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QUEBEC

CANADA LANCET.

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

(Index next page.)

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No. 9. }

TORONTO, MAY, 1883.

{ Price 30 Cents,
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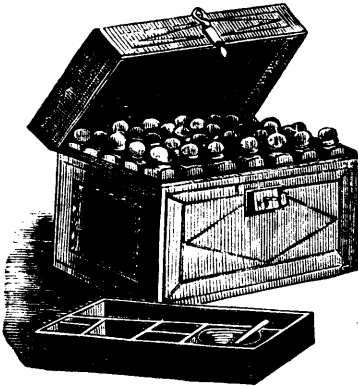
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VOL. XV.

TORONTO, MAY, 1883.

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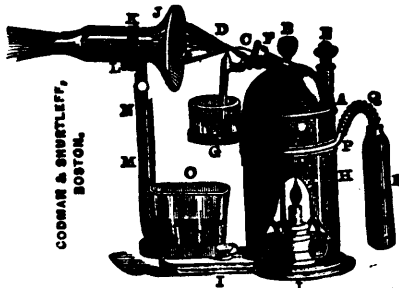
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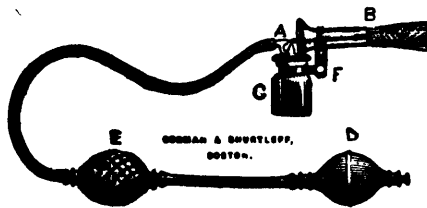
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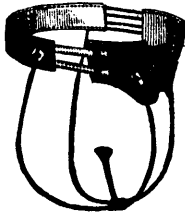
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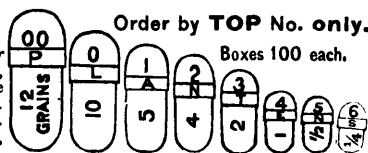
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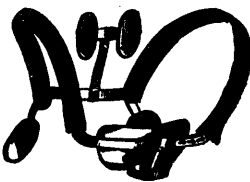
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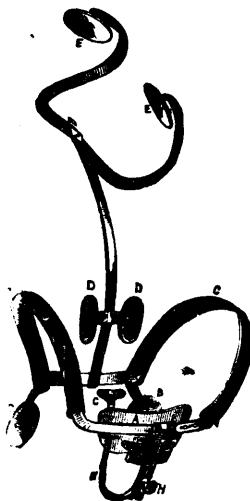
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FIG. 3.



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FIG. 8.



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FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES
1st. Around the body, two inches below the tips of hip bones.
2nd. Around the chest, close under the arms.

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

No. 19. -- THE IMPROVED REVOLVING SPINAL PROP, for sharp angular curvature, or "Pott's Disease" of the spine. Recent and important improvements in this have led to its adoption by the most eminent physicians.

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Original Communications.

ON CREMATION.

BY JOSEPH WORKMAN, M.D., TORONTO.

There is too much truth in the old saying that "one half the world know not how the other half live," and as death is the last scene in the drama of life, it is equally probable that quite as small a proportion are cognizant of the doleful surroundings of this event. It is, however, a gratifying reflection, that in this land, free from the inherited trammels of older nations and the exigencies of dense populations, we are permitted to award to the remains of the departed that right of decent sepulture, which the voice of weeping nature so urgently craves for. But it is not so in all countries. Even within the limits of our own mother land, interments have been witnessed, and must still be witnessed (for landlords have little interest in the disposal of the dead, but much in the permanent retention of their own broad acres), which are truly harrowing to the feelings of all who are constrained to witness them. What would our native born Canadians think, or say, on seeing, on the edges of a re-opened grave, four, six, or eight skulls cast out by the diggers, and some of these even yet not denuded of all the soft parts and the hair? Verily, the writer has seen coffins broken into, in which the grave clothes and binding ribbons came forth almost fresh, the worms having kindly removed the edible textures. Many graveyards have, by indefinite interments in the same spot, been raised three, four, or more feet above the original level of the surface.

This disgraceful disregard of the defunct *bodies* of the people has, for ages, prevailed in so-called civilized countries, wherein millions have been wrung from the tillers of the soil, in reward of

those entrusted with the care of their souls. All this is very bad, and we, who dwell in a different land, free from the crushing tyranny of landlordism, and the unholy exactions of a pampered hierarchy, should thank the good Providence which has cast our lot where such evils are, and, it is to be hoped, ever will be, unknown. Yes, it is very bad, but not in our mother land, with all her faults and imperfections, has the disregard of decent disposal of the dead reached that climax of outrage, which is to be observed in other parts of Europe. Many of us who have, perhaps, regarded with abhorrence or disgust, the introduction of the practice of cremation, might feel inclined to change our views, or mitigate our sentence of condemnation, did we know a little more of the causes which have led to the proposal of this system. At the conference of sanitarians held last year in Geneva, this subject was freely discussed, and although our Provincial representative did not feel called on, or even warranted, to take any part in the discussion, seeing that in America there is as yet abundance of available land for the enlargement of cemeteries, or for the establishment of new ones, his Italian confrères have not only not hesitated to rank him in their list of *contents*, but have also requested from him his annual subscription, which, of course, his Canadian habits of thought and conventional sentiment do not permit him to transmit. So much for innocence getting into foreign company.

This gentleman has placed in our hands several printed documents, received by him from his European sanitary colleagues, and we think, in justice to the illustrious authors, as well as to the readers of the LANCET, we may venture on the reproduction of a few extracts, after careful perusal of which a considerable change of sentiment, in the minds of the latter, may be experienced. We select for our purpose, a short pamphlet entitled, "Il camposanto Vecchio a Napoli," that is, the old holy-field at Naples,—the equivalent of our old English title of "God's acre." The writer seems to have been a Florentine, who in 1878 was addressing a friend at home. Having made his way into this old place of sepulture (not in fact graveyard, for such, as we understand the word, it certainly was not), he entered into conversation with the caretaker, when the following information was obtained. "Pardon me, custodian, what are those large

round stones I see on the pavement, all numbered with the chisel?" "Sepultures, Signore," he replied. "There are in all 365, exactly as many as the days of the year, 360 are here, as you see, and 5 others are in the church. At half-past six in the evening, one is opened each day, and, with that machine down there, the dead that have arrived in the day and those who are brought through the night, are buried. It is closed at half-past six in the morning; but if it would please you to see how we do it, amuse yourself in the meantime, and come again towards seven, that you may be *diverted*."

After parting from the custodian, the visitor wandered around, and among other sights he met with the following. "Two old men, with heads bare, under a scorching sun, ran through the various parts, up and down along the lines of sepultures, reciting psalms in a low voice, and every now and again making lamentation, at one time striking their breasts, and again making the sign of the cross, and next spreading out their arms, and raising their eyes to heaven. Near a stone, at a little distance from me, was a group, consisting of an adult woman, a girl and three children; the woman was certainly the mother; she was praying and weeping at intervals, in broken silence. I would willingly have asked these sorrowers some questions, but I refrained from disturbing the mournful assemblage. The mother was kneeling, with her head resting on the shoulder of her eldest daughter, who was sitting beside her; the eldest of the three children joined in the prayer, and wept; the second was sleeping, with his head between the knees of his sister, and the third was playing with a lizard which was tied by the tail. In one corner two ragged fellows were sleeping and snoring sweetly; in another a lot of rogues were clamoring and jesting, and throwing stones into the air. . . .

Whilst I was silently observing these things, a man without a shirt made his appearance at the gate, with breeches half down his legs; he was carrying something on his head, which at a distance I could not recognize. He entered singing, with one hand on his hip and the other on the object he was bringing on his head. He was as nimble and elegant as a Pompeian figure. He advanced some paces, and after looking around he called out, 'Treonce,' one of the assistants who was sleeping in a corner; he jumped up and ran to meet him, and so did I. The thing which the newly arrived

held on his head, was a little coffin of the dead. Whilst the custodian was preparing the metal casket of deposit, the two assistants undid the lid of the little coffin and exposed the emaciated body of a child of about two years. It was enveloped in a few rags, but a poor garland of green twigs surrounded the slender corpse, and a May rose was seen hanging from its mouth. The thought of the hand which had placed that rose there, came over me, and I felt a choking, whilst the children, sporting down below were running about tickling each other, and smiling and cheery were skipping around. The casket of deposit was prepared in a moment, and the little cadaver was laid hold of by one assistant by a leg, and was tossed into it. The garland flew one way and the rose another, and two streaks of blood ran from the nostrils over the cheeks of the miserable creature. The ragged fellows, between them, made away with the garland and the rose, and the industrious Treonce having, in the meantime, at the sound of some footsteps, finished the breaking up of the coffin, went off with the pieces under his arm, whistling cheerily the air of *Palumbella*.

"In like manner I saw other cases (coffins?) with the bodies of adults arrive, either on vehicles, or carried by hands, or on the roofs of carriages, and to all that I saw nearly the same treatment was given. From one corpse, that of an old woman, I saw, while it was being lifted, the only bit of cloth which covered the abdomen, fall off, and it was left stark naked under the eyes of the staring crowd; in another instance, that of an old man, who slipped from the hands of him who was raising the body by the shoulders, I saw the head slap down on the pavement, with that sinister thump which is never forgotten, and can never be mistaken for any other sound. But it is nothing at all; the satraps of Naples are at dinner; and this little sound will certainly not reach them, nor derange their placid digestion."

The visitor returned on the second evening after, in order to witness the established system of Neapolitan sepulture. Here are some of the sights witnessed by him:—"There are some impressions which cannot be recounted, and we can only think, and be silent, for language is insufficient. The aged priest recited the prayer for the dead; he blessed the bodies, and withdrew, giving a signal to the men of the service, which set them quickly

to work. 'To it,' cried one of them, and in an instant the capping-stone of the huge charnel-house was raised. An escaping volume of sickening stench in a moment drove back the hundred faces of the curious who were standing over it, but another hundred, urged forward by stupid curiosity, fear, and horror, took their places over the fetid opening. The ragged fellows who stood apart, called loudly, opening a passage for themselves through the crowd, which remained closely locked and screaming, feeling themselves suffocated; and in this time the men placed at the machine did not cease to salute one another, calling out, 'Back there! pitch it in! forward, forward, let us finish.' It was necessary to allow a full quarter of an hour to give vent to the beastly curiosity of the crowd, and the dismal operation again proceeded. The wretched machine turned creaking on its wheels, and the metallic casket, suspended by its chains, was brought into horizontal position on the ground. At this time I went to the gloomy opening, and running my eyes around, I saw beneath, a formless mass of whitening bones and musty clothes. Horror drove me back. The first body taken off the bier was quickly placed in the metal casket, which, under the force of the winch and crane, was raised a little above the surface, and then let slowly down into the pit. The crowd again bent over it to see the descent, when at a certain point a spring was loosed, the bottom of the casket opened, and the first human carcase went down with a thud, to take its place in the great dung-pit assigned to it for its last abode. The casket came up again, and this time it fell to the lot of a young man to present the sad spectacle. Two attendants, the one laying hold of the body by the legs, and the other by the axillæ, placed it in the casket of the machine. The aspect of the corpse, that of a young man, who was now to make the mournful descent, had impressed even the most stupid present. All were breathless, and in the general silence the crane gave out its grating sound. A smothered cry reached my ears, and I saw presenting herself, weeping and approaching the opening, into which the body was descending, a young woman who, a little before, had arrested my attention. Two friends ran after her and seized her by her dress, lest she might throw herself into the gloomy cistern, but she halted and stooped over its edge with glazed eyes, until the body struck the bottom,—she then sank

down, as if it had fallen on her heart, and she gave herself over into the arms of her companions. I turned round to an old man who was near, looking on, and said, 'Do you know her?' 'Robba de lupenare eccellenza,*' was his reply. 'Enough,' said I. A deep murmur of compassion and fear arose over the scene, and some of us moved out to assist the unhappy one, but we were not in time, for tottering, and throwing her arms convulsively in the air, she disappeared as a phantom, under the light of the lamp which illumined the entrance, borne onward by her companions."

The pamphlet above quoted from, gives the number of the dead thrown into the 360 pits annually, as 7,000, which would give an average of nearly 20 bodies yearly to each. After a year of closure the capping-stone is again raised, and a new supply is cast in. Who will assert that cremation here would not be both a more decent and a more affectionate disposal of the dead?

ON SPASM OF THE GLOTTIS.

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

It is easy to show, from the facts of recent physiology, that the opinions currently taught and received on this subject, are entirely erroneous and misleading. The opinion, in chief, to which exception is here taken, is that the spasm in question is due to an over excitation of the nerves supplying the muscles of the glottis.

The aperture of the glottis is regulated by two opposing sets of muscles, one of which tends to widen, and the other to close it. Both groups of muscles derive their motor nervous supply exclusively from the inferior laryngeal, or recurrent nerve, which is a branch of the pneumogastric. When the latter, or the recurrent branches, are cut on both sides of the neck, the glottis closes, and this closure, as Dr. Burdon Sanderson shews, is due not to paralysis of the dilating muscles, but to the fact that these are overpowered by the superior force of the constricting muscles. "The combined effect" of the activity of all the muscles concerned "manifesting itself in approximation of the vocal cords," and closure of the glottis.—(Hand-book for Phys. Labor, Amer Ed. pp. 308-318).

* 'Robba de lupenare,' means a woman of the town; but what a history may not that of this mourner have been!

This is a very important fact, both theoretically and practically, and is fully corroborated. Guttman, in his "Physical Diagnosis," mentions the same fact in stating that "section of the recurrent nerve in animals produces narrowing of the glottis." (p. 40.) Dr. Austin Flint, discussing the "danger of death from suffocation," in the "obstructed inspiration," occurring in nervous aphonia, says, "the condition is analogous to that after the physiological experiment of dividing both recurrent laryngeal nerves." (Prac. of Med. 5th Ed., p. 309.) The same author has "reported a case in which the left recurrent nerve being situated between a calcareous deposit and an aneurismal tumor, spasm of the glottis occurred so frequently and to such an extent as to prove fatal." (*Ib.* p. 371).

Now, in such a case as this, as well as in that of section of the nerve in the physiological experiment, the active condition of the muscles (which, as we have seen, results in closure of the glottis,) must be associated with a paralytic condition of the nerve. This will hardly be questioned, from the very nature of the case; for it is impossible to see how the divided nerve could be the medium for the transmission from the nerve to the muscles of what Dr. Pereira calls "a preternatural stimulus," forcing the muscles into spasm. Besides, Dr. Burdon Sanderson, in his account of the experiment, writes, that "the glottis is partially closed, *just as it is after death.*" (Loc. cit. p. 318). (Italics mine). Further on we read:—"In animals with divided vagi, life is prolonged by tracheotomy," showing that the closure here referred to as "partial," must in reality be so nearly complete, as at all events to produce a fatal result if not obviated by special intervention. How closely drawn is the glossal aperture "in death," will appear from the well-known difficulty of passing a probang within the larynx of the cadaver, on the feasibility of which Dr. Flint throws serious doubts. (Loc. Cit. p. 294.) If it be true, then, that section of the nerve, or the pressure on it of a tumor, results in a condition of the glottis similar to what is present in death, it is a legitimate conclusion that in one case as in the other, nerve action has ceased to be operative as regards the muscle, that in short, the condition is one of nervous paralysis.

This fact is of prime importance to the general practitioner, in the treatment of spasm of the glottis, whether in the case of simple spasm (laryngismus

stridulous) or in the onset of true membranous croup, which is accompanied by recurring spasms of the glottal muscles, often greatly accelerating the fatal issue. It also throws some light on the general failure of what has been known as "antiphlogistic measures," in the latter disease, which Dr. Flint says, "have been employed sufficiently to show that they are not successful, and if they do not do good, they can hardly fail to do harm." (*Ib.* p. 299). It must be obvious that in an abnormal condition of the glottal muscles, depending essentially (so far as the spasm is concerned) on paralysis of the motor nerves supplying these muscles, agents which tend still further to lower nervous activity, can hardly be expected to prove beneficial. Here the results of physiological experiment and an enlightened experience are eminently in accord.

The foregoing facts appear to me to prove as clearly as anything in physiology can be proven, that spasm of the muscles of the glottis closing that aperture results from:

- (a.) Section of the motor nerves supplying those muscles.
- (b.) Pressure on those nerves arresting their functional activity.
- (c.) General paralysis on the death of the body.

Suppose now, that a precisely similar spasm of the glottis were shewn to attend the application of a powerful agent—a purely physical force—to the motor nerves of the muscles referred to, would not the legitimate inference be, that the action of such agent was of a paralyzing character also? Would it not be regarded as an outrage on physiological propriety to class as a nervous stimulant or excitant, an agent producing effects indistinguishable from those of nerve section, paralysis and death! Such an agent is electricity; and it is here said to play the *role* of an excitant. "During excitation" of one recurrent nerve, "the vocal cord of the same side approaches the middle line. If both recurrents are excited, the rima is completely closed." (*Hand-book, etc.,* p. 308). Of course it is obvious why electricity came to be called an excitant to nerve action. Appearances seemed to justify it. But appearances are eminently deceptive; and it is expected of a true physiology that it will be able to distinguish the real from the apparent.

It is also authoritatively alleged, that after sec-

tion of the vagi, "the muscular fibres of the œsophagus are paralyzed," (Ib., p. 318), and the same is repeated in all our physiological treatises. This is not the place to enter into a refutation of this fallacy. Suffice it to say, that a muscular tube which, as Dr. Dalton states, is able to eject its contents "by a peculiar kind of regurgitation," is by no means in a state of muscular paralysis; and that its active condition is further vouched for by the observation of Marshall Hall, who found it to display "a distinct peristaltic movement along the tube, after its nerves have been divided, causing it to discharge its contents when cut across." (Dr. W. B. Carpenter, Phys. p. 404.)

Finally, the records of physiology furnish ample evidence, though strangely overlooked, that what has been shewn above to be true of the muscles of the glottis, is equally true of involuntary muscles generally, including the muscular bands of the arterial coats, which invariably contract and empty these vessels into the corresponding veins, on section of their controlling nerves, or on destruction of the cerebro-spinal centres, as in the operation of "pithing."

I am aware that this statement is in flagrant antagonism to the authoritative teaching of the day, and that Dr. Burdon Sanderson enters into the details of experiments to prove that under the conditions just mentioned, "all the arteries are relaxed." (Loc. Cit. pp. 245, 296.) But the very facts he furnishes refute his thesis. For instance, when the heart of the pithed frog is laid open, "only a few drops of blood escape,—the quantity, that is to say, previously contained in the heart and in the beginning of the arterial system," while in the frog whose nervous system is intact, "the bleeding is not only more abundant, but continues for several minutes after section" (p. 296). That is to say, in the pithed frog the arterial system is as empty as its physical structure will permit it to be, and "the whole mass of blood comes to rest out of reach of the influence of the heart" (p. 246), having found a lodgment in the more capacious venous system; while in the frog whose nervous system is intact, the arterial system retains its blood, and yields it up "more abundantly," and continues to do so "for several minutes," till the arteries are emptied. Besides, the operation of pithing is easily performed, and any one can satisfy himself, as I have done, by actual experiment,

in the cases of puppies, kittens, rats and frogs, that the arterial system, so far from being "relaxed" or "dilated," is empty and collapsed, and that it is the venous system which is expanded and engorged.

Indeed, Dr. Burdon Sanderson furnishes absolute proof of this himself, in the case of the splanchnics, though he strangely ignores it. The splanchnics, he tells us, contain the vaso-motor nerves which are distributed to the *arteries* of the abdominal viscera, and which regulate the calibre of these tubes (p. 258). After section of these nerves, these arteries are emptied, and "the portal system is filled." In his own words, "a quantity of blood is, so to speak, transferred into the portal system, and thereby as completely discharged from the systemic circulation as if a great internal hemorrhage had taken place" (p. 260).

These facts are produced here to show that the muscles which control the aperture of the glottis are not alone, or exceptional, in passing into a state of contraction when deprived of nerve influence. There is distinct proof that the same is true also of the muscles of the œsophageal and arterial walls, of the muscular bands of the bronchi and alimentary tube, and indeed of muscles of the involuntary class generally, producing characteristic effects in the organs with which they are associated. As already stated, the fact is of the first importance, not only theoretically but practically, and will some day receive the attention it merits at the hands of the profession.

THERAPEUTICS OF OPIUM ADDICTION.

BY J. B. MATTISON, M.D., BROOKLYN, N.Y.

That the continued use of opium, in any form, from whatever cause, will, in time, beget a well marked functional disorder, is a fact which no properly informed physician can fail to accept; and that this disorder, under ordinary professional regime, is one difficult, and often impossible, to treat with success, is another fact which any one who has had experience in this direction, will, very likely, not dispute. Under special supervision, however, this difficulty disappears, and, granting cases suitable for treatment, the disease proves promptly and easily curable, as the following notes will tend to attest. * * * *

The therapeutics of these cases include bromide of sodium, hot baths, electricity—both galvanic and faradic current, atropia, strychnia, hyoscyamia, quinia, chloral, coca, cannabis indica, Jamaica dogwood, varied tonics, full feeding, and cheerful surroundings. To note these in detail requires some preliminary reference to the morbid condition they are intended to relieve. The symptomatology of opium abandonment, in our opinion, relates to an exalted activity of the spinal cord manifested in varied reflex irritations. To this are attributable the aches, pains, vomiting, purging, collapse and horrible discomfort, in general, which follow entire and abrupt withdrawal of a long accustomed opiate. If this be correct, it is also correct to assert that any drug able to control this over-action must prove potent for good in treatment. Such we have in the bromides. Their power to subdue reflex irritation is known to all, and in no disorder is this more happily proven than in the one to which we refer. A special and *original* application of this power is what we term *preliminary sedation*, which consists in the giving of the bromide for a time *prior* to entire opiate withdrawal—meanwhile gradually reducing the accustomed narcotic—so that at the time of maximum spinal irritation we have maximum bromide sedation, and the one counteracts and controls the other. We use, exclusively, bromide of sodium. It has two leading advantages. Saving bromide of lithium, it contains the largest proportion of bromine, which is the active factor, and it is less unpleasant than any other, never, in our experience, causing gastric trouble. Minor points in its favor are, lessened tendency to digestive and muscular impairment, and cutaneous irritation. We use it in full doses—60 grains, increased to 100 or 120—in eight ounces of water, twice daily, at twelve hour intervals, and continue it from five to ten days, or even longer—average time one week—the extent of its giving, both amount and duration, depending entirely on the peculiarities of each case, before and during treatment.

Hot baths, 110° to 112°, are the most efficient agent at command to relieve and remove the peculiar restlessness which is an *invariable* sequel of opiate abandonment. They are given as often as required, ten to twenty minutes duration. Their efficacy is sometimes enhanced by a short douche or shower. Electricity is used as a tonic and seda-

tive. The galvanic current we often employ from the outset, and, after abandonment, find it useful as a general restorative and remover of local pains. For the muscular debility following withdrawal, nothing, in our experience, equals general faradization—10 to 20 minute seances daily. The sense of exhilarating comfort resulting is often very decided. Occasionally it is used twice daily, and, very exceptionally, it is not at all acceptable.

Atropia is used in initial doses of $\frac{1}{10}$ gr., hypodermically *ter dié*—or its equivalent by the mouth—and pushed until it produces systemic effects—dry throat and disturbed vision. This has never required a dose exceeding $\frac{1}{4}$ of a grain. Strychnia is given in subcutaneous doses of $\frac{1}{10}$ of a gr., thrice daily, and continued, in some form, throughout treatment. Hyoscyamia, in our experience, has proven itself the nearest approach to morphia of any alkaloid yet presented. We use Merck's *amorphous*, in the dose of $\frac{1}{4}$ gr. hypodermically, and have known it, repeatedly, to produce steady sleep of several hours' duration. Quinia is used for a two-fold purpose—tonic and sedative. As the former, in two grain doses, three or four times daily, throughout treatment. As a sedative, in 20 gr. doses, given a few hours in advance of the restlessness following withdrawal, and repeated at 12 or 24 hour intervals, as required. Thermometric observation proves its power to control the rise in temperature noted after opiate abandonment. Subsequently, it is sometimes given as a soporific, and its efficacy in this respect is, to us, beyond dispute.

During the first three or four days after opiate discontinuance, chloral fails of its usual effect and we never employ it. We have not noted the excitement, stated by Levenstein, but, simply, that it does not induce sleep. Subsequently, as a hypnotic, it answers every purpose, and is given—usually combined with a bromide or hyoscyamus—as long as may be required. We use Squibb's make, in decided doses, our experience being that a single full dose is preferable to one small and frequently repeated. When unacceptable to the stomach it is often kindly received, per rectum, same dose as by mouth, in an ounce or half ounce of warm mucilage. Coca, though far from being what some theoretical enthusiasts have claimed, is a stimulant of value, and as such fills a place in treatment. We use Squibb's extract, in half ounce doses, frequently

repeated after the opiate withdrawal. Cannabis indica, in some respects, is an efficient substitute for opium. It relieves pain and brings sleep, though often causing a mild, harmless intoxication. After a trial of various preparations, foreign and domestic, we prefer the fluid extract made by Squibb. It must be given in large doses, the ordinary dose of the books being of no avail whatever. Jamaica dogwood is a somewhat uncertain anodyne and soporific, yet worthy of trial to remove the neuralgic sequelæ of opium addiction. We give it in full oz. doses. Varied tonics include iron, arsenic, digitalis, and cod liver oil. The first two if anemic. Digitalis after the sedative treatment, as a tonic and also diuretic, to eliminate the bromine. Cod liver oil is a particularly valuable roborant, possessed of special nutrient properties to repair the wear and tear of prolonged narcotic addiction. We prefer Moller's plain oil and Phillips' emulsion.

During the first two days of opium abstinence, patients are best restricted to a diet of milk and lime water, in small amounts, often repeated. After that full, feeding is allowed and encouraged to the largest extent consistent with gastric comfort. Cheerful surroundings are a valued adjunct in treatment. No restraint is imposed upon patients, and they are permitted to indulge in walks, rides, drives and amusements freely as possible. The practice of subjecting them to a rigorous search on admission, and regarding them as prisoners under strict surveillance during the period of active treatment, we do not approve. No one of a fine sensitive nature can rest under this constant suspicion without a sense of resentment, which cannot be other than prejudicial to the cordial relation which should ever exist between physician and patient. We ask for and extend confidence, and believe we largely enhance a good result in so doing. Nor do we share in the opinion, largely held, that no reliance is to be placed on the word of opium habitues. While admitting that the greatest liar we ever knew belonged to this class, this admission affords no support whatever to the assertion that they *all* are liars. That the habitual use of opium, in many cases, does exert a baneful influence on the moral nature, we are fully aware, but we also know that in the ranks of these unfortunates are those who would scorn to deceive, and whose statements are as worthy of credence as those upon whom has

not fallen this blight. Under the plan of treatment we pursue, the temptation to secret taking is small. Patients are allowed a sufficient amount of the accustomed opiate during the sedative regime to obviate any great discomfort. Besides, we have at command, *infallible* means for determining clandestine indulgence, both before and after the opiate withdrawal. Two pre-requisites are essential—freedom from organic disease, and an earnest desire of the patient to recover. Granting these, excess of taking—time or quantity—offers no bar to success.

Before closing, we cannot refrain from inviting attention to this method of treatment as compared with that of peremptory abandonment or prolonged decrease, offering, as it does, a more or less happy medium between these two extremes. If our statement as to its merit be true—and we challenge proof to the contrary—then we make bold to assert that no physician is warranted, save under circumstances peculiar and beyond control, in subjecting his patient to the torturing ordeal of abrupt withdrawal. We are well aware that it has the sanction of men otherwise eminent in the profession; but, we venture to suggest, with no lack of respect to these gentlemen, that, like a somewhat famous nautical individual, "they mean well; but they don't *know*." Theory is one thing—practice another, and we are quite certain were *they* compelled to undergo the trial, there would be a rapid and radical change of opinion. We regard it as cruel, barbarous—*utterly unworthy a healing art*. Gradual decrease has its advocates, and sometimes its advantages. It is the plan pursued by the charlatans who find in the peculiar, secretive character of this disorder a fertile field. It is a mistake to assert, as does Howe, that "tapering off will not effect a cure." It often succeeds, but oftener fails, unless under close and constant professional observation. Its great disadvantage is, that prolonged decrease tries the patience to such an extent that it is sooner or later abandoned, patient lacking both time and inclination for its continuance.

ERRORS IN HYGIENE.—FEMALE CLOTHING.

BY T. ARNOLD HAULTAIN, M.A., PETERBORO', ONT.

"Scarcely a more complete proof can be found of the tyranny of fashion, or the unconscious slavery to which it can reduce the best intellects

"and sincerest characters, than is supplied by the fact of the comparative silence of the medical profession on this subject; silence to which one must think no small blame will attach if ever the world becomes wiser. Members of the medical profession know very well how much nature is outraged, and how she avenges herself." "They might draw attention to the hidden ugliness and scars which good taste will not allow others to hint at. But they know how much more of still greater importance is involved."

This is one of the many vigorous utterances of an admirably practical article in a recent number of the *Nineteenth Century*, by Mr. G. F. Watts, R.A. (1) Nor does Mr. Watts confine himself by any means to artistic deficiencies of costume such as we might expect from a Royal Academician, but truculently inveighs against all articles of dress that violate true hygienic principles.

To his censures on the medical profession, however, we can legitimately and strongly object. Mr. Watts has totally overlooked the fact that there are many institutions in England for promoting the use of hygienic wearing apparel. (2) From casual reading I could name two societies for preserving the natural form of women; besides these, the National Health Society takes this subject into consideration; so does the Ladies' Dress Association; so does the Rational Dress Society, whose tenets were so well advocated not many days ago by Dr. Richardson; and many will remember how wonderfully Mr. Treves' lectures at Kensington interested the highest and most intelligent classes, and how these were followed by an exhibition of clothing under the management of (I believe) the daughter of one of our greatest biologists—Miss Ray Lankester. This last fact shows us how we may more than plausibly trace the source of all these efforts—to which I have mentioned, but a minute quota—to the medical profession. Still Mr. Watts has thrown down a challenge which cannot be disregarded, more especially as it is as undoubted as it is lamentable a fact that the really vicious practices of the fashionable *modiste* are still very rife.

The hackneyed deprecation of high heels, pointed shoes, small gloves, crinoline and tight-lacing we

may safely leave to irresponsible *literati*; it is to the issues "of still greater importance" that are involved that I wish to call attention, and more particularly to that unequal distribution of temperature in the body which is due to defective or unnatural methods of dressing.

If an analysis of a woman's articles of clothing is made, it will be found that the preponderance of material is massed about the region enclosing the organs of generation,—a plan directly discordant with that of nature. Let us first examine nature's method of protection. Writing towards the close of one of the severest winters Canada has for many years experienced, at a time consequently when the hairy and furry coats of animals would be naturally highly developed, I have at hand a horse, a cow, two dogs, a cat and a squirrel. What do I perceive? In the dogs a remarkable sparsity of hair along the inner aspect of the thighs and up the abdomen in the shape of an isosceles triangle, the apex of which is represented by the xiphoid appendix. In the cat a similar sparse growth of fur, and although the individual hairs are somewhat longer than in other parts of the body, yet there is a scarcity of that shorter under-growth which is the true heat-retainer. In the horse and cow the conditions are precisely the same. The squirrel I cannot equally closely observe; yet judging from the different color of the fur about the perinæal, interior femoral, and abdominal regions (resembling the thin growth on its ears), compared with the undoubtedly thick coat on all the lateral and posterior aspects of its trunk and limbs, I cannot but conclude that here too the same conditions obtain. The fact is, the intra-parietal structures are sufficient to preserve for the internal generative apparatus the proper degree of temperature.

Now, turning to modern fashions, what do we find? The waist constricted till the circulation in the cutaneous veins, at all events, is impeded; a prolongation of the stays over the abdomen, far below the umbilicus; an accumulation of garments consisting of the lower parts of those that are slung from the shoulders, and the upper parts of those suspended from the hips; many of these impervious to moisture, (3) and an aggregation of folds most conducive to the retainment of heat.

(1) "On Taste in Dress," by G. F. Watts, R.A., *Nineteenth Century*, January, 1883.

(2) "Women cannot complain in these days that sufficient interest is not manifested in all that concerns their welfare," writes an important daily paper.—(*Standard*, Feb. 8th).

(3) Some corsets (*e.g.*, "Wardropp's semi-belted cuirass corset") actually have a metal plate inserted into the lower portion of the abdominal part.

Let us make, mentally, a transverse section of female apparel in the hypogastric region. 1st. The jersey or under-vest,—perhaps two; 2nd, the chemise; 3rd, the stays; 4th, the drawers; 5th and 6th, the petticoats; 7th, the skirt; 8th, either the lower part of the basque, or the polonaise; 9th, either the apron, or, if she is out of doors, the jacket or dolman; and often, 10th, the carriage robe. This computation is at the lowest figure, for often there is a quilted petticoat, than which no possibly better constructed non-conductor could be imagined; and probably oftener still the corsets are “softly padded,” imparting “more or less fullness to figures wanting the roundness,” etc. To enhance the evil, this heap of matter is not gradually increased or lessened, but extreme frigid and torrid zones succeed each other suddenly and arbitrarily. First, the open neck and shoulders; then the “padded bust”; then the comparatively lightly clothed waist; (4) then these nine or ten thicknesses, followed by a flowing skirt and perhaps open-worked stockings.

An eminent French physician once said that sofas and arm-chairs brought him in thousands of francs a year; many a modern gynæcologist could trace as many dollars to this state of things. What is to be done? The answer to this question lies, in the opinion of many, without the range of the duties of the medical practitioner, and with reason. But what certainly does come within his scope, is to show, on scientific principles, where lie the violations of the rules of health and to combat any arguments that may be raised in their defence. (5) If we can once thoroughly persuade mothers to see the evils with which the prevailing fashions are pregnant, we may trust the remedies to their own good sense and acute inventive genius.

DANGERS OF ERGOT IN LOCOMOTOR ATAXIA.

BY PROFESSOR J. GRASSETT, OF MONTPELIER.

(Translated by W. GRAHAM, M.D., Brussels, Ont.)

For some time Ergot of rye has been frequently prescribed in the treatment of Locomotor Ataxia.

(4) It may not be generally known that the part of the skirt, etc., that goes round the waist is usually made of different and thinner cloth; for example, calico.

(5) I may here remark that the idea that corsets are necessary (to sustain the *mamma*, I presume), is by no means valid; for that purpose the *fascia pectoralis* of the Romans or the strôphion of the Greeks would be sufficient.

I do not deny that in some cases it is able to produce good results, and I certainly do not wish to take it from the therapeutics of *tabes dorsalis*, already so uncertain and poorly supplied with remedies. Nevertheless, I believe it is of importance to make known a fact which has come under my observation recently, and which proves that in certain cases of ataxia ergot is able to do more harm than good; that in all cases the prescription of this remedy ought always to be surrounded by great precaution, and that the effects ought to be watched, in order to arrest any evil results, should they present themselves. This clinical fact appears to me to be especially interesting at this time, when the observations of Tuczek (to which I shall revert farther on) appear to show that sometimes ergot, instead of curing, may produce sclerosis of the posterior columns.

I give herewith a brief history of a patient that Dr. Privat wished me to examine on the 11th of September last. M. S., of Marseilles, æt. 38, widower without children. His father was rheumatic. He had no history of syphilis, but confessed to venereal excesses. Four years ago he had rheumatic-like pains and headaches, which continued for two years, then suddenly became paralyzed in the third pair on the right side, with diplopia and vertigo. Two or three months afterward; there appeared inco-ordination of locomotion, slight lightning pains in the limbs, but very acute ones in the rectum and perineum. In 1880, his first season at Malon, the disease was well marked (trouble with the sphincters, diminution of sensibility in the lower extremities, inco-ordination), etc. In 1881, the second season, there was great improvement; the action of the sphincters was nearly normal and he could walk pretty well. At the end of winter he felt more fatigued and dull. However, this condition improved and he went to Paris to consult M. Charcot, who had formerly attended him. He prescribed ergot, 25 centig. at first, increasing it afterwards daily by 5 centig., up to a gram. He ordered him to continue 1 gram. a day for three days, then cease and take in its place nitrate of silver. The patient returned to Marseilles and followed the treatment without medical supervision. He took the ergot, and on the second day he was taking the dose of 1 gram. he was attacked with paralysis of the extremities and aphonia. He was not able to move. Sensi-

bility was very dull in the paralyzed members, even in the upper extremities, which had always been absolutely intact hitherto. He did not suffer in any part, but was unable to move; he was not able to raise himself up or remain sitting; he was absolutely powerless. He stopped the ergot immediately, and a gradual diminution of the symptoms took place. At the time we examined him, the arms were nearly recovered; he was able to write, the voice had entirely returned, he could sit up in bed, had some difficulty with his urine, rectum normal, inco-ordination in the movements of lower extremities, especially when the eyes are closed, slight drooping of the upper eyelid, patellar tendon reflex absent, delayed sensation in lower extremities.

The history of this case appears to me to be sufficiently clear to place in evidence the injurious action of ergot of rye. Here is a patient with locomotor ataxia (the diagnosis of which is beyond doubt), which underwent a remarkable improvement. During this period he feels a little fatigued; he takes ergot and when he reaches the dose of a gram. per day, he finds himself paralyzed over the whole body. When the ergot is stopped this paralysis disappears gradually, leaving, however, an increased condition of tabes. It appears to me quite legitimate to attribute these symptoms to the ergot. Without doubt the weariness, which the patient felt, indicated the approach of an increase in his malady; but this attack had been singularly aggravated by ergot. The general paralysis is the result of the drug. This circumstance had applied a whip to the disease and probably left behind it some advance in the posterior spinal sclerosis. The dose prescribed certainly was not very excessive, 25 centig. at first, increased little by little to a gram.; most authors give more. Hammond, who often gives it in ataxia, administers at first a dose of at least a gram. three or four times a day, and continues during several months. Erb (who praises it but little) mentions Waldmann particularly, who gives it in, from 1 to 2 grams. per day. The dose then was not considered excessive.

Since the work of Brown-Sequard and of all others who have lauded ergot in spinal lesions, it is said that the indications for the use of this remedy consists in hyperæmia of the cord. It is at the commencement of the attack, to prevent or stop it, that it is necessary to use the vaso-con-

strictor. This drug would appear, therefore, well indicated, notwithstanding it did harm. This at least teaches us two things. In the first place it is necessary that the effects of the continued use of the remedy should be watched by the physician. If M. S. had been thus watched, very probably the remedy would have been withdrawn in time to prevent the paralysis. In the second place it shows that the ergot of rye has, in certain cases of tabes, an injurious action, for which it is necessary to make calculation.

Any special physiological action of ergot upon the posterior columns has not shown itself in any particular way up to the present. Tabes or its symptoms do not figure in the classic picture of ergotism. However, we read in Nothnagel and Rossbach: "In warm-blooded animals the aqueous extract of ergot, in doses comparatively small, and without doubt, also, sclerotic acid, causes anæsthesia and trouble in the co-ordination of movement. In increased doses it produces paralysis, during which the animal, insensible to the most intense pain, does not manifest either voluntary or reflex motion." (Dietz, Lorinser, Handelin and others).

But the recent results published by Tuczek, especially deserve our notice. After an epidemic of ergotism which attacked over 500 individuals in a population of 2,500, 29 patients afflicted with mental derangement entered the Marburg asylum. Siemens has published the report of 11 in the *Archives de Psychiatrie*; and Tuczek reports 18 others, with the autopsy of 4 who died. I will leave those symptoms which pertain to the psychical phenomena and give those only relating to tabes. All the patients presented the symptoms of a lesion in the posterior column of the cord, a lesion which Tuczek directly proved by the autopsies which he made. The patellar tendon reflex was absent in all and did not return, even when the cure seemed complete. The other spinal symptoms were: lightning pains, prickling sensations, analgesia, anæsthesia, inability to stand with closed eyes, ataxia. In some cases the symptoms of tabes dorsalis were complete. The 4 cases examined post mortem were the ages of 9, 16, 20, 33, respectively. The lesion of the posterior column extended the whole length. In two cases it was symmetrical and limited to the columns of Burdach. Tuczek concluded that the ergot had

developed a medullary lesion absolutely similar to tabes. He afterwards tried to produce a posterior spinal lesion amongst animals, by injecting the ergot under various forms. A great number of the experiments failed, but he discovered that the hypodermic injection of sclerotic acid in rabbits, in doses of 3 or 4 grams., produced a genuine ataxia.

This last result, if confirmed, is very important, from the stand-point of experimental pathology. Authors hitherto have regretted that experimentation so far has failed to produce an affection of the nervous system having any analogy whatever to tabes dorsalis. But, now, remembering the experience of Tuczek, it is a fact that ergot develops, in certain cases, posterior spinal lesions, similar to locomotor ataxia. This especially merits our attention, because it explains in a certain measure that in tabetics, accidents are produced by doses of ergot incapable of poisoning a man in good health, consequently it behooves us to be particularly careful in treating progressive locomotor ataxia by the ergot of rye

Correspondence.

RATIONAL TREATMENT OF PNEUMONIA

To the Editor of the Canada Lancet.

SIR,—I am greatly interested in the circulation of your valuable LANCET among the medical fraternity of the Dominion, believing that it is entitled to a place in medical literature second to none on the continent. I have thought of addressing my brethren in the profession through your columns, taking up some points which I believe are worthy of discussion, and I think the members of the profession of the Dominion should aid you in your work by forwarding reports of cases under their daily observation. Some years ago Dr. Jacob Bigelow (the father of the celebrated surgeon of Harvard, H. J. Bigelow) published a small book, entitled, "Rational Medicine," which should be carefully read by every member of the profession, as the truths advanced might serve the purpose of arresting the hand of some irrational practitioner of medicine, and, doubtless, succeed in saving the life of some unfortunate patient.

The fact is, the graduates of thirty or forty years

ago, who left the college halls to enter the, to them *untried paths*, left behind them in regular visitation to the sick, too much of the deadly calomel, and often a blanched and almost bloodless patient to contend with drugs, disease, and the effect of the lancet. We contend in these days, that there is no necessity for much of this, I will not say all of it. A few of the doctors of the present day follow directly in their footsteps; a few still believe in the large bolus, the large blister and the large pill, and try to cure an inflammation by producing not only an inflammation, but a mortification. There is one thing certain, the big-dose men are not the popular men in the profession to-day. There is so much common-sense fact published weekly in the secular and religious press, with reference to hygienic laws and the cause and cure of disease, that the old-school practice does not take with the people. Many excellent physicians are guilty of too much prescribing, using a great variety of drugs, and changing their prescriptions almost daily, thus advancing the interests of the druggist but fearfully depleting the poor man's pocket; while half-filled bottles of medicine are laid aside, altogether useless. 'Tis no wonder that the Homœopath flourishes, rolling around the streets of our provincial towns in "gilded splendor," while the poor big-dose doctor has to drive a little phæton, and, in some instances, gild his pills with a good big coating of untruth to make them palatable.

Rational medicine certainly consists in the recognition of the power of recovery in the system, apart from the use of any drug; and the progressive physician never places his finger on the pulse, without remembering this fact. We find a patient bolstered up in bed, breathing with great difficulty, his face dark and purple, showing imperfect aeration of the blood—an unbalanced circulation—the extremities cold, the head hot, the dyspnoea growing rapidly worse,—a condition, in short, which a good stethoscopist would at once pronounce pneumonia. Now I do not know with certainty how this disease is generally treated by the profession; but I fear from the number that die, the treatment is often *too depleting*. I believe *good treatment* will save the majority of such cases, and what I mean by good treatment, is "rational treatment." For instance, let us draw away the blood corpuscles from the plethoric and consequently over-filled lungs—draw the blood to the extremities. How

can we most easily and certainly do this, if this is the indication?

The following simple plan of treatment will, I believe, save at least ninety per cent. of all cases, except the very aged and infants. Hot mustard and cayenne pepper foot-baths, repeated every two hours. In the interim of these, a jug filled with hot water should be constantly applied to the feet, and large oatmeal-and-onion poultices assiduously applied to the chest. *Injections should be used to move the bowels rather than purges*, and in the shape of medicine, from six to ten drops of veratrum viride administered every hour. This simple form of treatment will afford immediate relief and almost certainly cure the patient, if adopted sufficiently early and persisted in as long as necessary.

So much for pneumonia. Perhaps at some future time another plain "pen talk" may serve to fill a column or so of the LANCET. Hoping that success may attend your efforts in diffusing new ideas in medicine as the world rolls on apace, I subscribe myself,

Very truly yours,

J. H. BARKER.

Upper Keswick, N. B.,
April 12, '83.

Reports of Societies.

MICHIGAN STATE BOARD OF HEALTH.

(Reported for THE CANADA LANCET.)

The Michigan State Board of Health met in Lansing, Mich., on April 11, 1883. All the members present. The minutes of the last two meetings of the Board were read and approved. The Secretary read a quarterly report of work in the office of the Board, bulletins, documents, circulars, blanks, and reports distributed, correspondence, etc. The Secretary also presented a resumé of the work performed by other State Boards of Health, and a review of sanitary legislation in other States.

The Secretary presented an account of sickness caused by eating salted pork. The sickness was attended by burning in the stomach and abdominal tenderness. Some of the meat was fed to four cats. The symptoms in the cats were, dilatation of the pupils, vomiting, great thirst, and tenderness of the muscles. Diarrhoea was not present. Three of the cats died, the fourth one being barely able

to walk after one month. They were attacked twelve hours after eating the meat. A partial microscopical examination of some of the meat by Prof. T. J. Burrill, of Champaign, Ill., disclosed nothing within the meat to have caused the illness, but on the surface of the "lean" there was found a *micrococcus* enormously numerous, as well as some fungous developments of a mould-like kind sparsely present. The *micrococcus* was of a new variety, entirely distinct from that of "hog cholera," which latter was not detected in the specimen. It is not known whether the organism was on the pork when it was used for food, and it has not yet been determined whether it is now alive. Culture experiments have been instituted to determine that point. It is quite devoid of motion and has a less dense or firm appearance than most of its congeners. It takes the ordinary aniline violet stain. Usually two are connected in a figure 8 form, rarely more.

Hon. John Avery, M.D., of Greenville, was elected President of the Board.

The Secretary presented an account of a death of a railway employè by being caught in a "frog," together with a copy of a bill now before the legislature providing for a wedge of hardwood, or other substance of equal utility, in all "frogs" of an angle of less than 45 degrees. He described the method devised by a prominent railroad man, of tamping hard coal cinders in the frog. This method is not dangerous to the travelling public, and the wedge of hardwood, by its liability to be misplaced, might throw a train from the track and cause many deaths.

Invitations to hold sanitary conventions at Muskegon and Iona were accepted, the dates to be hereafter decided upon. The President nominated standing committees on epidemic, endemic, and contagious diseases, sewerage and drainage, foods, drinks, etc.

The Secretary was requested to prepare a memorial to the President of the United States, petitioning that he place the \$100,000 appropriation in the hands of the National Board of Health.

"Have you ever tried the faith cure?" asked a long-haired, sallow-faced stranger, addressing a gentleman who sat behind him in a street-car. "I have," was the answer. "Do you believe in it?" "I do." "May I ask, then, of what you were cured?" "Certainly. I was cured of my faith."

Selected Articles.

ON SCIATICA AND ITS TREATMENT.

CLINIC BY WILLIAM PEPPER, M.D., LL.D.,

Our first patient is suffering from the painful affection sciatica. He is a big, burly fellow, a car-driver by occupation. He has always enjoyed good health, but has been a good deal exposed to the weather, working from 4.39 A.M. until 11 P.M. and getting only about four hours' sleep. This he has kept up for thirteen years. His occupation requires him to go along the river front; but he has never suffered from malarial trouble.

Last Tuesday, four days ago, after no unusual exposure, he began to have pains in the groin, extending towards the knee, and pains down the back of the thigh. The pains were, therefore, along the lines of the anterior crural nerve in front and the sciatic nerve behind. The suffering is marked at nights, beginning about 8 P.M. and subsiding at 6 P.M. He has noticed this every night. Making any movement that disturbs the hip-joint causes severe pain.

The symptoms of sciatica in its acute form are so characteristic that there is no danger of its being overlooked. In chronic sciatica, however, we have to consider carefully whether we have to deal with pure sciatica, or whether we have pain in the course of the sciatic nerve as one of the symptoms of some deep-seated trouble. In the first place, it is important to distinguish between those attacks which are palpably acute and those which are more or less chronic and in which the symptom of sciatica may be only one of several morbid conditions present. In aneurism of the aorta low down the tumor may press upon the nerves of one side, causing pain in the course of the circumflex the genito-crural, the ilio-inguinal, or the sciatic nerve. Under such circumstances there may be sciatica as one of the symptoms of a deep-seated abdominal disorder. The same thing is true in some cases of leucæmia where the abdominal glands are first involved. I have seen on several occasions the first symptoms in lymphatic leucæmia resemble those of lumbago or sciatica, and the real condition has not been recognized until the progressive failure of health and strength, the increasing anæmia, the continuous enlargement of the lymphatic glands, or the examination of the blood, has revealed the nature of the disease. In any case of chronic sciatica it is necessary to consider all sources of pressure on the nerve, and until this has been done it is not safe to say that the neuralgia is due simply to an affection of the sciatic nerve. In an acute attack like the one which this man has, we are spared all anxiety as regards this point. We at once recognize that it is a case of simple sci-

atica, involving the nerve-trunk; but this knowledge is not sufficient to enable us to treat the case intelligently.

The causes of sciatica are numerous. Let me mention a few of them. Malaria nor rarely reveals itself by some local neuralgia. The most common form is perhaps ordinary trifacial neuralgia, but there may be from this cause neuralgia of the brachial plexus, and frequently one of the sciatic nerves is involved. I have seen cases in which there was no chill, scarcely any fever, but severe periodic sciatica, which rapidly yielded to quinia. You are not to suppose, however, that because a neuralgia exhibits a marked periodicity it is malarial in its origin, for frequently neuralgic conditions resulting from the most diverse causes exhibit a marked periodicity,—*i.e.*, tending to recur at the same hour on succeeding days. Although this man has been exposed to the malarial poison along the river edge in the early mornings and evenings, and although his neuralgia exhibits periodical exacerbations, we are not to assume at once that it is of malarial origin.

In this connection I shall call attention to the presence or absence of pain over the point of emergence of the nerve as a means of some value in the differential diagnosis. In all neuralgias painful spots are found over the points of exit of the nerve affected. In sciatica it is where the nerve passes through the sacro-sciatic foramen. In the purely malarial affection it has seemed to me that the local tenderness is less marked than it is when the neuralgia is dependent upon a definite lesion of the nerve-sheath and trunk, so that excessive tenderness over the point of emergence and excessive pain on motion constitute to my mind evidence against the purely malarial origin of a periodic neuralgia. In neuralgia due to malaria the local tenderness in the interval is slight, but during the paroxysm there is undoubtedly a congestion of the nerve-sheath causing local pain and tenderness; but on the disappearance of the congestion these subside, while if the neuralgia is due to some local lesion of the nerve the tenderness is extreme and more or less persistent. In cases where there is doubt as to the cause of the trouble, the use of quinia in full doses is a therapeutic test that should never be neglected.

Again, I have seen several cases of sudden, severe sciatica in workers in lead. We more commonly see abdominal neuralgias from this cause; but lead-poisoning may also cause a neuralgia of peripheral nerve-trunks.

Far more frequently the neuralgia results from some congestion of the nerve-sheath, often associated with a gouty or rheumatic diathesis; and even though there is no gouty or rheumatic tendency, exposure to damp and cold may cause a sudden congestion of the nerve-sheath, with such pressure upon the nerve-trunk as to give rise to the most

intense pain. This condition may affect any peripheral nerve, as the cranial nerves, the branches of the brachial plexus, very frequently the intercostal nerves, and the sciatic nerves. This is the most common cause of acute sciatica. We are to distinguish between rheumatic neuralgia and that due to simple congestion by the history of the case, by the presence or absence of the rheumatic or gouty diathesis in well-marked form, and by the existence or non-existence of symptoms of rheumatism or gout in other parts of the body.

Neuralgia from any of these causes may pass into the chronic form, and thus the most usual causes of chronic neuralgia are malarial, some toxic influence, or a subacute inflammation beginning as an acute attack and running into a subacute or chronic form, with persistent thickening of the nerve-sheath and constant pressure upon the nerve-trunk.

In addition, sciatica may be an expression of the neuralgic constitution. This is associated with a special condition of system, and is found in anæmic individuals of morbidly sensitive natures. It is in such cases that we see neuralgia in its most protean form. These cases are usually recognized with ease.

In the present case the diagnosis is between malarial neuralgia and simple peri-neuritis of the sciatic nerve. The fact that this man has never had malaria, the fact that there is intense tenderness over the point of emergence of the nerve, and the fact that this persists during the intervals between the spells of pain, render it probable that this sciatica is due to simple congestion.

Sciatica gives rise to very severe pain whenever such motions are made as disturb the relation of the sciatic nerve to the opening through which it passes. The patient may walk pretty well as long as he keeps the leg stiff, but the moment he makes the slightest motion which disturbs the relation of the nerve at its point of exit he is seized with a violent paroxysm of pain. The pain is usually referred to a point between the trochanter and the tuber ischii, thence it extends along the course of the nerve. If the lesser sciatic is alone involved, the pain does not go below the knee, but when the main sciatic nerve is affected, the pain may extend into the calf of the leg and into the foot and radiate through the various branches of the nerve. The pain is often associated with a feeling of fullness, weight, and tingling. There may be at the same time a painful condition of other nerves. In this man there seems to be involvement of the anterior crural nerve.

In all cases of neuralgia there is this tendency to periodicity, the pain being more severe at one period than at others, and sometimes entirely disappearing. The spells of pain more frequently occur during the night, but they may occur during the day. If this neuralgia were purely malarial,

it is probable that the paroxysm of pain would come on at the time that a chill usually appears,—that is, in the early part of the day.

The treatment is based upon a careful study of the causal condition. I shall treat this man in the following condition. The pain is so severe that I shall have injected, morning and evening, into the deep tissues of the thigh a solution of morphia and atropia :

Morphiæ sulph., gr. $\frac{1}{6}$;
Atropiæ sulph., gr. $\frac{1}{60}$.

When thrown deeply into the tissues the injection does much more good than when simply placed beneath the skin. The puncture itself is useful. The mere penetration of the tissues with a needle unquestionably does good ; still more benefit is obtained when the puncture is followed by an injection of simple water ; but of course the best result is derived from the injection of a solution containing a suitable anodyne.

It is an old observation that puncturing the tissues over a painful nerve would relieve the pain.

The practice of acupuncture, by plunging solid needles into the tissues, for the relief of neuralgia, dates back thousands of years in the Chinese practice of medicine. In China there is a caste or class of people whose business it is to practice acupuncture. The needles which they use for the treatment of sciatica are very long, made of fine gold, brought to an exquisite point, sometimes worked with a spiral and sometimes perfectly smooth. These are rapidly rotated between the thumb and index-finger and inserted to a great depth. It has been supposed that the relief afforded is due to puncture of the nerve-sheath, allowing the escape of some exudation which causes pressure upon the nerve. I do not think, however, that this is at all probable, for the anatomical knowledge of those who practice this treatment is very slight, and even if they succeeded in reaching the nerve-sheath the needle would probably be introduced too far and injure the nerve itself ; and, again, the opening would be so small and the tissues are so elastic that very little fluid could escape.

Some attribute the good effect of puncture to the influence of the mind over the body, while others think it due to reflex action on the vasomotor nerves. I do not care to spend time to-day in considering the correctness of these explanations ; but the fact that mere puncture does good in neuralgia is undoubted.

Let me here say that, while I confidently recommend hypodermic injections of morphia I earnestly protest against their use in chronic neuralgia. In no disease will you find the opium habit more readily contracted than in chronic neuralgia. The attacks come on so frequently and so violently that the patient soon becomes the victim of this most troublesome habit. In such cases I should far rather resort to some other means of relieving

the pain than injections of morphia. In this instance I have no hesitation in employing morphia, for the necessity for its use will pass away in a few days.

We should by all means use some form of counter-irritation over the affected nerve. I shall first use a blister; but if the case proves obstinate the actual cautery should be resorted to. I shall apply a blister three inches by four inches.

Internally I shall, for two or three days, give him thirty grains of quinia a day. I do not give it with the idea that it is going to cure the neuralgia, but because his history justifies a suspicion of malarial poisoning, and, even if there is no malarial element, the effect of the quinia upon the vessels of the affected part and its influence upon the general nervous system cannot fail to be of benefit. After a few days the dose of quinia will be diminished and arsenious acid be associated with it. When the injections are stopped I shall also give him belladonna and iron. I shall immediately put him on iodide of potassium, five grains four times a day.

This will constitute the treatment, and by the middle of next week the man will probably be able to return to his work.—*Med. Times.*

TREATMENT OF CANCER OF THE UTERUS.

We make the following extracts from a very interesting and readable clinical lecture on "Cancer of the Uterus," by Prof. W. Goodell, author of *Lessons in Gynecology*. The case under discussion was that of a woman aged 37, a multipara, who suffered from menorrhagia, bleeding after coition, and a foul-smelling discharge. As regards physical examination, he says:—"Passing my finger into the vagina, I come upon a sore which is characteristic. It is crater-like. There is a hard, irregular margin surrounding an excavation, which has on its bottom and sides friable granulations. This is typical of carcinoma.

"The examination that I made has caused a little bleeding. That is one reason why you should never use a speculum in these cases. The finger tells the whole story, and the speculum may cause a hæmorrhage difficult to control.

"What about the prognosis? It is very unfavorable. Out of all the cases on which I have operated, and of which I know the after results, only three have I considered cured. Still, I can prolong life, and that is a great thing. In some of the cases on which I have operated, the disease has not returned in the cervix, but in some other part of the body. I have operated on women apparently in the last stages of the disease, so low that you would not give them two weeks' lease of life, and have seen them get out of bed and live

for over two years. My experience is, that the older the woman the more likely is the operation to be followed by success. In younger women there is more blood in the part, there is a luxuriance of growth, and they are not so apt to be benefited by an operation."

In reference to treatment, Goodell says that Freund's operation is rarely permissible, and then only when the womb is freely movable. "The operation which I shall perform to-day will consist in scraping away the cancerous matter as far as possible, and trying to reach healthy structures. The removal of the friable granulations will arrest the bleeding, which may not return. In doing this, I shall use this serrated curette, and this fenestrated forceps. In buying a fenestrated forceps, you should get it with the obstetrical lock, so that you can fasten the blades securely together. I am removing a large quantity of this most offensive material, and my fingers are going to smell very badly. How shall I get rid of it? I shall first wash them well with soap and water, and then with turpentine, which is very useful under these circumstances. Then I shall again use soap and water, with another go with the turpentine. After this I shall probably immerse them in carbolic water. Permanganate of potassium is an excellent disinfectant, but it has the disadvantage of so staining the hands that one is not presentable for several days after its use.

"Now, suppose a woman comes to you and you diagnose cancer of the uterus, are you going to say, 'Madam, I am very sorry to tell you that you have a cancer?' No, don't you do that. I should not tell even if she asked me to tell her the truth; but in the majority of cases they do not want to know, and will say to you, 'Now, doctor, if you find a cancer, don't tell me.' No matter how good a woman is, or how fully prepared for the future she may be, the knowledge that she has a cancer is a terrible blow, and she at once gives up, begins to go down hill rapidly, and soon dies. I never, except in very rare instances, tell the patient that she has a cancer; but I always tell some member of the family, or a friend, exactly what is the matter. Suppose the patient asks straight up and down, 'Is it a cancer?' You do not want to tell a lie, and you do not want to say that it is a cancer. I get out of it in this way: I say, 'This is not that kind of a cancer which you understand. This is not a hard cancer like that which comes in the breast, and which is hopeless. You have a bad ulceration of the womb. It is not hopeless; there are cases which are cured.' In the case which I have mentioned, where the lady took thirty-five grains of morphia a day, the word 'cancer' never passed my lips, nor did it pass hers. None of the members of the family used that word, yet she knew as well as I did that it was a cancer. It was always spoken of as that "bad

ulceration.' About three years ago I learned a lesson on this point. I was asked by a physician to see a near relative of his. His suspicion was that it was a cancer. I said to him, "Suppose that this is the case, shall I tell the lady?" He replied, 'Yes, she ought to know; tell her by all means.' After I had examined and found a carcinoma, I said, 'I am very sorry to say that this is malignant,' and then went on and told in so many words what the trouble was. She never rallied from that. She made up her mind that her days were numbered, and there was no use in doing anything, and in a short time she died. I say, then, never tell a woman that she has a cancer:

"I have now made a funnel-shaped opening, into which I can readily introduce three or four fingers; before, I could barely get one in. I have not gotten into the bladder nor into the peritoneal cavity, but I am afraid if I go farther posteriorly, that I shall open Douglas' pouch. I can trace the cancerous tissue to the internal os, but it does not pass to the cavity of the womb.

"You see that while there has been some hæmorrhage, still it has not been alarming. Sometimes there is unpleasant hæmorrhage. During the operation you are not apt to have much hæmorrhage if you work rapidly, and quickly get down to healthy tissue. If hæmorrhage should occur, do not use Monsel's solution (the sub sulphate of iron), for it makes plaster-like clots, and so corrugates and contracts the parts that you cannot continue the operation. Under these circumstances, ordinary cider vinegar serves an excellent purpose as a hæmostatic, without the inconveniences of Monsel's solution.

"Having removed as much as possible of this friable material, I purpose to apply fuming nitric acid to the raw surface. Usually, I prefer the application of Paquelin's thermo-cautery; but the instrument is out of order, and I do not think that I can reach all parts as well with the cautery as with a fluid. I apply the acid with a piece of cotton, allow it to remain for a short time, and remove by injecting water. I then again apply the acid. It is not necessary to use alkalis or oil to neutralize the acid. If enough water is injected, it will so dilute the acid that it cannot injure adjacent parts.

"There will be but little pain from the operation, but she will probably feel some soreness from the position in which the limbs have been held. When she is put to bed she will receive a suppository of the extract of opium (gr. j).

"I am sorry to say that these cases are very common. Cancer is, I think, on the increase; but why it is I cannot say. The disease more frequently affects the uterus than any other part of the body, unless it be the breast.

"You see that I have a little wound upon one of my fingers, but I am not afraid of inoculating

myself with the cancerous matter, for I am in good health. If I were run down, it might be somewhat hazardous to get such offensive matter on a wound. It is the same with dissecting wounds, which occur usually toward the end of the session, and with those who are overworked. This is not the case with venereal disease. No matter whether the health is good or bad, one is liable to be inoculated with syphilis. Nothing would tempt me to thrust my finger into a vagina in which I knew there was a chancre. It was only yesterday that I was asked to take charge of a patient who had a chancre, but I absolutely refused to have anything to do with it. Some years ago I got caught. After examining a case, there appeared on my fingers a sore which would not heal. I shewed it to Dr. Agnew, and he pronounced it to be a chancre. For awhile I believe that I was the most unhappy man in Philadelphia. The diagnosis, I think, was incorrect, for the sore disappeared, simply leaving a scar, and was never followed by any constitutional symptoms. A burnt child dreads the fire, and I cannot be hired to put my finger where I know there is a chancre. Winter before last, in one of the ward classes, after I and a number of the gentlemen had examined the uterus in one of our patients, she called attention to a sore in the vagina, which proved to be a chancre. Some of the gentlemen looked rather frightened, and I cannot say I liked it very well myself.

"A number of years ago, I attended a respectable woman in confinement. I then lost sight of her for several years, when she again wished me to attend her. When I called to see her, I noticed that she kept herself wrapped up. As on the previous occasion it had been necessary to use the forceps on account of the narrowness of the pelvis, I was prepared when the head would not come down, to apply the forceps. When I exposed her, I found the nates and buttocks one mass of venereal disease, and her neck was raw from the same trouble. I would have presented any gentleman with a hundred dollars to have applied the forceps and delivered the child. I stripped my arms to the elbows, and thoroughly applied a mixture of carbolic acid and vaseline. I then applied the forceps, using one hand only in the vagina. As soon as they were in position, I ran out of the room, and carefully washed my hands, and again applied the carbolised vaseline. I then delivered her, and again washed myself with the utmost care. For a number of days I waited anxiously to see what the result would be, but no bad effects followed."—*Glasgow Med. Four.*

Frequent micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.—*British Med. Journal.*

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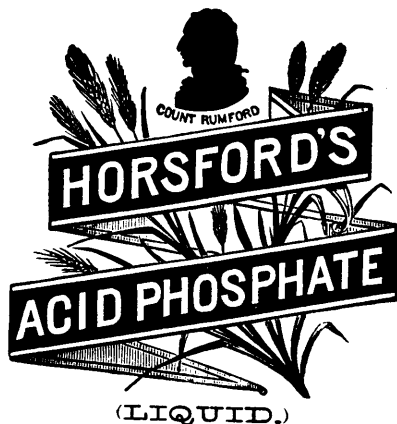
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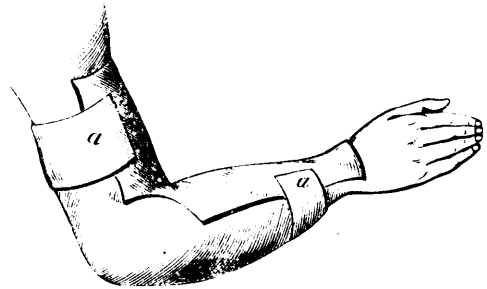
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PLASTER-OF-PARIS DRESSING IN INJURY TO THE ELBOW-JOINT.

Clinic by Prof. JAMES L. LITTLE, M.D., New York Post-Graduate Medical School.

GENTLEMEN,—The patient that I now show you is a boy of about ten years of age, brought here by Dr. Griswold, of this city. He sustained an injury to his elbow, which has resulted in an inflammation of the joint of a subacute character. Dr. Griswold tells me that when he saw the case, some four weeks ago, he detected marked fluctuation upon the outer side of the joint. With the aspirator he removed about two ounces of pus. Probably you remember that I presented this case to you a week ago. I then detected fluctuation over the seat of the former abscess, and naturally concluded that it was refilling. At that time, as you will remember, I applied a plaster-of-Paris splint to the arm and forearm without altering its position, the idea being to keep the joint at rest. I told you that I would come to-day prepared to anæsthetize the patient and bring his arm into a flexed position, a little less than a right angle, so that if ankylosis resulted the limb would be in a good position for use. It was also my intention, as I told you at that time, to open the abscess, make a thorough examination, under strict antiseptic precautions, and ascertain whether the abscess was connected with the joint, introducing a drainage-tube, if necessary, and dressing the part according to Lister. But you see that the general condition of the patient is very much improved. Upon examination I find that the swelling around the elbow has entirely disappeared, so that no fluctuation can now be detected. No operative interference, therefore, will be necessary, so far as the abscess is concerned. I wish, however, to put the arm in such a position that, should the joint become stiffened, the limb will be of some service to the patient. To this end the boy has been thoroughly anæsthetized, and I now forcibly flex the arm to a little less than a right angle, so that the hand touches the mouth. While the limb is held in this position I apply a plaster-of-Paris splint to the anterior portion of the arm and forearm. This, as you will see, is made of two thicknesses of bleached cotton flannel, wide enough to enclose about one-half of the circumference of the limb. The flannel is thoroughly saturated in a mixture of plaster-of-Paris and water. A strip of the same material, about an inch and a half in width, saturated in the plaster-of-Paris, is applied around the arm, just below the upper extremity of the splint, and another similar band above the wrist, to retain the anterior splint in position. While the plaster is still wet, and with the arm held in the desired position by my assistant, Dr. Powell, I apply an ordinary roller bandage tightly from the hand to the shoulder, moulding the flannel

to the limb. Having accomplished this, the limb is held in the position in which we have placed it until the plaster is set. This takes but a short time. The plaster is now hard, and I remove the bandage, and, as you see, I have a beautiful plaster-of-Paris anterior splint, which is unyielding, and will hold the arm in its present position. At the same time the dorsal surface of the joint, from the external to the internal condyle, is uncovered, so that its condition can be observed from time to time. A dry cotton roller is now applied from the hand to the shoulder, and the dressing is complete, and its appearance is shown in the following figure.



With plaster applied in this way you can make an angular splint to cover any part of the forearm or arm. This dressing has one advantage over all others, inasmuch as after its application the limb can at once be placed in the desired position and held there until the dressing becomes hard. Another advantage is that it can be applied directly to the skin without any irritation resulting. If hairs exist upon the limb, the surface should be smeared with oil or vaseline before applying the splint.

The length of time that I shall allow this dressing to remain upon the patient will depend upon the progress of the case. If the inflammation subsides rapidly, and the pain disappears, it can be removed in a short time and passive motion begun.—*Med. News.*

DIABETES AND DIABETIC COMA.—Dr. Stephen Mackenzie, Physician to, and Lecturer on Medicine at the London Hospital, in a paper bearing this title, and originally read before the British Medical Association at Worcester, in 1882, gives a total of thirty-seven fatal cases of diabetes in the London Hospital from the beginning of 1874, to Midsummer, 1882. "From this series of cases, twenty-one of which have been under Dr. Mackenzie's own care, it appears that coma and phthisis are the two most common modes of termination of diabetes. Coma is a much more common ending of diabetes than is often supposed by those who see but few cases of the disease. In this series coma of a peculiar kind was the termination

of diabetes in nineteen out of thirty-seven cases, or in just over half the number. Of these nineteen cases of coma, in seven *post mortem* examination showed no gross visceral disease to which the coma could be attributed; in four cases without *post mortem* examinations, there was no *ante mortem* evidence of visceral disease in three, and in one there were well marked signs of pneumonic phthisis during life. Further, there were eight deaths from coma, with old or recent pulmonary disease found at the necropsy; in some of these the affection of the lung was insignificant, in others advanced. The coma that closed the scene in cases of diabetes, implicated (or followed) by pulmonary disease, had certain special characters, to be presently described, showing its connection with diabetes rather than with phthisis. It is not the mere loss of consciousness that terminates so many exhausting diseases. Suddenly developing coma is an unusual ending of ordinary phthisis. Besides these nineteen cases, in three others death was by coma, but an obvious explanation was presented on *post mortem* examination—viz., cerebral hæmorrhage, meningitis, suppurative nephritis. *Onset*.—Pain in the epigastrium or hypochondria, often very severe, sometimes ushers in the attack, and may precede for several days the coma. Delirium, usually of a light garrulous kind, is observed in some cases. Rapidity of pulse is occasionally the first indication of impending coma. Vomiting and diarrhoea, separately or together, were noticed in some cases for a day or two before the attack. Severe headache precedes the coma in others. Fatigue, as pointed out by Prout, and noticed by nearly all who have written on the subject, often determines coma, and the latter is thus frequently induced by a journey. *Special Features of the Coma*.—One of the most striking symptoms in most, though its degree varies in different cases, is a peculiar laborious breathing—an "air-hunger," extraordinary efforts of filling the chest being made. The patient lies gasping for breath, like a person after violent exercise, whilst no condition in the respiratory organs accounts for its occurrence. Sometimes, this dyspnoea precedes the coma, sometimes the dyspnoea and coma appear together. The coma in most cases commences gradually. The patient can at first be roused, but steadily progresses until it is profound. It occasionally commences more abruptly, and in a few cases passes off, usually to return. The surface of the body is generally cold, and the skin and mucous membranes livid; the pulse is rapid and small, and ultimately becomes uncountable. The external and internal temperature sinks exceedingly low, and Dr. Mackenzie has known the temperature in the rectum to be little over 90° Fahr. This combination of coldness, lividity, and rapid pulse has led me for some time to call the condition "coma-collapse." Incontinence of urine is

noticed in some patients. The breath has been noticed by some good observers to have a peculiar odor, like sour beer, vinegar, acetic ether, acetone, etc.; but in no case that Dr. Mackenzie had observed has this been detected, though he has been on the outlook for it since 1874, and has directed the attention of those watching the patient to the point. Dr. Frederick Taylor's experience is similar. It has been said that a high temperature is necessary for its occurrence, owing to the low volatility of acetone. The urine is also said sometimes to give off a similar odour, but the author has not noticed it even when evaporated. In some cases, the addition of a solution of perchloride of iron to the urine produces a deep brown colour. This, which is a test for acetone, Dr. Mackenzie has noticed in some cases.—*British Medical Journal*.

BASILYSIS IN DYSTOCIA.—In the March number of the *Edinburgh Medical Journal* Professor Simpson presents a communication on basilysis as a substitute for other methods of diminishing the head in appropriate cases of dystocia. Previous articles by the same author have recommended the method, and the present one contains the account of its successful employment in a case of hypertrophic elongation of the cervix. The woman had some pelvic deformity, and at the time she was seen, about ten hours after the labor began, the os projected two inches from the vulva; it admitted two fingers, and at a full finger's length from the os the vertex was felt presenting, with membranes intact. There was evidence that the fœtus was dead, and while the lips of the os remained half an inch thick, the lower part of the body and the upper part of the cervix were becoming dangerously thinned.

The occiput being to the right and a little posterior, the basilyst was used to perforate the left parietal and upper edge of the left temporal bones, and the point of the instrument was then guided to the anterior part of the base, in front of the sella turcica, and screwed in to the shoulder. When the blades had been separated it was felt that the structures were broken up. To effect more comminution the instrument was again applied just behind the sella turcica, and on its withdrawal the base of the skull felt relaxed. No blood escaped during this proceeding, showing that the child was dead, and the maternal structures were not injured. Some brain matter escaped during the operation, and the rest was evacuated by douching. Traction on the head was made by the fingers, support and counter-pressure being applied to the lips of the cervix during its extraction. The head was delivered easily, but difficulty was experienced with the shoulders, the circle of the os fissuring in different directions, especially at the left side, where the parts were somewhat thin. The distension by the shoulders also wounded the left

nympha and adjacent portion of the vestibule anteriorly and the right posteriorly. The cervix was well douched with carbolized water, and digital pressure applied to the wound of the left nympha in order to stop the bleeding. The placenta was expelled in about twenty minutes, and shortly after some (post-partum) hæmorrhage occurred. This, though not in itself excessive, brought the patient into a very critical condition, from which appropriate treatment ultimately rescued her, and she made a good recovery.

The basilyst, as now constructed by Professor Simpson, is an exceedingly simple instrument, consisting essentially of two blades of equal thickness, which are introduced in close apposition. They thus form a cylindrical shaft, at the pointed extremity of which is cut a screw-thread.

The encephalon may be thoroughly churned up and the opening enlarged by separating the blades after the cranium has been perforated. The skull is then washed out, and the screw-tip directed so as to pierce the ethmoid and sphenoid, or (as in this case) also the base of the skull further back, so that the whole base may be broken up. After the operation, the thumb passing round the forehead at the level of the orbital processes, and the fingers passing about the occiput, the tips of the thumb and middle finger met, showing that the head would then pass through a canal with a diameter of only two inches. In this case the diseased and friable tissues of the mother contraindicated the use of forceps. The author claims for his instrument that it does not cost more than the perforator in common use amongst us; and that it has the immense advantage that, whilst it as easily perforates the vault of the cranium, it can further break up the unyielding base, and thus in many cases render us independent of any further head-crushing implement or apparatus.—*Boston Med. Journal.*

INHERITANCE OF CANCER.—In the course of a paper on the Local Origin of Malignant Growths, read in the Section of Pathology at the last annual meeting of the British Medical Association, Mr. Jonathan Hutchinson observed: "It is needful to say a few words as to the Inheritance of cancer in its bearings upon the doctrine of its local origin, since an adverse argument has been founded upon it. It has been urged with much plausibility, that a disease which is capable of inheritance must be a constitutional one. No doubt, to some extent, this is true; but the argument must not be pushed beyond its legitimate scope. The laws of inheritance, as with property, so with disease, concern convection, and not origin or production. The inheritance of a fortune is a very different thing from its acquisition, and gives us no clue as to how that may have been accomplished. The causes of cancer, as we meet with it in practice,

may, perhaps, be usefully classed as three, senility of tissue, local irritation, and inheritance. Of these, only the first two can rank as true causes; the latter, although practically of great importance, is only a mode of perpetuation of that which the other two have originated. Senility gives proclivity, local irritation excites, and subsequently hereditary transmission may perpetuate. The facts, as regards chimney-sweeps' cancer, give perhaps the best illustration of what I mean. Before this malady was practically suppressed by Act of Parliament, I believe it was commonly noted that when the trade of sweep went, as it often did, in a family, proneness to suffer from soot-warts, and for soot-warts to degenerate into cancer, increased in successive generations. Grandsons and great-grandsons were attacked at earlier ages, and with much greater frequency, than those who were new to the trade. Here, then, we observe the liability to a form of cancer, produced in the first instance by a local cause, perpetuated and intensified by hereditary transmission. We witness the genesis of cancer, and see the shares taken by local irritation and inheritance, and how entirely secondary the latter is as regards the former. If we ask what it is which is inherited in the case of the transmission of cancer, probably the nearest approach to an answer which can be given will be to say that it is a peculiarity in cell-structure generally; not germs, not a blood-malady, but a special type of cell organization, permitting, with greater ease than in other persons, the injurious influence of local causes. Even in the sweep, whose forefathers have suffered from soot cancer, the transmitted tendency still waits for the exciting cause; and the disease occurs, not in internal and, therefore, protected parts, but on the same part as it did in his great-grandfather, and under the direct influence of exactly the same cause. Not that I would for one moment doubt that, in some instances, the inherited proclivity may be so strong, that it does not wait for the help of any exciting causes, but manifests its power in the production of a cancer which may be considered spontaneous. It is probably in this way that we ought to explain almost all cases of cancer occurring in very early life; and it may be the fact that, in a few of these, something more definite than mere tissue proclivity may be transmitted, possibly even germinal matter, especially in those cases in which the parent was the subject of the malady. Thus, then, although I fully admit that in the examination of our patients we must make large allowance for the influence of inheritance, I wholly deny that we can allow it rank as a true cause of cancer."—*Brit. Med. Jour.*

THE ACTION OF CHLORAL, OPIUM, AND BROMIDE OF POTASSIUM.—Dr. Sidney Ringer, Prof. of Medicine in University College, London, and Dr.

Harrington Sainsbury make the following important observations on certain well-known drugs, after discussing the physiological effects of the agents mentioned in the title of their paper:—"Clinically, the dangers of bromide of potassium and of chloral have been recognized; and thus in our text-books, we find the statements that the presence of grave adynamic symptoms contra-indicate chloral and bromide of potassium. Opium, on the other hand, in such adynamic states, frequently appears to lend actual support. The results of definite experiment we find to accord with the results of clinical experience; and the value of the former lies in that they confirm, and by their definiteness must tend to enforce, the teachings of the latter. The choice of a drug is, however, no simple matter; an advantage here may be outbalanced by a disadvantage there; and practical men may object that they would gladly give opium, but that the disordered stomach, blunted appetite, inactive liver, and torpid intestines, more than outweigh the advantages of opium administration. This clearly is a matter for consideration in the individual case under treatment; and the decision will have to be according as one or other element, asthenia, or derangement of the digestive, etc., powers, is most to be feared. These objections to opium, on the one hand, and chloral and bromide of potassium, on the other hand, raise the question as to whether, in very many cases, a drug, at present rather extensively used, especially in America, *viz.*, bromide of sodium, might not with advantage be substituted in their place. The salts of sodium generally contrast very markedly with those of potassium; for the chloridès, bromides, and iodides of these two metals, the lowest figure would represent the potassium as ten times as active as the sodium. These precise numbers refer to action on the ventricle of the frog's heart (See *Medico-Chirurgical Transactions*, vol. lxxv, concerning the action of the salts of potash, soda, and ammonia on the frog's heart), but on all hands the evidence is forthcoming that, whilst salts of potassium are very poisonous, those of sodium are very slightly so. One of the marked points of contrast between the two sets of salts is to be found in respect of inhibition; potassium salts inhibit the frog's ventricle strongly, sodium salts scarcely at all. Here, however, we are considering drugs as to their cardiac effect; and, in respect of this, sodium bromide would rank far ahead of bromide of potassium, chloral, or opium, as to innocuousness. The objections holding for opium would not apply here, for sodium salts are generally very little disturbing to the tissues. With these advantages the general verdict of clinical experience is to the efficacy of bromide of sodium as a hypnotic, and, indeed, as a substitute for bromide of potassium; and should this position but be maintained, it is clear that bromide of sodium will be in very many cases the sedative above all others to be selected."—*Brit. Med. Jour.*

TREATMENT OF SUMMER DIARRHŒA IN CHILDREN.—Dr. A. Muller (Transactions of Lancaster County Medical Society). Attention to diet is a very important point in the treatment of diarrhœa. In regulating the diet, we will often remove the cause of the disease, which is commonly induced by improper food, and which may often be remedied by attention to this point alone; while no medicines will be of any account if this be neglected. In the beginning of the attack, gum-water and barley-water form very good articles of food and drink. Milk had better be diluted with water, even to the extent of one-half, as in its pure state it is almost always too strong for the delicate stomach, and yet more sensitive intestines. Rice forms a very good article of food, if thoroughly boiled (especially if the child is not at the breast), as it, as a matter of food, leaves very little excrementitious matter. But if the child is nursing, the mother's milk is sufficient; and by far the best diet for it, provided her health is in a good condition. Keeping the surface warm and the skin in a good condition are very important in the treatment of diarrhœa, hence the utility of warm clothing, warm baths, fomentations to the abdomen, and friction. A flannel bandage around the abdomen is often of great service, both from the warmth it imparts, and the support it gives to the viscera within. The feet should be kept warm. Pure air and an equable temperature are also very essential.

As to medicines, the question of giving an aperient at the onset is to be considered. If the child has been fed on improper food, and we have reason to think that indigestible articles of diet are in the alimentary canal, it is proper to begin the treatment by an aperient, in the shape of castor oil, magnesia, or some one of the preparations of rhubarb. But when the infant is very young, and fed on nothing but the mother's milk, and the evacuations profuse, we must in all cases try to moderate the discharge from the bowels. This can be done by the exhibition of some of the vegetable astringents, either alone or combined with opium in properly guarded doses, and antacids. A very good method of administering opium, is in the form of Dover's powder, where we have the sedative effect of the opium and the diaphoretic action of the ipecachuana. Although some may object to giving opium to a very young child, we meet with cases in which the pain and tenesmus are so great that it is our sheet anchor. Mercurials are also very necessary sometimes where there is a lack of bile in the evacuations, they being white or clay-colored. The form in which I generally give it, is the *hyd. cum creta*. When we have green and acid stools, some of the antacids are to be given in the form of lime-water, creta prep. or chalk mixture. In cases of high fever, nitre may be given, in the form of nitrate of potash or spts.

ether nitr. When diarrhœa has long existed, the use of turpentine is occasionally of great service, especially if much flatus exists in the bowels. In cases where the head is involved, or likely to become involved, great benefit will be derived from the use of blisters on the side of the head, back of the ears, or the nape of the neck. Cold in the form of cloths wrung out of ice-water to the top and front of the head at the same to be used.—*Am. Med. Digest.*

THE DELIGATION OF LARGE ARTERIES BY THE APPLICATION OF TWO LIGATURES AND THE DIVISION OF THE VESSEL BETWEEN THEM.—Mr. W. J. Walsham, F.R.C.S., Assistant Surgeon to, and Demonstrator of Orthopædic and Practical Surgery at St. Bartholomew's Hospital, writes: "During the past autumn, whilst in charge of Mr. Willett's wards, it fell to my lot to tie the femoral artery three times for popliteal aneurism. In each instance two ligatures were applied, a little less than half an inch apart, and the artery completely divided between them. The ligatures used were kangaroo-tail tendon; the wounds did well; the operations were performed strictly antiseptically; and in each instance the patient made a good recovery. If two ligatures be applied, and the vessel divided between them, all risk of two free a separation of the sheath is absolutely avoided, as one ligature can be applied at the spot where the sheath is separated above, and the other where the sheath is separated below. After the vessel is divided, each cut end retracts, drawing the respective ligatures well into the sheath, thus leaving the blood-supply of no portion of the vessel on the proximal and distal side of the upper and lower ligatures respectively in any way interfered with. The artery is thus placed under very nearly the same conditions as one which has been ligatured in a stump, and exactly under the conditions as one the ends of which have been secured in a wound, and from such secondary hæmorrhage is very rare. Indeed, I am not aware that, after the two ends of a divided vessel have thus been tied in a wound, hæmorrhage, except from the slipping of a ligature, has ever occurred. The normal longitudinal tension of the vessels constitutes another and, I believe, not inconsiderable source of danger in ligaturing an artery in its continuity. A transverse wound of an artery, as first pointed out by Mr. Savory, in consequence of this elastic tension, assumes a diamond shape. Should any part of the ligature cut through the vessel before it has become permanently occluded, this tension, by causing such a cut in the vessel to gape, thereby disturbing the connection of any internal clot that may have formed, or adhesions of the coats that may have taken place, must tend to the production of secondary bleeding. In a case of secondary hæmorrhage, under the late Mr. Callender, on cutting down at the seat

of ligature to secure the bleeding points, the hæmorrhage was clearly seen to be due to such a cause. The vessel, which had been secured by a catgut ligature, had given way opposite the knot (which itself was intact), and a gaping wound one-tenth of an inch wide existed in the walls of the vessel. By applying two ligatures, and dividing the vessel between them, all tension is taken off, and both ends are placed in a state of rest—the most favourable condition for healing. It has been objected that the application of a second ligature and division of the artery detracts from the simplicity of the operation—a point, I suppose, other things being equal, always to be aimed at in surgery. In this instance, such an objection appears to me to be a mere question of sentiment, and, as such, I venture to think, is of little moment, if, as I believe, it is a fact that, by using two ligatures and dividing the artery between them, greater safety is obtained."—*British Medical Journal.*

TREATMENT OF TYPHOID FEVER IN ZIEMSEN'S KLINIK.—At the commencement of the disease, if there be constipation, calomel is usually given in doses varying from 0.5 to 1.5 grm. As soon as the temperature in the axilla passes 39.5° C. (103° F.), baths are employed, generally two or three hours at the temperature of the room, about 16° R. (65° F.). The patient remains sitting in the bath about fifteen minutes, whilst the back, neck, and chest are being constantly bathed with the water, as in this manner the heat is extracted more gradually and the inspirations are rendered deeper. In some cases of already existing or threatened cardiac weakness the baths are omitted altogether, but only rarely, however; but the temperature of it raised to 22° to 25° R. (88°—88° F.), and when the patient is in it is gradually reduced some degrees. Some alcohol is given both before and after each bath. If the baths fail to produce a decided effect on the temperature, antipyretics are administered. Koth's mixture—which consists of acid carbohc and sp. vini, aa 1 grm.; tr. iodi., gtt. x.; tr. aconiti, grm. j.; aq., grm. 50; syr., 10 grm.; ol. menth, gtt. ij., M., of which a teaspoonful is given hourly—has been extensively employed, but quinine still holds its ground. It is given, not too frequently, in full doses of 15 to 30 grs. every second day. If diarrhœa be profuse, it is checked by the use of starch enemata, to which have been added 20 m. of tinct. opii. This latter also serves the purpose of calming the patient, and thus rendering the attendance less laborious, and may be repeated several times in the course of twenty-four hours. The nourishment consists mostly of broths, with yolk of egg and milk. Wine is given from the commencement, the quantity and alcoholic strength mounting with the cardiac weakness. Stokes' mixture and freshly-pressed beef-juice are favorites in the height of the fever, or when collapse is threat-

ened. The diet remains unaltered until the eighth day after the subsidence of the pyrexia, after which easily-digested farinaceous and flesh foods are given; whilst the ordinary sick diet is not returned to until after the lapse of another week.—*The Medical Press*.

CHROMIC ACID IN AFFECTIONS OF THE TONGUE.—Mr. Henry T. Butlin, F.R.C.S., has used chromic acid in certain affections of the tongue, with markedly good effect. In June, 1881, he treated two cases of glossitis with a ten grain solution of chromic acid in water, painted on the sore areas of the tongue three or four times a day. Both cases improved. A case of secondary syphilitic, deep and jagged ulcers of the tongue, and ulceration of the inside of the cheek, which showed no improvement under hyd. c. cret., iodide of potass., or liq. hyd. bichlor., were, after a week's treatment with chromic acid solution, almost completely healed. Another case of flat mucous tubercles, due to secondary syphilis on the right border of the tongue, which had resisted treatment with hyd. c. creta for about three and a half months, was almost completely cured in three weeks.

Mr. Butlin has used chromic acid in several different inflammatory conditions of the tongue, in many cases with most gratifying success. In 27 cases, 20 have been cured or greatly relieved, 7 having received little or no benefit. The seven cases were either of chronic superficial glossitis, or of tertiary syphilis. The twenty include seven of chronic superficial glossitis and thirteen of various secondary syphilitic affections. Mr. B. concludes that chromic acid cures with marvellous rapidity secondary affections, ulcers, mucous tubercles, and condylomata. It produces no appreciable effect on tertiary affections, gummata, extensive ulcers, or tubercular syphilides. Some cases of chronic superficial glossitis, with slight ulceration and renewed inflammation are rapidly benefited by it. In cases of glossitis in which the tongue surface is attacked by a fresh inflammation of great severity, glycerite of boracic acid and soothing remedies are more suitable; chromic acid rendering these worse. He reports one case of tertiary syphilitic ulcers of the tongue which was cured in about two months by combined chromic acid and mercury treatment, although it had obstinately resisted purely anti-syphilitic treatment for many months. The strength of the solution usually employed is grs. x— $\bar{3}$ j water; in some cases grs. xv— $\bar{3}$ j. The patient is told to paint the diseased parts three or four times a day with a camel's-hair brush dipped in the solution. There is seldom any pain or discomfort; sometimes a little smarting at first.—*Practitioner*, Mar., 1883.

PREVENTION OF LACERATION OF THE PERINÆUM.—Mr. Alexander Duke, M.K.Q.C.P.I., Obstetric Physician to Dr. Steevens' Hospital, Dublin, re-

marks: "The best preventive treatment of laceration that I have found (and which I dare not claim as original, though I find no notice of it in the textbooks on midwifery) is this:—When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain, draw back the perinæum firmly, but gently, towards the coccyx, relaxing the tension gradually as the pain lessens, till the next ensues, and so on, till I can draw back the perinæum with very slight effort. I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

"In most cases so treated there is no danger of the perinæum, but when the pubic arch is narrow, (which can be easily determined) I take the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, while the shoulders are kept low, fomenting the parts, using inunction of lard or vaseline, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perinæum untouched. It has always seemed anomalous to me that the perinæum should be expected to dilate on such short notice, namely, "the process of extension," while dilatation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bag of waters.

"The drawing back of the perinæum produces no additional pain to the patient, as it is done during an uterine contraction, and I feel sure that if nurses and students were educated as to the proper way of preparing the perinæum previous to its distension with the presenting part, we should see and hear less of lacerated perinæum."—*British Medical Journal*.

A NEW METHOD FOR EXSECTION OF THE ANKLE-JOINT.—The nature of the inflammatory disease making it necessary to resect this joint is such that all tissues involved must be thoroughly removed or good results cannot be expected. To carry out this essential a number of operations have been devised, but in every instance has the surgeon been compelled to divide structures that were indispensable to a good joint, or he has not opened the joint and exposed it to view fully.

Prof. F. Busch has lately devised a new method for operating which has been very satisfactory so far, and at the same time avoids all of the above mentioned embarrassments of the older operations.

The joint is opened without separating a single tendon. An incision is made extending from one malleolus to the other, passing under the foot instead of over the dorsum, as in most other operations. On the sides of the foot the incision extends only through the skin, while on the plantar surface it

must be carried down to the bone. The tendons are now carefully loosened from their attachments to the bones, and dislocated forward, without disturbing their relative position or the grooves in which they run. The next step is to saw through the calcaneum from below back toward the posterior ridge of the calcis; now the joint can be opened by flexing the foot. The synovial membrane, if diseased, can be removed in toto and the joint can be thoroughly inspected.

In a case referred to by the author, he removed the external malleolus, the calcis, and the entire synovial membrane; the wound was then thoroughly disinfected, the tendons replaced, and the cut surfaces brought together and held in position by silver sutures. The tendons showed no signs of displacement after the operation.—*St. Petersburg Med. Wochenschrift*.—*Cin. Lancet*.

PERFORATED FELT JACKET IN SPINAL CURVATURE.—A case at present under treatment, illustrates some of the advantages to be derived from the use of these jackets, combined with muscular exercise. The patient, a female child, aged 11, came under my care in August, 1882, suffering from considerable excurvation in the dorsal region, for which she was wearing, at the time, a steel spinal support with arm crutches, by which her shoulders were being pushed almost up to her ears. A perforated felt jacket was made for me by Mr. Rorke, of North Street, Fitzroy Square, and instructions were given that she should exercise with the trapeze several times a day for a quarter of an hour at a time. Already in five months a decided improvement has taken place. The prominence in the back has diminished in size and elevation by half an inch, the shoulders are no longer pushed up to the ears, and the whole body has grown. The child can move her limbs with the greatest freedom, and much prefers the jacket to any instrument she has worn. Thus, in a most unpromising case, no resort to the surgical instrument maker is required beyond the first manufacture of the jacket, which can be softened and reapplied by the surgeon as often as necessary, and which is taken off by the mother once a fortnight for purposes of cleanliness, while necessary exercise is not interfered with. I notice that in a recent pamphlet by Mr. Noble Smith, felt jackets are spoken slightly of, and their porosity in particular is declared to be "a myth." However true this may be of the material originally used for these jackets, it is, I believe, a mistake in regard to the perforated felt, in which the pores are good sized holes perfectly visible to the naked eye. For efficiency, lightness and cheapness, these jackets leave, I venture to think, little to be desired.—H. N. HARDY, F.R.C.S.E., *Brit. Med. Jour.*

THE MEDICAL LANGUAGE OF ST. LUKE.—By

the Rev. William Kirk Hobart, L.L.D. The object of the volume before us is to prove from internal evidence that "The Gospel according to St. Luke" and "The Acts of the Apostles" were written by the same person, and that the writer was a medical man. The plan of the book may be briefly described, and we would take the opportunity of stating our belief that the mode of dealing with the subject is eminently scientific and, so far as we know, novel. All the words which are found only in the Third Gospel, or in "The Acts of the Apostles," or almost exclusively in these two books, are named, and quotations are given from Hippocrates, Galen, Aretæus, and Dioscorides to show that the same words were in common use among medical writers to express the same meaning. The result of this study is certainly to prove beyond reasonable doubt that in the Third Gospel and in "The Acts of the Apostles" the descriptions of the miracles of healing were written by one who not only was familiar with the diseases in question, but who used such language as it would be unreasonable to suppose any one but a medical man could have had at his command; and, further, that in dealing with non-medical subjects he wrote in a style common in the Greek medical writers of the time, and one which a physician would be likely to employ. This peculiarity of phraseology being identical throughout the two books in question, leaves no doubt that they are the work of the same hand. A very interesting note is appended at the end of the volume, showing the probability that, in accompanying St. Paul on the three occasions referred to in the Acts of the Apostles, St. Luke was present as his medical adviser.—*Medical Times and Gazette*.

NAPHTHOL IN ITCH.—The *Med. Times and Gaz.*, February 3, 1883, says:—Introduced by Prof. Kaposi, of Vienna, naphthol has been substituted by him for tar in some affections of the skin, as eczema, psoriasis, prurigo, and especially itch. It has scarcely any odor, and even after long exposure to air only becomes of a pinkish color, which does not permanently stain the linen. Prof. Hardy, it is stated in a *thèse* by Dr. Guérin, has substituted a very simple formula for the complicated one of Kaposi, consisting in vaseline 100 parts to 10 parts of naphthol. The pulverized naphthol is dissolved in half its weight of ether, and is then mixed with a portion of the vaseline, and heated to 30° to 40° Cent., until the ether is entirely evaporated. The rest of the vaseline is then added, and the mass carefully triturated. The homogeneous pomade which is produced is kept secluded from the air. It may be applied at all periods of itch, whether complicated or not; and it is applicable also to the eruptions which supervene in the course of itch, and for which sulphur ointment is unsuited. The furrows are by this

ointment rapidly freed of their inhabitants, and other eruptions disappear. The treatment lasts from ten to fifteen days, which is very much longer than Prof. Hardy's rapid treatment by sulphur; but when we consider how long the itching persists often after the cure by sulphur—sometimes obstinately continuing for months—the treatment by naphthol is practically the shorter of the two. M. Guérin has never observed any ill effects upon the kidneys result from naphthol. — *Med. and Surg. Reporter.*

ERGOT IN THE RADICAL CURE OF HYDROCELE.—J. E. W. Walker, M.R.C.S.E., L.S.A., late H. M. 55th Regt., writes:—"In bringing this matter before the profession, I feel bound to admit that, but for a curious accidental circumstance, the agent might never have presented itself to my notice. In the year 1875, I proposed to operate upon a patient, aged 65, for the radical cure of hydrocele of the tunica vaginalis. The disease had existed for about ten years, and had been repeatedly emptied by other surgeons. At this time I removed, by the trocar and canula, about twelve ounces of serum, and, by accident, took from my pocket a bottle containing about two drachms of liquor ergotæ (Battey) in the place of the same quantity of tincture of iodine, which it was my intention to throw into the cavity. On my return home, I discovered the mistake, and watched the patient for some hours at intervals. No inflammatory state occurred, and there was entire absence of pain, so that I allowed my patient to return to his ordinary occupation the next morning. To the present time there has been no return of the abnormal secretion. I have since, on two occasions, used the same plan with perfect success, and I attribute the cure to a specific action, exerted by ergot, which re-establishes the balance between secretion and absorption."—*Brit. Med. Jour.*

CASTOR OIL AND GLYCERINE AS A PURGATIVE.—Dr. Soper, in the *Lancet* for Feb. 10th, says:—"After many months' experience, I now feel justified in bringing to your notice the great advantages of a combination of the above two drugs in equal proportions to act as a purgative. Glycerine has great therapeutic value, especially in its solvent properties, and this combination renders it especially valuable. In regard to castor oil, I think a great mistake has been made in the largeness of dose administered, and in this mixture only half a teaspoonful is required combined with an equal bulk of glycerine. In all cases of chronic constipation, hæmorrhoids, and anæmia, it has proved most useful. A scybalous motion is apparently emulsified, and is passed with the greatest ease. I have also given half-teaspoonful doses in the early stages of bronchitis, which seem to promote exudation from the tubes, and is certainly expectorant.

My great difficulty hitherto has been the obstinacy with which the mixture becomes a mixture, and it can only be made by placing the bottle in hot water and violently agitating.

ANTISEPTIC MIDWIFERY.—Strict antiseptic midwifery is practiced in the British Lying-in Hospital, according to the *British Medical Journal*. Each patient is delivered under a carbolic spray of one in sixty; she is twice daily syringed out with a two per cent. solution from the first day after labor. Every patient receives three times a day a mixture of ext. ergotæ liq. gtt. x. tr. opii gtt. v.; quiniæ sulph., grs. ij.; acidi phosphor. dil. gtt. x.; aquæ, ℥ i. According to the presence of any idiosyncrasy in the patient, this mixture is modified. In each ward of the hospital there is continually playing a carbolic spray of one in eighty. All washings of the genitalia are done with a one in sixty carbolic solution. The beds consist of horse-hair mattresses, on springs. Each ward contains four beds and is disinfected with burning sulphur, the floors being washed over with carbolic solution after three relays of four patients.—*Weekly Med. Review.*

TREATMENT OF ASTHMA.—Dr. William M. Welsh (*Medical Bulletin*) gives the following formula for the treatment of asthmatic attacks: *R.* Stramonii foliarum, ℥ x.; potassæ nitratis, ʒ v.; seminis fœniculi, ʒ ss.; sacchari, ʒ ij. M.

The stramonium leaves and the fennel seeds should be ground to a powder, not very fine, and passed through a sieve so as to get rid of the stems and coarser fragments. All the ingredients should then be rubbed together in a mortar without producing a very fine powder. The mode of using the material is to place a small portion of the powder on a dish and ignite it with a match. It should burn slowly and somewhat irregularly, emitting fumes as it burns, which, of course, are to be inhaled. The fumes may be conducted to the mouth of the patient by means of a paper hood placed over his head. It combines, the author claims, the good effects of nitre and stramonium.—*Am. Med. Digest.*

ADMINISTRATION OF ANÆSTHETICS.—The administration of an anæsthetic in a crowded amphitheatre is a piece of inhumanity to the patient. Experience has shown that a crowd of faces and the sight of the instruments about to be used—the horrible paraphernalia—greatly increase the danger of paralysis of the heart.—*Bartholow.*

GELSEMIUM.—Gelsemium is recommended in irritability of the nervous system with a determination to the brain, causing flushed face, contracted pupils, supra-orbital neuralgia, and is one of our best remedies. In hysterical spasms and in many cases of spermatorrhœa, it is very efficient.—*Chicago Medical Times.*

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

CONTAGIOUSNESS OF CONSUMPTION.

A disease which continues to destroy its millions year by year "through the rolling ages," must be of absorbing interest to every thinking mind. Notwithstanding a general advance all along the lines, the cause and prevention of pulmonary consumption are still unknown quantities. Of late a good deal has been said about micro-organisms and tubercle bacilli as being the active agents in the origin and spread of this terrible enemy of our race, but proof of such being the case is lacking. The existence of bacilli cannot be accepted as proof of contagiousness. Even if it were true that these bacilli, are capable of developing the disease, it would be still necessary to show that they existed only by propagation, and never originated spontaneously. Were pulmonary consumption a contagious disease exclusively, it would be a preventable disease, and the discovery of such a fact would be hailed as the greatest boon ever conferred upon man. Unfortunately such does not appear to be the case. The theory is a pretty one, but it does not stand the test of experience. It is quite possible that this micro-organism and bacilli business is a little overdone as to its ultimate consequences. As before stated, the existence of bacilli afford no proof of the contagiousness of consumption. Far be it from us to make light of the work of investigators in this direction. On the contrary, we believe this new field is likely to yield results productive of great good. Let the cause of a given disease be known, and the chances are that it may be prevented, at least in many cases.

If not preventable, at all events, knowledge of its origin is likely to lead to a more rational mode of treatment.

Whatever may be said in favor of the theory of contagion by others, no such belief is entertained by those who have had large opportunities for observation in hospital practice. Amongst these may be mentioned Dr. Yeo, of King's Hospital, London, and Dr. Herbert Davies, consulting physician to the London Hospital, and to the Royal Hospital for Diseases of the chest. Dr. Yeo has published a book on the subject, in which he takes strong ground against the theory of contagion, for which he contends there is no reliable evidence. Dr. Yeo discusses Koch's demonstration of the "virus" of tubercle in the form of tubercle-bacillus, and the distinction between tuberculizing and non-tuberculizing processes of the disease. It is well known that consumption is a most virulent disease in Southern Europe, where it is regarded as contagious. The great prevalence of the disease in southernly countries, Dr. Yeo is disposed to attribute to the favorable influence exercised by heat in the propagation of the tubercle-bacillus. According to Koch the tubercle-bacillus requires a temperature above 86° Fah. for its propagation.

At first sight this may seem to clash with our experience in this northern climate, where the winter is the season most favorable to the development of the disease. So well is this known, that consumptives who can afford it are advised to go south early in the season. Cold, in the abstract, however, does not aid the development of the disease. That extreme cold does so indirectly, every one must acknowledge. To a diseased and broken down constitution cold is an extinguisher of the vital forces, consequently the sufferer is driven within doors, and thus is deprived of two most important elements of treatment, namely, exercise and pure air. He is confined within the narrow limits of a super-heated room by day, and too often made to breathe an atmosphere below the freezing point at night. No wonder then, that the disease grows apace as soon as winter sets in. Nor should it be thought anything strange, nor evidence of contagion, should others sharing the surroundings of the patient become victims of the disease. The greatest sanitary conundrum in cold climates is—How can we live so as to have both warmth and purity of air?

Dr. Davies gives the following facts regarding the attendants at Brompton Hospital for Diseases of the Chest: Dr. Edwards was resident physician for seventeen years. He remembers the case of fifty-nine medical assistants whose duration of office averaged six months. All but two are living, one dying from aneurism, and the other from some unknown disease. The present chaplain has held office for seventeen years, and his two predecessors are living. The matron has been resident for sixteen years, and the two former matrons are living. Of the nurses now in residence, one has been there 24 years; two, 12 years; one, 8 years; one, 7 years; one, 6½, and one 5 years. No under-nurse has died of phthisis. The head nurses sleep each in a room containing 50 patients, and two only are known to have died—one from apoplexy, and one some time after she had left the hospital, and after an unhappy married life, of phthisis. All but two of the physicians who have attended the in and out patients during seventeen years are living. One died from causes unknown, the other from causes unconnected with disease of the lungs. These, and similar facts, which come to us from other quarters, afford evidence about as conclusive as evidence can be, against the theory of contagion. It would appear that after all, as in the past so in the present, the question is not how to avoid infection, but how to ward off the disease in the predisposed, and how best to combat it when it once obtains a foothold?

A few practical lessons may be drawn from these facts. In the first place, it is a great mercy to those suffering from pulmonary consumption that the theorists have thus far failed to establish the contagiousness of the disease. Had it been otherwise it would have been necessary to treat them as lepers by isolating them from their fellows, which would have been a great hardship. There can be no question however of the great impropriety of close contact with the well, especially should occupancy of the same bedroom be rigidly avoided. Indeed all the sanitary regulations deemed needful in other diseases should be practised in this, both for the sake of the sick and the well. The statement that excessive heat favors the development of the disease, should be a standing warning against the close super-heated rooms in which, not only consumptives, but northern people generally spend the winter months.

THE BRITISH MEDICAL BILL.

The medical profession in Great Britain is to be congratulated in the near prospect of the passage of a most excellent Medical Act Amendment Bill. It has already passed the second reading in the House of Lords. Our British exchanges are almost unanimous in support of the measure, and regard it as a great reform. One of the principal features in the contemplated Amendment Bill is the establishment of Medical Boards, one for each part of the United Kingdom, for the purpose of holding examinations, and for such other purposes as are mentioned in the Act. In England fifteen persons, in Scotland eleven persons, and in Ireland eleven persons shall constitute the Boards respectively, to be chosen as follows:—In England, two by the University of London, two by Oxford, two by Cambridge, one by Durham, one by Victoria, (Manchester), three by the Royal College of Physicians, London, three by the Royal College of Surgeons, England, and one by the Apothecaries Society of London. In Scotland, three by the University of Edinburgh, two by the University of Glasgow, two by the University of Aberdeen, one by the University of St. Andrews, one by the College of Physicians, Edinburgh, one by the College of Surgeons, Edinburgh, and one by the Faculty of Physicians and Surgeons, Glasgow. In Ireland, two by the University of Dublin, two by the Royal University of Ireland, three by the King's and Queen's College of Physicians, three by the Royal College of Surgeons, and one by the Apothecaries Hall of Ireland. The Boards so chosen shall hold office for five years when a new election shall take place. The Medical Board of each part of the United Kingdom shall make regulations for holding final examinations for the admission of candidates to registration as medical practitioners, the nature and conduct of such examinations, the appointment of examiners, etc. The Bill also provides that no candidate shall be required to adopt or refrain from adopting the practice of any particular theory of medicine or surgery; women shall be admitted on precisely the same terms as men, and so far as practicable a uniformity of standard shall be aimed at in the final examinations held by the Medical Boards of the several parts of the United Kingdom.

For the purpose of exercising due control over

the Medical Boards, and for other purposes of the Act, a Medical Council shall be established, consisting of eighteen persons, six to be nominated by the Crown, two to be elected by the registered practitioners resident in England, one by the registered practitioners of Scotland, one by the registered practitioners of Ireland, four by the Medical Board of England, two by the Medical Board of Scotland, and two by the Medical Board of Ireland. The Medical Council shall be elected for a period of five years. The Medical Council shall, in addition to other duties imposed upon it by the Act, visit from time to time any examinations conducted, or recognized for the purpose of the Act, and enquire into the sufficiency thereof. The Medical Boards have power to regulate the course of medical education, subject to the control of the Medical Council, and approved by the Privy Council, for example, the preliminary examination of students, the course of studies to be pursued, the examinations to be passed, etc.

With reference to the management of the Register, we are pleased to observe that the Council is to have power not only to erase the name of any person convicted of felony or misdemeanor, but also to erase or suspend the name of any one who has been guilty of any infamous or disgraceful conduct in a professional respect, subject to an appeal to the Privy Council. This is a power which should be centred in all such governing bodies, and we hope some day to see this latter clause engrafted in our Ontario Medical Act. Such a measure is very much needed at the present time, to prevent some of our registered practitioners from prostituting their high calling to subserve the interests of the villainous quacks that infest the country.

As to the powers of Colonial Legislatures, the Bill provides that after the passing of the Act, any Colonial Legislature may make such regulations as it thinks fit with respect to the admission of registered medical practitioners under this Act, to practice in such colony, subject to this qualification, that any registered practitioner who at the date of such regulation being made, is entitled to practice in such colony, shall not be prevented from practicing by any such regulations. We would therefore draw the attention of graduates who purpose going to Great Britain to obtain qualifications to enable them to practice in Ontario upon registra-

tion, that this enactment will interfere with their programme.

The Act also provides for the registration in the British register, and the privileges of the same, without examination of such colonial qualifications as would entitle the holders to practice in the colony or colonies in which they were obtained, and such as may be recognized for the time being by the Medical Council for that purpose.

ONTARIO BOARD OF HEALTH.

We have received the first annual report of the Board of Health of Ontario. It is divided into three parts. Part I., (the report proper) treats of the organization of the Board; the collection and dissemination of sanitary information; investigations into the causes of, and remedies for, various outbreaks of disease; action taken in relation to reported unsanitary conditions; collection of disease statistics; the relation of the Board to various classes, and the work to be done. Part II. consists of eight appendices, such as reports of commissioners instituted by the Board, and copies of documents, pamphlets, and circulars issued by the same. Part III. contains copies of the addresses, lectures and papers delivered by members of the Board or under its auspices. While the volume as a whole, contains a good deal of useful information, it displays a marked want of acuteness and tact in investigating and enquiring into the outbreaks of epidemics, especially of typhoid at Stratford and Lambton Mills. We are not informed of any efforts to trace the first source of the outbreaks,—to learn whence came the germs giving rise to the first cases. The prevailing unsanitary conditions which may be found almost everywhere, and which in accordance with present most generally approved authorities only afford ready facilities for the multiplication and spread of the disease germs, might easily enough have been described and the remedies suggested by any local physician, or even by an intelligent layman.

The daily *Globe*, in reviewing the report says, as if in sarcasm, "the only erratic part of the pamphlet is the 'errata' on the first page. Where they are not simply compositor's blunders that nobody could mistake, they are either useless or pedantic." We have only to say that the report as a whole is a crude "erratic" jumble, and is far from

creditable to its authors, especially when it is remembered that Wm. Oldright, M.A., M.D., Prof. of Italian, is at the head of the Board, and Dr. Bryce, M.A., at the foot, both graduates of Toronto University. The "errata" given on the first page, numerous as they are, might have been greatly extended. Even our city contemporary, the chairman's former advocate and supporter through good and evil report, has had to acknowledge in its April issue, the disjunctive and rambling nature of the report.

MEDICAL EXAMINATIONS.

We give below the names of the candidates who have successfully passed the primary and final examinations respectively of the various colleges and examining bodies in Canada, so far as we have had returns:

MCGILL UNIVERSITY, MONTREAL.—M. D., C. M.—Holmes *Gold Medallist*, C. E. Cameron; *Prizeman*, J. B. Loring; *Hon. Mention*, R. B. Struthers, J. S. Lathern, J. C. Bowser, J. Gray, G. Carruthers, J. J. Gardner, W. G. Henry, W. McE. Scott, J. R. Johnson; *Pass*, C. E. Allan, G. A. Gearden, C. B. H. Hanvey, H. J. Harrison, A. J. Hopkins, J. J. E. Maher, O. Martel, A. McLeod, A. MacNeill, J. W. MacLean, A. McDonald, F. S. Muckey, S. S. C. Phippen, W. K. Ross, A. J. Rutledge, W. H. Shaver, G. A. Sihler, A. Stewart, E. S. Wood.

Primary.—*Prizeman*, E. G. Wood; *Sutherland Gold Medallist*, R. F. Ruttan; *Hon. Mention*, W. A. Ferguson, J. H. Darey, F. G. Finley, H. E. Trapnell, H. T. Hurdman, T. A. D. Baird, F. N. Burrows, M. C. McGannon, F. M. Harkin; *Collection of Plants*, H. E. Trapnell; *Practical Anatomy*, F. G. Finley; *Pass*, J. H. B. Allan, R. H. Arthur, J. A. Barrett, G. A. Cassidy, W. D. Daly, D. W. Eberts, W. Groves, E. O. Hallett, A. E. Hanna, J. A. Hutchison, R. T. Irvine, C. H. Johnson, H. D. Johnson, J. H. Jolliffe, W. H. Klock, T. H. Landor, D. P. Merritt, N. McCormack, W. McCure, J. T. McKenzie, J. H. McLellan, D. L. McMillan, T. O'Brien, A. B. Osborne, James Park, F. H. Powell, A. M. Roberts, L. D. Ross, J. M. Scott, I. C. Sharp, J. L. Shibley, J. A. K. Wilson.

Botany Prize (first year), C. W. Wilson and J. A. Kinlock; *Practical Anatomy*, A. L. Howey; *Morbid Anatomy*, C. E. Gooding.

BISHOP'S UNIVERSITY.—M.D., C.M.—J. A. Caswell *Wood Gold Medallist*; E. Sirois, *Chancellor's Prize*; P. E. Minckler.

Primary.—E. E. Bronstorpe (David Scholar-

ship); R. C. Blackner, C. B. Ball, and E. O'B. Frelich (Honors); P. E. Minckler and W. Patterson.

TRINITY UNIVERSITY.—M.D., C.M.—W. M. Brett, J. Urquhart, A. F. Pringle and T. W. Duncombe

M.B.—Frank Krauss (*Gold Medallist*), B. H. Scott, J. A. Lea, J. E. Jenner, E. M. Hoople, L. Backus, S. W. Lamoreaux, F. H. Sawers, H. R. Casgrain, T. D. Meikle, T. H. Robinson, R. Hislop (*Honors*); S. W. McConochie, C. E. B. Duncombe, D. F. Rae, A. Hawk, J. H. McCullough, E. B. O'Reilly, W. F. Freeman, T. C. Cowan, W. F. Dickson, R. M. Fairchild, G. J. Charlesworth, A. G. Elliott, I. A. Thompson, and J. B. Gullen

Primary.—Frank Krauss, J. Kennedy, C. W. S. Harrison, and C. A. McBride.

QUEEN'S UNIVERSITY.—M.D., C.M.—W. G. Anglin, C. Clancy, J. Cryan, L. Davis, H. M. Freeland, D. C. Hickey, J. F. Kidd, G. S. McGhie, A. McMurchy, T. A. Moore, T. A. Page, R. S. Smith, W. Young.

VICTORIA UNIVERSITY.—M.D., C.M.—J. M. Jackson, R. Hearn, A. D. Watson, H. S. Clerke, W. Cuthbertson, E. M. Hewish, J. S. Draper, S. S. Stewart, J. E. Case, W. Jaques, F. P. Drake, A. L. Brown, Augusta Stowe, C. S. Grafton, George Wyld, J. J. Wild, C. E. Cochrane, J. H. C. Willoughby, Wm. Kennedy.

Primary.—A. R. Harvie, T. W. Simpson, H. S. Martin, F. Hixon, W. A. Goodall, S. S. Wattam, J. O. Orr, J. A. Burgess, J. E. Ellis, J. H. C. Willoughby, J. Verner, S. M. Hay, G. G. Hutton, H. A. Wright, J. S. Freebourne, F. Beemer, B. B. Pattullo, A. T. Rice, C. W. Hunt, J. R. Phillips, D. D. Ellis, O. Grain, J. W. Campbell, Thomas Verner, J. Barber, Jos. Hord.

TRINITY MEDICAL SCHOOL.—*Fellowship Diploma*—J. E. Jenner (*Gold Medallist*), B. H. Scott, (*First Silver Medallist*), S. W. McConochie (*Second Silver Medallist*), T. H. Robinson, L. Backus, A. Hawk (*honors*); S. W. Lamoreaux, T. D. Meikle, R. Hislop, D. F. Rae, G. J. Dickson, J. H. McCullough, T. C. Cowan, C. E. B. Duncombe, R. M. Fairchild, I. A. Thompson, and G. J. Charlesworth.

Primary.—J. R. Logan (*Scholarship & Mat. Med. Prize*), W. M. Brown (*Baptist Prize in Chemistry*), H. H. Hawley, S. H. Mott, C. F. Snellgrove, P. A. Dewar, S. A. McKeague, and Robert Owens (*First-class honors*); G. A. Bingham, D. O. R. Jones, F. Campbell, W. H. Pepler, G. L. Airth, T. Owens, J. M. Cochran, W. E. Sprague, G. J. Paul, T. McCullough, A. B. Wilson, G. Fierheller, J. Lindsay, H. D. Leitch, A. T. Little, and R. J. Lockhart (*Second-class honors*); P. H. Salter, J. S. McCullough, J. E. W. Anderson, T. M. Lawton,

J. A. Couch, J. Park, C. J. McIntyre, J. C. Bell, J. Johnston, A. Gillespie, J. E. Brown, A. V. Delaporte, W. J. Chambers, D. W. Carmichael, A. E. Stuart, A. McKillop, C. Trow. Several others passed on certain subjects.

First-year Scholarships.—S. Scott (*First Scholarship*), R. Lucy (*Second Scholarship*). 53 candidates passed the first year's examination.

TORONTO SCHOOL OF MEDICINE.—*Fourth year*.—W. J. Robinson, (Scholarship); J. M. Jackson, (Honors).

Third year—R. Hearn, (Scholarship); J. W. Clerke (Honors).

Second year—L. Carr, (Scholarship); H. Bascom, J. H. Howell, (Honors); J. G. Sutherland, G. A. Carveth, W. A. Goodell, J. S. Freebourn, J. R. Harvie, C. W. Hunt, A. C. Krick, and D. Ellis.

First year—D. R. Johnston, (Scholarship). 39 candidates passed the first year's examination.

COLLEGE OF PHYSICIANS AND SURGEONS, ONT.—*Final for License*—Anglin, W. G., Bates, F. D., Belt, R. W., Bell, W. D. M., Bray, J., Collver, M. K., Casgrain, H. R., Clerke, H. S., Case, T. E., Carleton, W. H., Chafee, C. W., Cryan, J., Cuthbertson, W., Derby, W. J., Drake, F. P., Dickson, W. F., Emory, W. J. H., Freeman, W. F., Fairchild, R. M., Frost, R. S., Gullen, J. B., Gordon, C. M., Hansler, J. E., Hearn, R., Hislop, R., Hickey, D. C., Jackson, J. M., Jaques, W., Kidd, J. F., Krauss, F., Lepper, W. J., Meikle, T. D., Meldrum, J. A., McConochie, S. W., McMurchy, A., O'Reilly, E. B., Rattray, J. C., Ross, W. A., Robinson, T. H., Robinson, W. J., Spilsbury, E. A., Stowe, Augusta, Sawers, F. H., Wilson, J. D., Whitely, J. B., Woods, E. R., Ray, J. W.

Primary.—Bell, W. D. M., Bingham, G. A., Burgess, J. A., Beemer, F., Beatty Elizabeth, Brown, W. M., Carveth, G. A., Couch, J. A., Courtenay, J. D., Cane, F. A., Cherry, G. A., Cochrane, J. M., Clerke, H. S., Case, T. E., Chafee, C. W., Derby, W. J., Dewar, P. A., Draper, J. S., Duff, H. R., Elliott, J. E., Everts, D. W., Eede, T. E., Emory, W. J. H., Fairchild, R. M., Fergusson, J., Fierheller, G., Goodall, W. A., Gunne, W. J., Gordon, C. M., Hawley, H. H., Hixon, E. F., Harvie, A. R., Howell, J. H., Hunt, C. W., Herald, J., Hauks, A. R., Harkin, Fred., Hall, E. A., Harrison, W. S., Hislop, R., Hickey, D. C., Johnston, G. L., Jones, D. O. R., Johnston, F. H., Kinsely, A. B., Krick, C. A., Knight, J. H., Krauss, F., Leitch, H. D., Lake, A. D., Lockhart, R. J., Logan, J. R., Murray, T. W., Martin, H. S., Minchin, D., McGillivray, Alice, McGannon, M. C., Ovens, T., Orr, J. O., Paul, J. J., Phillips, J. R., Patterson, J. W., Palmer, G. F., Robertson, W. N., Ruttan, R. F., Rattray, J. C., Stewart, R. L., Stewart, S., Suther-

land, J. G., Smith, Elizabeth, Sterling, J. E., Trow, C., Webster, H. E., Wilson, A. B., Watson, J. A., Wattam, G. S.

THE HIGHER EDUCATION OF WOMEN.—The *Medical and Surgical Reporter*, Philadelphia, gives the following on this subject in an editorial of recent date:—"We trust that we will be pardoned (for we mean no disrespect whatever) when we say that it is not the true womanly woman, but rather the masculine woman, who hankers after this higher education. We are speaking in all sincerity, from a scientific standpoint, and mean no disrespect to any one.

We clearly recognize two distinct types of woman-hood, between which all degrees of each are to be found. On the one hand, the timid, confiding, trusting woman, who, after completing her school or convent education, soon comes to realize that her mission in this world is a domestic one, with all the mingled trials and pleasures which that word implies. On the other hand, we see the self-confident, self-asserting, self-reliant, fearless, masculine woman, who feels irresistibly impelled to push forward into the realms of science, and for whom the domestic duties have but a secondary attraction. These two types are both admirable; the one lovable, the other grand and noble. The first never gives a thought to the "higher education of women;" the second desires and demands it. Let her have it. If she be capable, she will make her mark; if she be not, Darwin's beautiful law will come into play, and she will disappear.

In a word, the number of women who demand scientific education are comparatively few; they possess many masculine characteristics, and are entitled to masculine privileges. If you give them the chance they may, perhaps, fulfil their earthly mission; if you deny them, you do them an injustice, by refusing a request the granting of which could do them no harm. Therefore again we say, grant their request."

HOSPITAL APPLICANTS.—Dr. Canniff desires to say for the information and guidance of the profession of Toronto, who wish to obtain the admittance of any one to the hospital, that according to the by-law defining his duties he has to examine all applicants. It is therefore unnecessary to give a certificate of disease except in cases of internal ailments, such as uterine diseases, also in cases

of eye and ear affections. But it is necessary for the applicant to furnish a certificate of indigency and of having lived in Toronto, and if the physician likes to give this, it will save the applicant the trouble of seeking it elsewhere. He is at his office, City Hall, every day from 10 to 12 and from 3 to 4, Saturdays from 10 to 12, where applications must be made. He cannot carry the order book away to his house, and begs to be spared the necessity of requesting persons who come to his house to call at the office. He has to spend no little time in visiting applicants who often live in the outskirts of the city.

UNPROFESSIONAL.—A correspondent from Newcastle sends us a letter, too late for insertion under its proper head, complaining of unprofessional conduct on the part of a confrère. The complainant states that in a certain case he had amputated a portion of the foot, and the physician alluded to made a visit to the patient without complainant's knowledge and during his absence, and gave his opinion on the case. The complainant also states that this is not the first time his confrère has interfered in this way. It is wholly unnecessary to say that such conduct is decidedly unprofessional, and we cannot but think there must have been some mitigating circumstance in the case. Medical practitioners cannot be too careful in refraining from making friendly visits to patients under the care of other physicians. We have known a good deal of ill feeling caused by such visits, even where there was every intention to avoid answering any questions, or expressing any opinion in regard to the case.

MINISTER OF AGRICULTURE.—It is rumoured that Dr. Orton, M.P., for Wellington, Ontario, is likely to receive the appointment of Minister of Agriculture. We hope the rumour may prove well-founded, as the position of Minister of Agriculture is one of great importance, and specially adapted for a medical man, inasmuch as it has to do not only with agriculture, but also with vital statistics, immigration, quarantine, exportation and importation of live stock, etc., etc. As Dr. Tupper is about leaving the Cabinet, a more favourable opportunity cannot occur for the appointment of a medical man, and we know of no one better qualified from length of service and experience in parliamentary matters than Dr. Orton.

HORSFORD'S ACID PHOSPHATE IN SEA-SICKNESS.—The use of this remedy in sea-sickness has been specially recommended by many eminent physicians. Dr. Adolph Ott, member of International Jury at the World's Exhibition in Vienna, used the acid phosphate for sea-sickness, among the passengers, during a passage across the Atlantic, and said: "In the plurality of cases, I saw the violent symptoms yield, which characterize that disease, and give way to a healthful action of the functions impaired. I was rather surprised to find it a remedy for sea-sickness, but as there can be no longer any doubt of the fact, I think that the widest circulation should be given to it."

APPOINTMENTS.—Dr. F. W. Campbell has been appointed Dean, and Dr. R. A. Kennedy Registrar, of the Medical Faculty of the University of Bishop's College, Montreal.—W. H. Snow, M.D., of Hamilton, Ont., late House Physician at Bellevue Hospital, has been appointed First Assistant to the Chair of Gynæcology, and Instructor in Clinical Gynæcology, at the Medical Department of the University, City of New York.—It is rumored that the following changes are to take place in the teaching staff of the Kingston Medical College: Dr. Saunders to be appointed Professor of Clinical Surgery, Dr. McCammon Professor of Clinical Medicine, and Dr. W. H. Henderson Professor of Histology and Curator of the Museum.—Dr. F. D. Canfield has been appointed Assistant Surgeon to the Algoma Division of the C. P. R.

Dr. E. S. Wood, (McGill), has been appointed assistant surgeon on one of the sections of the C. P. R. British Columbia.

Dr. W. R. Sutherland has been appointed Assistant Demonstrator of Anatomy in McGill Medical College, Montreal.

MEDICAL COLLEGE FOR WOMEN.—The establishment of a Medical College for Women is about to be accomplished. The sum of ten thousand dollars has been promised toward its endowment by Dr. Jenny K. Trout of this city. This amount with whatever sums may be added, is to be vested in a Board of Trustees. Dr. Barrett's name is mentioned as the President of the Faculty. The establishment of such an institution will settle the vexed question of co-education of the sexes in medicine, in a way which cannot but be satisfactory to the medical colleges.

OBITUARIES.—Surgeon-General J. K. Barnes, U. S. A., died in Washington on the 5th ult., aged 66 years.

The death of Dr. VanBuren of New York at the age of 64 years is announced in our exchanges.

Prof. Rinecker, of Wurtzburg, has recently died at the age of 72 years.

William Farr, M.D., F.R.S., for many years compiler of abstracts in the Registrar-General's Office, London, Eng., died on the 16th ult., aged 76 years.

Prof. Von. Bruns, of Tubingen has also paid the last debt of nature.

John Brown, the Queen's faithful personal attendant, died after an illness of three days of erysipelas of the face.

BANQUET TO OLIVER WENDELL HOLMES.—The medical profession of New York has honored itself by giving a banquet in honor of Dr. Oliver Wendell Holmes, upon his retirement from active medical teaching. It was a fitting tribute to the genius of a fellow-member, and was as successful as it was appropriate. Dr. Holmes read a poem on the occasion which showed the old-time force and beauty, concluding with the following stanza :

“ Deal with him as a truant, if you will,
But claim him, keep him, call him brother still.”

QUEBEC HEALTH ACT.—Our sister Province has been moving in the direction of the establishment of a Board of Health somewhat similar in its provisions to the one now in force in Ontario. The Board is to be composed of three medical men, three commissioners, and a sanitary engineer. Dr. Larocque and other members of the profession in Montreal, have taken an active interest in its promotion.

REMOVALS.—Dr. R. N. Garrett, of Barriefield, has removed to Kingston, Ont.

Dr. Ecroyd of Mount Forest, Ont., has removed to Detroit, Mich. Dr. Elliott, of Iroquois, Ont., has removed to Lindsay. Dr. Bowerman of Picton, Ont., has removed to Brooklyn, N.Y. Dr. L. Sinclair has returned from Winnipeg to Walkerton, Ont. Dr. Belt, has removed from Burlington to Brussels, Ont. Dr. McAlpine has removed from Tignish to Crapaud, P.E.I.

The summer sessions in Trinity and Toronto Schools open on the 1st May with good classes.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The semi-annual meeting of the Board of Governors of the above-named College, will be held in Montreal on the 9th inst. The preliminary examination for admission to the study of medicine, takes place on the 3rd inst. The secretaries are, Drs. F. W. Campbell, Montreal, and A. G. Belleau, Quebec, to whom all applications should be made.

RESIGNATION OF PROF. WRIGHT.—Dr. Wright has resigned the chair of Materia Medica and Therapeutics in McGill Medical College, Montreal. He has also resigned his position on the Surgical Staff of the Montreal General Hospital. We understand there are several candidates for these vacancies.

The friends of Dr. McLean, of Ann Arbor, will be pleased to learn that he has been successful in his action for libel against the *Detroit Evening News*. He has recovered damages to the amount of \$20,000. On his return after the trial he received an ovation from the citizens of Ann Arbor, Mich.

We regret to learn that Dr. Scott, Prof. of Anatomy in McGill College, Montreal, is indisposed, and trust that the nature of his disease may not be as serious as apprehended by his physicians. He is believed to be suffering from disease of the kidneys.

Several of our city confrères will visit Europe during the coming summer. Drs. Winstanley, Ogden, and Teskey have already taken their departure, and Dr. McCollum and others are expected soon to follow.

HEALTH OFFICERS.—D. C. Allan, M.D., and W. C. Bliss, M.D., have been appointed members of the Board of Health in district No. —, County Cumberland, N.S.

CANADIANS ABROAD.—H. H. Graham, M.D., of Trinity Medical College, Toronto, has passed the primary examination of the Royal College of Surgeons, Eng.

Dr. W. Gardner, of McGill College, Montreal, has given up general practice, and will in future make a specialty of diseases of women.

CORONER.—J. A. Morse, M.D., of Ohio, has been appointed Coroner for the County of York, N. S.

Books and Pamphlets.

UNTOWARD EFFECTS OF DRUGS. By Dr. Lewin, Docent of *Materia Medica*, University of Berlin. Translated from the German by J. J. Mulheron, M.D. Detroit: Geo. S. Davis.

Very few practitioners of medicine, of any long standing, can have failed occasionally, or, indeed, too frequently, to realize the unpleasant occurrence of the "*untoward effects of drugs*," and to have the painful experience that the patients and their friends rush to the conclusion that the real cause of these "effects" has been the ignorance or the negligence of the doctor, although they know very well that both in their bodily and mental constitution men and women evince very palpable peculiarities, which, in some instances, might almost tempt to the belief that nature had framed them in one of her sportive moods, or, as Shakespeare has it, that some of her "journeymen had made them, and not made them well."

No diligent student of therapeutics will, of course, be unaware of the diversity of results which should be apprehended from the action of drugs in different subjects, whether owing to difference of age, of sex, of organization, of prior morbid influences, or, finally, latent and undetected idiosyncrasy; yet, notwithstanding this general competency, he may find it very useful, and certainly very contributive to economy of his time, to find reduced into a limited space information which he otherwise might have to hunt for in numerous ponderous volumes, and even then might not discover what he required.

In this octavo of 216 pages, he will probably find, in condensed and clear form, the best of all that is known on the subject of untoward drug-action, as well as on the remedial measures best suited to its removal or suppression. Certainly, if he does not find what he seeks for, he should not hastily blame Dr. Lewin, whose medical erudition we might almost regard as a bulimic bibliomania. The list of authorities quoted by him is no less than 440. This amount of reading, in a fractional department of medical science, to any other than a German writer would be an almost unapproachable enterprise. What a blessed boon then to us to find the fruits of Dr. Lewin's patient research gathered into such limited bounds. The number of the drugs treated of by him is over 220, in which are included all the most active and valuable now in use. It is no derogation from the general merits of the work to say that the introduction, which covers 26 pages, is the best of it, and that no reader, however erudite or experienced, will rise from its perusal without being both pleased and instructed. We had marked for citation a number

of passages which appeared to us indicative of the solid practical sense of the author, but our available space forbids this indulgence.

MEDICAL DIAGNOSIS: A MANUAL OF CLINICAL METHODS. By J. Graham Brown, M.D. Edinburgh: Bell & Bradfute. Toronto: Carswell & Co.

This book treats of signs and symptoms of disease, with the view of aiding the student and practitioner in diagnosis. It contains a great deal that is valuable and which requires to be known by those at all grounded in the theory and practice of medicine. While the various causes giving rise to certain symptoms are dwelt on, yet as an aid to differential diagnosis, the work is in our estimation defective, for diseases which somewhat, or very greatly resemble, and may therefore, by the inexperienced, be mistaken for one another, might have had their respective symptoms tabulated, showing the points of similarity and of difference, and thus, in small compass, invaluable aid might have been given. Much information, and that of the latest, is found in this little book in regard to heart sounds, the cardiograph, the sphygmograph, and the physical signs found in various thoracic diseases. A very good chapter is given on skin affections, short, but giving a great deal of information in small compass. The urinary, the reproductive system, and the nervous system are also dealt with. The value of the book appears to us, to lie in the great number of points noticed, on whatever is treated of; the defect that the information given, is not so arranged, as to be used to the best advantage.

ON CERTAIN PARASITES IN THE BLOOD OF THE FROG; ALSO, ON CANADIAN FRESH-WATER POLYZOA. By William Osler, M.D., Montreal, Que.

Births, Marriages and Deaths.

In London, Eng., on the 28th of March, James F. Cattermole, M.D., to Alice Elizabeth, daughter of John Doherty, Esq., Longfield, Kent.

In this city on the 28th ult., Dr. J. A. Stevenson, of London, Ont., aged 32 years.

On the 25th ult., Joseph Allen Whyte, M.D., of Montreal, aged 40 years.

On the 24th ult., Dr. B. H. Leprohon, of Montreal, aged 68 years.

On the 12th ult., Dr. Jonathan Woolverton, of Grimsby, aged 73 years.

On the 6th ult., Dr. McIver, of Pembroke, Ont., aged 85 years.

Hydroleine and Maltopepsyn.

Having demonstrated conclusively during the past three years the superiority of Maltopepsyn formula over all other digestive remedies, as attested by the signatures of nearly all our leading physicians, I desire to keep it up to its present high standard, and I cannot do so and give one and one-half ounces for fifty cents, as I find upon figuring up my expenses of introduction to the profession and of doing business, and the high cost of the ingredients of Maltopepsyn, that I am at present, after three years of hard work, actually out money. Naturally desiring some profit, I am obliged to raise the price to 75 cents per 1½ ounce bottle, as I will not lower the standard of the article under any consideration.

I therefore ask your continued support in this my endeavor to give the profession a perfect and reliable digestive of home manufacture at as low a price as it can be produced and afford a living profit.

I desire to call your attention to the fact that Maltopepsyn given in from 1 to 5 grain doses, (according to the age and strength of the child), is a specific for most of infants' troubles, such as cholera infantum, etc.

One word in reference to Hydroleine and I am through. This remarkable remedy being Cod Liver Oil of the best quality artificially digested by the use of pancreatine, is of a necessity much more palatable when fresh and when made during the winter.

Notwithstanding the fact that I put four labels on each bottle, and large label on each ½ dozen package to call druggists' attention to the necessity of keeping the preparation in a cool place and to avoid freezing, and that I have further mailed each one a circular letter to the effect and asking them to purchase not over a four weeks' supply, so as to have it as fresh as possible, I find over one half pay no attention, but buy even a six months' stock, and keep it often in their show windows, subject to excessive heat.

I would call your attention to the fact that Hydroleine when fresh is a beautiful and perfectly digested oil, of the consistency and appearance of Devonshire Cream, palatable and highly nutritious. I intend in future to put the word "Winter" in red ink across the face of the inside bottle label on all Hydroleine made during the cool months (October to March, inclusive).

If you will at first see that the Hydroleine is fresh and right, the druggist will soon pay proper attention to the keeping of it, and you will have a remedy unequalled for the treatment of Consumption, Winter Cough, Affections of the Chest and Wasting Diseases, the Debility of Adults and for delicate children, invariably producing immediate increase in flesh and weight.

I might remark here that all Cod Liver Oil should be obtained fresh and should be kept in a cool place.

I shall be happy to mail printed matter on both remedies giving full particulars upon application.

Yours very truly,

HAZEN MORSE,

57 Front St. East, Toronto.

P. S.—Present prices are as follows:

Hydroleine, \$1.00 per Bottle, \$10.00 per Doz.

Maltopepsyn, 75c. per 1½ oz. Bottle, \$7.50 per Doz.

" in 8 oz. Bottles, \$6.50 per lb.

FOR CONSUMPTION AND WASTING DISEASES,
HYDROLEINE (HYDRATED OIL)

FOR DYSPEPSIA, INDIGESTION, ETC.,
MALTOPEPSYN.

Having for the past three years published the names of most of the leading physicians of Canada endorsing both these remedies, I will therefore now only give the names of a few of the profession, and will add the opinions of some of the leading Druggists throughout the Dominion.

JAS. H. RICHARDSON, M. D., TORONTO.
J. ALGERNON TEMPLE, M. D., "
J. H. MCCOLLUM, M. D., "
JOHN E. KENNEDY, M. D., "
O. S. WINSTANLEY, M. D., "
J. E. GRAHAM, M. D., "
J. H. BURNS, M. D., "
CHAS. WM. COVERNTON, M. D., "

JOHN REDFIELD, M. D., MONTREAL.
D. C. MACCALLUM, M. D., "
F. G. RODDICK, M. D., "
GEO. ROSS, M. D., "
JOHN T. FINNIE, M. D., "
GASPARD ARCHAMBAULT, M. D., "
W. B. BURLAND, M. D., "
CASEY A. WOOD, M. D., "
A. LAPHORN SMITH, M. D., "

FROM LEADING CHEMISTS AND DRUGGISTS.

144 ST. LAWRENCE MAIN ST., MONTREAL, NOV. 18, 1880.

I beg to say that Hydroleine is increasing in favor with the medical profession. It digests easily and in most cases rapidly, and brings up the weight of the patient. To prove which, several physicians have weighed their patients before beginning the remedy. My sales this month are larger than ever.

HENRY R. GRAY, Chemist.

TORONTO, AUG. 15, 1881.

With reference to your Maltopepsyn, I would say I have never sold any preparation of the kind which seemed to give such universal satisfaction both to physicians and patients.

The increasing sales with the testimony of numbers who have obtained marked benefit from its use, show that Hydroleine is a great success.

H. J. ROSE, Pharmacist.

TORONTO, JULY 20, 1881.

We have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly, both over the counter and in dispensing. Many people who cannot take Cod Liver Oil take the Hydroleine with great benefit.

E. HOOPER & CO., Chemists and Druggists.

MONTREAL, AUG. 15, 1881.

We have very favorable news in reference to Hydroleine and Maltopepsyn. Their sale is increasing, and we have heard through medical men who have prescribed them that they both give entire satisfaction.

LAVIOLETTE & NELSON, Pharmacists.

MONTREAL, AUG. 15 1881.

I have much pleasure in saying that numbers of my customers express themselves highly satisfied with the action of both Hydroleine and Maltopepsyn, and in consequence I find the sales increasing.

J. A. HARTE, Chemist and Druggist.

444 QUEEN ST. WEST, TORONTO, MARCH 4, 1882.

I have much pleasure in informing you that the sale of Hydroleine and Maltopepsyn is rapidly increasing, and the very best of results invariably follow their use. Leading medical men are ordering them freely, which fact is sufficient guarantee of their being reliable preparations.

HARRY SHERRIS.

171 KING ST. EAST, TORONTO, FEBRUARY 3, 1882.

I feel it a duty to the public and yourself to communicate to you the very satisfactory results effected by your Maltopepsyn.

JOSEPH DAVIDS & Co.

382 & 630 QUEEN ST., 324 SPADINA AVE., TORONTO, FEB., 1882.

I have been selling your Hydroleine and Maltopepsyn for some time past, and find it gives universal satisfaction.

JOSIAH GREEN.

243 YONGE STREET, TORONTO, 1882.

I have sold Hydroleine and Maltopepsyn since their introduction, and must say they have given entire satisfaction.

CHAS. W. HOWARTH.

BELLEVILLE, FEBRUARY, 1882.

We have sold both remedies and find them spoken of very favorably by both the Medical Profession and the Public.

We can safely recommend them to parties needing such remedies.

L. W. YEOMANS & CO.

BELLEVILLE, ONT., FEBRUARY, 1882.

In recommending Hydroleine and Maltopepsyn, we endorse the opinions of many of our customers who have used both.

JAS. CLARK & CO.

BELLEVILLE, FEBRUARY, 1882.

I believe Hydroleine gives general satisfaction. I have also received very good reports from the use of Maltopepsyn in cases where other preparations have failed.

A. L. GEEN.

BELLEVILLE, ONT., FEBRUARY 7, 1882.

I have much pleasure in recommending your preparations of Maltopepsyn and Hydroleine, as they have given entire satisfaction wherever they have been used.

R. TEMPLETON.

BELLEVILLE, FEBRUARY 8, 1882.

I have much pleasure in assuring you of the general usefulness of your Hydroleine and the confidence bestowed upon it by those who have used it. One customer says respecting his child troubled with Chronic Bronchitis, "Nothing answers him so well; he thrives upon it."

W. R. CARMICHAEL.

BROCKVILLE, ONT., FEB. 13, 1882.

We have much pleasure in stating that for the past two years we have sold Hydroleine. It has given satisfaction, as the sales of it have been considerable, and we have had no complaints.

ALLAN, TURNER & CO.

LONDON, ONT., NOV. 24, 1881.

I have much pleasure in informing you that the sale for Hydroleine and Maltopepsyn is increasing greatly both over the counter and in dispensing. Many people who cannot take the Cod Liver Oil take Hydroleine with great benefit.

W. T. STRONG.

OWEN SOUND, JAN. 6, 1882.

The sale of your preparations, Hydroleine and Maltopepsyn, has been very large, giving satisfaction wherever used.

ROBERT WIGHTMAN.

WINGHAM, ONT., JAN. 11, 1882.

I have used Hydroleine and Maltopepsyn for over a year, and have the satisfaction of knowing that I can safely and confidently recommend them to my customers.

W. T. BRAY.

New Remedy for Teething Infants.

—MORSE'S—

GLYCEROLE OF CELERY COMPOUND

EACH FLUID DRACHM CONTAINS

Celery Seed,	- - - - -	4 grains.
Catnip Herb,	- - - - -	5 grains.
Chamomile,	- - - - -	2 grains.

Dose for teething infants 10 to 60 drops, according to age.

This remedy has been found to be a good and harmless substitute for the more powerful drugs so often used to quiet children. It is not necessary to speak of the advantages obtained by such a substitution, as they will be at once apparent to every physician.

Price for 4 oz. bottle,	- - - - -	50 cents.
“ “ 1 lb. “	- - - - -	\$1.20.

MORSE'S

Fluid Extract of Celery Seed

(APIUM CRAVOLENS.)

This remedy has of late been considerably used in the United States in Dropsy, Incontinence of Urine, and Liver Complaints.

Price per lb.,	- - - - -	\$2.50.
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1 lb. of the Extract represents 1 lb. of Celery Seed.

A four ounce bottle of each of the above new remedies will be sent free to any physician who is willing to pay express charges on same upon application to sole proprietor.

HAZEN MORSE,

57 Front Street East, Toronto.

SCOTT'S EMULSION

PURE COD LIVER OIL,

With **HYPOPHOSPHITES** of **LIME** and **SODA**,
PERFECT, PERMANENT, PALATABLE.

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

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

SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE:

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

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

W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE:

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

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

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

Messrs. SCOTT & BOWNE:

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

I have the honor to be, yours truly,

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

St. John, N.B.

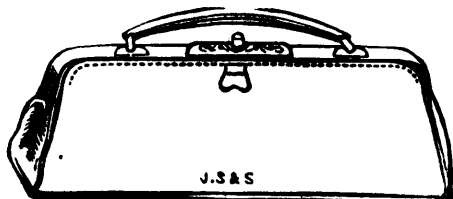
Messrs. SCOTT & BOWNE:

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

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

SCOTT & BOWNE, Manufacturing Chemists, New York.

The Practitioners' Obstetric Bag.



Is 15 inches long, 8 inches high, containing 1 Barnes' Craniotomy Forceps, 1 Barnes' Long Midwifery Forceps, 1 Pair of Perforators, 1 Blunt Hook and Crotchet, 1 Frænum Scissors, 1 Catheter, 4 Stopped Bottles, 1 Chloroform Drop Bottle, in case.

The whole in Bag of Superior Morocco Leather, or of Black Hide, with Lock and Fittings, engraved and gilt, price, complete.....

Bag, empty..... \$4.50 \$5.50 6.00 \$26.00

IMPROVED CLINICAL THERMOMETER WITH INDESTRUCTIBLE INDICES.

LOSS OF INDEX IMPOSSIBLE.



These Thermometers combine all the improvements which have recently been made in the manufacture of Clinical Thermometers. The indices are bold and easily seen, and cannot be shaken into the Bulb, the engraving is plain and cannot be rubbed off.

A certificate is supplied with each Thermometer above the value of \$2.00, showing the deviations, if any.

PRICE—In Wood Case.....\$2.25
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 Ordinary Registering Thermometers 1.50
 Patent Magnifying or Lens Front 3.00 & 3.25

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SUMMER SESSION, 1883.

FACULTY:

- CHARLES SHEARD, M.D., M.R.C.S., Eng.;** Pathologist to Toronto General Hospital; Prof. Pathology and Physiology; Clinical Lecturer on Pathology at Toronto General Hospital; *Secretary and Treasurer of Summer Session Faculty.*
- W. T. STUART, M.D.,** Lecturer on Practical Chemistry, Trinity Medical School; Prof. Chemistry, Dental College; Lecturer on Midwifery and Practical Chemistry.
- JOHN FRASER, M.D., L.R.C.P., Lond.;** L.R.C.S., Edin.; Member of Acting Staff Toronto General Hospital; Lecturer on Anatomy and Materia Medica; Clinical Lecturer in Hospital.
- FRED. Le M. GRASETT, M.B.C.M., Edin. Univ.;** F.R.C.S., Edin.; M.R.C.S., Eng.; Fell. Obstetric Society, Edin.; Member of Acting Staff, Toronto General Hospital; Physician to Children's Hospital and to the Burnside Lying-in-Hospital; Lecturer on Surgery and Clinical Surgery; Clinical Lecturer in Hospital.
- THOMAS KIRKLAND, M.A.,** Lecturer on the Natural Sciences, etc., Normal School, Toronto; Professor General Chemistry and Botany.
- GEORGE S. RYERSON, M.D., L.R.C.P.;** L.R.C.S., E.; Member Ophthalmic Society, Gt. Brit.; Surgeon to Mercer Eye and Ear Infirmary, Toronto; Consulting Oculist and Aurist to the Institutions for the Blind, Brantford, and for the Deaf and Dumb, Belleville, Ont.; Lecturer on Ophthalmology, Otology and Laryngoscopy.

The Session will be divided into Two Courses.--In order to meet the needs of all Medical Students, the Course will be divided into a *Primary Course* and a *Final Course*; and the student may elect either course, or if sufficiently advanced in his studies, he may take both courses. The Course will commence on **THE 1ST OF MAY.**

PRIMARY COURSE.--The Primary Course will comprise the following subjects: **Anatomy, Physiology and Microscopy, Materia Medica, Chemistry** (theoretical and practical), **and Botany.**

FINAL COURSE.--The Final Course will include the following subjects: **Anatomy** (Surgical and Medical), **Medicine Surgery, Midwifery** (practical and theoretical), **Pathology and Ophthalmology.**

Clinical Instruction will be given daily in the Toronto General Hospital.

For further particulars apply to--

DR. C. SHEARD, Sec.-Treas., 64 Gerrard Street East, Toronto.

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Bronze Medal Toronto Industrial Exhibition, 1881.

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W. E. Swinburn's
Patent Legs & Arms,

Instruments for
Spinal Disease, Lateral and
Angular Curvature, Hip Dis-
ease, Partial Paralysis of the
Lower Extremities, Anchy-
losis of the Knee Joint,
Chronic Inflammation of the
Knee, Fractured Patella, Un-
united Fractures. Knock
Knees, Bow Legs, Weak
Ankles, Club Foot Shoes,
Trusses, Crutches, &c., &c.

All work guaranteed.
Repairing a speciality.

Surgical Instruments Sharpened,
Repaired and made to order.

151 Bay Street,

Toronto.
(Between Richmond & Queen Sts.)

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J. FULTON, M.D., M.R.C.S.



BLANCARD'S PILLS
of unchangeable taste
of iron.

Blancard's Pills are specially recommended by the medical celebrities of the world for scrofula, (Tumours, King's Evil, etc.), the early stage of consumption, Constitutional Weakness, Poverty of Blood, and for provoking and regulating its periodic course. The genuine have a reactive silver seal attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Blancard

Pharmacia, rue Bonaparte, 46, Paris,
without which none are genuine.

BEWARE OF IMITATIONS.

A. M. ROSEBRUGH M.D.,

(Surgeon to the Toronto Eye and Ear Dispensary.)

May be consulted at the residence of

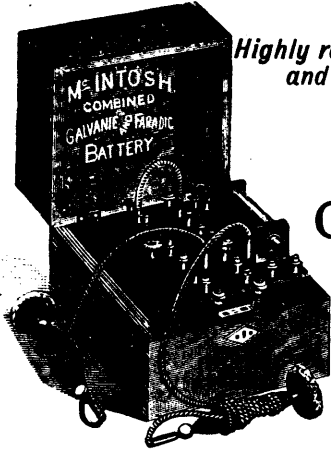
Dr. J. W. Rosebrugh, Upper James St. Hamilton,

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Last Saturday of every Month.

BUY THE BEST.

Highly recommended by the Medical Faculty of both America and Europe, and adopted by the United States Government. More of them Sold than any other Battery in the World.



McINTOSH COMBINED Galvanic and Faradic Battery.

The first and only Portable Battery ever invented which gives both the Galvanic and Faradic Current; thus combining two distinct batteries in one case.

No Physician can afford to be without one.

This Celebrated Battery is constructed on an improved plan. The zincs and carbons are fastened to hard rubber plates in sections of six each, this manner of connecting brings the plates nearer together than in any other battery, thus giving less internal resistance. The rubber plate or cover will not warp or break, and is not affected by the fluid.

The cells are composed of one piece of hard rubber and are made in sections of six each with a drip-cup, thus one section can be handled emptied and cleaned as easily and quickly as one cell.

The fluid cannot spill or run between the cells, and there is no danger of breaking as with glass cells. The drip-cup is to receive the elements when the battery is not in use. The Faradic coil is fastened to the hard rubber plate or cover. The rubber plate to which the zincs and carbons are attached is securely fastened over the cells when not in use, making it impossible for fluid to be spilled in carrying.

An extra large cell (with a zinc and carbon element) is added to the combined batteries for the purpose of producing the Faradic current. This cell gives as much power as is ever needed, and avoids exhausting the current from the galvanic cells.

Our Batteries weigh less, occupy less space, give a current of greater intensity and quantity than any other Battery manufactured. For simplicity of construction they cannot be surpassed, and any person reading our directions will have no trouble in operating them.

This is the only Battery in which the zinc and carbon plates can be kept clean and always in order by simply rinsing them.

The metal work is finely nickel plated and highly polished, and every part so put together as to be easily replaced by the operator. We have the most complete line of electrodes yet offered to the profession. We also manufacture various styles of Table and Office Batteries, Bath Apparatus, etc., etc. Our manufacturing facilities are the largest of the kind in America, and we employ none but skilled mechanics, and men of scientific experience.

Our Illustrated Catalogue, giving full description of all our goods, and other valuable information, sent free on application.

McIntosh Galvanic and Faradic Battery Company.

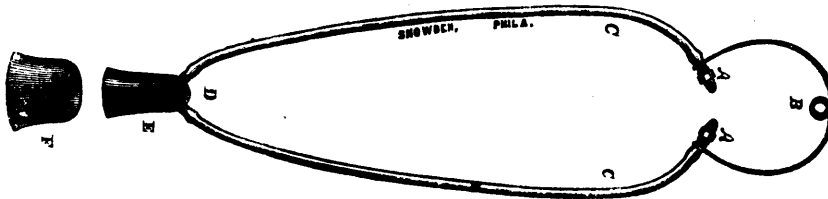
192 & 194 JACKSON STREET, CHICAGO, ILL.

Or, F. GROSS, Chemist, 682 to 690 Craig St., Montreal, And, ELLIOTT & CO., Chemists, 3 Front St., Toronto.

WILLIAM SNOWDEN,

Manufacturer and Importer of

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SNOWDEN'S PERFECTED BINAURAL STETHOSCOPE.—PRICE \$3.00.

All genuine ones have "WM. SNOWDEN, PHILADELPHIA," stamped on the Soft Rubber Cup of Bell (F).

The Rubber Tubes are free from all woollen or silk coverings, thus avoiding all friction sounds arising from this source.

Established 1821.

No. 7 South Eleventh St., PHILADELPHIA.

MEDICAL ELECTRICITY!

Flemming's Electro-Medical BATTERIES

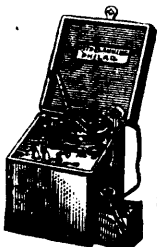
Are considered

The BEST in the Market.

Faradic Batteries.
Galvanic " of 10, 20, 30 or 40 cells.
Far. and Galv. Batteries combined.
Cautery Batteries.
Stationery Batteries, and all forms of Electrodes on hand. Send for Illustrated Catalogue to

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W. F. COLEMAN, M. D., M.B.C.S., Eng.

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PREPARED AFTER THE FORMULA OF

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PUTTNER'S EMULSION was awarded First Diploma at the Provincial Exhibition, held at Halifax, in 1881.

Over 13,000 bottles were sold in Canada alone during September and October, 1882, chiefly prescribed through Physicians; and over 60 gallons were used in the General Hospitals and Dispensary at Halifax during the year 1882.

The leading Physicians throughout the Dominion are prescribing **PUTTNER'S EMULSION**, and speak very highly of its merits as a pharmaceutical preparation. No further proof of this is needed than a perusal of the following testimonials:

Mr. C. E. PUTTNER has shown me the composition of the preparation sold under the name of "**Puttner's Emulsion of Cod Liver Oil and Hypophosphites**." I believe the combination to be good and well suited for persons suffering from some of the diseases of the lungs and digestive organs. I think it will also be found very useful in cases where the nervous system is impaired in tone and debilitated.

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D. McN. PARKER, M.D.,
Consulting Physician P. & C. Hospital.

MEDICAL STAFF HALIFAX DISPENSARY.

We, the undersigned physicians, attached to the Halifax Dispensary whose names are appended to this certificate, having had frequent occasion to prescribe "**Puttner's Emulsion of Cod-Liver Oil, Hypophosphites, &c.**" have much pleasure in stating that we have every reason to be satisfied with the results from its use, having found it not only an efficient and reliable remedy, but also one which could be taken without any of the disagreeable effects which so frequently follow the use of Cod Liver Oil.

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The Physicians of Ontario informed your agent, who has lately interviewed them, that one great advantage **Puttner's Emulsion** holds over all others is that it is easily digested, and their delicate patients after rejecting all other **Emulsions** can retain **Puttner's** with ease.

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Messrs. The Puttner Emulsion Co.:

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Yours truly, J. F. T. JENKINS, M.D., C.M

MONTREAL, April 25th, 1882.

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DEAR SIRS,—I have used your **Emulsion** extensively during the past four years, and have much pleasure in adding my testimony as to its efficacy. We had here last summer numerous cases of Whooping Cough and Scarlet Fever. I found the **Emulsion** answer admirably when the acute symptoms had subsided, in very many instances. In most wasting disorders, especially those peculiar to children, your **Emulsion** has rendered me good service, being pleasant to the taste, and no feeling of nausea following its administration. It seldom fails to give good results, and I prefer it to any other preparation of the kind.

I am, yours respectfully,

J. F. BRINE, M.D.

PORT HILL, P.E.I., April 7th, 1882.

ONTARIO MEDICAL ASSOCIATION.

The Third Annual Meeting of the Ontario Medical Association will be held in the Medical Council Hall, Toronto,

WEDNESDAY AND THURSDAY, JUNE 6TH AND 7TH.

It is requested that papers to be read at the meeting will be concise and practical, and that the titles be sent to the Secretary *not later than May 28th*, to enable members to know what subjects are to be discussed.

The necessity for a provincial museum of pathological specimens is making itself more evident, many valuable specimens being lost, for the want of some central place to collect them. Any material forwarded to the Secretary, will be considered as forming the nucleus of a museum under the control of the Association.

Railroad Certificates will be issued to the Profession about the middle of May.

J. D. MACDONALD, Hamilton, President.

J. E. WHITE, Toronto, Secretary.



DR. WADSWORTH'S UTERINE ELEVATOR.

The best Pessary, for Displacements of the Womb, ever invented; so say thousands of Physicians from Canada to Texas. Send for Pamphlet and Price List to

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Combined in the form of Syrup, with SLIGHT ALKALINE REACTION.

LETTER FROM ROBERT W. PARKER, M.R.C.S., ENG., Med. Chir. and Obs. S.: Assist.-Surg.
E. Lond. Children's Hospital; Author of "Tracheotomy in Laryngeal Diphtheria."

DEAR SIR—

8 OLD CAVENDISH STREET,
CAVENDISH SQUARE, LONDON, W.

I have used your Syrup of Hypophosphites in the Children's Hospital. I find that it is well taken, and consider it an important addition to our Pharmacopœial remedies. Combined either with Glycerine or Cod Liver Oil, it has proved itself an efficacious remedy in Scrofulous Diseases affecting bones or joints.

In the debility which often follows on the exanthemata, and especially in that which follows diphtheria, I have found it a very useful tonic.

I must thank you for the present of the Syrup to the Hospital.

Yours faithfully,

MR. FELLOWS.

ROBERT WM. PARKER.

Each Bottle of FELLOW'S HYPO-HOSPHITES contains over 100 doses.

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Our List of **FLUID EXTRACTS** embraces not only those officinal in our Pharmacopœia, but also those whose therapeutical value has induced their use among physicians.

Our many years' experience as practical pharmacutists, thorough knowledge of the character and properties of each drug, together with appliances for manufacturing (which, for completeness and economy of working, cannot be excelled), enable us to produce a line of Fluid Extracts of unsurpassed purity, activity and reliability. We ask for them the most careful and critical examination and comparison, claiming, as we do, their superiority over almost all other similar preparations in the market. We feel confident our claims will be sustained by any unprejudiced and experienced druggist.

Every detail of their manufacture, from the crude drug to the completion of the operation, is based upon the most extended and intelligent knowledge of the characteristics of each drug.

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Pepsin, Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This Pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these Pills is the absence of sugar, which is present in all ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory that we are confident that further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

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For Hoarseness, Bronchial Irritation, Sore Throat, Diphtheria, Croup, Etc., Etc.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent Physicians.

Samples will be sent to Practicing Physicians free of cost, by addressing the General Agents,

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The Attention of Physicians is Requested.

OSTRICHINE.

It has been said that most of the ills that flesh is heir to are due to affections of the stomach, and that these affections are principally due to an abuse of the stomach and a corresponding weakening or lessening of the gastric secretion. To supply remedies for this affection has been the study of physicians for years, and fairly satisfactory results have been obtained from the pepsin of the calf, the pig, or the more powerful digestive influence through their secretions upon substances taken therein than the stomachs of animals. Hence we have Chicken-Gizzard Pepsin. But here progress seems to have been stopped. We have, however, been experimenting for many years upon the production of pepsin which should be sufficiently powerful to overcome those terrors of the weak stomach—mince pie, railroad sandwiches, and the like. Our experiments have led us by regular gradations through the stomach of the goose, the turkey, the crow, the vulture, the eagle, and finally we have reached that of the ostrich. Taking into consideration the well-known facility with which the ostrich digests iron spikes, gravel, small cobble stones, etc., we feel that the medical profession need no further demonstration from us as to the practical efficiency of this wonderful discovery than to merely mention its source. Full particulars will be afforded in illustrated circular sent by mail on application.

Put up in bottles containing one ounce, which can be obtained only of us, and therefore we are compelled to charge the high price of \$10.00 per oz. A trade-mark will be applied for, as the name Ostrichine is our own invention, and it becomes necessary by this action to protect the profession from miserable imitations.

DYSPEPSINE.

As physicians may find some subjects whose stomachs by long abuse would not be able to bear even the powerful assistance of the agent Ostrichine, we have made up a preparation—a compound of digestive agents—which will render the required service through an amelioration of the more active efficiency of the Ostrichine in combination with other ingredients. Dyspepsine is a name and compound invented by us, and will be protected by trade-mark in order to protect physicians from imposition. Any other manufacturer who attempts to compete with us in the manufacture and sale of this preparation will be prosecuted; it being our determined effort to protect the medical profession from the imposition of unscrupulous parties.

Dyspepsine is a compound of pepsin from the ostrich, the eagle, the crow, the goose and the chicken, admixed with the better known secretions from the pig, calf and sheep; and in a combination thus formed, all possible affections of the human stomach are met. Put up in one ounce bottles. Price, \$5.00 per ounce.

CROUPINE.

Membranous croup and its congener, diphtheria, have long been the *bete noir* of the medical profession. It remains for us to afford to the profession that information which they cannot obtain from their books or colleges, in laying before them this most powerful and effective remedy in croup. It has long been a question as to the causes of the two aforementioned diseases. Throwing aside for the time any argument as to the possible identity of the two there is one similarity, and that is in the immediate death-producing cause which is evident, namely the membrane which forms in the throat of the patient. It will be patent to any thinking physician that if the membrane can be removed as fast as it forms, and time given by which the strength of the patient may be recuperated, the afflicted ones will pass the crisis of the disease, and a rapid recovery be insured. Croupine affords the remedy. Being a compound of Ostrichine and Vegetable Digestive Agents it may be applied in form of powder by an apparatus similar to what is known as the insect gun, or in the form of solution by means of the ordinary inhaler or atomizer its vapor may be applied to the parts. Its action is to digest or dissolve the membrane as fast as it forms, and the only care necessary must be the result of a special drilling of the physician in its application, to prevent the digestion of the membrane of the throat at the same time. Physicians will be drilled in its application if they will apply at our office. Protected by trade-mark in the interests of science to prevent imitation by unscrupulous parties.

This wonderful discovery is the result of so long a study and is composed of such expensive materials that we trust the medical profession will appreciate that our price of \$7.50 per oz. is very reasonable in consideration of the results produced.

number of other remedies of this nature will be introduced by us from time to time with the intent of affording to the physician a new line of therapeutical agents, which will do away with the worn out recipes of the pharmacopœia, and enable them to treat the diseases of the 19th century with inventions on a similarly advanced plan. We call attention to the following which will be shortly offered:—

Ne-versay-di-ine—A remedy calculated to insure a green old age, preceded by a young and blooming youth. The secret has been buried for years in the private memorandums of Pons de Leon, but having resurrected the manuscripts we will soon give humanity the benefit of our investigation.

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Brainerin—Prepared from the brains of various animals, and especially those members of the monkey family nearest in physical formation and mental characteristics to their human congener.

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In chemical composition, Cosmoline [Unguentum Petrolei] is an oleaginous hydrocarbon, corresponding to the heavy petroleum oils, and containing a large amount of the paraffines and olefines of formulae $C_{16}H_{34}$ & $C_{16}H_{32}$. It contains but a small percentage of the paraffines and olefines, corresponding to the formula C_7H_{16} and C_7H_{14} , respectively, and the offensive and irritating properties of the crude oil have been carefully removed. In the process of purification, no acids, alkalies, or other chemicals are employed, and no injurious additions of any kind are made to the natural product. The result is a semi-solid, translucent substance, with a faint odor, an unctuous feel and a slightly tarry taste.

Cosmoline [Unguentum Petrolei] melts at about 100° Fah. (38° Cent.); and boils at about 625° Fah. (325° Cent.); its specific gravity is about 0.875 at 60° Fah.

As it contains no oxidizable or organic matter capable of change by putrefaction or fermentation, and is absolutely without affinity for moisture, it offers to the profession an admirable unguent, which can never decompose, ferment, or become rancid in any climate or temperature.

291 MADISON AVENUE, NEW YORK, February 26th, 1878.

I have examined the preparations of Cosmoline as manufactured by E. F. Houghton & Co., Philadelphia, and believe them well adapted to the purposes for which they are designed. As lubricants, and as the bases of simple or medicated ointments, they have a decided advantage over the fixed oils and fatty substances in ordinary use, in that they do not become rancid, and do not acquire irritating qualities from atmospheric exposure.

ALFRED C. POST, M.D., LL.D.,

Emeritus Professor of Clinical Surgery in the University of New York, Visiting Surgeon to Presbyterian Hospital, etc.

218 SOUTH SIXTEENTH STREET, PHILADELPHIA, July 7th 1880.

Messrs. E. F. HOUGHTON & Co.:

Gentlemen—The petroleum product prepared by you and supplied to physicians under the name of Cosmoline [Unguentum Petrolei], was first brought to my notice while I was a Resident Physician in the Pennsylvania Hospital, and it at once commended itself to me as a bland emollient, as an elegant substitute for Carron oil in burns and scalds, as a protective in excoriations and certain diseases of the skin, and as an excipient in the place of lard for applications to the eye and ear. For the last five years I have used the plain Cosmoline, both in hospital and private practice, in Gynecological Obstetrical cases, with perfect satisfaction, and consider it much superior to Olive Oil, which is so generally used. Carbolated Cosmoline is a ful combination, but the rose-scented Cosmoline is beyond all question, a work of art, which cannot be too highly commended. I have the honor to be,

Very respectfully, yours,

FRANK WOODBURY, M.D.,
Physician to German Hospital.

PHILADELPHIA, July 10th, 1880.

Messrs. E. F. HOUGHTON & Co.:

I have for a number of years made extensive use of Cosmoline [Unguentum Petrolei] and consider it a most valuable article for surgical purposes. Either as a dressing by itself, or as a vehicle for the application of medicaments, it is greatly superior to lard or other fatty matters, especially by reason of its non-liability to change by time or temperature.

Yours truly,

JOHN H. PACKARD, M.D.

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Messrs. E. F. HOUGHTON & Co.:

I have used extensively Cosmoline [Unguentum Petrolei] both in Dispensary and private practice, with very great satisfaction. As a vehicle for making ointments it is invaluable, and far superior to lard, for the reason that it will not become rancid or undergo chemical change like the latter, when exposed to the atmosphere. I cannot too highly commend it as an application in various skin diseases.

Yours truly,
JOHN V. SHOEMAKER, A.M., M.D.
Physician to the Pennsylvania Free Dispensary for Skin Diseases.

306 West 34th Street, New York.

Messrs. E. F. HOUGHTON & Co.,

GENTS:—I fully appreciate the value of your Cosmoline or Ungt. Petrolei and prescribe it frequently in ointments. Fluid Cosmoline I have used constantly for several years, as a lubricant of urethral sounds. It is the cleanest oil I know of for this purpose.

Yours truly,

GEO. HENRY FOX.

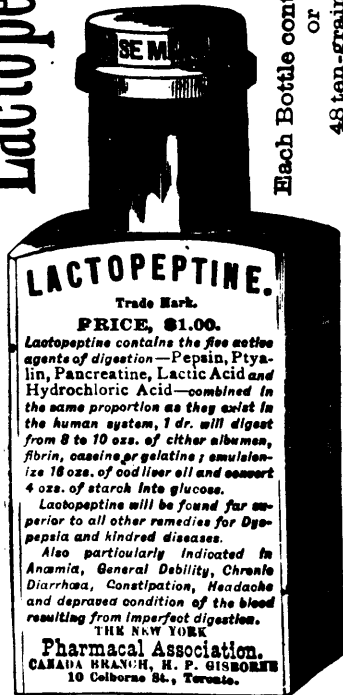
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Certificate of Composition and Properties of Lactopeptine by Professor ATTFIELD, Ph.D., F.R.S., F.I.C., F.O.S., Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain.

London, May 8, 1882.

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

JOHN ATTFIELD.

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

FORMULA OF LACTOPEPTINE :

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

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

The undersigned having tested LACTOPEPTINE recommend it to the profession.

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|--|---|
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| D. W. YANDELL, M.D., <i>Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville, Ky.</i> | SAMUEL R. PERCY, M.D., <i>Prof. Materia Medica, New York Medical College.</i> |
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| PROF. H. C. BARTLETT, Ph.D., F.C.S., London, England. | |

PROF. JOHN ATTFIELD, Ph.D., F.R.S., F.C.S., London, Eng.

For further particulars concerning Lactopeptine, the attention of the Profession is respectfully directed to our 32-page Pamphlet, which will be sent on application.

MANUFACTURED BY THE N. Y. PHARMACAL ASSOCIATION, NEW YORK.
CANADA BRANCH:—H. P. GISBORNE, 10 COLBORNE ST. TORONTO.

GELATUM VASELINE PETROLEI

GRAND MEDAL at the Philadelphia Exposition, 1876.
SILVER MEDAL at the Paris Exposition, 1878.
MEDAL OF PROGRESS by the American Institute, 1880.

Bronze Medal and Diploma Awarded by the American Institute for 1874.

"Vaseline is an admirable preparation for many of the uses mentioned. As a base for ointments, it has given very great satisfaction, whilst its freedom from rancidity or liability to become rancid gives it great advantage over many animal and fatty bodies. We deem it an article of great value, and deserving of special mention for the above purposes." Bronze Medal awarded

Signed by { P. W. BEDFORD, }
 { ISADOR WALZ, }
 Chemists.

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

OINTMENTS, CERATES, &c.,

As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES or ERUPTIVE DISEASES, and all contused and inflamed surfaces, it is not equalled by any known substance.

In the treatment of COUGHS, COLDS, CROUP, DIPHTHERIA, and of THROAT and CHEST complaints, the best results are obtained.

One Pound Cans, 60cts. Five Pound Cans, \$1.50.

Extract from Report of Dr. Galezowski, the distinguished French Oculist.

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

"In conclusion, on account of its unalterability and its great affinity for perfumes, I believe that 'Vaseline' merits the attention of the scientific and industrial world."

DR. REUSCHE, of Hamburg (translation) says:

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

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

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

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

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

From the LONDON LANCET, Jan'y 5th, 1878:

"We have before noticed this preparation of petroleum in terms of warm praise. It is of the consistency of butter, is perfectly free from odor, and does not become rancid. We have now before us several new preparations made from it, which are so useful as to call for remark. They are a pomade, a cold cream, and a camphor ice, all of excellent quality. We have tried all of them with most satisfactory results, having found them greatly superior to the preparations in common use."

"This article is one of great merit as a base for Cerates, Ointments, etc., and for Medicinal and Toilet uses, and is superior to the present bases used for Cerates, etc. It deserves the patronage of the profession, and shows maintained superiority." A Silver Medal awarded.

Signed by { NEWTON SQUIRES, }
 { F. W. HUNT, }
 { S. H. FERRY, }
 Chemists, M.D.

Silver Medal and Diploma Awarded by the American Institute for 1875.

We manufacture the following Standard Ointments, according to the United States Pharmacopoeia, using Vaseline as a base instead of lard:

Ung.: Hydrargyri (½ Mercury) Ung.: Zinci Oxidi.
Ung.: Hydrargyri: Nitratis (Citrine Ointment) Cerat.: Resinæ.
Cerat.: Plumbi Sub-acetatis (Goulards Cerate) Cerat.: Simplex.

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

Chesebrough Manufacturing Company, New York,

No. 249 NOTRE DAME STREET, MONTREAL.

Pomade Vaseline, Vaseline Cold Cream, Vaseline Camphor Ice, and Vaseline Toilet Soap, are all exquisite toilet articles made from pure Vaseline, and excel all similar ones.

NEW REMEDIES!

—DIURETICS—

PREPARED BY PARKE, DAVIS & CO.,

MANUFACTURING CHEMISTS, DETROIT, MICH.

The following drugs, preparations of which containing the medicinal principles in their most eligible form, we offer the medical profession, have for some time been in use by a sufficient number of physicians to determine their value. Such claims as we make for them are based exclusively on the reports which we have collated from the medical press. These reports have been preserved by us in extenso, and we are prepared to furnish copies, gratis, to all who may be sufficiently interested to apply for them. We hazard nothing in asking for these drugs a more thorough trial, with a view to commending them to the use of those who are not already familiar with them.

SIERRA SALVIA.

(ARTEMISIA FRIGIDA.)

FLUID EXTRACT OF THE HERB. DOSE, 1 TO 2 FLUIDRACHMS.

This species of the Artemisia was introduced by Dr. A. Comstock, of Silver Cliff, Colorado, as a substitute for quinine. In the treatment of periodic fevers, he gives a teaspoonful of the fluid extract in a glass of strong, hot lemonade, one hour before the expected chill, and repeats in 30 minutes if the stage of perspiration has not set in. In rheumatism, scarlet fever, diphtheria, etc., he uses it hot as above, and repeats every half-hour, until perspiration and urination are certainly established.

VACCINIUM GRASSIFOLIUM.

FLUID EXTRACT OF THE PLANT. DOSE 30 MINIMS TO 1 FLUIDRACHM.

Astringent and diuretic, resembling uva ursi to some degree. Useful in catarrhal inflammation of the genito-urinary tract, gleet, chronic cystitis, etc. In dropsy, from whatever cause, it is an active diuretic, assisting the removal of the effused fluid. It has also been given with benefit in chronic diarrhoea and dysentery.

RHUS AROMATICA.

This drug has had a very thorough trial as a remedy in nocturnal incontinence of urine, and the very general verdict is that it is a remedy of value in this troublesome affection. Its action consists chiefly in improving the tone of the sphincter muscles, but it also exerts a soothing influence over the mucous lining of the bladder, rendering the organ more tolerant of the normal urinary secretion.

Dr. McClanahan, who first prominently called attention to the virtues of Rhus Aromatica, claims for this drug almost specific properties in nocturnal incontinence of urine, either in old or young. He regards it as also useful in hematuria and in menorrhagia, while it is further recommended by some as a remedy in atonic diarrhoea, dysentery and summer complaints of children.

FLUID EXTRACT OF THE BARK OF THE ROOT. DOSE, 5 TO 30 MINIMS.

CORN SILK.

(STIGMATA MAIDIS.)

FLUID EXTRACT OF THE GREEN PISTILLS. DOSE, FROM 1 TO 2 FLUIDRACHMS.

This article has lately been very highly spoken of as a demulcent and diuretic in catarrhal inflammations of the kidneys and bladder. Cases are reported by Dr. Dassum, in "*l'Union Medicale*," in which the urine exhibited a strong ammoniacal odor, with heavy morbid deposits, which were speedily relieved by the administration of corn silk. The use of the drug in this country has corroborated the favorable opinion conceived of it in France.

KAVA KAVA.

(PIPER METHYSTICUM.)

FLUID EXTRACT OF THE ROOT. DOSE, 20 TO 60 MINIMS.

This drug has for a long time been used in its native habitat as a remedy for gonorrhoea, and seems to have been very effectual. It has also been used beneficially by the natives in gout, bronchitis and in erysipelalous eruptions.

Two or three doses should be given during the day, each with a full goblet of water. It is said that 30 minutes after the first dose, a pressing desire to urinate is experienced. The quantity of urine is abundant, and it becomes as limpid and as clear almost as water. The Kava, moreover, acts like a bitter tonic, is pleasant to take, stimulates the appetite, does not derange the digestive functions, and produces neither diarrhoea nor constipation.

PARKE, DAVIS & CO., Manufacturing Chemists.