, M.D., of Emerson, to be Coroner for the Province of Manitoba.  
J. T. Munro, M.D., of Notfield, to be an associate Coroner for the United Counties of Stormont, Dundas, and Glengarry.

R. Brett, M.D., of Arkona, to be an associate Coroner for the county of Lambton.

J. McBain, M.D., of Martintown, to be an associate Coroner for the United Counties of Stormont, Dundas, and Glengarry.

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## Books and Pamphlets.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, by Dr. H. von Ziemssen. Vol. VI. On Diseases of the Circulatory System, including Whooping-cough, Diseases of the Lips, Mouth, and Palate. New York: Wm. Wood & Co.

Eight different authors have given us the benefit of their writings in this volume; E. G. Rosenstein, Schroetter and Liebert, on diseases of the heart; Quincke on diseases of the arteries, veins, and lymphatics; Bauer on diseases of the pericardium; Steffen on whooping-cough; Vogel on diseases of the lips and mouth; and Wagner on diseases of the soft palate.

THEORY AND PRACTICE OF MEDICINE, by J. S. Bristowe, M.D., F.R.C.P., St. Thomas' Hospital, London, Eng. Edited by J. H. Hutchinson, M.D. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

The above is an entirely new work on the practice of medicine. From the widely known and well earned reputation of the author, this work is entitled to the highest consideration. It is eminently practical, and contains the most recent views on the pathology and treatment of diseased conditions. We cannot commend it too highly.

ATLAS OF SKIN DISEASES, by Louis A. Duhring, M.D. Philadelphia: J. B. Lippincott & Co., publishers. Part I.

The ATLAS will consist of a series of original life-size chromo-lithographs, representing the most important skin diseases met with on this continent. Part I, contains four lithographs, viz.—Eczema, Psoriasis, Lupus and Syphiloderma. They are executed in the best style of art and are a credit to the publishers; we prize them highly. The literary part of the work is highly interesting and valuable, and we gladly welcome it to our library. The work will be issued quarterly, in parts, each containing four plates with explanatory text giving the general features of the disease, its diagnosis and treatment. It will be complete in eight or ten parts. Price, \$2.50 each.

THE SCIENCE AND PRACTICE OF MIDWIFERY, by W. S. Playfair, M.D., F.R.C.P., London, with two plates and 166 illustrations on wood. Philadelphia: H. C. Lea. Toronto: Willing & Williamson.

This is an entirely new work on obstetrics,

and contains an epitome of the science and practice of midwifery, which embodies all recent advances. The author dwells especially on the practical part of the subject, and this work will be found a useful and reliable guide in this branch of the profession which, probably, more than any other requires a thorough knowledge and great experience. Many of the illustrations are copied from other authors, while others are original. The work is one that is certain to become popular among students, and general practitioners. We have no hesitation in endorsing it.

MEMOIR ON THE GALVANO-CAUTERY, by Dr. A. Amussat, jr. Also A MONOGRAPH ON THE TREATMENT OF STRICTURE OF THE URETHRA, by the same author.

We have received a very interesting "memoir on the galvano-cautery," by Dr. A. Amussat, jr., illustrated by fourteen admirably executed engravings. Also a monograph from the same pen on treatment of stricture by permanent bougies, with illustrations. Both are issued from the publishing house of Balliere Rue de L'Ecole de Medecine. The first twenty pages of the memoir are taken up with an historical account of the galvano-cautery, commencing with the first mention of it by Fourcroy in 1800. Recamier and Pravaz first conceived the idea of utilizing it in surgery, and in 1821 attempted the removal of a cancer of the uterus by this means. Twenty-two years passed before a second thought was given to this new agent of cauterization, when in the month of September, 1843, Professor Steinheil of Munich gave advice to Dr. Morily Herder of Vienna to employ a platinum wire brought to a white heat by electricity to cauterize a dental pulp. In 1844, a Belgian physician, M. Louyer, proposed the same method for a like purpose, at a meeting of the Belgian Medical Association. Other physicians followed. Dr. Crusell, a Russian physician, in 1848, recorded an operation for the removal by this means of a large fungus hæmatodes entirely covering the left eye. A fine platinum wire was placed behind the superior part of the fungus; this was connected with an electric battery and brought to a white heat. In a few seconds the wire reddened, the upper part of the fungus fell, and the eye perfectly unaffected became visible; only a slight discharge of blood followed. The same surgeon, in 1846, employed the same means for dividing a contrac-



tion of the urethral orifice. In 1849, Dr. Sedillot used it with success for the removal of an erectile tumor. This treatment conceived in France, first applied in Vienna and St. Petersburg, was first introduced in London, in 1850, by Dr. Marshall, Assistant Surgeon in London University College Hospital, who first employed it in a fistula of the cheek with success, and read, on the 22nd of April, 1851, before the Royal Society, a memoir "On the Employment of the Heat of Electricity in Practical Surgery." In 1854, Dr. Marshall made known the result of his subsequent investigations before the North London Medical Society, establishing three classes of indications for the employment of electric cauterization—

- 1st. For the destruction of soft parts.
- 2nd. For the cauterization of fistulas or sinuses.
- 3rd. For obtaining contraction of relaxed walls of passages.

In 1852, Nelaton made his opinion known in the *Gazette des Hospitaux*. About this time Mr. Hilton, the Surgeon of Guy's Hospital removed a vascular tumor, of the size of a crown piece, situated behind the ear, in the case of an infant of two months. In 1853, Amussat made known to the Academy of Sciences of Paris the result of his researches, of which this memoir is an embodiment. To all of our brethren conversant with the French language, we would strongly recommend a perusal of the work, as also his *brochure* on Strictures.

A CENTURY OF AMERICAN MEDICINE, by Drs. Clark, Bigelow, Gross, Thomas and Billings. Philadelphia: H. L. Lea. Toronto: Willing & Williamson.

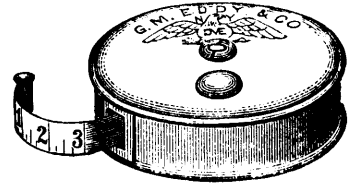
WALSH'S PHYSICIANS' CALL BOOK AND TABLET.—A copy of the above visiting list has just been received. It differs from other physicians' visiting lists in having space for the No. and street, in addition to the name of the patient; an erasable tablet; list and doses of important remedies &c., &c. The size is also very convenient for the pocket. It very much resembles the ordinary wallet. Price \$1 50. Address, Dr. Walsh, 227 Four-and-a-half Street, Washington, D.C.

THE PHYSICIAN'S VISITING LIST, Case Book, Obstetric Record, Vaccination List, Cash Book, Addresses, &c., with list of poisons and their antidotes. By Wm. Oldright, M.A., M.D. : Toronto: Wm. Warrick. Price \$1.25.

THE PHYSICIAN'S HAND-BOOK. New Improved Edition for 1876, containing all the New Remedial Agents. By William Elmer, M.D. 19th year of publication; bound in English morocco, red edges, pocket-book form. Price Reduced to \$1.75 with printed matter, and \$1.50 printed matter omitted. Postage Free. W. A. Townsend, 177, Broadway, New York.

### New Instruments.

We give below a cut of a new steel tape measure, manufactured by G. M. Eddy & Co., of Brooklyn, N.Y. We have seen and examined it for ourselves, and we feel quite certain it will be found not only exceedingly useful, but also very serviceable as a tape measure.



The measurements are marked in English inches on one side of the ribbon, and French metres on the other. This will be of advantage to those who wish to make themselves familiar with the decimal system. It is well constructed and not liable to get out of order. Price, 1 metre, \$1.50; 1 1/2 metres, \$1.75; 2 metres, \$2.

### Births, Marriages, and Deaths.

On the 7th ult., the wife of Dr. BUCHAN, Toronto, of a daughter.

On the 20th ult., the wife of Dr. BARRICK, of a daughter.

On the 27th ult., J. H. CAMERON, M.B., son of the Hon. M. C. Cameron, Q.C., to ELIZABETH, eldest daughter of H. H. Wright, M.D., of Toronto.

On the 27th ult., Dr. O. T. HEARTWELL, of Dunnville, Ont., to BELLA, only daughter of James Murray, Esq., of Toronto.

On the 13th ult., Dr. JOSEPH MOORE, of Amherst, Nova Scotia.

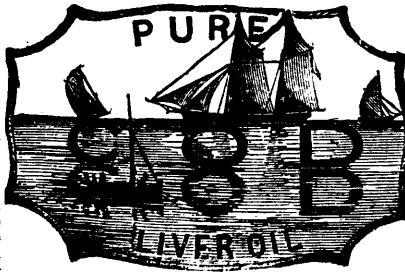
On the 18th ult., Dr. PADFIELD, of Norwich, Ont.

# PURE COD-LIVER OIL,

Manufactured on the Sea-Shore, by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh, healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly de-



void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference.

Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & Co. also call the attention of the Profession to their preparation of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the ROYAL CALISAYA BARK, not from ITS ALKALOIDS OR THEIR SALTS—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an Elixir of Quinine and Iron. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dose-spoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia.—This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

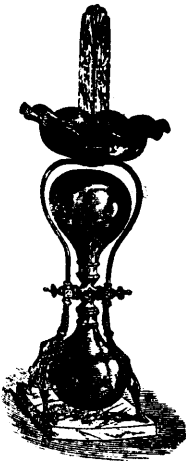
Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each dose-spoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

CASWELL, HAZARD & CO., CHEMISTS AND DRUGGISTS, New York.

Holiday, Wedding, or Birthday Present.

## AUTOMATIC CRYSTAL FOUNTAIN.

Self-Acting; Requiring no Pressure of Water.



Blue Glass Basin and Globes, mounted on a Golden-Bronze Standard, with Polished Marble Base.

No springs, weights, or hidden mechanism, but a simple law of hydrostatics practically applied.

The apparent absence of motive power excites general wonderment and surprise.

Always reliable, and in order.

A little Cologne added to the water makes it a delightful

### Perfume Fountain,

at slight expense, as the water is used over and over again.

Height to top of Basin, 21 in.

Price Complete, \$15.

More elaborate styles furnished; also Fountains for Garden or Lawn upon same principle. Address for Circular,

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BOSTON, MASS.

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**LARGEST GENERAL HOSPITAL**  
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Canadian and American graduates are admitted to Perpetual Practice, Medical and Surgical, including Dresserships for

**TEN GUINEAS.**

Apply to the Secretary, Medical College, London Hospital, Mile End, London, E.

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Resident Physician.

**CHROMOS,** Agents; best chance of the season; falls of the Rhine, On the Susquehanna, Off Boston Light, Old Oaken Vesta, White Mountains, Niagara Falls, Newport, Saratoga, Virgin Vesta, Beatrice, Snow Storm, American Fruit, Pier at Calais, Passau on the Danube; also 9x11 Chromos, on black or white mounts, floral business cards, Sunday school cards, statuary, mottoes, black ground Particulars free. Illustrated Catalogue on receipt of stamp. Send for 25.00 outfit. J. LATHAM & CO., 419 Washington St., Boston, headquarters for Foreign and American Chromes.

# THE IMPROVED TROMMER'S EXTRACT OF MALT.

*This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.*

Attention is invited to the following analysis of this Extract as given by S. H. Douglas, Prof. of Chemistry, UNIVERSITY OF MICHIGAN, Ann Arbor:

"TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your EXTRACT OF MALT: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

"In comparing the above analysis with that of the Extract of Malt of the GERMAN PHARMACOPŒIA, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

"Yours truly, SILAS H. DOUGLAS,

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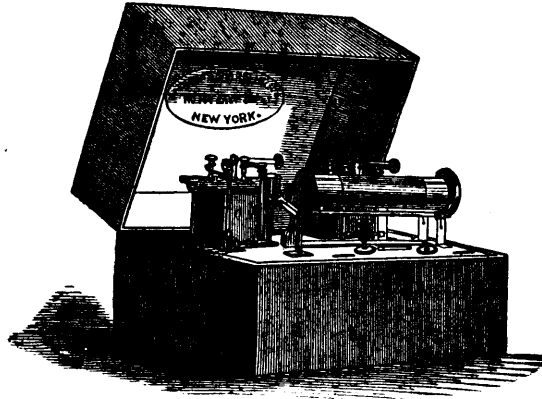
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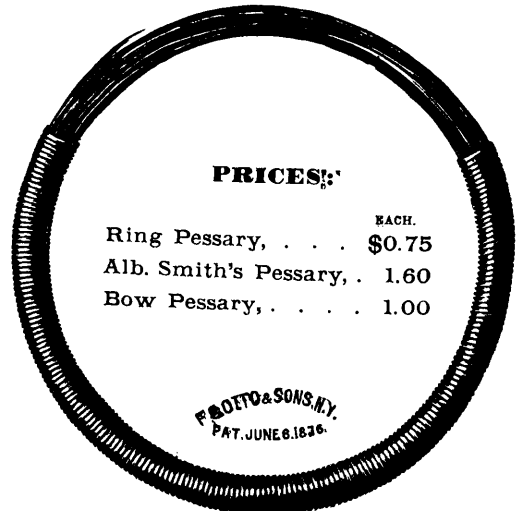
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THE REGULAR SESSION will commence on Wednesday, September 27, 1876, and end about the 1st of March 1877.

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AUSTIN FLINT, JR., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.  
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R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.  
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### Fees for the Spring Session.

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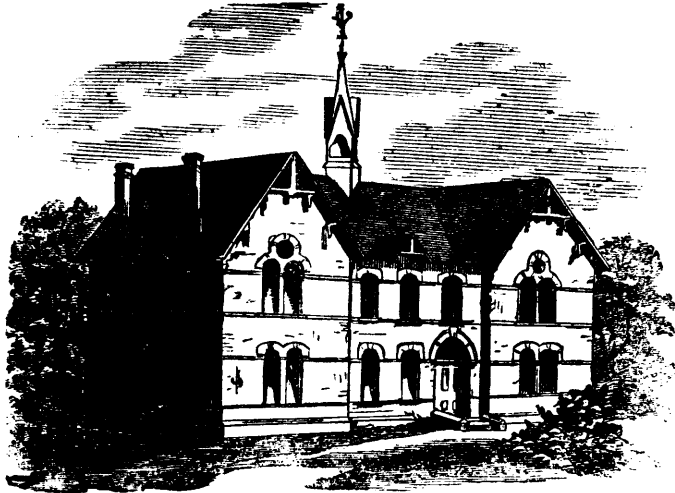
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- JAMES BOVELL, M.D., L.R.C.P., Lond.**  
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Prof. of Practical Chemistry and Toxicology.
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Prof. of General Chemistry and Botany.
- H. ROBERTSON, M.B.; M.R.C.S., Eng.—24 Shuter-st.**  
Prof. of Anatomy—Descriptive and Surgical.
- J. FRASER, M.D.; L.R.C.S., Edin.; L.R.C.P., Lond.**  
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- A. J. JOHNSTON, M.D.; M.R.C.S. Eng., F.R.M.S., Lond.**  
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- FRED. LE M. GRASETT, M.B., L.R.C.S., Edin; M.R.C.S., Eng.; Physician to the Burnside Lying-in-Hospital, and the Toronto Dispensary.—154 King St., West.**  
Practical Surgery.
- NIVEN AGNEW, M.D.—Cor. Richmond and Bay Streets.**  
Sanitary Science.

The Session will commence on MONDAY, the 2nd of October, 1876, and continue for Six Months. The Lectures will be delivered in the new College building, close to the Toronto General Hospital. Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, &c., will be given in the annual announcement.

**E. M. HODDER, Dean.**

**W. B. GEIKIE, Secretary**