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THE CANADA LANCET.

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

Vol. VII.
No. 10.

TORONTO, JUNE 1, 1875.

Price 30 Cents.
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CINCHO-QUININE.

CINCHO-QUININE holds ALL the important constituents of *Peruvian Bark* in their alkaloid condition. It contains no sulphate of cinchonine or sulphate of quinine, but cinchonine, quinine, quinidine, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

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Dr. J. A. PERKINS, of Chestertown Md., under date of Feb. 10, 1872, writes as follows:—"I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one and a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M.D., Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FARR, M.D., Perry, Iowa.

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages which you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M.D., Madison, Ala.



I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and 5 grains one or two hours before a paroxysm is due, and continue to give 5 grains once a-week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M.D., Wapping Falls, New York.

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M.D., Indianapolis, Ind.

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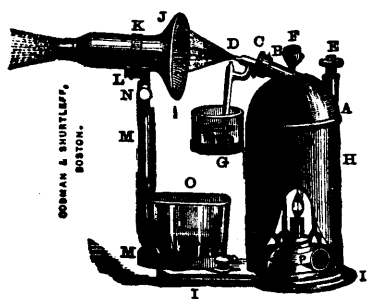


Fig. 15. The complete Steam Atomizer.

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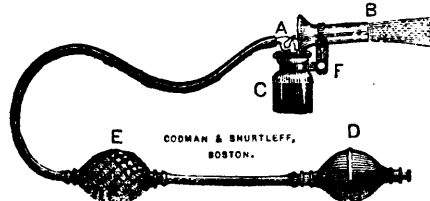


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THE Eighth Annual Meeting of the Canada Medical Association will be held at HALIFAX, Nova Scotia, on WEDNESDAY, the 4th of August, 1875.
The chair will be taken at 10 a.m.

A. H. DAVID, M.D., Ed.,
General Secretary.

Montreal, 1st May, 1875.

ONTARIO MEDICAL COUNCIL.

To the Electors of the Midland and York Division.

GENTLEMEN,—In response to a numerously signed requisition, I have consented to become a candidate for a seat in the Ontario Medical Council, at the approaching election.
Voting papers should be mailed so as to reach the Returning officer by June 8th.

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From the DETROIT REVIEW OF MED. AND PHARM.

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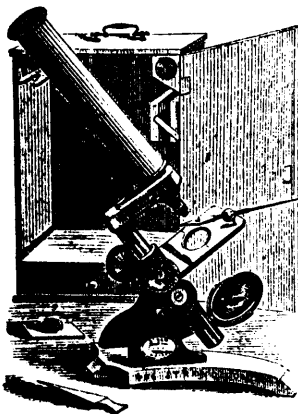
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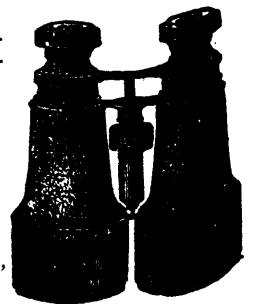


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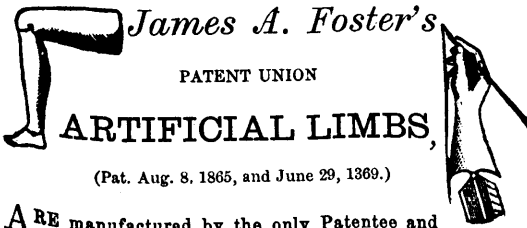
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REQUISITION TO DR. AGNEW.

TORONTO, May 28th, 1875.

To NIVEN AGNEW, Esq., M.D.

Sir,—We, the undersigned Medical practitioners, electors of Midland and York Division, request you to offer yourself as a candidate for election, to represent this Division in the Medical Council.

Having full confidence in your abilities, we feel sure you will use your utmost endeavours to further the interests of the Profession.

We pledge ourselves to use our influence to insure your return.

We remain, Sir,
Yours faithfully,

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W. F. Coleman,
W. Newcombe,
C. B. Hall,
J. Fulton,
Chas. V. Berryman,
Alcide De La Hooke.

To Dr. Hodder and twenty-three other Medical Electors of the Division of Midland and York.

GENTLEMEN,—I am deeply sensible of the high honour you do me in inviting me to become a candidate to represent the Division of Midland and York in the Medical Council. I cheerfully accept your invitation in the spirit in which it is offered, and, should I be elected, I will devote my best energies to the faithful working of the Medical Act; to procuring, from time to time, such amendments to the Act as may be requisite, and to promoting the general interests of the profession.

I am of opinion that some more efficient machinery should be devised whereby the public would receive the full benefit of the penal clauses of the Act, and also that the profession should be protected, by limiting the time during which actions for malpractices could be instituted, and that in all such actions a moiety of the jury should be legally qualified medical men.

I am also of opinion that in all cases in which medical men are required to give professional evidence by the Crown, they should receive reasonable compensation.

I have the honour to be,

Gentlemen,
Your obedient servant,

N. AGNEW.

Toronto, May 28, 1875.

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THE CANADA LANCET.

A MONTHLY JOURNAL OF

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Original Communications.

ACUTE MANIA.

BY STEPHEN LETT, M.D., ASST. PHYS. LUNATIC
ASYLUM, LONDON, ONT.

I purpose this evening to occupy the time allotted to me, in drawing the attention of the Association to a class of cases, with regard to the treatment of which, my experience goes to show, that general practitioners through the country appear to be somewhat in error. I refer to Acute Mania and Melancholia arising from an exhausted brain: and here at the outset may I not ask the question, Are not all cases of acute mania and melancholia the offspring of an exhausted and ill-nourished brain? I think I may fairly answer this question, from my own observation of some hundreds of patients who have come under my care, as exemplified, not only by their history and condition when seen by me, but also as proved by the result of treatment; and I have no hesitation in saying, that debility in some form or other is the sole existing cause, with the exception of those cases arising from direct violence, leaving perhaps a depressed bone or other foreign body pressing upon the brain; for out of all who have come under my observation, I cannot recall one, either by notes or from memory, in which debility and exhaustion were not prominent. Such being the fact, permit me for a few moments to glance at the condition of an exhausted and ill-nourished brain, and point out some of the evil effects it produces upon the patient.

The brain being the great head-centre of nerve-force, and that force being required by, and distributed to, the various organs of the body, to enable them to carry out their allotted functions harmoniously, in order that the wear and tear of various tissues may be supplied by fresh formative material, and the disintegrated matter, which is of no fur-

ther use, eliminated from the system, is it not therefore a matter of vital importance that this great head-centre of nerve-force should be maintained at a proper working standard? To do this, it, like other organs of the body, requires nourishment and rest; sleep is the great restorative to a tired brain, and when it is merely exhausted on account of the ordinary working, in a healthy condition of a well-nourished body, nature produces the required rest, and the tired organ becomes restored; but when the body is ill-nourished, or reduced from any cause, the brain also becomes ill-nourished and reduced; loss of sleep is the result, and if not recuperated, things go on from bad to worse, until an attack of acute mania or melancholia is developed. And why, some may ask, does insanity follow this state of sleeplessness? Because you have an exhausted condition of this great ganglion, acting irregularly, giving out irregular and feeble nerve-force, producing, of a necessity, irregular and feeble action in the various organs to which it is distributed, and they in turn acting back on the brain as irritants. The digestive organs become deranged; food is rejected, or if taken is not assimilated; the blood becomes impoverished, as well as polluted, from the absorption of effete matter, which should be cast out of the system by the various excreting organs; the heart, like the spurious contractions of a gravid uterus, racks and tears itself to pieces, without producing any good effects; the muscular coats of the blood-vessels, having their contractile power diminished, remain in a distended condition, pressing upon the brain, and in all probability exuding their impoverished and polluted fluid. Can any one therefore be surprised to find, that with so much poverty and irritation to the brain, insanity is the result?

Now as to treatment. I find, upon looking over and inquiring into the history of these patients, the medical attendant has seen and fully appreciated the indication to produce sleep; but to accomplish this end, what has been done? Why, the whole list of narcotics, sedatives and hypnotics has been gone through; in fact they have almost paralysed the brain, in order to produce quietude; not in a few instances I have found, that owing to the distended condition of the blood-vessels, the physician has considered it as a rush of blood to the head, and administered drastic purgatives, croton oil, elaterium, compound cathartic pill, etc., and even

blisters have been made use of. I need hardly point out to you the bad effects likely to follow this procedure. Sleep is seldom produced under the most powerful of the class of drugs above mentioned, and if it is, in many cases so much the worse for the patient, as the physician, being much elated with what he has done, continues to administer medicine for prolonged periods, and the already low condition of the vital powers is rendered still worse; the stomach becomes disordered, the patient refuses food; circulation is interfered with, and in course of time the cherished sleeping draught is administered with difficulty, during which a struggle takes place; the patient frequently becomes much excited, using up part of the little nerve-force he has left, and in some instances to such an extent, that sudden death takes place. In my opinion, as well as that of most asylum physicians, all medicines of the class of which I have spoken, when continued for prolonged periods, act deleteriously; and the best sedatives for such patients are stimulants, for, as I have shown, the apparent rush of blood to the head is not a plethora, but a condition of great exhaustion, and as has been pointed out, the primary cause of polluted and impoverished blood, forming a great source of irritation to the brain.

Taking these facts into consideration, a line of treatment is at once indicated; the brain must have rest and be nourished; for this purpose, stimulants, food and tonics are called for, whilst any agent having a tendency to reduce the system, must be strenuously avoided. Now the question arises, What stimulants would you make use of? Alcohol in some form or other is the one most to be relied upon; but (as I have been asked with no little surprise) would you give a raving maniac alcohol? Yes; I say give him whiskey, wine, ale, porter, or any other form of alcoholic stimulant you think will best be borne by the stomach, and instead of exciting your patient you will quiet him; he is weak, exhausted, and requires warmth and tone, which when supplied, he becomes less excited, and sleep is produced. I have frequently seen from an ounce and a-half to two ounces of good whiskey, made into hot toddy, and the patient put comfortably to bed, produce sleep more rapidly than forty or fifty grains of chloral hydrate, its character being more natural and prolonged, the temperature of the body raised, circulation becomes more regular, and usually a nice gentle action of the skin sets in, the patient

awakens much refreshed, less excited, and in all probability evinces a desire for food. The most beneficial way to give stimulants, is in small quantities at intervals through the day; large doses at a time are hurtful, inasmuch as they cannot be made use of by the system, and are an incumbrance upon it. But stimulants without food are of no avail; the patient must have just so much, and no more, than can be assimilated; and for this purpose quality and not quantity are requisite. Beef-tea, the extracts of meat, eggs, milk, etc., are most useful; cod-liver oil, when it can be borne by the stomach, is excellent; tonics in the form of fresh air and outdoor exercise when practicable, are useful adjuncts; sometimes a simple bitter or nerve tonic may prove of use; but in the majority of cases, the trouble of getting the patient to take it, produces more harm than the medicine does good. As I have already occupied your time longer than was my province, I will conclude this paper by recording one out of many cases, exemplifying this plan of treatment.

R. J., æt. 36, small, single, farmer, habits of life regular. Had an attack of mania seventeen years ago; no hereditary taint so far as known. Was admitted to the Asylum on 7th December, 1872, laboring under an attack of Acute Mania, of about ten days' duration. When seen by me he was nervous and depressed, though much excited, noisy and violent; tongue dry and parched, lips the same; eyes sunken and with a wild expression: pulse quick, small and irregular; circulation in the extremities stagnant; hands and feet blue and cold, even in a warm room; he had taken little or no nourishment for several days, and had not slept for over a week, although large doses of chloral and opium had been administered.

I put him in a warm room and gave him thirty grains of chloral; for a short time he remained quiet in bed, then he got up and commenced pounding at the door, shouting, and continued noisy all night; next day he took no food, save a few spoonfuls of beef-tea, about ten o'clock in the morning; was wild and excited all day; at night I increased his dose of chloral, but to no purpose; he was sleepless and noisy, and took little or no food the next day. In this condition he continued, when on the 10th I gave him ninety grains of chloral. Perhaps you will be a little surprised to hear that even this did not produce sleep; if anything, he was more restless than ever; at nine o'clock, the night at-

tendant found him standing in his room with his shirt off and torn into ribands, his bedding torn and scattered over the floor, his bedstead on its end up against the wall, and the patient praying and swearing at the top of his voice. He did not sleep, but occupied himself in shifting his bedstead from one place to another, and making a row generally, so much so that the other patients in the ward were kept awake all night.

Next night, at nine o'clock, I gave him a good tumblerful of hot toddy, containing 2 oz. of whiskey, with a little sugar and nutmeg in it. I then put him comfortably to bed, and in five minutes afterwards he was in a sound sleep, from which he did not awaken until four o'clock in the morning, at which time and until daylight he was perfectly quiet. He got up much refreshed, and partook of some breakfast (only a moderate quantity being allowed him); he remained quiet and slept a little during the morning, had a cup of beef-tea at ten o'clock, took nourishment again at dinner-time, had a little sago boiled in milk at three o'clock, had a small quantity of bread and milk at tea-time, after which he was put to bed; at nine o'clock I again gave him hot toddy, which produced similar results to the previous night. This routine was continued about a week, when I gave him in addition half-a-wineglass of port wine, with a teaspoonful of cod liver oil twice a-day. He slowly but steadily improved under this treatment, when in April, I discontinued the oil and wine, sent him out to work on the farm, and gave him a glass of ale at his dinner. In a short time I cut off the toddy at night; he continued to improve both bodily and mentally until the 18th September, when he was discharged, a strong, healthy and sound man, and in all probability has continued so ever since.

Here, then, is a typical case of the majority of acute maniacs, showing that debility, exhaustion, and depression of the vital powers, is what you have to contend with; and that stimulants, nourishment and tonics are the only appropriate remedies; whilst narcotics and sedatives are useless and contra-indicated, inasmuch as they tend to lower the vitality of the patient, which above all things you must not only maintain, but also increase, strengthen and support.

EXECUTION OF A QUACK.—Thomas Heap, (*Med. Press & Circular*) the man who was convicted of causing death by attempting abortion upon a patient, he at the same time being illegally practising as a surgeon, was hanged on Monday, April 19th, at Liverpool.

ON ABORTION.

BY ALFRED A. ANDREWS, M.D., WINDSOR, ONT.

(Read before the Western and St. Clair Med. Association.)

I have been requested to prepare and read before you, at this meeting, a paper on some subject connected with our profession; and although the call was rather informal, I readily acceded to it, not because in a general way I feel competent to instruct you, but because I believe that no man of average ability (even the most inexperienced) can for weeks concentrate his consideration upon one special point without evolving some thoughts which may be new, and worth the attention of the most intelligent and erudite amongst us. The subject to which I call your attention is Abortion, which I shall glance at in three aspects:—1. Abortion, strictly professional. 2. Abortion, strictly pathological. 3. Abortion, felonious.

Of "professional abortion," my first case occurred about thirty years ago. It was a case of extreme pelvic deformity. On three previous occasions craniotomy had been had recourse to by three different practitioners; on the last occasion so extreme had been the violence to which she had been subjected, that vesico-vaginal fistula was one of the sad results. To avert the necessity of recurring to this horrid butchery, I consented to procure abortion. I now doubt if I was right in so doing. Were I now to be confronted with a similar case of well-ascertained extreme deformity, I would recommend, and so far as my ministrations were concerned, insist upon the woman submitting to the Cæsarean section, as the preferable alternative.

The next case that I submit to you was of a very different character. Here I do not doubt the propriety of my conduct. I know that I was wrong. It occurred about twenty-five years ago. A gentleman and lady called upon me to satisfy themselves whether or not she was pregnant. After due investigation, I gave a decision that she was. The lady was deeply moved, but quiet, though tears streamed down her cheeks; but I know of no word but agony, that will express the emotion her husband labored under. He called himself her murderer, entreated her pardon, and seemed beside himself. She strove to soothe and console him, and finally brought matters to the climax, by conjuring him, "After I am gone, don't allow any woman (she

was too kind to say stepmother) to illuse my darlings—our darlings; promise, for my sake, Charles." The scene was harrowing, and I gave way under it. I learned that she had already borne three children, then living, under circumstances of extreme peril, and that her medical attendant had assured them both, that if subjected to the same ordeal again, it was impossible she should survive. I saw and verified a letter from her former attendant, in which he urged that abortion was the sole means of averting otherwise inevitable death. The writer was a man of considerable wealth, of a social standing far above any that I have ever attained, and of great professional repute; but all these are not absolute proof of real ability. Great men are not always wise. I was not satisfied of the absolute necessity of the act, and yet I assumed the responsibility—undertook and effected abortion. "*Mea culpa*." I was wrong, very wrong; responsibility cannot be delegated. Upon a subsequent occasion, when I came to know the lady better, I cheered her spirits, raised her hopes, and safely delivered her at term of a living child, with much less difficulty, danger or suffering than I have encountered in scores of cases.

I proceed now to speak of a different class of cases. I have sought for information about cases of this kind, but my resources in books being very limited, I have not found it; but I am strongly impressed that they are not very infrequent. I lay before you two cases, one successful, the other the reverse. I think they are worth your bearing in mind. Neither of these cases were actually under my care, though I write "*Ayant connaissance de cause*." A lady living a happy life with her husband, had one grief—she was childless. Eleven different times, she had conceived and carried her child about seven months, when she was seized with a rigor and convulsive movements in the foetus, and in a few weeks a putrid child was cast off. Upon the last occasion, minute microscopic examination was made, and the umbilical cord was found in a state of fatty degeneration. Assuming this to be the cause of the death of the child and consequent abortion, it was determined to anticipate her next annual abortion by effecting her delivery by professional abortion, before the death of the child should occur. It was effected, and "she that was barren was made to sing with joy." I have reason to think the child is still alive.

In the other case, the woman had, in a similar manner, aborted no less than fifteen times! An attempt was then made to follow in the track indicated by the preceding case. The child was born alive, but only survived an hour or so. Perhaps the proper time was not hit with sufficient exactitude; perhaps the child was not viable, or it may not have been attended with sufficient promptitude and skilful care, I know not, but I am of opinion that in cases of constantly recurring abortion at or about the seventh month, careful examination should be made of the condition of the cord, and if the appearances were such as I have described, I should (notwithstanding the failure in this last case) attempt to save the child.

With respect to accidental abortion, I have but very little to say; in fact I shall only offer one remark, and that with diffidence, and do not presume to speak authoritatively (and of course I speak of prophylactic treatment only). I should endeavor to ascertain whether the case was traumatic, or, what I may term pathological; and I place much less reliance upon the absolute rest usually enjoined and rely much more on the sustained continuous action of opium than is usually done. I believe the confining of a woman to bed for weeks (and I have known months ordered) leads to an accumulation of nervous, morbid vitality (irritability), that defeats the object sought to be attained.

Before proceeding to the 3rd class, "Felionious Abortion," I cannot refrain from commenting upon some extraordinary statements sworn to in a recent "murder trial" in this Province, that "Aloes has no tendency to produce abortion!" I should like to know upon what ground the gentleman has come to a conclusion, in direct opposition (as I believe) to the universal judgment of the profession. His next assertion is still more startling: "Not a medical man under the sun can produce abortion with safety." With due emphasis upon the qualification (with safety), I concede, this proposition; but he goes on to say, "In nine cases out of ten, the medicine will kill the woman!" "and if instruments were used, the most disastrous results would follow." I unhesitatingly affirm that I know this to be an exaggeration. Since I have been in Windsor, I have, in consultation, attended four cases of abortion, which I have a moral certainty were felonious. One escaped scot free; two narrowly escaped with their lives, and retributive death carried off the

fourth. These were consultation cases, and I dare say might have been proved, if I had felt that the duty of public prosecutor devolved upon me. But what of the scores of cases, where application has been made to me for this murderous act, and where I have refused my ministrations?

I have in my mind at this moment, one woman who offered me \$100 to procure abortion for her. It is not often fees like that come in our way. I know she was pregnant. What became of the child? It has never been produced before the world. The inference is inevitable. It was murdered! From the number of applications made to me for this purpose, I estimate the number of these cases in Windsor, or rather Essex, at not less than fifty per annum. When we consider the terrible penalties inflicted by society on the female sex for incontinence, we need not wonder at the desperate efforts young girls make to escape them. The suicides with which the papers teem, and which wring the hearts of all but the most heartless, evince the struggles of blind desperation. When you are solicited to interfere for the relief of these poor wretches, pity them, pity them with your whole hearts; relieve them by any legitimate means within your power, but meet their entreaties with prompt, decided refusal. Do not discuss the point with them. Do you think I insult you, by implying that their tears and prayers might induce you to participate in a felony? Perhaps you indignantly exclaim, "Is thy servant a dog, that he should do this thing?" Patience, my dear friend; the temptation to do so is sometimes fearful. In a case of which I have minute knowledge, four households of the highest respectability were menaced with the utmost misery. Marriage was impossible; I must not tell you why. The poor child (for she was scarcely more than a child) protested that if not relieved, rather than disgrace her recently-married sister, and kill her mother, she would conceal her fault and avert exposure by suicide. Thank God, I have no confession to make in this case; I did not yield, but my heart bled when I refused her. "A city set on a hill cannot be hid," but "her poor health took her to a watering-place, about 170 miles from home, and she returned cured." Poor girl! Believe me, gentlemen, you may be subjected to severe temptation, but being forewarned, you must be forearmed.

As for the cases of married women, who, in

order to shirk the responsibilities of maternity, seek to make you accomplices in a felony, you can have no difficulty. I have had hundreds of such applications. The crime of foeticide is fearfully prevalent, and rapidly increasing, and corrupting and debasing the country both morally and physically. Perhaps we are in a measure responsible for its increase. No doubt! the proper dyke to restrain this flood of pollution is religion, and we are not called on to be preachers. True, but we are in a certain sense the sentries, upon whom the public relies for the purposes of hygiene.

This crime is destroying the community. It is worse than Typhus or Small-pox. How are we to restrain it? We cannot attack it in the public press, delicacy forbids that. Our assaults in the medical press would not reach those who need the instruction and warning. The pulpit is out of the question. Where is the clergyman who would dare preach a sermon upon the text, "Thou shalt do no murder" and make special, distinct, intelligible application of this text to this species of murder? I had for many years noted and wondered at the fact, that of the married women who sought my co-operation, nearly all were Protestants. Being myself a Protestant of the broadest Orange stripe, and not ready to acknowledge any marked moral inferiority in my co-religionists, I was for a long season puzzled, but I think the solution is this. The Pulpit is debarred, but the Roman Catholic Priesthood, have in their confessional an opportunity of instructing and warning their flock. Protestant women do not go there, but we, and we only, have the private confidential ear of the whole sex, and it is, I conceive our duty, to lose no opportunity of diffusing the information we possess in this regard. Let us purify the moral atmosphere. Let us make the whole sex know that it is murder, when the embryo is but four weeks old, as completely as if the nine months of foetal life had been reached or passed. We have a duty to perform, and we have countless opportunities of doing it.

TREATMENT OF DELIRIUM TREMENS.— Dr. D. H. Kitchen (*Amer. Four. Insanity*, Jan., 1875), in an elaborate article upon delirium tremens, recommends the following as the most effective treatment: A generous diet is given, full doses of fluid extract of conium during the day to control muscular action, and during the evening hydrate of chloral with tincture of hyoscyamus, repeated until sleep is secured

TUMOR OF THE CHEST—OPERATION—RECOVERY.

UNDER THE CARE OF DR. CASSIDY, TORONTO
GENERAL HOSPITAL.

(Reported by Dr. Sylvester, Galt, Ont.)

The following case which occurred in the Toronto General Hospital under Dr. Cassidy's charge, is rather a rare one, only few being mentioned in our text books, and at the Dr's. request I furnish you the facts of the case.

Wm. Hilder, æt. 29, laborer, came to the Hospital January, 25th as an extern, complaining of pain and a hard tumor on the right side, situated on the sixth and seventh ribs, midway between the spine and sternum. A casual examination was made by the Dr. that day, but he thought it better not to operate until a consultation could be had, which was on the following Friday. About 6 years ago he noticed a small hard tumor, about the size of a pea which was at first moveable; this kept on growing until about six weeks ago when it became painful and sore. Previous to this it caused no inconvenience; it had reached the size of a man's fist, and was quite hard and immovably attached to the sixth and seventh ribs. On the day of consultation it was diagnosed as an enchondroma, and an operation was deemed advisable. In performing this the Dr. made a horizontal incision over the tumor, dissected back over the margin on each side and got well down; he then introduced his fingers into the wound to feel for the pedicle and separate the surrounding tissues, and in doing this his finger accidentally entered the right pleural cavity. The external air at once rushed in and completely filled that space, compressing the lung. This did not interfere with the operation, but with the bone pliers the tumor was nearly all removed, and it was found to be quite hollow, the centre having undergone fatty degeneration. The hemorrhage was very slight so that the wound was soon closed up and brought in apposition by plaster covering the whole surface.

On the following day the respirations were 40 and the pulse 120, right side tympanitic and also the abdomen. Poultices were applied to the wound, appetite good, but complains of considerable dyspnoea; vesicular murmur lost on the right side and puerile breathing on the left; this continued for a

week or more when the pulse gradually lowered and respirations became less frequent. The right side became less resonant and the vesicular breathing returned gradually, being at first bronchial in character, and finally he was discharged in the course of about six weeks—wound completely closed and respiration on both sides normal. The treatment he received throughout was at first antiphlogistic and then tonic, with good nourishing diet; milk, beef tea &c. The case is a rare one and if you see fit you may give it room in the columns of the Lancet.

Correspondence.

GROSS VIOLATION OF ETHICS.

To the Editor of the CANADA LANCET.

SIR,—On the 16th of April, 1875, J. N. of Garafraxa, aged about 55, received a comminuted fracture of the tibia (below the middle) which I adjusted the same evening, dressing it in the usual way, he being three or four miles from home. On the 27th, having applied a starched bandage, I allowed him to be removed home where I visited him again on the 29th, removed the bandage, and finding the bone in its proper position and the swelling reduced I again dressed it with a starched bandage, interlarding the latter with paste-board, since which time the patient has continued to do well, being now able to go about on crutches. On the 11th inst., 26 days after the limb was set (union having taken place) Dr. —, who, by the way, is a member of the College of Physicians and Surgeons of Ontario, of three years experience, met with the wife of the patient and enquired of her with regard to the treatment her husband was receiving, telling her "if the bandage did not extend above the knee the leg could not be right, and that he would be lame for life," whereupon she asked him to go in and see the leg, (as they were only a short distance from the patient's house at the time). He went in and very sagely opened up the limb, when he found all was right in the interior, union having taken place. He then reapplied the bandage, paste-board, &c., just as he found it, only extending it above the knee (which had to be removed in an hour or two on account of the pain it caused) and after pocketing the small sum of \$10 as a reasonable remuneration for his

services on the occasion, went on his way rejoicing, and thinking, no doubt, he had done a good job for himself, and put an obstruction in my way. Now, sir, I have been practising physic, surgery, &c., the last sixteen years, during which time I have had my share of fractures and other surgical cases, and I never before had a doctor open or readjust a bandage on a patient of mine in my absence; and I hope such an incident will never occur again. In this instance I have withheld the names of the parties, but should I ever be compelled to revert to such a disgraceful affair again, you may expect the names of all parties concerned.

Your's truly,

J. F. HALSTED.

May 18, 1875.

To the Editor of the CANADA LANCET.


SIR,—Inclosed you will find a hand-bill which speaks for itself, and I would ask you to publish it for the benefit of your numerous readers. At the same time I would draw the attention of Dr. Pyne to the qualifications of Professor Graham, as I am afraid there is some mistake—for a short time ago when the Professor was brought before the Police Magistrate for practising without being registered his counsel pointed to the name of W. H. Graham, Gilford, Co. Simcoe, as being his, and defied the Court to inflict a fine, as his name was duly registered.

PROF. WM. H. GRAHAM,

CORRESPONDING SECRETARY, MEDICAL AND SURGICAL INSTITUTE OF INDIANAPOLIS, TOLEDO AND ONTARIO.

* * * * *

Opposite the Rankin House, Chatham, Ontario.

 *Special attention to diseases of the HEART LUNGS and all FEMALE DISEASES. Why does DR. GRAHAM have so many patients? the reason is obvious; he CURES the people and does not charge the farmer big prices these hard times.*

I am inclined to think that Dr. Graham, of Gilford will not feel at all flattered when he sees this flaming advertisement, if he is not the author of it, which respect for the College of Physicans and Surgeons of Ontario of which he is a licentiate, leads me to doubt,

Yours &c.,

M. D.

Chatham, May 19th 1875.

To the Editor of the CANADA LANCET.

Sir :—I find that my letter to you of April 1st, in reference to the circulars of Edward S. Franks, was written by me in entire forgetfulness of what had occurred here nearly eleven years ago.

It appears that Mr. Franks was at Kingston on the 21st., July, 1864, and together with other medical men, I signed in a book belonging to Mr. Franks a request which had been prepared by him, that Mr. Franks would lecture at Kingston. Mr. Franks published a reply and gave a free lecture here. I must accept the blame of forgetting that such a request was signed by me in 1864, and as no date was appended to it in Mr. Frank's circular, it did not occur to me that it referred to anything of so old a date.

It will be noticed that the Circular has attached to our signatures our position in the "Royal College of Physicians and Surgeons." This Corporation had no existence in 1864. It appears by the Circular, to have been signed by Drs. Grant and Brouse, and as they were not in Kingston, and would not be interested in having Mr. Franks deliver a lecture here, I at once thought that the use of my name must have been without my authority. I did not authorize its being used in the way it now is. That no injustice may be done to Mr. Franks, and that I may accept the entire blame in the matter, so far as my name is concerned, I append hereto a copy of this request as published at the time by Mr. Franks, as I have lately ascertained by enquiry into the matter.

Yours, &c.,

M. LAVELL.

Kingston, May 8th, 1875.

ADDRESSES.

To the Medical Electors of King's & Queen's Division.

GENTLEMEN,—It has been my intention for the last twelve months (urged thereto by a number of my professional brethren) to offer myself as a candidate to represent this division in the Medical Council, provided that Dr. Coburn retired. Having just received a circular from him to that effect, I hasten to issue my address, and solicit your votes in the coming election.

After spending fifteen years in practice in Uxbridge, I have every confidence in my knowledge

as to what the requirements of the medical profession in Canada are, and I feel satisfied that I do not lack either the energy or perseverance to bring about such alterations and improvements as will work to our advantage.

As a proof of that energy and perseverance, I may say that I have been mainly instrumental in forming, (after three or four vain attempts) and bringing to its present crude state the "North Ontario Medical Association," which I believe is the only Medical Association in the Division.

If the honor of being your representative be mine, I will be happy to receive, and anxious to carry out, any suggestions or instructions you may honor me with.

I am, Gentlemen,

Your obedient servant,

JAMES JAGER HILLARY.

Uxbridge, May 1, 1875.

GENTLEMEN,—In accordance with the expressed wishes of a number of my professional brethren I am induced to offer myself as a candidate for the honor of representing you in the Medical Council of Ontario. If elected I will be in favor of carrying out the provisions of the New Medical Act, in so far as they tend to the advancement of medical science, and the conservation of Medical interests in this country. I will also endeavor to have the present act so amended, as to secure the appointment of a public prosecutor, and the proper remuneration of medical witnesses. It is my opinion also, that, in cases of Malpractice, the time of bringing action should be limited to a period of six months after convalescence; and that three respectable medical men should be called to form part of the jury in trying the case.

I shall feel it my duty at as early a day as possible, to call the members of the profession together in this Division, for the purpose of organizing ourselves into an Electoral Division Association, and in this manner securing a properly legalized tariff for the whole Division.

As it will be impossible for me at present to visit the different sections in this Division, I may say in conclusion that if I am successful I shall ever strive to discharge my duties, as your representative, honorably, faithfully and with a proper regard for the dignity and welfare of our profession.

I have the honor to be, Gentlemen,

Your obedient Servant,

JOHN N. REID.

Thornhill, May 6, 1875.

Reports of Societies.

KING'S AND QUEEN'S ELECTORAL DIVISION.

A meeting of the members of the profession of King's and Queen's Division was held at McBride's hotel, York Mills, April 30, at 2 o'clock p.m.

Dr. John N. Reid moved that Dr. Langstaff, of Richmond Hill, act as chairman of this meeting. Dr. Rupert, of Maple, seconded the resolution, which was unanimously carried.

Dr. Langstaff having taken the chair, requested that a Secretary be appointed.

Moved by Dr. Armstrong, of Yorkville, and seconded by Dr. Rupert,—That Dr. McConnell, of Thornhill, be appointed Secretary of this Association.—Carried.

Dr. John N. Reid, in a few appropriate remarks, explained the object for which the meeting was called, viz., the organization of an Electoral Division Association. He further stated that he was not aware that any action had been taken in the matter by our present representative. This he stated to be an important duty, which had been grievously overlooked, and as the time was now at hand when the members of the profession would be called upon to cast their votes for a representative in the Medical Council, it was of the utmost importance that a gentleman should be chosen who would carefully attend to this and other matters pertaining to the interests of the profession. He further enlarged upon the great advantages the recent medical legislation had brought to those medical practitioners who had complied with its requirements, and concluded an interesting and instructive address, in stating that he entertained an earnest hope that the profession would avail themselves of these advantages.

Dr. Rupert followed, and in some particulars agreed with Dr. Reid, but argued that the present Bill was inoperative, inasmuch as there was no public prosecutor; and those practitioners who had taken upon themselves to enforce the law, had suffered so severely from the disapproval of the public, that it was disastrous—not only to their public, but their private and social reputation—to be in any way connected with a prosecution. He further urged that it was the duty of this section of the Division to bring out and warmly support Dr. John N. Reid, as the representative in the Medical

Council for the ensuing term. After having pressed upon the meeting the necessity of taking immediate action in framing a Provincial tariff as distinct from a Territorial, he urged that all other tariffs should be done away with, so soon as a proper understanding could be obtained from the Council on this most important subject. In conclusion, he moved,—That this meeting use their united influence to secure the return of Dr. Reid, as the representative in the Council for the ensuing term.

Dr. Playter, in a spirited address, going over the questions as above, seconded Dr. Rupert's resolution.

The vote being taken, proved unanimous ; after which the chairman, Dr. Langstaff, expressed his hearty approval of the choice.

Dr. Allison, of Bowmanville, being called upon, expressed his great pleasure in meeting so many of his brethren of this Division ; more especially did he feel pleased with the frank and amicable feeling that existed amongst the practitioners of this section. He was not aware that there was any other than himself seeking the honor of being representative in the Medical Council, but heartily endorsed the action of the meeting in bringing out Dr. Reid, and would be glad to have a gentleman of his ability as an opponent. He said that he was decidedly in favor of a public prosecutor, and if returned, would endeavor to have a clause introduced into the present Act to that effect. He further said that he considered it the duty of Parliament to direct that, in case or cases of suits-at-law for malpractice against regularly qualified practitioners, at least three of the jury in such cases should be taken from members of the College of Physicians and Surgeons of Ontario. That he was decidedly in favor of a Provincial tariff, with a maximum fee ; the minimum not to be defined. That he was of opinion that the annual fee of \$1, as assessment, was quite sufficient for the support of the Council. That the Examiners for the Council should be chosen from members of the College, outside of the Council. That he would strongly urge that the period of six months be the limit during which suits for malpractice be entered. In an address of about an hour, the above points were touched upon, and he concluded by stating that he was in the field, and hoped to be elected for this Division in the Medical Council.

The following resolutions were then submitted to the meeting :

Dr. Reid, seconded by Dr. Rupert, moved,—That in the opinion of this meeting, our representative in the Medical Council should be requested to call a meeting of the profession residing in this Division, at the earliest possible day ; said meeting to be held in the city of Toronto, for the purpose of organizing an Electoral Division Association.—Carried.

Dr. Reid, seconded by Dr. Playter, moved,—That the Secretary be instructed to forward to Dr. Coburn, a copy of the above resolution, urging upon him the necessity of immediate action.—Carried.

Dr. Playter, seconded by Dr. Reid, moved,—That in the opinion of this meeting, it is desirable that some action be taken by the Council, at its next meeting, to alter the limit of this Division ; thus enabling the whole of the practitioners therein living to meet together conveniently, for the discussion of matters affecting the interests of the Division.—Carried.

Dr. Armstrong, seconded by Dr. Allison, moved,—That the Secretary be requested to forward a copy of the minutes of this meeting to the LANCET, with the request that it might appear in its next number.—Carried.

A vote of thanks was given to the Chairman and Secretary, after which the meeting closed, to await the action of Dr. Coburn, as above mentioned.

A meeting of the medical profession of South Ontario and West Durham was held in Oshawa on the 14th ult. Dr. McGill was chosen President and Dr. Coburn, Secretary. Some steps were taken regarding the formation of a Territorial Medical Association for the Division. A discussion also took place in reference to certain proposed amendments to the Ontario Medical Act relating to actions for malpractice, &c. The meeting passed a vote approving of the candidature of Dr. Allison, of Bowmanville, as a representative in the Medical Council and pledging him their warmest support.

WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.

The second meeting of this Society was held in Windsor on the 4th May, when the following gentlemen were present:—The President, Dr. Edwards of Strathroy, in the chair ; Drs. Andrews,

Casgrain, Carney, Coventry, Chambers, Lambert, Metcalfe, and Aikman; Windsor. Drs. Sivewright, Holmes and Bray; Chatham. Drs. King and Drake; Kingsville. Drs. Lambert and Quarry; Amherstburgh. Drs. Bucke and McLean; Sarnia. Drs. Nesbit and Langlois; Sandwich. Dr. Thompson; Strathroy. Dr. Tye; Thamesville. Dr. Mathieson; Alvinston. Dr. Gaboury, Belle River; and Drs. Borrowman and Gambell, of Detroit, by invitation.

The minutes of the last meeting were read, and after a few minor alterations in the Tariff which was ordered to be sent to the Registrar to secure the seal of the College, were adopted. Letters were read from Parke, Davis & Co., of Detroit, inviting the members of the Association to visit their laboratory, and also a number of pamphlets concerning new remedies manufactured by them, to which the Secretary replied thanking them for their favours; from Henry C. Lea, of Philadelphia, enclosing a copy of the *Obstetrical Journal of Great Britain and Ireland*, to which the attention of the Society was called; from Dr. Hoare, Vice-President for Middlesex, apologizing for not being present, in which he drew the attention of the association to some alterations necessary to be made in the Tariff. Also letters of apology were received from Drs. Brodie and McGraw, of Detroit, thanking the Secretary for their invitations but not being able to accept them owing to the meeting of the American Medical Association at the same time.

Dr. Andrews was now called upon to read his paper on abortion, which he did, and on motion a vote of thanks was tendered him for the same, and the Secretary was requested to forward it to the Canada "*Lancet*" for publication.

The Committee on By-laws and Medical Ethics not having reported, were given till next meeting to do so.

Dr. Sivewright read his paper on the "Essential Dignity of the Profession," and on concluding secured the thanks of the meeting for his interesting essay.

On motion the following gentlemen were appointed and promised to read papers at the next meeting, viz.: Dr. Walter Lambert, of Amherstburgh; Dr. Bucke, of Sarnia; and Dr. Holmes, of Chatham. Dr. McLean, of Sarnia, also promised to introduce the subject of Scarlet Fever and its treatment for discussion.

The following gentlemen were appointed a Committee on Invitations, viz.:—The President, Vice-President for the County in which the next meeting is to be held, and the Secretary. Any member wishing to send out invitations to communicate the names to some member of this Committee.

A discussion on the influence which malaria exerts over disease in certain localities was entered into, Drs. McLean, Bucke, Holmes, Lambert, and others taking part.

Dr. Coventry, Vice-President for Essex, in a neat speech on behalf of his Windsor brethren, invited the members of the Association to a supper at the American house at 8 o'clock. Dr. Edwards accepted his kind invitation for the members from a distance. The meeting then adjourned till Wednesday the 4th August next, at 10 a.m., in Sarnia.

JNO. L. BRAY,
Secretary.

BRANT MEDICAL ASSOCIATION.

The Brant Medical Association, at its last quarterly meeting in April, requested Dr. Reginald Henwood, of Brantford, to become a candidate for the Erie and Niagara Division, at the approaching election for the Medical Council. Dr. Henwood has accepted, and is now in the field as a candidate.

Selected Articles.

THE NATURE OF PUERPERAL FEVER.

The debate on Puerperal Fever at the Obstetrical Society was opened by Mr. Spencer Wells in a paper of which we publish this week a full report. The time which Mr. Wells had at his disposal was so brief that it could not have been expected of him to discuss the evidence for or against any one of the many views which have been entertained with regard to the nature of what is called puerperal fever; and he opened the debate by propounding a series of questions to be discussed without giving any definite answer to any one of those at least which relate to the etiology of the disease. Still, from the general tenor of his remarks and from his expressed opinion with reference to the value of antiseptics in the prevention of this affection, it appears evident that Mr. Wells

classes puerperal fever with pyæmia and septicæmia; for he believes that, by precautions similar to those inculcated by Lister in his antiseptic method of treating surgical injuries, lying-in hospitals may be rid of puerperal fever just as general hospitals have been rid of pyæmia by those means. In so far as the discussion has taken place, those who have taken part in it have abjured rather than maintained the view, once generally held, that puerperal fever is produced by a specific morbid poison; and Dr. Leishman, who until recently had been a supporter of that view, took occasion to make public the fact that he renounced the opinions he once entertained, and had come to the conclusion that puerperal fever was generally of a pyæmic or septicæmic character. A great difficulty in some minds in accepting the contagious or infectious theory of the disease has been the fact that many women have been exposed to the poison of scarlet fever, measles, or of decomposing animal matter, &c., during the puerperal state, and yet have not become affected with puerperal fever but have made a favorable recovery. Whatever be the value of this objection, there can be no doubt that a considerable number of the profession are led by it to discard the contagious character of the disease. The remarks of Dr. Newman cannot fail as an effective answer to this objection; for he pointed out that there are certain conditions which favour infection with the poison in the puerperal, just as there are certain conditions which predispose to infectious or malarious diseases in the non-puerperal state; and the causes of this predisposition in the puerperal state indicated by Dr. Newman are the very same conditions which act in a similar manner in the non-puerperal—namely, exposure to sewer gas in badly-drained houses, and depressing emotions. One other predisposing condition he named which is peculiar to the lying-in woman—the activity of the vital processes in the pregnant and puerperal state.

The well-worked-out statistics of Dr. Braxton Hicks bear strongly on the etiology of the affection, for in spite of the difficulty of tracing contagion in such a populous city as London, and especially amongst the poor, yet he pointed out that 89 or 90 per cent. of cases of puerperal fever could be traced to contagion from specific fevers or to decomposing materials in the uterus, thus leaving only 10 or 11 per cent. in which the cause was difficult to trace. We know but little of the action of contagium, septic matter, and decomposing animal matter on the blood when introduced into the body; but we do know that very important changes take place in that fluid in consequence of exposure to contagion, as in malignant small-pox, scarlet fever, &c., as well as in consequence of the introduction of septic or decomposing animal matter into a wound, or into a scratch received while performing an operation or a post-mortem examination. Whether the evil effects produced be due directly to the poison introduced

from without, as is generally believed, or to the absorption of poison from the patient's own tissues, as Mr. Hutchinson holds is the case in septicæmia, or whether bacteria contribute in any way to the production of those fatal symptoms which frequently follow exposure to contagion or septic poison in the puerperal state, the question of importance is—Can these evil effects be prevented? In a large and populous city, where infectious disease is always present in some form or other, the lying-in woman not infrequently runs a risk of exposure to contagion. What are the measures that should be taken, and which would prove effectual for her protection? Mr. Spencer Wells suggests antiseptics and general sanitary measures. It is difficult to see how antiseptics can be effectually applied in lying-in cases, seeing that in the event of the slightest want of care they are liable to fail in their effects in cases where they are easy of application. General sanitary measures have done much for the lying-in woman, for we do not hear now of such epidemics as those described by Gordon and Armstrong; and they will yet do more when those reforms which are necessary to the health of our most populous districts shall have been perfected.—*The Lancet.*

TAR IN BRONCHIAL CATARRH AND WINTER-COUGH.

BY SIDNEY RINGER M.D., UNIVERSITY COL., LONDON.

The frequent and popular use of this remedy, both by the profession and by the laity, in France and Belgium, led us to try its effects. Patients so susceptible to cold, that they were obliged to remain indoors the whole winter, informed us that this remedy curtailed considerably the duration and lessened the severity of their catarrhal attacks, and that, by an occasional recourse to the tar, they became less prone to catch cold, and could more freely expose themselves to the weather, without incurring an attack. It will be seen that our observations confirm these statements.

We employed tar in two-gram doses, made into a pill, every three or four hours. From October to January, inclusive, we carefully watched its effects on twenty-five patients, whose ages varied from 34 to 70, the average being 44. All these patients had suffered for several years from winter-cough, lasting the whole winter. They were out-patients, and visited the hospital weekly, or oftener. Most of them were much exposed to the weather, while some were so ill, that they were obliged to stop work, and, therefore were less exposed.

These patients suffered from the symptoms common in winter-cough—paroxysmal and violent cough, the paroxysms lasting from two to ten minutes, and recurring ten or twelve times a day,

and, in the night, breaking their rest. The expectoration, frothy and slightly purulent, was generally rather abundant, amounting in some cases to half-a-pint or more in the day. The breathing was very short on exertion, but most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant ronchus, and occasionally a little bubbling ronchus at the base.

These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and, in about three weeks, they were well enough to be discharged. The improvement was so decided, that the patients returned to their work; even those who had been confined to the house the whole winter. The cough and expectoration improved before the breathing. In several cases, the expectoration increased during the first three or four days; but its expulsion became easier, and with the improvement in the cough and expectoration, appetite and strength returned.

On discontinuing the tar, a relapse often occurred in a week or two, and the patients returned with a request for more of the same medicine, and then, a second time, the symptoms quickly subsided. We found it useless in bronchial asthma, and its effects were more evident in cases where expectoration and cough were more marked than dyspnoea.

We have no doubt that tar is a good, useful, perhaps not a striking remedy in these troublesome affections; and certainly it is more efficacious than the drugs generally employed.

It may be remarked, that tar is useful in the same cases for which the spray of ipecacuanha wine is serviceable. Th spray, we find, acts much more quickly, and, unlike tar, it lessens dyspnoea even before it improves cough or diminishes expectoration.

We have this year continued to carry on our observations with ipecacuanha wine spray, and with results confirmatory of the statements made in August last. We find, however, that some patients are very intolerant of ipecacuanha spray, which causes in them a good deal of irritation, and even tightness of breathing. It is advisable, therefore, at first to dilute the wine with one or two parts of water; a precaution especially needful for patients affected with much dyspnoea, with lividity; for the spray may for some hours intensify the difficulty of breathing, and lividity, so as to alarm the patient and friends.

It may not be much out of place to mention here that, in several cases, we have found the spray very serviceable in non-febrile inflammatory sore-throats, the mucous membrane being swollen and very red. We have found it useful, too, in hoarseness from congestion of the vocal cords. Where the hoarseness has lasted a few days only, or one or two weeks, the spray often speedily cures; but, where the hoarseness has persisted three months or longer, the spray even improves the voice considerably, but some hoarseness remains.—*Brit. Med. Journal.*

ETHER AND CHLOROFORM.

Our Liverpool correspondent writes:—At the Royal Infirmary, on Tuesday last, the proceedings in the operating theatre were rendered more than usually interesting by the attendance of Dr. Fifield of Boston, United States, who, at the request of the surgical staff, demonstrated the American method of giving ether, instead of chloroform, as an anæsthetic. The operations, three in number, were the division of the tendo Achillis in both feet in a child, by Mr. Harrison; removal of a small adenoid tumour from the breast of a young woman by Mr. Hakes; and the removal of a diseased metatarsal bone from a boy about 8 years old by Mr. Banks. In each case, Dr. Fifield gave ether, using no other apparatus than a conical hollow sponge. Complete anæsthesia was produced in each case in from three to four minutes. Addressing the students and those assembled in the theatre, Dr. Fifield said: "That, although an American by birth, he had been educated in England and in Paris: had no prejudice either for or against chloroform, and had enjoyed ample opportunities of witnessing the use of both chloroform and ether. The latter he had given himself in thousands of cases; had seen it given in the hospitals of New York, Boston, and other towns in his own country, and had never seen or heard of a fatal result. He was greatly surprised on his arrival here to find that English surgeons still adhered to the use of chloroform, which in America was almost proscribed. The great superiority of ether was its perfect safety. The operator commenced and completed his task without the smallest anxiety as to the effect of the anæsthetic; whereas, when chloroform was used, it was impossible in spite of every precaution, to predict with certainty that the patient although in comparatively good health, might not, before or after the operation was finished, be found a lifeless corpse. As to the mode of administration, no expensive or complicated apparatus was necessary; nothing, in his opinion, was more suitable than a hollow conical sponge. It should be given at once freely; a lavish use of ether at first proved a saving of material in the long run. Etherisation presents three definitely marked stages; first, that of muscular relaxation; second, tetanic convulsive action; third, complete surgical anæsthesia, indicated by stertor, or what he called the 'snoring stage'; and, unless this stage was fully reached, there was risk of partial failure, so far as full insensibility to pain was concerned." We think it probable that the clear and forcible way in which Dr. Fifield has put the matter before the profession here will lead at least to a renewed trial of ether as a substitute for chloroform. In reply to our enquiry as to its adoption in obstetric practice in America, Dr. Fifield informed us that the employment of anæsthesia in labour was, he thought, gradually dying out in the States, many of the leading obstetricians believing that not

only did it produce a great liability to puerperal hæmorrhage, but that, when flooding occurred, the helpless and unconscious state of the anæsthetised woman rendered her incapable of responding to appeals to second by her own volition, attempts to cause uterine contraction. It is worthy of consideration, however, whether ether or chloroform, in their anæsthetic operation, are in all points precisely analogous during childbirth. In surgery, profound insensibility is indispensable; not so in all cases of labour; indeed, only so in exceptional cases. Partial etherisation either produces complete muscular relaxation or tetanic spasm, either of which conditions might unfavourably influence the course of parturition. Chloroform on the other hand, may, by careful management, be so administered as to produce and sustain for hours sufficient insensibility to render a tedious painful labor much easier of endurance. Moreover, we believe that, whatever may be the explanation, the observation of British accoucheurs has satisfied them that the parturient woman enjoys special exemption from the fatal effects of chloroform; no fatal case having yet been recorded in this country, and unless our memory fails us, Dr. Marion Sims has publicly stated that a similar immunity has been noticed amongst the parturient women in the United States.—*Brit. Med. Journnl.*

VILLATE'S MIXTURE AND ITS USES.

The introduction of Villate's mixture in surgical therapeutics is of recent origin. A French veterinary surgeon having stated that, with the use of this solution, he daily cured caries of bones in animals, and especially in the horse, Dr. Notta first thought of applying the remedy to the human subject, and in March, 1863, he published six observations. The celebrated Nelaton heard of the result, and gave it a trial in his extensive practise, both in the hospital and outside. His successes were such as to bring this new therapeutical agent to the notice of the medical world.

In March 1866, Dr. Notta published two memoirs confirmatory of these assertions, which proved to be worthy of a premium from the Academy of Medicine, and a reward of three thousand francs.

It was in January, 1829, that Villate, the author of this solution, made known his first successes.

In 1831, Mr. Miroud gives the formula of the mixture of Mr. Villate, and says: "I have had several times the opportunity of observing its salutary effects in cases of caries. I noticed that it hastened the exfoliation of the necrosed or carious parts, gave a more healthy appearance to discolored surfaces, and had a tendency to stop certain morbid exhalations.

During the ensuing ten years no mention is made of this preparation. Some practitioners used it, but never published the result of their observations.

Up to 1842 the operation on the horse for fistulous withers was very frequently performed; but from that time, and since the publication of some very good observations on the use of this mixture injected in the fistulas resulting from caries of the fibro-cartilage of the bone of the foot (j'avart cartilagineux), that operation was altogether put aside.

From this date the solution became generally known, and the reputation of a few eminent veterinary surgeons is due solely to the rapid cures obtained by the use of this preparation.

They employed it against denuded surfaces, fistulas, caries, necrosis, profuse secretions, catarrhs of the ear, and some skin diseases of long standing. They always observed that the greater the chronicity the more satisfactory was the result. Its use was to be kept up until complete recovery. Even in case where instruments had to be used for the removal of a large sequestrum, the topical application of this agent subsequent, as also previous to the operation, has always proved itself superior to all other known substances.

It has been used in caries of almost every bone and articulation of the body; in cold abscesses of the neck, deltoid region, back, superior third of the thigh; in fistulas resulting from abscesses by congestion; those of the lachrymal gland, of the anus, of tuberculous affections of the testicle, etc. Diluted in water, one part to ten, it is said to cure every case of gleet.

Though I'm inclined to believe that the efficacy of the mixture has been exaggerated by its advocates, still I do not doubt of the accuracy of the observations gathered and published, and think it a good addition to our therapeutics. Lately, in Paris, Dr. Polaillon cured several cases of chronic otorrhœa with this solution. The facts were so evident, the treatment so simple, that I concluded to use it in such cases, should I have an opportunity. During the last two years I have used it successfully four times; and in my researches, having failed to find any mention made by American physicians where this preparation had been used, I concluded to present to the Association my observations, with a few general remarks on the mixture.

The original formula of this solution, as first composed by Villate, is as follows:

℞. Liq̄oris plumbi subacetatis, ℥i.; zinci sulphatis, crystal, and cupri sulphatis, crystal, aa ℥ss.; aceti vini albi, fl. ℥vjss. Mix. Dissolve the salts in the vinegar and add the subacetate of lead. Shake before using.

Dorvault, Bouchardat, and some other authors, put ℥vij. of vinegar instead of ℥vjss.; but Dr. Notta does not think that this modification is of any advantage and prefers Villate's original formula.

It is very important that this preparation should be made as I stated. Druggists very often substitute for the white vinegar a solution of pyroligneous acid, in which case the liquid acts like a power-

ful caustic, and the patient can not bear its application. These two solutions can be very easily distinguished at first sight; when the pyroligneous acid is used, the solution, once settled has a bluish hue; but when prepared with the white-wine vinegar it has a greenish hue. This is a capital point, for surgeons have noticed a great difference in using both preparations on the same patient. The pyroligneous acid solution has produced excessive pains and serious symptoms of irritation and inflammation.

I do not understand the idea of Villate in combining such substances, for the result is a general decomposition.

Evidently the mixture of Villate owes its precious qualities in therapeutics to the presence of all those substances entering into its composition, and not to any special one to the exclusion of the others. Each of these salts tried alone acts more or less like an astringent or a caustic, but does not give the results; therefore, however strange seems to be the preparation, it is preferable not to modify it, as some have proposed to do.

The mixture of Villate, when first injected into a fistula, or applied to a wound, produces a sharp pain which may last an hour or more; but the patient soon becomes accustomed to it, and in a few days bears it without complaining. To avoid violent pains in nervous or irritable patients, it should be at first diluted with water, and the dilution gradually made stronger until they can bear it pure. The first injections determine inflammation in the parts coming in contact with the solution. Those inflammatory symptoms are generally limited. Suppuration is more abundant, but will soon diminish and stop entirely, which indicates a rapid process of cicatrization. In caries, flakes of bones will very often be washed out by the injections, or thrown out with the suppuration, but after their elimination the cure will soon follow.

Judging from the effects produced, the mixture of Villate seems to act as a mild caustic in stimulating the wounds, and sometimes in forming on the surface a thin eschar, or a false membrane, which, when removed, leaves a healthy and granulating tissue ready for cicatrization. This escharotic action in some cases may be too active, therefore it is necessary to watch the effects of the mixture, and not to allow it to remain in the bottom of wounds. The mixture of Villate could not be used, like tincture of iodine, in the treatment of cysts or circumscribed collections; in other words, in cavities not communicating with the exterior, into which more or less tincture of iodine can be safely injected. It is necessary that it should run out easily; it should, therefore, be employed only in the treatment of those cavities communicating with the exterior by means of fistulas.

The effects of these injections are local. Some authors, however, declare that when the injections

stop profuse suppurations, the modifications brought over the local affections is such that the patients recuperate very fast, appetite and strength are restored, and they themselves call the attention of the surgeon to the change—Dr. R. R. HOPKINS, in the *New Orleans Med. and Surg. Journal*.—*Med. News Cin.*

ON THE TREATMENT OF THE DIARRHŒA OF TYPHOD FEVER.

A paper on this subject is published by George Johnson, M.D., F.R.S., in the *Practitioner*, for January 1875. Diarrhœa being one of the most frequent symptoms of the disease, as well as the most troublesome, its treatment forms a very important part of the management of typhoid fever. For a number of years the practice of attempts to arrest the frequent discharges by repeated doses of opiates and astringents was adopted, but in many cases the diarrhœa continued, and meanwhile the intestines were distended with gas, and the abdomen became tumid and tympanitic. Then the patients were tortured by the application of turpentine stupes to remove the tympanites.

Of late Dr. Johnston has changed his practice, having gradually arrived at the conclusion, that in the treatment of typhoid fever careful nursing and feeding are of primary importance, while, as a rule, no medicines of any kind are required, and when not required they are often worse than useless. As a rule, the fever patient at King's College Hospital has the "yellow mixture," which is simply coloured water, and, except an occasional dose of chloral to procure sleep, and a tonic during convalescence, Dr. Johnson gives no active medicines of any kind. He feeds his patient mainly with milk, with the addition of beef-tea and two raw eggs in the twenty-four hours, and he gives wine and brandy, pro re nata. For a time he adopted the method which has been strongly recommended, of giving repeated doses of diluted mineral acids, but he abandoned the practice, becoming convinced that the acids irritated the ulcerated mucus membrane, caused pain and griping, and often increased the diarrhœa.

Dr. Johnson thinks that the diarrhœa of a typhoid patient is often increased by his inability to digest the beef-tea and eggs which are too abundantly given. When we have reason to suspect that such is the case, it is well to keep the patient for a few days entirely upon milk, which contains all the elements required for the nutrition of the tissue in a form most easy of digestion.

With such as has here been recommended, Dr. Johnson is in every way satisfied. During the past year he had under his care in the hospital twenty-nine cases of fever; fifteen typhoid, and fourteen typhus. Some of the cases were severe,

but all were discharged well. To only one of these patients was opium given, and that was for the relief of an irritable condition of the bowels which remained after a severe attack of typhoid.—
Ex.—Cin. Med. News.

DR. LOMBE ATTHILL, ON RETROVERSION OF THE GRAVID UTERUS.

In the treatment of retroversion of the gravid uterus, two indications are plainly indicated, one being to keep the bladder empty, the other to restore the uterus to its normal position. The former should always be effected by means of a long gum-elastic catheter, for an ordinary silver female catheter will often in these cases fail to reach the bladder, so greatly is the urethra elongated and displaced. The bladder being emptied, it is generally advisable to attempt reposition at once, unless, as in the case first narrated, great pain is caused by doing so, under which circumstance it is wiser to allow some hours first to elapse, care being taken to pass the catheter at short intervals.

In the majority of cases, especially if pregnancy has not advanced beyond the twelfth or thirteenth week, steady pressure exerted by means of two fingers introduced into the vagina, will be successful in raising the fundus, care being taken to make the pressure rather to one side, so as to avoid the promontory of the sacrum. Occasionally, however, you will fail to effect reposition by this means. When this is so you will sometimes succeed by introducing one of Dr. Barnes' india-rubber bags into the rectum, (a) distending it with water, while pressure is still exerted by the fingers in the vagina. If these efforts fail in raising the fundus above the brim, no resource remains but to bring on abortion. This under the circumstances is best effected by introducing a catheter or sound into the uterus, and if possible rupturing the membranes, but sometimes, in consequence of the os uteri having been forced up behind the pubes, the introduction of a catheter or sound is impossible, and then, as a last resource, an effort should be made to lessen the size of the uterus by tapping it through the rectum by means of a fine trocar or aspirator. This has been done several times successfully; the liquor amnii having been evacuated through the trocar, abortion followed, the patient subsequently recovering; but in all cases of retroversion the tendency to abortion is great, and occasionally peritonitis supervenes. Bear in mind that, in addition to abortion, the possible occurrence of peritonitis is to be dreaded, and death may ensue from this cause. Retroversion, therefore, of the gravid uterus is always to be looked on as an accident of a very serious nature. But supposing you have succeeded in raising the fundus, the patient will still, under the most favourable circumstances, need care for a considerable

time. It is essential to attend to the state of the bladder, and to pass the catheter at stated intervals till satisfied that the organ has regained its tone, and you must watch lest the fundus of the uterus fall down again into the pelvis. To lessen the risk of this occurring, and also with a view of counteracting the tendency to abortion, you should for some time confine the patient strictly to the recumbent posture. As the uterus enlarges, the risk of a relapse lessens, and after a time becomes impossible, but the tendency to abortion for a long time continues, and in a comparatively small percentage of cases does the patient reach the full time of pregnancy.

Before concluding my remarks on this subject, I must say a few words on the question of diagnosis. In all the cases which have come under my observation in which an error in diagnosis had been made, no sufficient examination appeared to have been instituted; thus, with respect to the patient whose case I am specially alluding to, the fact that she was suffering from retention of urine was not recognised, although the enormously distended bladder could be easily felt above the pubes. This negligence is quite inexcusable. But it is just possible than an ovarian or other tumour occupying Douglas' space might be mistaken for a retroverted uterus, even though an examination had been instituted, especially if it were large enough to press against the urethra and thus obstruct the flow of urine; but in such a case the symptoms of pregnancy will probably be wanting, and, moreover, a careful examination will detect the uterus, which, under such circumstances, would probably have been forced up above the pubes, lying anterior to the tumour. Any other tumour, such as that caused by the sudden escape of blood into the recto-vaginal *cul-de-sac*, may, in like manner, cause some perplexity. All doubts, however, will be dispelled if, on emptying the bladder, the uterus is found lying anterior to the tumour. Excusable errors in diagnosis, then, in cases of retroversion of the gravid uterus, are possible, but with ordinary care such should rarely, if ever, occur.—*Medical Press & Circular.*

SELECTION OF THE PROPER LEG IN TURNING.
—Dr. Macdonald (*Edinburgh Medical Journal*, July 1874,) endorses the following observations of Fritsch: "If turning be properly done it matters not whether at the end the child is situated with its back forwards or backwards. If let alone the labor commonly terminates by the back rotating forwards during the passage of the body of the child, as a result of the natural mechanism in the small pelvis. It is recommended to seize the nearest foot in all cases and turn as carefully as possible, leaving all attempts to bring the child's dorsum forward, to the mechanism of delivery."—*Ibid.*

PUNCTURE OF THE BLADDER FOR RETENTION OF URINE.

The following case is reported as showing a very common mode of the primary treatment of urinary retention at the Boston hospital. A boy, fourteen years of age, fell off a pile of boards on the 14th of April, receiving a moderate contusion of the right hip. The next day he had retention, which was relieved after considerable difficulty with a catheter. He had more or less retention till he entered the hospital on the 24th, when it was complete. Repeated attempts had been made to introduce a catheter, but without success, and there was slight hæmorrhage from the urethra as a consequence. At this time he was suffering great pain, and the bladder was distended to the umbilicus.

Dr. Ingalls made no attempts at catheterization, but immediately punctured the bladder just above the pubes with the aspirator, and drew off three pints of alkaline urine, with complete relief to the patient. The pain being slight, no ether was used.

The next day the patient was catheterized once; after that he passed his water very well, with the help of an occasional opiate, or warm water enema. He was well on the 29th.

The treatment of retention by aspiration is an admirable one. The bladder is relieved; and the urethra is allowed to rest and recover from the temporary congestion, swelling, and tenderness which causes the retention. Generally only one, two, or three aspirations are required before the urethra regains its normal condition sufficiently to admit an instrument without much difficulty, unless there be a tight organic stricture. The relief is certain, the pain slight; and the danger is nothing, so far as is shown by the pretty large experience of this hospital. The operation may be repeated two or three times a day for several days with safety.—*Medical & Surgical Journal Boston.*

MEANS FOR RELIEVING CHRONIC PHTHISIS.

Dr. James Little contributes to the *Dublin Journal of Medical Science* for January an article on "the means most generally useful for relieving the cough, sweating and chronic dyspepsia of chronic phthisis." For the relief of the second condition, five grains of Dover's powders administered at bedtime will check phthisical sweating more frequently than any other remedy. Next to it is atropia or its sulphate, given in the form of a pill $\frac{1}{100}$ to $\frac{1}{80}$ of a grain. To prevent the great discomfort of the damp night dress, Dr. Little advises a large loose night dress of fine flannel.

For the relief of cough, Dr. L., advises a mixture

of morphia, atropia, hydrocyanic acid and syrup of wild cherry. When the expectoration is very tenacious, this mixture does not answer as well as one containing small doses of iodide of potassium, with bicarbonate of sodium, hydrocyanic acid and compound tincture of chloroform. To this, small doses of tincture of opium may be added. This mixture may be taken at short intervals, and continued until the expectoration becomes easier.

In cases where great distress arises from the pain produced during violent coughing by the stretching of old pleuritic adhesions, the play of the diseased lung may be limited by adhesive straps. Dr. L., has used with success strips of dimity, five inches wide, and long enough to extend from sternum to spine. One or more may also be drawn across the shoulder, from the infra-scapular region behind to the mammary in front. Thus supported, the chest walls are no longer injured by the concussion of the cough, and the greatest relief follows. Chloral, to the amount of ten grains in each dose or an opiate cough mixture, will render the effect more immediate, and permit a smaller quantity of opium to be employed. Chloral lozenges are also useful in the case of consumptives who are still going about. In the dyspepsia of phthisis, where there is simply a loss of appetite, the only combination that seems to give relief is that of strychnia, with phosphoric or hydrochloric acid. It may be given in an infusion of columbo or of orange. When, with the loss of appetite, there is a feeling of load after food, a dessert spoonful of pepsine wine, with ten minima, of dilute hydrochloric acid in a little water, after a meal, usually relieves. In pain, flatulence, cough and vomiting after meals, it must be given up for the time, and a regulated and rather spare diet, together with counter-irritation to the epigastrium, must be employed, together, if necessary, with some of the aperients which act on the upper part of the intestinal tract, and some of the medicines which are good against gastric catarrh.—*Phila. Med. Times.*

LIFE IN A SIX MONTHS' FÆTUS.—Dr. W. Atlee, (*Medical Times*, February, 1875,) reports the following case observed by himself, in 1845: At closest calculation, the period of gestation did not exceed six months. The very small child, being flaccid and apparently lifeless, was rolled in a cloth and laid one side. The placenta being removed, and mother made comfortable, he was asked the sex of the child. On unwrapping it, he observed a slight gasp, it was now laid in a bed of cotton wadding, and its grandmother took charge of it, feeding it by dropping milk into its mouth from the point of her finger. After being kept and fed in this way for two weeks, it was first washed and dressed. At that time it weighed two and one-fourth pounds. It lived, and is now a beautiful and vigorous lady.—*Med. Review.*

TWO NEW DIFFERENTIAL SIGNS IN DISLOCATION OF THE SHOULDER.

In a clinical lecture recently delivered at Bellevue Hospital, Prof. Frank Hamilton gave the two following as new differential signs in dislocation of the shoulder:

Let us return to the consideration of the two special signs of shoulder-joint dislocation (liable to only one exception, as I shall hereafter explain), which I wish to add to those already given by surgical writers.

1. While the head of the humerus remains in its socket, if a rule be laid upon the outside of the arm from the shoulder to the elbow, it will not touch the acromion process, but will be distant from it at least half an inch, generally one inch or more. On the other hand, if the bone is removed from the socket, in whatever direction it may be displaced, whether forwards, downwards, or backwards, unless the shoulder is much swollen, the rule, placed in the manner above stated, will touch the acromion process.

2. If, standing behind the patient (in case of the right shoulder), the thumb and forefinger of the left hand is made to grasp the shoulder in such a manner as that the interdigital commissure shall rest upon the acromion process, just outside of the acromioclavicular articulation; and if then the finger and thumb are dropped perpendicularly, the tip of the finger will (in case the head of the humerus is not dislocated) rest upon the centre of the round upper extremity of the humerus, as it projects in front of the acromion process, while the end of the thumb will rest upon the head of the humerus behind; but the head will be felt indistinctly by the thumb, for the reason that, instead of projecting as it does in front, it actually recedes a little beneath the acromion process. Up to this moment the surgeon may entertain some doubt whether he is actually grasping with his thumb and finger the head of the bone, but if he now moves the elbow of the injured limb forwards, so as to carry the head of the humerus backwards in its socket, he will feel it press strongly upon the thumb, and this will be conclusive. If a dislocation exists, the head of the bone cannot be felt in this situation, and by the thumb thus placed.

I have told you that both of these differential signs, in their application to shoulder-joint injuries, are liable to one exception. The phenomena would be the same so far as these two signs are concerned, whether there was a dislocation of the head of the humerus, or a fracture with displacement of the neck of the scapula. The latter accident must, therefore be first excluded by a careful application of the rules of diagnosis given in our treatises upon surgery; but that upon which you can most safely rely is the relative infrequency of the two accidents. It is

doubtful whether a long and active surgical practice will ever furnish you with an example of fracture of the scapula, while you will meet with a great many cases of dislocation of the shoulder.—*Medical Record*.—*Peninsular Journal of Medicine*.

A PATHOGNOMONIC SYMPTOM OF THE MORIBUND CONDITION.

Dr. John Shrady, in a paper upon the "Moribund Condition," recently read before the Yorkville Medical Association, of this city, maintained that the earliest, and therefore the most valuable symptom of approaching death, was the up and down movement of the trachea; that the inferior laryngeal nerve, owing to a partial paralysis or impairment of its function, is conterned in this phenomenon, and sounds the first note of alarm that the medulla oblongata is invaded.

This tracheal symptom is particularly prominent in fatal cases of uræmic convulsions, opium poisoning, apoplexy and delirium tremens; the air then ceases to stimulate the glottis, the respiratory movements are impaired, and the lungs can no longer decarbonize the blood.

In pneumonia this symptom is of especial value, anticipating as it does, alarming changes in pulse and temperature, while in phthisis, the doctor has known it to be a precursor of death three weeks in advance. Its presence or absence in membranous croup, should be, in his opinion, an important element in the prognosis of tracheotomy.—*Medical Record*.

RESECTION OF THE ANKLE-JOINT.

Dr. Hamilton stated in his clinic that he was now satisfied after a long experience that, in compound dislocations at the ankle-joint, resection or amputation should be resorted to. He remarked that he had treated two or three cases successfully with the plaster of Paris dressing. But his experience was very decided that recoveries without resection or amputation were exceptional; therefore, as a rule, one or two inches of the tibia should be excised. He exhibited a patient with this dislocation which had been treated with a plaster of Paris dressing. Gangrene had commenced, and the patient's condition very unfavorable. Dr. Hamilton removed about one and a half inches of the tibia. Two weeks after the operation the patient was much improved, and the indications are that the limb will be saved.

The plaster of Paris is used by some practitioners in this place in the treatment of Potts' disease. Two layers of the plaster applied, and made to encircle the body from the trochanters to the axillary spaces, with three or four pieces of sheet-zinc interposed between the layers of plaster parallel with the body.

This has proved an excellent dressing in the treatment of that formidable disease. Its cheapness recommends it, as Potts' disease often occurs among the poorer class, who are unable to purchase the costly apparatus that has hitherto been in general use.

Dr. Sayre contends that the morbid condition of the hip-joint disease, as well as Potts' is produced from local trouble, not in the least dependent upon constitutional vice.—*N. Y. Cor. Rich. and Louisville Med. Jour.*

EMPLOYMENT OF ASPIRATION IN INTESTINAL OBSTRUCTION.

In a note laid before the Académie des Sciences (*Gazette Hebdomadaire*, March 26), M. Demarquay states that the idea had occurred to him whether the same result that is obtained in gastro-enterotomy might not be attained by a simpler procedure which might be applied by any surgeon. When an obstacle suddenly opposes the course of the contents of the intestine, gas accumulates above the obstruction, producing tympanites, which is also accompanied by nausea and vomiting—the intestinal canal becoming paralysed by the excessive distension. If, then, at the commencement of the affection, before any local or general peritonitis has supervened, we are able to relieve the tympanites by an artificial removal of the gas, we find the intestinal movements are sometimes re-established, and with these a disappearance of the obstacle occurs. M. Demarquay has met with three cases. In which he has had recourse to this procedure with success.

He gives a summary account of the last of these cases. It occurred in a man aged twenty, who was admitted into his service on February 25 with all the signs of intestinal obstruction, the commencement of which dated from the 23rd. There were present nausea, mucous vomiting, considerable tympanites, restlessness, and suffocating paroxysms due to the thrusting up of the diaphragm. On the 26th the patient's condition was still more aggravated, and four intestinal punctures having been made—two on the right side and two on the left side—by means of Potain's capillary trocar, a large quantity of gas was drawn off by aspiration. The abdomen immediately became flaccid, to the great relief of the patient, and the noise of the motion of the gas in the canal, due to the re-establishment of the peristaltic action, was heard. As on the 27th there was still tympanites present, displaying the form of the convolutions of the intestine under the wall of the abdomen, a large quantity of gas and intestinal fluid were withdrawn by means of four additional punctures. In the course of that afternoon all symptoms of obstruction had disappeared.—*Med. Times and Gazette.*

CANCER CURERS; THE WAY THEY DO IT.

The following article on the tricks of cancer curers from the *Chicago Medical Examiner*, is worthy of perusal.

Cancer doctors have some "ways that are dark, and tricks that are vain," like Bret Harte's "Heathen Chinee." Their system appears to be the same in outline wherever the rascals exist, and is essentially as follows:

1. He who aspires to the dignity of a "Cancer Doctor," must provide himself with an efficient caustic, or set of caustics, which may be used in the form of a powder, paste or plaster.

2. The quack must disguise the articles by suitable coloring materials, and stoutly deny that they are caustics.

3. He must advertise largely that the great Dr. Tumorsmash will "take out the cancers without the use of knife or caustic, and without pain," and guarantee the cure.

4. When the patients flock in, he must pronounce everything a cancer, whether it be a wart, corn, fatty tumor, ulcer, necrosis, sarcoma, or what not.

Now he is ready, and his success will depend upon his enterprise in carrying out the plan.

Honest John Leatherhead, the shoemaker, has observed a lump upon the surface of his thigh, in fact an encysted tumor. It gets in the way of his lapstone, gets hit with his pegging hammer, and, when it is hammered too much, becomes swollen and tender. Mrs. Leatherhead has read Dr. Tumorsmash's handbill, and advises John to go and see him. John, who has eyed the swelling for many a month with fear and suspicion, determines to have a talk with the great man, especially as his "consultations are free." He dresses in his best, and presents himself. The quack views him from head to foot, and draws him out in conversation, to gauge the "size of his pile." He then looks at the encysted tumor, and, with solemn and ponderous dignity, pronounces it a cancer of the most malignant type. John turns pale, and his leather head shakes on his shoulders. Can he be cured? Yes, says Dr. Tumorsmash, but it will cost 500 dols. Leatherhead pleads poverty, but finally pays 100 dols. in advance for a guaranteed cure.

"I believe you take out cancers without pain," says he. "Certainly," replies the quack, "that I always do. However, I must put you under a course of preliminary treatment for a few days. This preliminary treatment is a little painful, but you can bear it, and then I will remove the tumor without the slightest suffering."

Dr. Tumorsmash now administers a good dose of morphine; next he surrounds the tumor with a circle of adhesive plaster to protect the adjacent skin, and claps on his caustic. This hurts severely, but then it is only "preliminary treatment," and

meanwhile he plies the morphine vigorously to keep Leatherhead as quiet as possible. After a proper number of hours, when he judges that he has produced a sufficiently deep slough, he removes the caustic and applies poultices. The pain now ceases, and the poultices are continued until the eschar is fully separated from the living flesh. Now the quack is ready for his grand operation of removing the tumour "without pain." The patient's friends assemble, the poultice is removed, and the surface sponged clean. Dr. Tumorsmash discourses as follows: "My friends, I have called you in to see one of the triumphs of modern science. If you look at this tumor, you will see how wonderfully my medicine discriminates between the cancer and the natural flesh. Look at this deep groove (pointing to the line of demarcation). That was the boundary of the cancer, and you see that this wonderful remedy has followed the disease everywhere exactly up to that line, and has nowhere gone a hair beyond it. It has the property of killing the cancer to its remotest roots, and has no effect on healthy flesh. I will now proceed to remove it." Suiting the action to the word, he gracefully seizes the rotten mass with his forceps, and lifts it out of its cavity "without pain."

Leatherhead is amazed, and profoundly grateful. In the course of three months the ulcer is healed, and for the rest of his life he and Mrs. Leatherhead never weary of sounding the praises of Dr. Tumorsmash.

A medical friend of mine once went to St. Louis to see a "Cancer Doctor," who, by dint of much advertising, had gathered a great array of patients from the whole West, and was doing a magnificent business. My friend began to negotiate with him to buy his secret.

The quack was willing to sell for a good price, and took him around to see his patients. There was a legion of them. Some had encysted tumors, some fatty tumors, some warts and moles, and some chronic ulcers, etc.; but in all that collection there were only three or four cancers. After returning to the hotel, the two sat down to smoke and talk together. Said my friend, "We have been around and seen a great number of cases, now how many of them do you call cancer?" The quack replied, "Oh, well, I call them all cancer, but of course you and I know that only three or four of them are really so. If you recall my conversation, you will remember that I did not promise those particular patients a cure, but the rest of them I shall cure to a certainty."

Aside from the energy of his advertising, the reputation of the "Cancer Doctor" depends on the fact that the great majority of the tumors under his treatment are innocent, and of course will not return after they are removed."

EXSECTIONS OF THE HIP BY PROF. SAYRE.

Prof. Sayre of New York has lately performed his fifty-fifth and fifty sixth hip-joint exsections,—both in the same week. The first was made in Brooklyn, in the presence of Prof. Gross and both the Pancoasts of Philadelphia, who chanced to be in town. The case was a desparate one, and ought really to have been operated on two years ago. Dr. Sayre first saw the child, who was seven years of age, about two months before the date of exsection, but had unavoidably obliged to delay operating from time to time.

During March a profuse and obstinate diarrhœa had set in, and emaciation was now extreme; so that there seemed a very slim chance of saving the little patient; which, indeed, could only possibly be done by operative interference. At the time of the operation he was almost *in articulo mortis*, and at one stage of the proceedings he ceased to breathe, and it was thought that he was actually dead. Prof. Gross, however, who held the pulse, noticed that the heart did not altogether stop beating. The table was inclined (so as to depress the head) until the completion of the operation; the mouth was constantly moistened with ammonia, and finally the patient began to revive. The destruction of tissue in this case was very extensive.

Dr. Sayre at first thought the acetabulum was not perforated, but soon discovered that it was, and that the head of the femur, already detached, plugged up the large hole through it. When this was removed, an enormous quantity of pus gushed forth; which was exceedingly fetid, from its having been in such proximity to the sigmoid flexure of the colon. There was no less than three sinuses whose external orifices were above Poupart's ligament. We are happy to say that the child began to improve immediately after the operation, and is now doing exceedingly well; which goes to prove the truth of the remark that Dr. Sayre often makes, that his most hopeless cases often turn out the best in the end. He certainly could not wish for a more hopeless one than the above.

The second case was operated upon at his clinic at Bellevue College, and on this occasion a patient on whom he had performed exsection of the hip-joint just two months before was presented to the class. The little fellow was certainly wonderfully improved, and the father said he had gained about ten pounds since the operation. He was now taken out of the "wire breeches," in which he had been kept ever since then, and it was found that the lower extremity of the affected side was already quite as long as the sound limb. A long steel splint, reaching just above the hip, was then applied, and the patient allowed to walk about freely.

The new case was a little girl of five, in whom the disease had existed for two years and had now reached the third stage. She was in much better condition than either of the other patients, being, in fact, quite fat. The acetabulum was not perforated. After the operation she was placed in the same apparatus which had just been "shed" by No. 54, as both children were of about the same height. This case is also doing well.

Since Prof. Sayre's unjust removal from the position of attending surgeon to the Bellevue Hospital last summer, his clinics at the college have been constantly increasing in interest and importance, and his material is now so abundant that he can never succeed in bringing before the class half the patients that present themselves. A very good idea of the number and variety he *does* present, however, may be obtained from the verbatim report of one of his ordinary clinics, published in the *Philadelphia Medical Times* of April 10. After the publication of his clinical lecture on hip-joint disease in the Putnam's series, a number of gentlemen expressed their surprise that he should be able to get together on the same day three cases illustrating the three stages of the disease; but this was entirely an accidental occurrence, and is by no means uncommon at his clinics.—*Com.—Philadelphia Med. Times.*

UTERO-GASTROTOMY.—At a recent meeting of the Medical Society of New York, Dr. Marion Sims made some remarks on utero-gastrotomy—the removal of large uterine fibroids by abdominal section. The operation, he said, stood where ovariectomy did twenty years ago; it had opposition to encounter, and would doubtless achieve the same victory. In America, it had been performed successfully by Kimball, Burnham, Boyd, Storer, and Darby; in England, by Charles Clay, Fletcher, and Lawson Tait. Koeberle of Strasburg cured four out of six cases; while Péan of Paris gives the minute histories of eleven cases, with seven cures; and his pupil Urdy says that the whole number of Péan's operations up to the present time is twenty, with fifteen cures. Dr. Sims had recently operated twice for the removal of the uterus, with large fibroid, by abdominal section. The patient was in a feeble state from excessive loss of blood. During the separation of a large fold of intestine from the surface of the tumour, the capsule of the tumor was torn up, large venous sinuses were opened, and the patient suddenly lost about sixteen ounces of blood. She never rallied, and died from the shock and loss of blood in thirty-five or forty minutes after the operation. The second patient was thought to be a favourable case for operation. It was done on November 9th, according to Péan's method. The patient died in seventy-six hours, of septicæmia. Examination *post mortem* showed the pedicle in a

sloughing condition below the wire clamp, the slough extending along the line of incision in the abdominal parietes, and on top of the bladder, and in the broad ligament. There were eighteen ounces of bloody serum in the peritoneal cavity. Péan's method of operating is to make a pedicle of the supravaginal portion of the cervix, and to draw this out through the lower edge of the abdominal section by clamp, as in ovariectomy. He transfixes the cervix by a double wire, ties one on each side of the cervix, enclosing the broad ligament on its respective side in the wire. Dr. Sims employed Péan's method in both his cases, but would not use it again; but he advocated the use of the actual cautery. He exhibited a clamp *ecraseur* on the principle of Nott's (and Isaac E. Taylor's), by which he would compress the broad ligament on one side near the body of the uterus, and then sever the ligament with the cautery down to its junction with the cervix. The same method is to be followed on the side, and then it only remains to cut the tumor from the supravaginal cervix, and cauterise the surface. The several cauterised portions are then dropped into the peritoneal cavity, when, in spite of the eschar, they unite at once by adhesive inflammation to the surfaces with which they lie in contact. Dr. Sims exhibited an automatic alcohol blowpipe for heating the cautery irons. Dr. E. M. Moore of Rochester, last summer had a case of uterine fibroid on which he operated successfully, in which the tumor weighed seventeen pounds. The operation was a modification of the one introduced by Dr. Miner of Buffalo, in cases of ovariectomy, and called by him ovariectomy by enucleation. In this case a pedicle was created by separating a portion of the serous membrane from the surface of the uterus and tumor, and bringing it into the abdominal wound, where it was retained, as in ovariectomy, and formed a cup which received the blood which might escape, and the discharges, and thus prevented their entrance into the abdominal cavity. Dr. Peaslee of New York had seen but two cases in which he thought the operation was advisable; but did not wish to be understood as opposing it. He was perfectly willing to undertake it when the indications were fulfilled.—*New York Medical Record.—Brit. Med. Journal.*

SALICYLIC ACID AS A DISINFECTANT.—This agent has been recently introduced into the surgical department, and serves a much better purpose than carbolic acid. The great advantage it possesses is, that it is destitute of odor, while it thoroughly deodorizes all discharges that it comes in contact with. It is used in solution directly to the granulating surface by means of a syringe or irrigator. The solution is made by combining and dissolving the following: Salicylic acid, one part; phosphate of soda, three parts; water, one hundred parts.—*N. Y. Med. Journal.*

REMOVAL OF A FOREIGN BODY BY THE
OPERATION OF PHARYNGOTOMY.

BY W. I. WHEELER, F.R.C.S.I.

(Read before the Surgical Society of Ireland, March 19.)

* * * John O'Brien, æt. 45, married, a large man, in robust health, by occupation a farmer, residing in the County Leitrim, was admitted into the City of Dublin Hospital on Tuesday, November 10th, 1874, under my care, having been sent to me by my friend and former fellow-student, Dr. Palmer. At the time of his admission his face was full and flushed, with slightly injected conjunctiva, and there was a huskiness of voice not unlike that of acute laryngitis. From one corner of his mouth hung a strong black thread, which was fastened round the left ear. He states that on the Sunday previous, that is two days before his admission, he had been sewing a button on his trousers, and having put the needle into his mouth, eye foremost, it slipped down. He endeavoured to withdraw it by the thread, but it seemed to him to fasten it tighter, for the obvious reason that he was embedding the point more firmly. On examining his throat with the laryngoscope I was able to detect the exact position of the needle, being somewhat obliquely situated, the eye-end being buried in the left palato-pharyngeus muscle, the point in the left arytenoid cartilage. At a subsequent period this diagnosis was confirmed by Dr. R. McDonnell, who kindly examined the patient with the laryngoscope for me.

Intense anxiety was depicted on the countenance of the man; he could not swallow anything but fluids. Before his admission Dr. Palmer had tried to extract the needle, and also Dr. Little of the Sligo Infirmary. I endeavoured on the night of his admission to extract the needle, but without success, and although I believe on one occasion I caught it with the forceps, it slipped through the blades. I ordered him ice to suck, and made slight traction on the thread by fastening it to the cheek by means of adhesive plaster. On the following day, the 11th November, I called a consultation of my colleagues, and with the assistance of Mr. Tuffnell (President of the Royal College of Surgeons) and Mr. Arthur Baker, both of whom attended, I tried again to remove the needle but without success. I had procured different kinds of forceps for the purpose, and have to thank Mr. Butcher for lending me an instrument whose blades opened antero-posteriorly, which I thought might have been useful. After some attempts to withdraw the needle the patient suffered considerable laryngeal distress, and I determined not to again try its removal for some days, until the symptoms ascribable to the endea-

vours at removing it had subsided. Ordered ice to suck, and to inhale the steam of warm water.

12th November.—The great laryngeal distress he suffered from in the night had considerably subsided. Ice continued; diet, milk and beef-tea.

On the 15th I again endeavoured to withdraw the needle, and had an eye or loop put on the external surface of one of the blades of the forceps, in order that the thread, to which I had added a portion of hempen ligature, to make it longer, might run through the eye, and thus direct the forceps to the needle. The needle had, however, been so completely and firmly embedded that it was impossible to catch it. I next tried the thread through a catheter with the eye in the end (kindly lent to me by Mr. Tuffnell), hoping by this means to depress and dislodge one side or end of the needle. This was likewise unsuccessful. I contemplated dividing the needle, and to try the effect of magnetism, but I abandoned these ideas for reasons obvious.

17th November.—Up to this date the patient had not swallowed any solid food from the day of the accident, and had got considerably thinner, and pale and haggard looking. Occasionally he suffered considerable pain, which caused him sleepless nights, being not only where the foreign body was situated, but even up the side of his head, and in his ear; the patient did not suffer so much laryngeal irritation after this trial at removal, and it was wonderful to witness the great toleration of the patient to these trials to relieve him.

Having tried every means possible for the extraction of the needle without operating and opening the gullet, I felt from the condition of the patient, his increasing weakness, the anxiety he was suffering, the occasional intense pain, added to his numerous and constant importunities to relieve him and cut it out, there was no other means at my command but to perform pharyngotomy. After due deliberation with my colleagues, Mr. Tuffnell and Mr. Barker, who on every occasion I required most kindly attended and assisted me, I determined to operate, and on Monday, the 23rd of November, I proceeded in the following manner, before a large class of students and several distinguished surgeons of Dublin.

The man being placed on the operating table in the theatre, was put under the influence of chloroform. I made my incision on the left side of the neck, commencing from the body of the os hyoides to the superior margin of the cricoid cartilage; through the integument and fascia a small vessel sprung, most probably the sterno-mastoid branch of the superior thyroid artery, which I quickly ligatured. Each layer of fascia I took up on a director, and cautiously divided; the common external and internal carotid arteries now came into view, also the superior thyroid artery and superior laryngeal nerve, with a few descending

filaments from the ninth nerve. I now separated the attachment of the omo-hyoid muscle. The chloroform, which was administered by Mr. Gardiner, the senior resident, was now discontinued. The vessels Mr. Butcher was good enough to retract for me, and kept them to the outside. I now passed a staff, as originally recommended by Vacea-Berlinghieri, into the mouth and pharynx. Mr. Tuffnell, to whom I handed it, caused it to bulge the pharynx to the left side, and at this prominent point I made a small incision sufficient to allow in the top of my index finger. The staff was now withdrawn, and I enlarged with my fingers the opening already made in a direction upwards and downwards. I now passed my finger behind the ala of the thyroid cartilage, and endeavoured to feel for the needle which I was unable to find. I next passed in a small forceps on the palmar aspect of my left index finger to the situation I knew the needle was, but could not get it. Failing this, I passed my left fore-finger upwards towards the mouth and brought the thread attached to the needle from the mouth through the wound. I followed the course of the thread, but the needle was entirely embedded in the soft structures. I now scraped through the tissues with my nail, and came on the needle by slight traction on the thread, and grasping the needle with the forceps before mentioned, I withdrew the needle, to my great gratification and relief of the patient. During the period I was abstracting the needle the patient suffered great dyspnœa, his face was congested, eyes protruding, the perspiration was pouring off his face, and to the uninitiated it would appear as if dissolution was near at hand. I put no sutures in the gullet, but the edges of the wound I brought towards one another with a few points of carbolic suture. The man was speedily conveyed to bed, a piece of lint soaked in carbolic oil was laid over the wound, a poultice of bread and milk placed over the abdomen, to be renewed in four hours. Nutritive enemata to be administered during the day, ice to suck, &c., and a sponge soaked in iced milk was occasionally squeezed on his lips.

I saw him in four hours after the operation: the expression of anxiety had left his countenance; he expressed himself relieved; some of the milk given by means of the sponge and in teaspoonfuls came out through the wound, but the greater part followed the natural course to the stomach.

On the 24th he was doing well; had some sleep. 25th November.—Had a rigor; temperature 100°; the edges of the wound slightly inflamed; an abscess formed in the incision, which discharged itself through it, as I had taken the precaution not to draw the edges together, as such was likely to follow.

On the 6th of December the fluid ceased to come through the wound, and he was discharged from the hospital perfectly recovered on the 19th of December, 1874.

The points of practical interest appear to me as follows:

1. To arrest hæmorrhage from the small vessels necessarily severed immediately, so as not to obscure any of the parts to be divided, which should be well examined before being cut.

2. To have the vessels well retracted.

3. To have a staff put into the pharynx from the mouth to make it bulge.

4. Not to pass a knife into the pharynx to enlarge the opening up and down, as recommended by Mr. Cock, as to my mind this was the cause of the hoarseness in his case, and it was thus he wounded the filaments of the nerves.

5. The patient need not of necessity be fed with a tube.

6. Should the thyroid gland appear, not to mistake it for the gullet.

7. To operate on the left side of the neck, being more convenient to the surgeon, unless the foreign body is bulky and bulges on the right.

In conclusion, I agree with Mr. Cock, who believes the operation, if dexterously performed, not to be a fatal one; and I have thus, as faithfully as I can remember, described each step of my operation, in hopes that it may be of use to others if called on to perform pharyngotomy.—*Medical Press and Circular.*

THE MARRIAGE OF COUSINS.

One of the "undetermined questions" on which much light might be thrown by those who have an opportunity of ascertaining with accuracy and completeness the circumstances of family life, is the effect of marriages of consanguinity. In this country the problem is almost limited to the effect of the marriage of cousins. The question is of great importance, for it comes up at some time or other in almost every family, and from the members of our profession an authoritative opinion is constantly expected.

A strong feeling against such unions has grown up among many of the more thoughtful and better informed members of the community. The objection is in part probably an instinctive one, but is chiefly founded on the occasional known consequences of such marriages. Instances in which the offspring have exhibited in alarming frequency defects of form or constitution have probably come within the personal knowledge of most persons, and striking examples which have from time to time been recorded are to be found in most physiological text-books. 'Deaf-mutism is one of the commonest defects met with under the circumstances; and the chaplain to the Association for the Deaf and Dumb, has recently enumerated in a letter to a contemporary, several sad instances which have come under his notice. In different families two, three, four, and in one case eight out of nine children

were deaf and dumb, the parents being cousins. Of the frequent disastrous results of such unions there can be no question. Mantegazza found that out of 500 marriages between blood relations in only 102 the offspring exhibited no morbid tendency.

It is obvious, however, that not every morbid condition occurring in children of related parents can justly be ascribed to consanguinity. Some statistics do not show at all conclusively the influence they are supposed to prove. Mantegazza, for instance, found that in 15 marriages between uncle and niece or aunt or nephew 33 per cent. of the offspring exhibited defects in constitution or development; in 107 marriages between first cousins, 28 per cent. of the children were affected; in 38 marriages between second cousins, 94 per cent. of children, and in 68 between third and fourth cousins, 41 per cent. of the children, suffered. The affection of the children in the two latter cases was obviously in great measure irrespective of the relationship between parents, and probably is of no significance as evidence for or against marriage of consanguinity. Instances also are not unfrequent in which the offspring of such a marriage exhibit no defect in development or in constitution, are in every respect strong and healthy; or if weakness does occur, it is not with greater frequency or in greater degree than is common in the children of those who are not cousins. Cases are indeed on record, especially in certain colonies &c., in which repeated intermarriage, continued even for centuries, has led to no apparent deterioration of physical condition.

The problem is rendered complex by the circumstance that, in a large number of instances, the marriage of relations brings into play other influences than those implied in the mere fact of consanguinity. It is well known that a morbid tendency existing in each parent is transmitted with great certainty, and usually in intensified degree, to the offspring. Relations, of course, much more frequently than strangers, possess the same constitutional condition. As has been said, "consanguinity raises heredity to its highest power." Moreover, in some of the instances of intermarriage the relations have lived in contiguity, have been exposed to the same endemic influences, which have thus been intensified in their offspring, either in actual morbid states or in liability to disease. It is believed by some that all instances of defects in the offspring of such unions may be thus explained; that marriages of consanguinity do not in themselves entail any evil. Of late Mattei, Bertillon, and others have strongly urged this view. The latter even advocates the beneficial influence of such unions, augmenting the healthiness of families free from taint, while it brings out to the light of day concealed impurities of blood. But such reasoning involves a grave and dangerous

misrepresentation. Intermarriage can only conduce to health in families free from taint by keeping out extraneous sources of impurity, while the least proclivity to disease is increased incalculably. Very few families in a community such as ours are so free from lurking mischief as to be able to venture on such a course. On the other hand, the union of a sound and unsound individual not only may conceal but actually diminish the transmitted taint.

The question can only be determined by the careful record of a large number of cases by those who can trace out family connexions and are fully acquainted with family taints. Instances on the one hand, of the marriage of cousins, and its results; and, on the other, of the occurrence, under different circumstances, of such defective development of constitution or physique as has been attributed to inter-marriage. Until this is done, and data, negative as well as positive, collected in large number, the question must remain undecided. The evidence afforded by isolated instances such as we have mentioned cannot be regarded as conclusive. But the peculiar character of many of the cases renders it difficult to understand that they can be entirely due to the influence of transmitted and intensified tendencies to disease. The form which they assume is, with curious frequency, that of defective development of the nervous system and its appendages, showing itself especially as deaf mutism. This clearly, in some cases, results from the transmission of a tendency to disease of the nervous system, which shows itself in other members of the family as insanity or epilepsy. But if there is, as there appears to be, a considerable number of cases in which the deaf-mutism in offspring results from the marriage of cousins in which no such family proclivity to affections of the nervous system can be traced, even in the slightest degree, the probability that such defect is the direct result in some way, of the consanguinity of the parents is very strong. It is difficult to understand how any other morbid tendency on the part of the parents would result in such a condition, either by causing defective development in that special direction, or by the mechanism of intra-uterine disease.

Whatever be the conclusion, it can, however affect very little the practical question. Whether intermarriage be capable of generating defect in the offspring of the previously healthy, or merely of intensifying morbid tendencies already existing, there can be no doubt that the health of the community has nothing to gain but very much to lose by the practice, and that it should be, as far as possible discountenanced. Were it not for the effect of union with healthy persons, the morbid tendencies, which so many possess, would receive, as they do when the rule is departed from, terrible augmentation.—*The Lancet.*

Medical Items and News.

A NEW POINT IN THE DIAGNOSIS OF OVARIAN DISEASE.—Mr. Spencer Wells mentioned, at a meeting of the Pathological Society (March 16), a very striking fact in illustration of the practical use of the microscope in the treatment and prognosis of disease. He has long taught that single cysts near the ovary may be truly ovarian (excessive growth of one Graafian follicle) or extra-ovarian (dilatation and growth of part of the remnants of Wolffian body, or parovarium). And he has found that, while the extra-ovarian cysts are often radically cured by a single tapping, the cyst contracting and never refilling, the true ovarian cysts are almost certain to fill again. He had also shown that the contents of the parovarian cysts consisted of little more than pure water, with scarcely any albumen, or only a little albuminate of soda, the specific gravity seldom exceeding 1005. Mr. Thornton has recently discovered that the fluid in some single ovarian cysts contains little groups of cells, which he believes are only formed from the lining membrane of the Graafian follicle; and the presence of these cells, with the higher specific gravity and the amount of albumen or paralbumen in the fluid, are sufficient to enable a surgeon to say after tapping a single cyst whether it is likely to be radically cured by tapping only, or whether it is almost certain to refill and require ovariectomy. —*Med. Times and Gaz.*, March 20, 1875.

DELIVERY OF THE HEAD IN BREACH CASES.—Dr. Penrose, in speaking of the delivery of the head in *breach presentation*, says: When the head is transverse, the fingers inserted on the side of the pelvis can easily reach to the superior strait, and can easily be applied to the root of the nose or in the mouth, and the head can thus be quickly and readily conducted, still in the transverse diameter, to the floor of the pelvis. And again: If the head is at the superior strait, and the uterine forces fail, do not think of the forceps, but press directly down on the head with the hands; you can thus apply any amount of vis a tergo. In almost all cases of breech presentation the forceps are unnecessary, and the rapid delivery of the head can be easily and quickly secured by the bearing down efforts of the mother, aided or replaced by the pressing down efforts of the attendant.

AFTER-TREATMENT OF EXSECTED JOINTS.—After the usual operation for excision of any of the joints, plaster-of-Paris bandage has been used with much benefit. It serves the purpose of being relatively light, and at the same time keeps the limb perfectly quiet. A fenestrum is cut where it is necessary, either for the purposes of dressing or drainage.

RETAINED PLACENTA.—In reference to some cases of retained placenta that had been treated by forcible removal, which he regards as a dangerous practice, Dr. Linéard, of Caen, calls attention to the fact that many years ago he published a simple procedure, which he has always found as effectual as it is safe and easy, and which is also a very efficacious means for the prevention of after-pains and uterine hemorrhage. It consists in the injection of the umbilical vein with cold water. A clean section should first be made, so as to bring the vessel plainly into view, and also to shorten the cord, which should not be more than from twenty to thirty centimetres in length. A syringe, containing at least 150 grammes, and having a long fixed canula, should be employed. The colder the water used, the less is the quantity that need be injected; so that while 150 grammes suffice at the ordinary temperature of winter, twice or thrice as much may be required in summer. —*Gaz. des Hop.*, February 25. —*Med. Record.*

FORCEPS AS A CAUSE OF LACERATION.—Dr. Wm. Goodell (*State Med. Society*) says: "From our own experience and that which we have seen in the practice of others, we have long been convinced that the forceps is the common cause of most of the severe lacerations of the perineum. Even in comparatively easy cases an instrumental delivery of the head will often occasion an unseen rent in the mucous surface of the vagina which the passage of the shoulders extends through the perineum. Increased observation confirms me in the opinion that, other things being equal, as soon as the perineum is well distended the forceps should, as a rule, be removed, unless the withdrawal of the blades requires a force which might hasten delivery." Dr. T. Addis Emmet, also, states "that bad laceration of the perineum is the result generally of instrumental delivery." Now that the use of the forceps has become so indiscriminate, it is well to consider these statements of careful and able observers. —*Med. News Cin.*

IN RHEUMATISM.—

R Trimethylamini, Miv ad Mviiij ;
Syr. zingiberis, ʒi ;
Aq. menth. pip., ʒi.—M.

Take at intervals of one to three hours until pain is relieved.

FORMULA FOR THE ADMINISTRATION OF CROTON-CHLORAL HYDRATE.—

R Croton-chloral., gr. xxx ;
Glycerinæ, ʒiss ;
Ext. glycyrrhiz., ʒi ;
Aq. et syr. simpl., aa fʒiss.—M.

Tablespoonful *pro re nata*.—(*Med. Times.*)

THE CANADA LANCET.

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TORONTO, JUNE 1, 1875.

DEPRIVATION OF FAT IN WASTING DISEASES OF CHILDREN.

During the past few months it has happened to the writer to have had to treat three cases of a certain form of wasting disease of infants, in which the employment of a simple line of treatment has been attended with success. Although none of the different means employed are original, but have been previously recommended separately, yet it is deemed useful to recount them, and to make known how that by combining these resources an efficient method of treatment may possibly be commanded.

It is not intended to particularize the different cases, but simply to state their general features. All three were infants under the age of six months. Two of them when seen were very much emaciated, and one not so extremely so, yet its emaciation up to the time of treatment was progressive. Persistent and most troublesome vomiting, alternating or concomitant with diarrhoea, denoted the severe irritation of the alimentary canal; while the progressive and extreme emaciation showed great defect in the nutritive functions. Naturally infants in this state get very fretful. Their shrivelled expression of countenance is that of a miniature aged person, haggard and most pitiable and distressing to look upon. On pinching slightly the loose and wrinkled skin, it is felt to be thinner than natural, and the deposit of fat in the subcutaneous cellular tissue which gives plumpness and rotundity of feature to the well-nourished child, is found to be wanting, so that the skin simply covers the puny muscular development and the bones. It is this simple want of fat in the tissues which marks the type and class of cases—

by no means infrequent—in which the inunction of oil, hereafter to be recommended, is attended with gratifying success.

Of the great importance of fat in the economy of nutrition, it is scarcely necessary to speak. Let us, however, very briefly summarize the teachings of physiology on this head:—(1.) Fatty matter exists in the blood and is highly nutritive. (2.) It is generally distributed throughout the tissues, scarcely any tissue being altogether destitute of fat. (3.) Fat is always present in newly-forming tissues and newly-forming cells, and is essential to nuclear and cell growth. (4.) The healthy action of the skin is maintained by the secretion of fatty matters in the sebaceous glands. (5.) The hepatic function employs a certain amount of fat, and fat exists in other secretions besides the bile. (6.) Fat is a heat forming substance, and contributes to animal energy. (7.) Phosphorized fat is a remarkable constituent of nerve substance.

Of all these facts and teachings, that which assigns to fat its share of work in building up the tissues, and in being essential to cellular and nuclear development is, perhaps, the most important in its bearings on the malnutrition of infants. The rapidity of cell formation which takes place in the infant, makes a demand for fat. If the supply of fat be cut off, as it is when an irritable stomach rejects the maternal pabulum, and when a continuous diarrhoea carries off in an imperfectly digested state, the small quantity of milk which the stomach may possibly have retained, and which is hurried through that part of the intestinal canal where the fatty matters are digested. Hence the deprivation of fat in a condition like this, and the resulting progressive emaciation.

Called upon to treat a case of this kind, the practitioner would rationally set about the rectification of these disturbances by seeking to assuage the irritability of the stomach, to control the diarrhoea, and to promote the assimilation of fat. These three distinct objects may be attained by the following means:—

1. The irritability of the stomach may be lessened, and stomach digestion promoted, by administering to the infant about four times a day, a few minutes before it is about to suckle, small doses of bicarbonate and phosphate of soda. In doses of from one to five grains, the phosphate of soda alone, or combined with a little alkaline

carbonate, proves a most efficient agent, and it seems to contribute specially to nutrition. It is reasonable to suppose that it assists in the phosphorization of fat and in helping to make bone and nerve tissue.

2. The diarrhoea may be treated (as it was in these cases) by oxide of zinc in one, two, or three-grain doses, with a minute quantity of the compound powder of ipecacuanha added, should the diarrhoea persist after a few doses of simple zinc oxide. Over and above its astringent effect, the tonic properties of the zinc constitute part of its value. The Dover's powder not only serves as a convenient preparation for giving opium in small doses, but it stimulates the defective skin, lessens irritability, and promotes rest and quietness which are essential to nutrition.

3. The repletion and assimilation of fat, may best be promoted by the inunction of oil. The inunction of fat or anointing with oil is a practice of great antiquity; but the revival of its employment in modern times, as a means of supplying fat to the blood and tissues by means of absorption through the skin—a practice now guided by a knowledge of its *modus operandi*—is one of the many valuable recent contributions to practical medicine. The whole surface of the abdomen may be directed to be rubbed with fine olive oil two or three times a day,—and also the back and limbs in extreme cases,—and to be swathed in an oiled cloth after the process of rubbing. Active absorption, stimulated by the gentle friction, then goes on during the rest of the time; and the watchful practitioner will soon begin to perceive its effects in the arrest of the progressing emaciation and in a slow but gradually increasing rate of improvement.

The writer is disposed to attach great importance to the employment of oil in this manner as most essentially contributing to improved nutrition. Clinical experience bears out the theoretical considerations that may be deduced from physiological teaching. All the cases got well in a comparatively short time, and one of the attenuated babies is now a most remarkably fat and heavy child. The treatment, which in this particular case, was kept up longer than was found to be necessary in the other cases, seems to have made a lasting impression upon the child's nutritive powers.

DR. ARNOLD AND HIS FRIENDS.

Dr. Kitchener in a chapter on the treatment of invalids, says, "*Imprimis*, beware of dogs." A more forcible caution we consider would be, "beware of quacks." The legislature having made the revision of medical laws an affair of State it might have been expected that the most influential and respectable part of the public press would not be found siding with ignorant pretenders to the practice of medicine, yet the general gist of their arguments is that the suppression of quacks by the force of law, involves the impracticable absurdity of prohibiting a mother or a nurse from administering medicine to a child suffering from indigestion, till a licensed practitioner had sanctioned the prescription! and that as every one is allowed to preach the gospel who can procure hearers, so every one should have liberty to practice physic who can obtain patients. By a letter received a few weeks ago from a practitioner in St. John's, New Brunswick, enclosing slips from the city papers we find our quondam friend, the Surgeon in the Prussian Army, who gave special attention to all diseases of the feet, hip joint diseases, white swellings, without administering internal medicines; who cured cancers and fistulas without the use of the knife, &c., &c., in serious trouble with a merchant tailor of that city. The latter arrested him on suspicion of debt, and forthwith rush the knights of the quill to his rescue, one of whom thus sensibly discourses: "Dr. Arnold claims to be a Regimental Surgeon of the German Army, practising medicine here by order of his superiors, distributing drugs to the poor in accordance with his instructions, and forwarding regular reports of all cases he treats to head quarters. Verily a Howard redevivus, a firm believer in the axiom of Boerhave "That the poor are the best patients for they have God for their paymaster." The Editor's organ of belief must surely be inordinately developed, as he informs his readers that "Dr. Arnold has forwarded the facts, through the German Consul to his Government, and expects that Prince Bismarck will call on Mr. Disraeli for satisfaction for the insult." This then accounts for the recent war cloud in Europe, for the meeting of the Emperors, and for recent inquiries in the House of Commons about England's preparedness for war. Illustrious Dr. Arnold! Katerfelto of

old was not fit to touch the hem of your garment. The old mountebank trick of being announced by beat of drum in the market square, sinks into insignificance compared with modern newspaper heralding. Advertising in the ordinary way or by leaders from the Editor, is the main spring of empirical success, and it is only necessary to be in possession of sufficient funds for the purpose to ensure the enclosure in the net, of any number of dupes. Thousands of dollars are occasionally risked in giving publicity to a nostrum, and the returns are in proportion to the courage of the speculator, his happy adaptation of his remedy to what he knows to be prevalent diseases and popular impressions, and to his more or less indifference to truth. Medical men are alone capable of forming an accurate judgment of the fatal effects of empiricism, and of clearly pointing out why it should be suppressed. They are, therefore, morally as well as *ex-officio*, bound to express firmly and openly their opinions, and to expose to the utmost of their power the nature and extent of the evil. That quackery will always exist we know well, for credulity is too deeply rooted in the human mind ever to be thoroughly plucked out. But quackery at present rears its head too high, and affects a degree of equality with physic which ought no longer to be tolerated.

AMERICAN MEDICAL ASSOCIATION.

We present our readers with an abstract of the proceedings of the American Medical Association, held in Louisville, Ky., on the 4th ult., and following days, which we have gleaned from our American Exchanges. The Association was called to order by Dr. E. Richardson, Chairman of the committee of arrangements, who welcomed the members in a suitable address, and announced the plan for the general meetings of the Associations in different sections. Dr. N. S. Davis of Chicago, announced the presence of Dr. Botsford of St. John, N. B., President of the Canadian Medical Association, and moved that he be invited to take a seat on the platform. Dr. Botsford on reaching the President's chair, was presented to the audience, and made some appropriate remarks. After reading the names of the delegates, some 300 of whom were present, the President Dr. Bowling of Ky. read the annual

address. The address which was listened to attentively, was a comprehensive review of the objects of the Association, such as the elevation of the standard of medical education, the advancement of medical knowledge, and the promotion of friendly intercourse.

The Association was divided up into sections, each being presided over by its respective Chairman, who read an address. The papers presented to the Association were each read before the respective sections, except one by Prof. Gross, of Philadelphia, on "Blood-letting as a Lost Art," permission having been given him to read it before the General Association on the forenoon of the second day. The gist of this address was, that extremes were dangerous, and that the time was not far distant when the "lost art" would enjoy a reactionary favouritism. While admitting the mischief of the excessive use of the remedy, many cases were cited to prove the efficiency of its timely application.

The sections were well attended, and many excellent papers presented. In the section on Practical Medicine, Dr. Flint, Sr., chairman, summarized the advances in practical medicine during the last year, touching upon various subjects such as alcoholism, motor nerve centres, new remedies, transfusion, and suggestions in regard to the natural history of crime.

In the Surgical Section, Dr. Moor, chairman read an exhaustive paper on "Transfusion," its advantages and disadvantages, methods of procedure, &c. In the Obstetrical Section, Dr. Byford, chairman of this section, read a paper on the treatment of uterine fibroids by injections of ergotine, and gave a description of several cases attended with remarkable success. In the section on State Medicine and Hygiene, Dr. Bowditch, chairman, took up the subject of a national council of health, and advocated united action of the Societies, so that the matter might be brought prominently before Congress.

A communication was received from Dr. David, general secretary of the Canadian Medical Association, in reference to a resolution passed at the last meeting, recommending a conference between the American and Canadian Medical Associations, at some central point, having for its objects, the mutual interchange of ideas on medical and surgical subjects, and the formation

of a closer relation between the two National Associations. This was referred to the Committee on Nominations, and the following gentlemen were appointed to confer with a like committee of the Canadian Medical Association, at such time and place as may be agreed upon by the joint committee of the Associations:—Drs. S. D. Gross, Pennsylvania; J. T. Hodgin, Missouri; Austin Flint, New York; W. Walling, Kentucky; T. C. Lane, California; W. Johnston, Mississippi; W. Brodie, Michigan; T. D. Cunningham, Virginia; E. Andrews, Illinois; Wm. B. Atkinson, Pennsylvania; H. J. Bowditch, Massachusetts; R. Bartholow, Ohio.

The subject of providing a Memorial Fund to perpetuate the name of E. McDowell, the "Father of ovariectomy," was taken up. Dr. Sims, of New York, Chairman of the committee, brought in a report, recommending the raising of a sum of \$10,000, the interest of which should be devoted to the payment of prizes for the best essays on the "Diseases and Surgery of the Ovaries," and leaving the privilege of providing a local memorial to the State of Kentucky. Dr. Gross made some remarks in reference to the motion, and concluded by subscribing \$100 to the fund. The formation of an "International Medical Conference," to be held in Philadelphia during the Centennial Celebration, was next alluded to. It was announced, that the session would be held in September, '76, and that invitations would be sent all over the world. Addresses will be read, referring to the progress made in Medical, and Surgical science, during the past one hundred years.

The following gentlemen were appointed delegates to the Canadian Medical Association, which meets in Halifax, N. S., on the 4th of August 1875; Drs. S. D. Gross, Philadelphia; T. Anderson, and W. Walling, Kentucky; Wm. B. Atkinson, Philadelphia; W. Brodie, Detroit; and E. T. Easley, Texas. The Association was magnificently entertained, by both the profession, and the citizens of Louisville. Many members of the Association made a visit to the Mammoth Cave, a reduction in fare having been arranged for the round trip.

The following Officers for the ensuing year were appointed, after which the meeting adjourned, to meet in Philadelphia, on the first Tuesday in June 1876: President; Dr. J. Marion Sims, New York; Vice-Presidents; Drs. Jackson, Kentucky; S.

Lilley, New Jersey; N. Pinkey, U. S. Army; and S. D. Seely, Alabama; Treasurer Dr. C. Wister, Pennsylvania; Librarian, Dr. W. Lee, District of Columbia; Asst. Secty. R. J. Dunglison, Pennsylvania.

The Chairmen of sections were as follows:—Medicine, Dr. T. G. Smith, Pennsylvania; Obstetrics, Dr. S. C. Busey, D. C.; Surgery, Dr. A. Garcelon, Maine; Medical Jurisprudence, Dr. E. L. Howard, Maryland; State Medicine, Dr. R. C. Kedzie, Michigan.

MEETING OF THE NEW COUNCIL.

It is more than probable that before our next issue the newly elected Council of the College of Physicians and Surgeons of Ontario will hold its first meeting. This meeting will be of more than usual interest, as there will be considerable work to be done. Some revision of the curriculum will be rendered necessary, owing to the re-entrance of the Homœopaths into the Council, and some modification in the mode of appointing examiners and the allotment of subjects to each will be rendered necessary. The mode heretofore adopted of appointing examiners from the schools, to examine on those subjects upon which they respectively lecture, is vicious in principle and should be discontinued. The appointment of examiners from the Council Board, to the entire exclusion of outsiders, has not been found to work as well as was anticipated. It is a notorious fact that the examinations are becoming more lax from year to year; in fact the late examination may be said to have been a mere farce compared to those which took place in former years. It is said that the students are in the habit of hissing those whose questions seemed to them to be of a difficult character, and applauding those who gave easy ones, and if such conduct is to be encouraged it is easy to foresee the result.

Several complaints were made some time ago that the Treasurer, Dr. Aikins—who is also one of the examiners—demanded of the students when they came to pay him their fees, which school they belonged to. Many of them considered this an unwarrantable interference, and it gave rise to the suspicion that the Doctor had some special object in asking the question. Some of them were so indignant that they felt disposed to answer that it

was no part of his business, but they desisted and submitted to what they considered a wrong, because they feared that as an examiner he might be severe upon them at the oral examination. This seemed an unpleasant state of affairs. One of the students wrote a letter to the LANCET in October last in reference to this matter, and since then there have been no complaints; but it would be as well to avoid the possibility of such occurrences by discontinuing the practice of appointing a member of the Council, belonging to any of the schools, to the double office of Treasurer and Examiner.

Some alteration should also be made in reference to the regulation which permits the lecturer on *Materia Medica* to lecture on Botany and Medical Jurisprudence, in short, to undertake the work of three men, while in other departments the certificate is only valid when the lecturer lectures upon one branch of medical science. This is an anomaly which should no longer be found among the regulations. If it is thought advisable to connect two or more branches together and place them under one teacher, such subjects as have an intimate relation to each other should be chosen, such as Chemistry and Toxicology, or Medical Jurisprudence and Toxicology, or Chemistry, Medical Jurisprudence, and Toxicology. *Materia Medica* and Botany might be associated in one chair; but the idea of concentrating *Materia Medica*, Medical Jurisprudence, and Botany, all in one chair, is a matter which should not be allowed to pass unnoticed. Some change is also required in the division of the subjects of the primary and final examinations. For some unexplained reason Toxicology is placed among the primary subjects, although a thorough knowledge of this branch embraces a knowledge of Practical Chemistry, Medicine, and Medical Jurisprudence. It would be much more rational, to put Practical Chemistry along with Theoretical among the primary branches, and transfer Toxicology to the final examination.

We trust also that the new Council will deal liberally with the Registrar, Dr. Pyne. We can bear testimony to the zealous and indefatigable manner in which he has discharged his duties. An unusual amount of work has devolved upon that gentleman during the past year, and the small pitance the old Council voted him is entirely insufficient remuneration for the amount of work done.

It will be simply an act of justice on the part of the new Council to supplement the amount voted at the last meeting.

We would in conclusion again urge upon the Council the propriety of appointing a public prosecutor in each county in Ontario, whose duty it would be to prosecute every man who attempts to practice medicine without being properly licensed. Unless the Council takes some action in this matter it will be impossible to collect the annual tax. There are as many quacks in the country to-day as there were before the Act was passed.

MEDICAL ELECTIONS.—We are requested to state that Dr. Pyne, the Registrar of the Ontario Medical Council, has issued voting papers to all the registered medical practitioners in each territorial division, according to the addresses on the register. If any of the electors have failed to receive their voting papers through change of address or other cause, they will be kind enough to communicate with the registrar, and he will at once forward duplicate papers to the address indicated.

Since our last issue two new candidates have appeared in the field in opposition to Dr. Allison for the honor of representing King's and Queen's division in the Council; Dr. J. N. Reid, of Thornhill, and Dr. J. J. Hillary, of Uxbridge. Their addresses will be found in another column. There will, therefore, be a triangular contest in this Division. It is very gratifying to find such able men coming forward to seek the honor of a seat in the council. In the "Erie and Niagara" Division, Dr. Henwood, of Brantford, has been brought out as a candidate and with every prospect of success. We congratulate the Brantford Medical Association on its choice of a representative. In the "Midland and York" Division, Dr. Agnew, of Toronto, who was a candidate in opposition to Dr. Hillary at the last election is announced as a candidate in response to a numerous signed requisition, (see announcement in another column). Dr. Ross, of Sherbourne street, Toronto, is also in the field and will receive a large and influential support. We have not heard whether Dr. Hillary is seeking re-election or not. There will, no doubt, be changes in the representation of several of the Territorial Divisions.

We hope that by the time the next election comes round, the council will make such changes in regard to the voting papers as will render it unnecessary for the elector to go before a magistrate to have his signature attested to. It is a great annoyance, as well as an insult to the members of the profession to require them to attest their signatures in this way.

HOMŒOPATHY IN THE COUNCIL.—Some of the Homœopathsists seem to think their craft is in danger; the "dominant school," to use their own language, is going to devour them, and a few of them met in solemn conclave in Hamilton on the 20th ult., and issued an encyclical. They resolved that "it was high time to make known their principles." This sounds very queer; we thought their "principles" were made known long ago. All true Homœopathsists are next exhorted to follow the teachings of Hahnemann, and if any erring brother shall fall away from the faith let him be anathema; and if any Homœopathsist shall take his seat at the Council, let him be anathema. We are glad, however, to learn that the great majority of the Homœopathsists in Ontario have decided upon taking the advice of their Parliamentary friends; which was, that before coming again to ask for a separate act of incorporation, they should see how far the Council to be elected under the new medical Act, might be willing to go, in redressing certain grievances, of which they think they have a right to complain. We may venture beforehand to assure those gentlemen, that they will find on the part of the new Council every disposition to treat them courteously, and to accede to any fair and reasonable proposition that will conduce to the more effectual and harmonious working of the Ontario Medical Act.

BISHOP'S COLLEGE MEDICAL FACULTY.—The following changes have been made in Bishop's College Medical Faculty, Montreal. Dr. R. A. Kennedy has been promoted to the chair of Surgery, and Dr. J. Perrigo to that of Medical Jurisprudence. Dr. Wm. Fuller (late of McGill college) has been appointed to the chair of Anatomy; Dr. Andre Latour as demonstrator of Anatomy and Dr. W. Nelson as assistant demonstrator.

MOVING FOR A NEW TRIAL.—The counsel for the defence, in the Sparham abortion case, are moving for a new trial. The argument will come before the Judges in a few days, and the result will be known in a short time. The points reserved for argument, are chiefly concerning matters of law. The conflicting nature of the medical evidence should also have been reserved for argument, as there was considerable difference of opinion among the medical witnesses, as to the cause of death, some alleging that it was caused by violence used to effect abortion, some that it was due to pyæmia, and others that it was from hæmorrhagic smallpox. There appears nothing inconsistent with the theory that the girl died from the poison of smallpox. She was exposed to the contagion for three weeks previous to her death, and it is well known that this poison in the system is of itself almost certain to produce abortion, followed by fatal results. The *post mortem* appearances were also, in some respects, such as are present after death from hæmorrhagic smallpox. If therefore, there is any doubt in the matter, that justice has not been done in the premises, the prisoner should have the benefit of the doubt. Quite a reversion of feeling has taken place in and around Brockville since the trial, and petitions are being largely signed, asking for a commutation of the sentence in the event of failure to get a new trial.

THE LIBEL SUIT.—We publish in another column a letter from Dr. Lavell, in which he takes the blame upon himself, of having written, and sent us for publication, a letter in the April number charging Dr. Franks with forging his name. As we suspected, Dr. Lavell signed the document referred to, several years ago, and had entirely forgotten the circumstance, until reminded of it, by reference to certain other documents. The circumstance occurred 10 or 11 years ago. While deprecating in the strongest possible manner, the reckless way in which medical men lend their names, without enquiring what use may be made of them, we regret that any injustice should have been done Dr. Franks, by associating his name with the crime of forgery.

ERRATUM.—Among the names of the candidates published in our last issue, who passed the primary examination before the Council, that of J. S. Gray was, by a misprint, given as "J. L. Gracey."

MCGILL UNIVERSITY MONTREAL.—The degree of M.D.C.M. was conferred upon 31 candidates at the convocation in the above University in March last. The following are the names of the gentlemen:—H. U. Bain, J. B. Benson, G. E. Bomberry, J. B. Brossard, W. H. Burland, J. H. Christie, J. Dorland, J. F. Dowling, G. C. Duncan, S. K. Falls, H. L. Gilbert, P. J. Goodhue, K. D. Graham, E. Hanington, W. Hanover, W. L. Hume, T. A. Jamieson, W. J. Kerney, O. X. Langlois, R. J. Mattice, W. McDiarmid, J. A. Meek, G. H. Monk, J. M. Nelles, W. D. Ross, W. F. Scott, S. J. Tunstall, M. O'B. Ward, H. Wigh, E. J. J. Woods, C. C. Woolway.

The following are the names of the honor men: S. J. Tunstall, Holmes gold medalist. First prize in the pass examination, J. B. Benson, Chatham N. B. First prize for the best primary examination, Chas. S. Murray, Montreal, and R. W. Powell, Ottawa. Honorable mention in the final, Messrs. Hanington, Hume, Bain, Ross, Falls, Ward and Scott; for the primary, Messrs. McDonnell, Ritchie Smith, Levi, Young, Reddy, Secord, Snider, Ross, Hunt, G. R. Cook, and S. Stevenson. First Prize in Botany, Mr. Ayer; in Zoology, Mr. Butler. The valedictory to the graduates was given by J. M. Nelles of Brantford, Ont.

QUEENS UNIVERSITY, KINGSTON.—The following gentlemen received the degree of M.D., in this University on the 29th of April,—Messrs. A. B. Carscallen, A. B. Deynard, W. E. Dingman, D. H. Dowsley, G. C. Dowsley, J. W. Lane, S. Masson, W. S. McCollough, S. Potter, R. F. Preston, W. Tuttle, and H. D. Forde; also, John Jones, and C. H. Lavell, who passed the necessary examination last year, but had not attained full age. A. H. Betts also passed the examination, but was not granted a degree on account of his not being of full age.

The following fellows were also elected:—In Divinity, Principal Cavan of Knox College, Toronto; in Law, Hon. O. Mowat; in Arts, S. D. Cumberland; in Medicine, Dr. W. R. Ciuness of Sacramento.

TORONTO UNIVERSITY. MEDICAL EXAMINATIONS.—The following are the names of the candidates who passed their final examination for the degree of M.B.:—J. H. Bennett, W. Britton, J. W. Byam, K. H. Cameron, A. B. Cook, J. H. Colton,

T. S. Covernton, J. E. Eakins, T. Hobley, E. L. Hopkins, J. Hunter, R. B. Lesslie, S. S. Murray, John McAlpine, J. O. McGregor, E. O'Neil, H. Park, J. W. Renwick, A. Sanderson, R. J. Trimble, J. White. The medals and scholarships were awarded as follows:—University gold medal, W. Britton; silver do.—1, J. White; 2, J. P. Bennett; 3, J. E. Eakins; Starr gold medal, W. Britton; silver do.—1, J. White; 2, J. H. Bennett; first year scholarship, H. S. Griffin; second do, W. T. Stewart; third do., A. McPhedran.

TRANSFUSION OF GOAT'S MILK.—Dr. Howe, of Charity Hospital, reports in the *N.Y. Med. Journal* a case in which he transfused goat's milk into the veins of a patient very much reduced from chronic arthritis and tubercular disease of the lungs. The injection of 1½ oz. of milk caused dyspnoea and pain in the chest, but these soon subsided; another ounce was then injected and was followed by a recurrence of pain and dyspnoea; the canula was then removed and the patient expressed himself as feeling better and wished the transfusion repeated next day. This was not done, however, as there was no change for the better in his general condition. He died two days after the operation. Dr. Hodder, of Toronto, injected cow's milk into the veins of cholera patients with partial success over 20 years ago.

CHANGES IN THE MEDICAL FACULTY, MCGILL COLLEGE, MONTREAL.—Dr. Geo. W. Campbell, Dean of the Faculty, has resigned the chair of Surgery after an occupancy of 38 years. Dr. Geo. E. Fenwick succeeds Dr. Campbell as Prof. of Surgery. Dr. R. T. Godfrey (late of Bishops College) has been appointed to the chair of Hygiene, and Dr. T. G. Roddick as Prof. of Clinical Surgery. Dr. W. Gardner (late of the Bishop's College) has accepted the chair of Medical Jurisprudence, and Dr. Sheppard has been appointed demonstrator of Anatomy.

ZIEMSEN'S CYCLOPEDIA OF MEDICINE:—As this great work progresses, it is possible—from some subscribers breaking up their sets, or from other causes, that occasional odd volumes may be offered for sale. Those who desire the complete work are warned against purchasing these, as the Publishers do not engage to supply parts of sets. Every subscription *must be* for the entire work. No volumes will be sold separately.

APPOINTMENTS,—Wellman Alexander Harvey, of the Village of Harriston, Esq., M.D. to be associate Coroner within and for the county of Wellington. Henry Mitchell Jones, of the Village of Combermere, Esquire, M.D., to be an associate Coroner within and for the the County of Renfrew. John Ross Van Allan, of the Village of Morpeth, Esq., M.D., to be an Associate Coroner, within and for the county of Kent.

Thomas Norton of the village of Horning's Mills, Esquire, M.D., to be an associate coroner for the county of Grey.

Dr. Francis Condie, M.D., of Philadelphia, author of "Disease of Children," &c., died on the 31st of March, at Morton, Pa., in the 80th year of his age.

Books and Pamphlets.

THE DISEASES OF THE STOMACH, by Wilson Fox, M.D., F.R.C.P., F.R.S., Prof. of Clinical Medicine, University College, London; third edition, revised and enlarged, with illustrations. Philadelphia, H. C. Lea; Toronto, Hart & Rawlinson.

This work in its former editions, has been so favorably known that it requires no special notice from us, even if we had the time and space to devote to it. The new edition will, we feel quite certain, be gladly welcomed by the profession in both hemispheres.

LLOYD'S MAP OF THE AMERICAN CONTINENT—
New Invention:

Lloyd, the famous map man, who made all the maps for General Grant and the Union army, certificates of which he published, has just invented a way of getting a relief plate from steel so as to print Lloyd's Map of the American Continent—showing from ocean to ocean—on one entire sheet of bank note paper, 40 x 50 inches large, on a lightning press, and colored, sized and varnished for the wall so as to stand washing and mailing any where in the world for 30 cents, or unvarnished for 25 cents. This map shows the whole United States and Territories in a group, from surveys to 1875, with a million places on it, such as towns, cities, villages, mountains, lakes, rivers, streams, gold mines, railway stations, &c. This map should be in every house. Send 30 cents to the Lloyd Map Company, Philadelphia, and you will get a copy by return mail.

SYPHILITIC LESIONS OF THE OSSEOUS SYSTEM IN INFANTS AND YOUNG CHILDREN, by R. W. Taylor, M.D., Physician to Charity Hospital, New York. New York, William Wood & Co.; Toronto, Willing & Williamson.

This may be said to be an entirely original work. The field which this author has entered upon was entirely untrodden. He was therefore obliged to draw from nature for his material, and the book before us speaks volumes for the successful way in which he has done his work. The author shows that these lesions are not so rare as generally believed, and gives the clinical history of a number of cases in which Osseous Lesions were directly traceable to Syphilis. The work is of interest not only to the specialist, but also to the general practitioner as well.

THE FISHERMAN'S MEMORIAL AND RECORD BOOK.
Proctor Brothers, Gloucester, Mass.

Births, Marriages and Deaths.

At Thornhill, on the third ult., the wife of Dr. Reid of a son.

At Rose Cottage Brooklin, on the 15th ult., the wife of Frank Warren, M.D., C.M., of a daughter.

By the Rev. Mr. Hill, assisted by the Rev. D. Stewart, John Mitchell, Esq., M.D., of Newtonville, to Miss Jardine, of Darlington.

At the residence of the bride's father, 46 Hess St., Hamilton, by the Rev. H. Johnson, B.D., Dr. J. S. Atkinson, to Isabella, eldest daughter of John Moore. All of Hamilton.

On the 28th of Feb. at Cambray. Ont. Ellsworth Moore. aged, one year and seven months. Beloved and only son of J. M. Hart M.D., &c.

At his residence, King St., Uppertown, Paris, John Lawrence, Esq., M.D. and Mayor of Paris, aged 62 years and 21 days, a native of Aberdeen, Scotland.

On the 12th ult, in Hamilton Dr. Howell at his residence on John Street.

* * * The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps, with the communication.

PURE COD-LIVER OIL,

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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.

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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.

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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 table-spoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

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IN a general manner, the springs *Saint-Jean, Precieuse, Desiree, Rigolette, Magdeleine*, by their alkalinity, fluidify the liquids of the abdominal organs, and communicate to them a reparative impulse. They increase and facilitate the urinary secretion and cutaneous perspiration. They disaggregate the molecules which constitute, by their union, gravel or calculus of the kidneys or of the liver, and prevent nephritic or hepatic colics. They ward off gouty attacks, and lessen notably their violence; they prevent green sickness by restoring regular movements to the organs; they awaken vital motion, neutralise the acidities and dispel the heaviness of the stomach, prepare it for easy digestion, and give, in short, to the whole economy a comfort that one would vainly seek elsewhere.

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"The chlorides of sodium and magnesium and bromide of magnesium which the bitter water of Friedrichshall contains, places it amongst the most efficacious in Europe, and I regard this spring as a real treasure, whose great value must be recognized by all who have experienced its salutary and beneficial effects."

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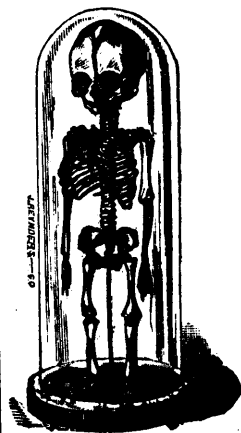
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BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.

SESSION OF 1874-'75.

THE PRELIMINARY AUTUMNAL TERM for 1874-75 will commence on Wednesday, September 16, 1874, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the members of the Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

THE REGULAR SESSION will commence on Wednesday, September 30th, 1874, and end about the 1st of March, 1875.

Faculty:

ISAAC E. TAYLOR, M.D.,
Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.

JAMES R. WOOD, M.D., LL.D.,
Emeritus Prof. of Surgery.

AUSTIN FLINT, M.D.,
Prof. of Principles and Practice of Medicine and Clinical Medicine.

FRANK H. HAMILTON, M.D., LL.D.,
Prof. of Practice of Surgery with Operations and Clinical Surgery.

LEWIS A. SAYRE, M.D.,
Prof. of Orthopedic Surgery and Clinical Surgery

ALEXANDER B. MOTT, M.D.,
Prof. of Clinical and Operative Surgery.

W. H. VAN BUREN, M.D.,
Prof. of Principles of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.

FORDYCE BARKER, M.D.,
Prof. of Clinical Midwifery and Diseases of Women

WILLIAM T. LUSK, M.D.,
Prof. of Obstetrics, Diseases of Women, Diseases of Infancy, and Clinical Midwifery.

EDMUND R. PEASLEE, M.D., LL.D.,
Prof. of Gynecology.

EDWARD G. JANEWAY, M.D.,
Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M.D.,
Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.

ALPHEUS B. CROSBY, M.D.,
Prof. of General, Descriptive and Surgical Anatomy.

R. OGDEN DOREMUS, M.D.,
Professor of Chemistry and Toxicology.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	20 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

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In cases convalescing from adynamic fevers, in all conditions of depraved nutrition from indigestion and mal-assimilation of food, in nervous prostration from mental and physical exertion, dissipation or bad habits, in chlorotic or anemic women, and in the strumous diathesis in adults and children, —it is a combination of great reliability and efficacy, and it may be taken for a protracted period without becoming repugnant to the patient.

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UNIVERSITY OF TRINITY COLLEGE.

(INCORPORATED BY ROYAL CHARTER.)

MEDICAL DEPARTMENT.—WINTER SESSION 1875-'76.

Faculty:

- | | |
|---|---|
| E. M. HODDER, M.D. F.R.C.S., Eng.; F.O.S., Lond.; Dean of the Faculty, and Consulting Surgeon Toronto General Hospital and the Burnside Lying-in-Hospital.—159 Queen-st. West.
Prof. of Obstetrics, and Diseases of Women and Children. | J. E. KENNEDY, A.B., M.D.; F.O.S. Lond.
Prof. of Materia Medica and Therapeutics. |
| W. B. BEAUMONT, M.D.; F.R.C.S., Eng.; Consulting Surgeon Toronto General Hospital.
Emeritus Prof. of Surgery. | J. ALGERNON TEMPLE, M.D.; M.R.C.S., Eng.; F.O.S., Lond.; Attending Physician Burnside Lying-in-Hospital.—144 Bay-st.
Prof. of Medical Jurisprudence and Toxicology, and Assistant Lecturer on Obstetrics, &c. |
| NORMAN BETHUNE, B.A., M.D., Edin.; M.K.C.S., Eng.; F.R.C.S., Edin.; F.O.S., Lond.; Consulting Physician Toronto General Hospital, and Burnside Lying-in-Hospital.—24 Gerrard-st. East.
Prof. of Surgery and Clinical Surgery. | W. H. ELLIS, M.A., M.B.; L.R.C.P., Lond. Instructor in Chemistry, College of Technology.
Prof. of Chemistry—General and Practical. |
| WALTER B. GEIKIE, M.D., F.R.C.S., Edin.; L.R.C.P., Lond.; F.O.S., Lond.; Physician Toronto Gen. Hospital.—Cor. Gould and Yonge-sts.
Prof. of Principles and Practice of Medicine. | H. ROBERTSON, M.B.; M.R.C.S., Eng.—255 Yonge-st.
Prof. of Anatomy—Descriptive and Surgical. |
| J. FULTON, M.D.; M.R.C.S., Eng.; L.R.C.P., Lond.—334 Yonge-st. Physician to the Hospital for Incurables.
Prof. of Physiology and Sanitary Science. | J. FRASER, M.D.; L.R.C.S., Edin.; L.R.C.P., Lond.
Demonstrator of Anatomy. |
| W. COVERNTON, M.D.; M.R.C.S., Eng.
Prof. of Pathology and Medical Diagnosis. | A. J. JOHNSTON, M.D.; M.R.C.S. Eng., F.R.M.S., Lond
Microscopy. |
| | C. W. R. BIGGAR, M.A.— Botany. |

The Session will commence on FRIDAY, the 1st of October, 1875, and continue for Six Months. The Lecture 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.

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H. H. A. Beach, M.D.

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Prof. James S. Jewell, M.D.

DETROIT.

Prof. Thea. A. McGraw, M.D.
Prof. James F. Noyes, M.D.
Prof. Albert B. Lyons, M.D.
Prof. Leartus Connor, M.D.

ST. LOUIS.

Prof. J. K. Bauday, M.D.
Prof. Jas. B. Johnson, M.D.

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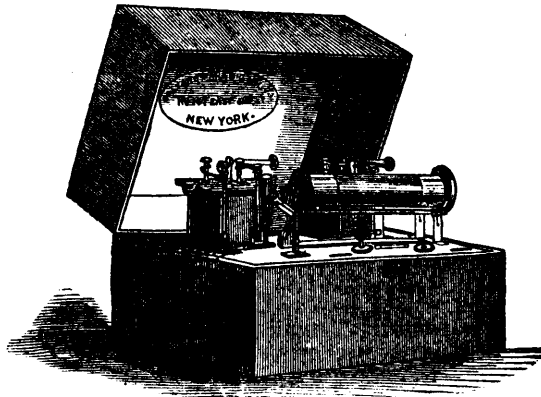
Prof. W. A. Hammond, M.D.
Prof. Lewis A. Sayre, M.D.
Prof. James R. Wood, M.D.

PHILADELPHIA.

Prof. Robert E. Rogers, M.D.
Prof. B. Howard Rand, M.D.

CANADA.

Dr. Theo. Mack, M.D., St. Catharines.
Dr. Fife Fowler, M.D., Kingst'n
Dr. John K. Dickson, M.D., Kingston.
Dr. B. H. Lemon, M.D., Thorold.
Drs. Orton & Alexander, M.D., Fergus.
Dr. A. Wolverton, M.D., Hamilton
Dr. J. Fulton, M.D., Toronto



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MEDICAL DEPARTMENT—BOSTON, MASS.

Ninety-Second Annual Announcement, 1875-76.

FACULTY OF MEDICINE:

CHARLES W. ELIOT, LL.D., President.
 CALVIN ELLIS, M.D., Prof. of Clinical Medicine, Dean.
 JOHN B. S. JACKSON, M.D., Prof. of Pathol. Anatomy.
 OLIVER W. HOLMES, M.D., Professor of Anatomy.
 HENRY J. BIGELOW, M.D., Professor of Surgery.
 JOHN E. TYLER, M.D., Professor of Mental Diseases.
 CHARLES E. BUCKINGHAM, M.D., Professor of Obstetrics and Medical Jurisprudence.
 FRANCIS MINOT, M.D., Hersey Professor of the Theory and Practice of Medicine.
 JOHN P. REYNOLDS, M.D., Instructor in Obstetrics.
 HENRY W. WILLIAMS, M.D., Prof. of Ophthalmology.
 DAVID W. CHEEVER, M.D., Prof. of Clinical Surgery.
 JAMES C. WHITE, M.D., Professor of Dermatology.

ROBERT T. EDES, M.D., Assistant Prof. of Materia Medica.
 HENRY P. BOWDITCH, M.D., Assis't. Prof. of Physiology.
 CHARLES B. PORTER, M.D., Demonstrator of Anatomy, and Instructor in Surgery.
 FREDERIC I. KNIGHT, M.D., Instructor in Percussion, Auscultation and Laryngoscopy.
 J. COLLINS WARREN, M.D., Instructor in Surgery.
 REGINALD H. FITZ, M.D., Assistant Professor of Pathological Anatomy.
 THOMAS DWIGHT, JR., M.D., Instructor in Histology.
 EDWARD S. WOOD, M.D., Assistant Professor of Chemistry.
 HENRY H. A. BEACH, M.D., Assistant Demonstrator of Anatomy.
 WILLIAM B. HILLS, M.D., Instructor in Chemistry.

Other Instructors:

FRANCIS B. GREENOUGH, M.D., and EDWARD WIGGLESWORTH, JR., M.D., on Syphilis.
 GEORGE H. F. MARKOE, Instructor in Materia Medica.
 WILLIAM L. RICHARDSON, Instructor in Obstetrics.
 J. ORNE GREEN, M.D., and CLARENCE J. BLAKE, M.D., on Otology.
 JAMES R. CHADWICK, M.D., on Diseases of Women. CHARLES P. PUTNAM, M.D., on Diseases of Children.
 CHARLES P. PUTNAM, M.D., Lecturer on Diseases of Children.
 JAMES J. PUTNAM, M.D., on Diseases of the Nervous System.

THE plan of Study was radically changed in 1871.* Instruction is now given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. This year begins September 30, 1875, and ends on the last Wednesday in June, 1876; it is divided into two equal terms, with a recess of one week between them. Either of these two terms is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

Instead of the customary hasty oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

DIVISION OF STUDIES.

For the First Year—Anatomy, Physiology and General Chemistry.

For the Second Year—Medical Chemistry, Materia Medica, Pathological Anatomy, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere, may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class, must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology and general Chemistry.

" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

Examinations are also held before the opening of the School, beginning September 27th. Students who do not intend to offer themselves for a degree will also be received at any part of the course, for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine, additional facilities for pursuing clinical, laboratory and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches:—Physiology, Medical Chemistry, Pathological Anatomy, Surgery, Auscultation, Percussion and Laryngoscopy, Ophthalmology, Otology, Hygiene, Dermatology, Syphilis, Psychological Medicine, Electro-therapeutics, Gynecology and Obstetrics.

Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of its laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, \$5; for the Year, \$200; for one Term alone, \$120; for Graduation, \$30; for Graduates' Course, the fee for one year is \$200, for one Term, \$120; and for single courses such fees as are specified in the Catalogue. Payment in advance.

Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

For further information, or Catalogue, address

DR. R. H. FITZ, Secretary, 108 Boylston Street, Boston, Mass.

* In and after September, 1877, an examination on entrance will be required. For particulars see Catalogue.

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

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Extract from *Indian Economist*.

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The **READING and RECITATION TERM** will commence October 1, 1874, and close at the commencement of the Regular Term.
The **REGULAR TERM** will open March 2d, 1875, and close the last week in June following.

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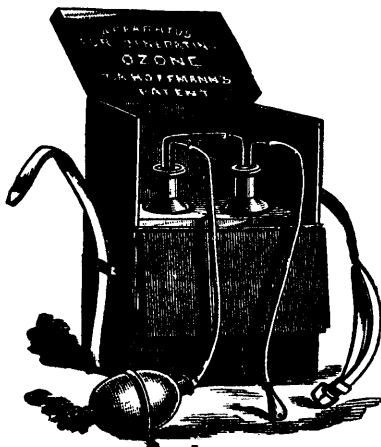
The Summer Session of Recitations and Clinics begins the first Monday of April, and lasts twelve weeks.

FACULTY.

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C. W. NOBLE, ESQ.	H. W. KITCHEN, M.D.	JAMES DASCOME, M.D.	A. C. MILLER, M.D.
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Acid, Carbolic.....	oz.	0 07	Iodine, resub.....	oz.	0 75	Rad. Rhei. pulv.....	lb.	2 00
" Sulph. Ar.....	8 oz. bot.	0 20	Jalapin.....	"	1 75	Santonine.....	oz.	0 65
" Hydrocyan.....	1	0 23	Lin. Saponis.....	8 oz. bot.	0 24	Sodæ Bicarb.....	lb	0 20
Ammon. Carb.....	lb.	0 25	Liq. Ammon.....	"	0 17	" Potass. Tart.....	"	0 38
Znber, Nit.....	8 oz. bot.	0 22	" Arsenic.....	"	0 20	Spir. Camphor.....	8 oz. bot	0 24
" Sulph.....	"	0 33	" Bismuth.....	"	0 45	" Ammon. Co.....	"	0 24
" Co.....	"	0 28	" Donovan.....	"	0 28	Syr. Aurant.....	"	0 20
Antim. Pot. Tart.....	oz.	0 08	" Potassæ.....	"	1 60	" Codeia.....	"	0 90
Argent Nit. fus.....	"	1 30	" Mist. Ferri Co.....	8 oz. bot.	0 17	" Ferri Iod.....	"	0 65
Balsam Copaib.....	8 oz. bot.	0 63	" Morph. Sul.....	oz.	0 20	" Strych. Phos. Co.....	"	0 65
Bismuth, Car.....	oz.	0 35	" Mur.....	"	6 00	" Hypophos.....	"	0 45
Ceril Oxalac.....	"	0 30	" Ol. Crotonis.....	"	6 00	" Phosph. Co.....	"	0 40
Chloral Hydrate.....	"	0 15	" Jecoris Asselli.....	lb.	0 30	" Senegæ.....	"	0 80
Chlorodyne.....	"	0 15	" Olivæ Opt.....	"	0 25	" Scillæ.....	"	0 20
Chlorotorm.....	lb.	1 40	Opium.....	oz.	0 30	Tinct. Aconit.....	"	0 24
Cinchon, Sul.....	oz.	0 60	" Powd.....	"	0 85	" Arnica.....	"	0 24
Ergot, pulv.....	"	0 13	Pil. Aloes.....	gross.	1 00	" Calumb.....	"	0 20
Eup. Lyttæ.....	lb.	1 25	" " et Ferri.....	"	0 30	" Camph. Co.....	"	0 20
Ext. Belladon.....	oz.	0 20	" " Myr.....	"	0 38	" Cardam. Co.....	"	0 24
" Colocynth Co.....	"	0 05	" Assafœtid.....	"	0 30	" Catechu.....	"	0 20
" Gentian.....	"	0 12	" Cath. Co., U. S.....	"	0 45	" Cinchon Co.....	"	0 24
" Hyosciam, Ang.....	"	0 20	" Hydrarg, Mass.....	lb.	1 75	" Colch. Sem.....	"	0 20
" Barza Co., Ang.....	"	0 30	" " Subchlor. Co.....	gross,	0 30	" Digital.....	"	0 20
" Nucis Vom.....	"	0 75	" Rhei. Co.....	"	0 35	" Ergot.....	"	0 30
" Taraxacum.....	"	0 07	" Podophyllin, Co.....	"	0 40	" Ferri Perchlor.....	"	0 18
Fol. Buchu.....	"	0 50	Plumbi Acet.....	lb.	0 25	" Gentian Co.....	"	0 20
" Senna.....	"	0 30	Potass. Acet.....	"	0 60	" Hyosciam.....	"	0 20
Gum, Aloes Soc.....	"	0 90	" Bicarb.....	"	0 35	" Iodine.....	"	0 75
" " pulv.....	"	1 10	" Bromid.....	"	1 00	" Nucis Vom.....	"	0 24
" Acacia, pulv.....	"	0 60	" Iodid.....	"	6 00	" Opii.....	"	0 68
Glycerine, pure.....	lb.	0 30	Pulv. Creta Co.....	"	0 75	" Rhei Co.....	"	0 30
Ferri, Am. Cit.....	oz.	0 12	" " C Opio.....	"	1 00	" Valer.....	"	0 20
" et Quin. Cit.....	"	0 65	" Ipecac.....	"	3 00	" Verat Vir.....	oz.	0 25
" Chlor, phos.....	"	0 18	" " Co.....	"	2 40	Ung. Hyd. Nit.....	lb.	0 70
Ferrum Redact.....	"	0 15	" Jalapa.....	"	2 00	" Zinci.....	"	0 40
" Ferrum Sul.....	"	0 15	Quinæ Sul.....	oz.	2 65	Vin. Ipecac.....	8 oz. bot.	0 30
Hydrarg, Chlor.....	"	0 15				" Antim.....	"	0 24
" C Creta.....	"	0 12						

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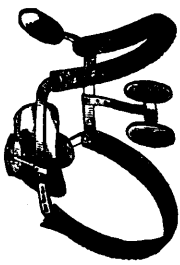
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Fig. No. 3, is a comfortable support to the abdomen, but is not so effective as No. 8 in supporting the lower spine or chest.



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Abdominal and Spinal Shoulder and Lung Brace.

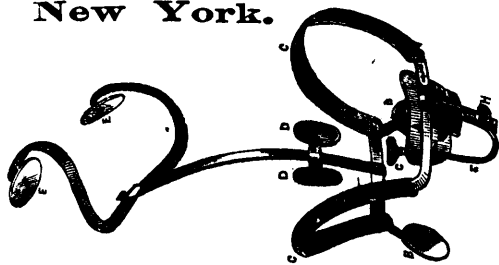
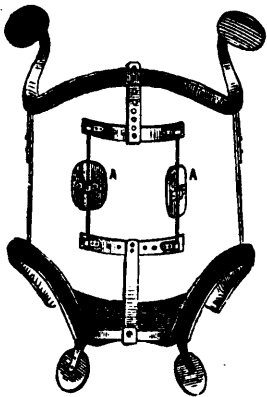


Fig. No. 8, is a general and grateful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so, particularly in spinal and uterine affections, the corresponding attachments are required.

Fig. No. 18.

Improved Revolving SPINAL PROP.



Unrivalled for the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the dress.

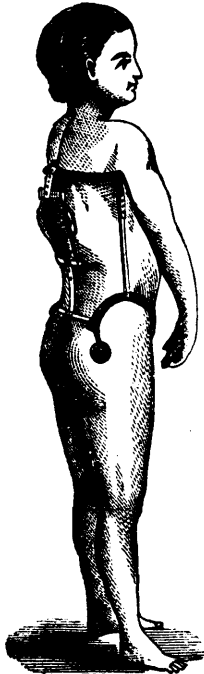
Fig. No. 12.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRASS TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

SPINAL PROP APPLIED.

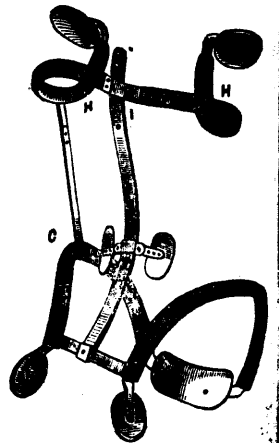


How to measure for any of these appliances.
1st Around the body, two inches below the tips of hip bones.
2d Around the chest, close under the arms.

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

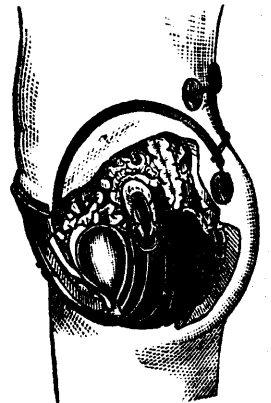
Fig. No. 14.

Improved Centripetal SPINAL LEVER.



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the truncal bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, is supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus (without touching it) to its normal position.

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