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CONTENTS.—(Index next page.)

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INDEX TO CONTENTS.

Original Communications.

Electro-Therapeutics, by A. M. Rosebrugh, M.D., Toronto.....	161
Subcutaneous Injections of Ergotine in Fibromas, etc.—Translation by Thos. R. Dupuis, M.D., Kingston, Ont.....	167
Osteo-Plastic Operations—Pirogoff—Translation by C. W. Covernton, M.D., Toronto.....	168
The Vomiting of Pregnancy, by R. W. Bruce Smith, M.D., Sparta, Ont.....	171
Methods of Hardening Materials for Microscopic Sections, by C. Sheard, M.D., etc., Toronto.....	172

Correspondence.

Ontario Council Matriculation.....	174
Meeting of the Faculty in Oshawa.....	174
Olive Oil for the Removal of Gall Stones.....	175

Reports of Societies.

Toronto Medical Society.....	179
Huron Medical Association.....	179

Selected Articles.

Antiseptics in Midwifery.....	180
Fibroid Tumors of Womb—Treatment.....	181
Nerve-Stretching without any cutting operation.....	182
Atropia in Chloroform Narcosis.....	183
Extirpation of the Uterus.....	183
Study of a Fashionable New York Physician.....	183
Arsenic in Consumption.....	184
New Physical Sign in Thoracic Aneurism.....	184
Arsenic in Skin Diseases.....	184
Jaundice—Treatment of.....	184

Editorial.

Hospital Appointments.....	185
Qualified Quacks.....	185
The Ontario Medical Act and American Graduates.....	186
Modern Abuse of Gynecology.....	187
Complete Alopecia from Fright.—Successful Treatment of Empyema.—Flaying the Vocal Cords.—Treatment of Asthma.—The Onus of Editorship.—A Liberal Offer.—Ottawa Medical Society.—Alcoholism.—Flatulence.—Cascara Cordial, etc.....	188-190
Books and Pamphlets.....	191
Births, Marriages and Deaths.....	192

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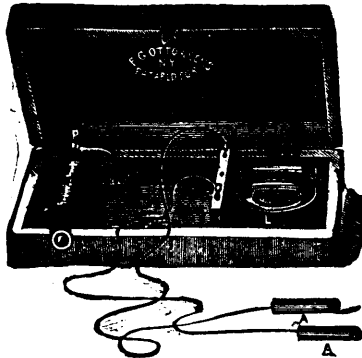
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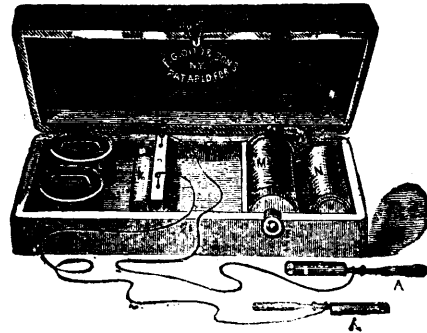
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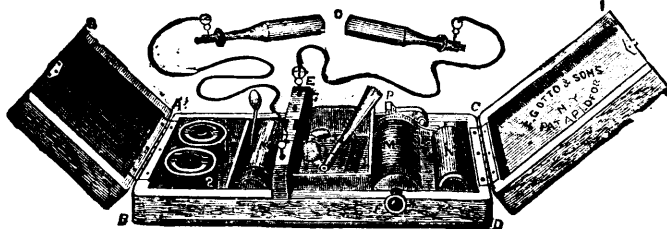
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FOR ADMISSION, Students are required to pass a matriculation examination. (See College circular).  
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THE REGULAR SESSION will open on the first Tuesday in September, and will close early in the following March. The Preliminary Session commences on the second Tuesday in March. During both the Preliminary and Regular Sessions, the several Professors will take special pains to examine the students upon the subjects of the previous lectures.

The large CENTRAL FREE DISPENSARY in the College building is open daily, and affords a vast amount of clinical material, which will be utilized for the practical instruction of the students. In addition to this, ample Hospital advantages are offered to the students of this College. The Michigan College of Medicine Hospital is under exclusive control of this Faculty, and is distinctively a Clinical Hospital, the students being brought into direct bedside communication with the patients.

FEES.—Matriculation Fee (paid but once), \$5; Annual Fees (including tickets for Regular and Preliminary Terms), \$50; Optional (or Preliminary) Term, to students who do not attend the Regular Session, \$15; Graduation Fee, \$20.

For further particulars, and for College circular, apply to

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# BELLEVUE HOSPITAL MEDICAL COLLEGE. CITY OF NEW YORK.

## SESSIONS OF 1880-81.

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

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"HYDROLEINE" may be described as partially digested oil, which will nourish and produce increase in weight, in those cases where oils or fats, not so treated, are difficult or impossible to digest. In CONSUMPTION and other WASTING DISEASES, the most prominent symptom is *emaciation*, of which the first is the starvation of the fatty tissues of the body, including the brain and nerves. This tendency to emaciation and loss of weight is arrested by the regular use of HYDROLEINE. The ordinary so-called emulsions of Cod Liver Oil and other fats, *whether pancreaticised or not*, merely remain in the form of a coarse mechanical mixture for a short time after agitation. The digestion of oil, having in no sense been artificially produced, still devolves upon those functional powers, the deficiency of which is the most prominent symptoms in these cases.

"A great misconception as to the real characteristics of a true pancreatic emulsion has been entertained by many, and but few appear to have studied the different aspects presented by such an emulsion as is produced on fat by the energetic action of pure soluble pancreatin, as contrasted with the coarse mechanical mixtures of oil or fat and water, which are commonly supposed to represent this function of fermentative digestion.

Some seem to think that if a bottle of oil is shaken up with the compounds sold as the active principle of the pancreas, and a yellowish cloud is diffused for a time through the oil, an emulsion has been obtained. So it has, but not the true pancreatic emulsion, which forms an integral portion of the process by which fats are digested and assimilated. From the unvarying result of many hundred trials with the pure, active principles of healthy pancreatic fluid, taken at the time of digestion, I am perfectly convinced that no valuable result has been attained, unless the emulsion formed is as highly refractive of light as milk. The color may vary, according to the oil or fat used, from a far whiter fluid than the densest milk to the opacity and color of Devonshire cream, but unless at least the equivalent of the density of the best milk is produced in oil, when a third of water is held in suspension, no real pancreatic emulsion has been formed.

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(HYDRATED OIL)

# HYDROLEINE

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The efficacy of this Preparation is NOT CONFINED to cases of CONSUMPTION, as from its valuable tonic effect on the nervous system, in addition to its special stimulating action on the organs concerned in the production of Fat in the body, it causes a *marked increase in weight in persons of naturally thin habit, who do not present any evidence of disease.*

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Each dose of two teaspoonsful, equal to 120 drops, contains:

Pure Oil.....	80 m (drops.)
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Soluble Pancreatin.....	5 grains.
Soda.....	½ "
Boric Acid.....	¼ "
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DOSE.—Two teaspoonsful alone, or mixed with twice the quality of soft water, to be taken thrice daily with meals.

Unlike the ordinary preparation of Cod-Liver Oil, it produces no unpleasant eructation or sense of nausea, and should be taken in such very much smaller doses, according to the directions, as will insure its complete assimilation; this, at the same time, renders its use economical in the highest degree.

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Res. M.D. General Hospital; M.D. C.M. Univ. McGill Coll., 1867.

O. S. WINSTANLEY, M.D., .. .. "

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One bottle of Hydroleine will accomplish greater results than can be obtained by using ten bottles of Cod Liver Oil.

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N.B.—I will forward to any Medical man desiring to test its virtues for himself one full sized bottle Hydroleine upon receipt of fifty cents (half price), express charges prepaid. This offer only applies to the first bottle.

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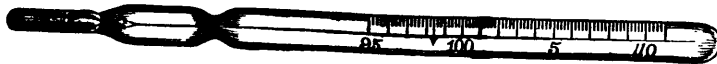
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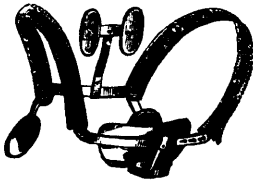
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22

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THE IMPROVED BODY BRACE.

FIG. 3.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

FIG. 8.

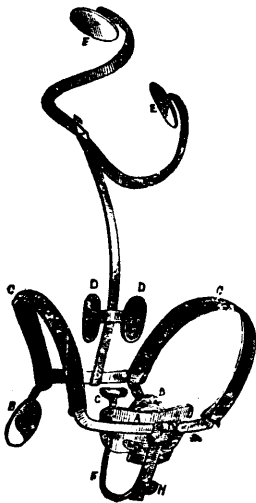


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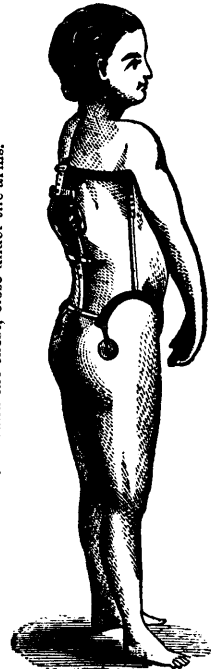
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FIG. 19.



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.  
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**THERAPEUTICS.**—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

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**DOSE.**—One or two pills, to be taken three times a day, after meals.

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### 4.—PIL. PHOSPHORI CUM FERRO. [Warner & Co.]

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

**DOSE.**—*For Adults*—Two, twice or three times a day, at meals; *for children between 8 and 12 years of age*—one, twice or three times daily, with food.

**THERAPEUTICS.**—This combination is particularly indicated in *consumption*, *scrofula* and the *scrofulous diseases* and debilitated and anæmic condition of children; and in *anæmia*, *chlorosis*, *sciatica*, and other forms of neuralgia; also in carbuncles, boils, etc. It may be administered also to a patient under cod-liver oil treatment.

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DOSE.—One or two pills may be taken three times a day, at meals.

THERAPEUTICS.—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc.; and Mr. Hogg considers it of great value in atrophy of the optic nerve.

---

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

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

DOSE.—One pill may be taken three times a day, at meals.

THERAPEUTICS.—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

---

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

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom., ¼ gr.; Quiniæ Sul., 1 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—The therapeutic action of this combination of tonics, augmented by the specific effect of phosphorus, on the nervous system, may be readily appreciated.

---

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

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.

DOSE.—*For Adults*—Two pills may be given to an adult twice or three times a day, with food; and one pill, three times a day, to a child from 8 to 10 years of age.

THERAPEUTICS.—This pill improves the tone of the digestive organs, and is a general tonic to the whole nervous system.

---

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

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph., ½ gr.; Strychniæ, 1-60 gr.

DOSE.—One pill, to be taken three times a day, at meals.

THERAPEUTICS.—This excellent combination of tonics is indicated in a large class of nervous disorders accompanied with anæmia, debility, etc., especially when dependent on dissipation, overwork, etc. Each ingredient is capable of making a powerful tonic impression in these cases. ■

---

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

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vom., ¼ gr.

DOSE.—One or two pills may be given to an adult twice or three times a day, at meals; to children, from 8 to 13 years of age, one pill, two or three times a day,

THERAPEUTICS.—The therapeutic virtues of this combination do not need special mention.

---

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

## WARNER & CO.'S PHOSPHORUS PILLS.

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

℞ Phosphori, 1-50 gr.; Quiniae Sulph., ½ gr.; Pulv. Digitalis, ½ gr.; Pulv. Opii, ¼ gr.; Pulv. Ipecac., ¼ gr.

DOSE.—One or two pills may be taken three or four times daily, at meals.

THERAPEUTICS.—This combination is especially valuable in cases of consumption, accompanied daily with periodical febrile symptoms, quinine and digitalis exerting a specific action in reducing animal heat. Digitalis should, however, be prescribed only under the advice of a physician.

---

### 12.—PIL. PHOSPHORI CUM DIGITAL. CO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoseyami, 1 gr.

DOSE.—One pill may be taken three or four times in twenty-four hours.

THERAPEUTICS.—The effect of digitalis as a cardiac tonic renders it particularly applicable, in combination with phosphorus, in cases of overwork, attended with derangement of the heart's action. In excessive irritability of the nervous system, in *palpitation of the heart, valvular disease, aneurism, etc.*, it may be employed beneficially, while the diuretic action of digitalis renders it applicable to various forms of dropsy. The same caution in regard to the use of digitalis may be repeated here.

---

### 13.—PIL. PHOSPHORI CUM DIGITAL. ET FERRO. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

DOSE.—One pill, to be taken three or four times a day, at meals.

THERAPEUTICS.—This combination may be employed in the cases referred to in the previous paragraph, especially when accompanied with anæmia.

---

### 14.—PIL. PHOSPHORI CUM CANNABE INDICA. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Cannabis Ind., ¼ gr.

DOSE.—One or two pills, to be taken twice or three times a day, at meals.

THERAPEUTICS.—The Indian Hemp is added as a calmative and soporific in cases in which morphia is inadmissible from idiosyncrasy or other cause, as well as for its aphrodisiac effect.

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### 15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCI VAL. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Morphiae Sulph., 1-12 gr.; Zinc. Valer., 1 gr.

DOSE.—One pill may be taken twice or thrice daily, or two, at bedtime.

THERAPEUTICS.—Applicable in consumption attended with nervous irritability and annoying cough; in hysterical cough and neuralgia it may be given at the same time with *cod liver oil*.

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### 16.—PIL. PHOSPHORI CUM ALOE ET NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Aloes Aquosæ, ½ gr.; Ext. Nuclei Vomicae, ¼ gr.

DOSE.—One may be given daily at or immediately after dinner.

THERAPEUTICS.—In *atonic dyspepsia, neuroses of the stomach, hypochondria* and *constipation*, this combination fulfils important indications.

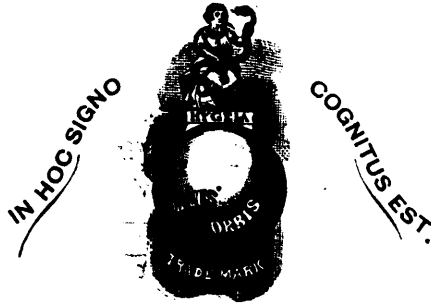
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# PHOSPHORUS PILLS.

Observe the following Trade Mark on each label as a guarantee of genuineness.



The method of preparing Phosphorus in pilular form has been discovered and brought to perfection by us, without the necessity of combining it with resin, which forms an insoluble compound. The element is in a perfect state of subdivision and incorporated with the excipient while in solution. The non-porous coating of sugar protects it thoroughly from oxidation, so that the pill is not impaired by age. It is the most pleasant and acceptable form for the administration of Phosphorus.

Specify WARNER & CO. when prescribing, and order in bottles of one hundred each when practicable, to avoid the substitution of cheaper and inferior brands.

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WM. R. WARNER & CO., CHEMISTS, PHILADELPHIA.

Messrs. WM. R. WARNER & CO.

NEW YORK, November 11, 1877.

GENTLEMEN.—The Phosphorus Pills submitted to me for chemical analysis and microscopic examination, afford only traces of Phosphoric Acid, and contain the one-twenty-fifth of a grain (gr. 1-25) of the element in each Pill, as expressed upon the label; they do not exhibit particles of undivided Phosphorus, the mass being perfectly homogeneous in composition, soft in consistence and thoroughly protected by the non-porous coating of sugar from the oxidizing influence of the air. Each pill is an example of what skill, care and elegant Pharmacy can do.—I regard them as a marvel of perfection.

Very respectfully,

A. E. McLEAN,

(Late of Edinburgh, Scotland.)

Analytical Chemist and Microscopist,

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# THE CANADA LANCET,

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## Original Communications.

### ELECTRO-THERAPEUTICS.

BY A. M. ROSEBRUGH, M. D.

Surgeon to the Toronto Eye and Ear Dispensary. Read before the Toronto Medical Society, Jan. 13th, 1881.

The history of electro-therapeutics may be divided into *three eras*: the *Era of Franklinic Electricity*; the *Era of Galvanization*, and the *Era of Faradization*. Previous to the discovery of animal electricity by Galvani, and the construction of the pile by Volta, (1791-1800), only *franklinic* or static-electricity was used. From 1800 to 1832 both *franklinic* electricity, and the galvanic current were used; and from the date of the discovery of the induced or secondary current by Farady, in 1831, to the present time, the three forms of electricity, franklinic, galvanic and faradic, have been used, although the *franklinic* or static form of electricity has almost been superseded by the galvanic and the faradic.

Kratzenstein, in 1744, and Jallabert, in 1747, recorded cases of paralysis cured by sparks drawn from a frictional apparatus; and in 1778, Muduyt, in a memoir presented to the Société Royale de Médecine, reports as follows:—"Electricity is a remedy of vast and varied powers; it has a positive and very beneficial influence over nutrition; and it equalizes the circulation, materially affecting the pulse, the perspiration, and the secretions; and is surprisingly efficacious in the treatment not only of paralysis but also of other conditions, such as constipation and œdema."

Aldini, a pupil of Galvani, recommended, in 1804, the use of galvanism in cases of amaurosis, deafness and insanity; and also to produce artificial respiration.

Electro-puncture was discovered in 1825, and was the beginning of the science of Electro-Surgery.

Duchenne, of France, in various publications

between 1847 and 1855, first called the attention of the profession to localized-electrization by means of the faradic current; while Prof. Remak, of Berlin, in 1855, and 1858, called attention to localized electrization by means of the galvanic current.

In 1867, Messrs. Beard and Rockwell, of New York, introduced the system of general electrization by means of the faradic current, and in 1871 a system of general electrization by means of the galvanic current. The former is now called by them "*General Faradization*," and the latter "*Central Galvanization*." Beard and Rockwell may be said to have done for general electrization what Duchenne and Remak did for localized electrization; the latter systematized the methods of localized faradization and localized galvanization, while the former have systematized the methods of general faradization and central galvanization. In general faradization they claim to have discovered a tonic of great and varied efficacy, and therefore indicated in a large range of conditions of debility; and in central galvanization they claim to have discovered a remedy that can be used with the highest success in hysteria, insanity, neurasthenia, gastralgia, dyspepsia and certain diseases of the skin. It is therefore claimed that "the sphere of electro-therapeutics has in a measure, corresponded to, and progressed with the advance in the method of application. Thus, when peripheral applications were chiefly used, the scope of electro-therapeutics, though important was narrow, neuralgia and paralysis being the diseases for which it was mainly employed. On the introduction of localized galvanization of the nerve centres, electricity was found to be most useful for many conditions in which, previously, it had been supposed to be either valueless or contra-indicated. The sphere of electro-therapeutics is by general faradization and central galvanization still further extended to embrace a large variety of conditions and indications which localized applications fulfil either not at all or but very imperfectly."\*

GENERAL FARADIZATION.—The object of general faradization is to bring the whole body, as thoroughly as possible, under the influence of the faradic current. As used by Beard and Rockwell,

\* Medical and Surgical uses of Electricity; Beard and Rockwell, New York, 1878. Page 411.

the negative pole is usually placed at the feet or coccyx and the application made to the surface of the body with the positive pole. Other electro-therapeutists have, however, obtained satisfactory results, by applying the positive pole to the feet or coccyx and making the applications with the negative pole. Although we are indebted to Messrs. Beard and Rockwell for having systematized this method of general electrization, and for their efforts in bringing it under the notice of the medical profession, I find that the faradic current has been used by the laity, as a general tonic, for many years. As used by the latter, I find that the positive pole is almost always placed at the feet or coccyx, and the entire surface of the body is successively brought under the influence of the negative pole. Cases have come under my observation where very decided tonic effects have resulted from this method of general electrization.\* In using the galvanic battery, polar influence, and current direction have an important bearing in electro-medicine and electro-surgery; but, in using the faradic current it seems to me,—at least on theoretical grounds, to be a matter of very little practical importance in which direction the current flows. The faradic current is an induced *to and fro* current, alternating between positive and negative at each interruption of the primary current by the automatic vibrator, and although these alternating currents have unequal strength (the opening induced current being stronger than the closing), it is found that chemical decomposition of a similar character occurs at both poles: iodine for instance appearing at the negative as well as the positive pole when faradic currents pass through a solution of iodide of potassium, hence the terms positive and negative, anode and cathode, cannot have the same significance as where the galvanic battery is used, and where the current always flows in the same direction. In general faradization, Beard and Rockwell usually make the applications with the positive

pole, for the simple reason that the positive pole is less painful than the negative, and consequently a stronger current can be used. For convenience of description, however, I will suppose that in general faradization the negative electrode is always applied either to the coccyx or to some part of the lower extremities, and kept in that position while the application is made with the positive pole.

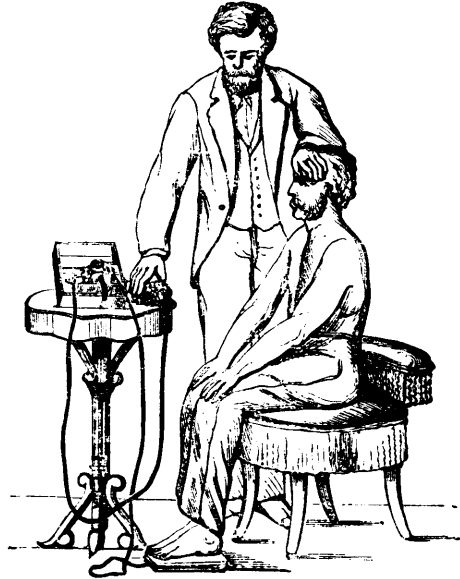


FIG. 1. General Faradization. The hand being used as the positive electrode.

The patient is seated on a stool, as a chair with a back to it is not so convenient. The feet may be placed on a copper plate which forms the negative electrode; it should be wetted with warm water, and during a séance should be kept warm, say with a warmed soap-stone. The clothing of the upper part of the body should be removed or arranged so as not to interfere with the manipulation with the positive electrode; and the room should be kept at a proper temperature. The positive pole is nominally applied to the entire surface of the upper part of the body, but practically, in many cases where the current is simply used as a general tonic, it is found to be sufficient to make the application to the back and side of the neck, and especially between the sixth and seventh vertebra. General tonic effects can be attained without applying the positive pole to either the upper or lower extremities. When the applications are made thoroughly, however, the time is divided somewhat as follows:—To the

\* The explanation of its philosophy by some of these gentlemen is very simple, and doubtless with many patients appears to be quite self-evident. It is as follows: "When the applications are made to the surface with the positive pole the nervous energy is weakened, and the normal electricity (?) is carried out of the body; whereas when the applications are made to the surface with the negative pole (the positive being applied to the feet) the nervous energy is increased, as the positive pole at the feet or coccyx adds to the natural electricity of the body!"

head *one minute*; to the back *three minutes*; to the abdomen *three minutes*; to the upper and lower extremities *four minutes*; and to the neck, sympathetic and cervical spine, *four minutes*.

The forehead is more sensitive to the electric current than any other portion of the surface of the body, and should be treated with a very weak current, and for a very short time. The moistened palm of one hand is first applied to the forehead, and with the other hand connection is very gradually made with the positive pole by gently pressing the moistened sponge electrode connected with the positive pole, which is placed on the table for that purpose. Before making the application to the crown of the head, the hair is wetted, as the latter is a non-conductor. This application is made with the hand also, and a weak current, but slightly stronger than that to the forehead, is used. The back of the head (over the cerebellum) and the upper portion of the spine will usually bear quite strong applications, and the sponge electrode may be used. Over the middle of the spine even stronger currents can be borne. In applying the current to the back, the sponge is passed down the entire length of the spine, and latterly over the liver, kidneys and spleen. The latter application can be made underneath the clothing by means of the long-handed spinal electrode. The stomach and abdomen can be reached by simply slipping up the underclothing. In cases of obstinate constipation, shocks by sudden interruptions of the current are recommended. The stomach and solar plexus may be treated by placing the sponge or palm of the hand below and underneath the sternum and making considerable pressure. Currents of moderate strength are used over the stomach and abdomen, pressure being used to reach the organs of the abdominal cavity and the applications made lightly to produce contractions of the abdominal muscles. The positive pole is not usually applied to the lower extremities, unless there is weakness or paralysis.

According to Beard and Rockwell, there is no single place on the surface of the body where the electrical influence can be communicated to so many important nerves as at the cilio-spinal centre. "If the sponge be pressed firmly over the sixth and seventh cervical vertebræ, and moved slightly on either side of the spine, while a powerful current is passing, the electric influence may be per-

ceptibly communicated, not only to the spine but also to the larynx through the laryngeal nerves; to the stomach through the pneumogastric; to the lungs through the phrenic; to both hands and arms through the brachial plexuses and their branches—in short, to the most important nerves and organs of the body. The sympathetic is also directly affected at this point." \* \* \* "This application is a very important factor in general faradization, and will achieve decided tonic effects on the system, even when no other portion of the body is touched by the current."

The posterior triangle of the neck, just by the posterior border of the sterno-cleido-mastoid muscle, is said to be another important locality in electro-therapeutical anatomy. Firm pressure on this space with the electrode, and using a current of considerable strength, will effect it is said, the brachial plexus, and in some cases the pneumogastric and phrenic nerves also.

In regard to the strength of the current and the length of the applications, it is recommended that the first applications be made with a mild current, and the hand used for the positive electrode. Subsequently, as the patient becomes accustomed to the treatment, the rule is simply 'to make the applications pleasantly painful.'

In carrying out this method of treatment, I have made some modifications of detail which I find advantageous, and which may be of service to others. I dispense with the copper-foot plate and avoid the inconvenience of bareing the feet and keeping them warm during a seance, by applying the negative electrode either to the back part of the leg, the outer side of the thigh, or to the popliteal space. A double cord may be connected with the negative pole and an electrode applied to each of the lower limbs. The electrode may be kept in position by inserting it underneath the stocking, or, when in the popliteal space, by flexing the leg or the thigh. The cylindrical handles that usually accompany the faradic battery answer admirably for this purpose. They are supplied with flannel covers which are wet with warm water or warm salt and water before being used. The soles of the feet, the calf of the leg, and the perineum are not sensitive to the faradic current, and the negative-electrode may be applied to any of these parts as is most convenient.

The continuous coil battery is used, and when

the positive electrode is applied to the head the connecting cord is attached to the A post, and the connecting cord of the negative-electrode is, at first, attached to the B post, with the switch (Sw.) turned to the inner or weaker post (Wk.) and the sheath (Sh.) pushed in.\* Without changing the posts, this weak current may be increased in strength by moving the switch to the outer post (St.) and withdrawing the sheath. If the current

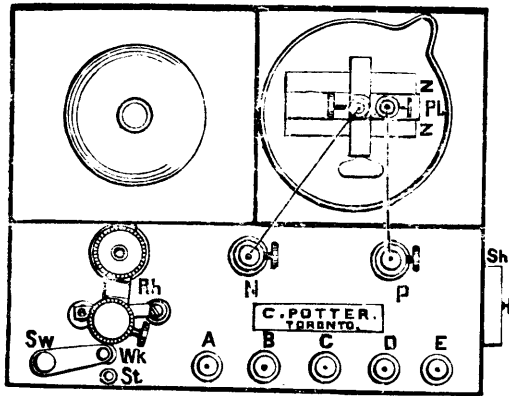


FIG. 2. Diagram of continuous coil faradic machine. Z. Z. Pl. Single battery cell. P. N. Poles of primary wire. Rh. Vibrating rheotome. Sw. Switch for tapping primary and intermediate coils. A. B. C. D. E. Posts for tapping continuous coil. Sh. Soft iron sheath for covering induction coil.

A. B. *strong* is well borne, the switch is turned and the sheath pushed in; the negative cord is removed from B and connected with C, and the current A. C. *weak* gradually increased to A. C. *strong*. After a first or second application A. C. *strong* may be applied to the forehead as well as to the crown of the head. This current may also be applied to the side of the neck. To the back of the neck and to the abdomen A C may gradually be increased to A D; and to the entire length of the spine A D may be increased to A E.

In treating a sensitive patient for the first time, the application of the positive pole is confined to the back of the neck, and the hand used as the electrode. As tolerance is established, the application is extended to other parts and the strength of current very gradually increased.

In regard to the frequency of the applications in general faradization, it is recommended in most

\* Beard and Rockwell state that they find from experience that the continuous coil faradic battery is the best for general faradization, and the separate coil battery best for anaesthesia.

cases to make the applications about three times a week, and to persist in the treatment for several weeks. Beard and Rockwell, in comparing the history of all their cases, find that the average number of applications administered to each successful case, is about 15 to 25, and the length of time over which the treatment extended was 4 to 8 weeks.

The special effects claimed for general faradization may be summarized as follows: It relieves pain and local or general weariness, and in many cases exhilaration is experienced after each séance. It equalizes the circulation and improves the temperature of the extremities. Its permanent or tonic effect is seen in improvement in the sleep,—increase of appetite and improvement in digestion,—regulation of the bowels,—relief of nervousness and mental depression,—increase in the size and hardness of the muscles, and an increased disposition and capacity for physical and mental labor.

It is admitted, however, concerning these permanent tonic effects, that they are not uniform, and, strangely enough, general faradization is said to be usually contra-indicated in those cases and for those temperaments that will not bear any of the internal tonics.

General faradization is indicated, according to Beard and Rockwell, *first* in those diseases that are dependent on or associated with impairment of nutrition and general debility of the vital functions, such as nervous dyspepsia, neurasthenia, anaemia, hysteria, hypochondriasis, paralysis and neuralgia of a constitutional origin, rheumatism and other toxic diseases, some forms of chorea, and oftentimes in functional disorders of the genital, digestive and other special organs, and *second*, in the morbid symptoms dependent on some local cause which cannot be satisfactorily diagnosticated.

In regard to the *rationale*, it is claimed that general faradization is a stimulating, sedative tonic, and that the powerful tonic effects are largely due to the passive exercise and consequent oxidation that result from the numerous contractions that take place during the applications, and that these contractions affect not only the muscles, but also the contractile fibre cells,—thus stimulating the circulation and with it the processes of waste and repair.

General faradization seems to have met with

intelligent and appreciative consideration from its first introduction, and especially by the profession in the United States; in Germany it was received with much interest and appreciation, and has received the endorsement of Prof. Erb of Heidelberg. Dr. R. Vater Von Artens of the University of Prague and Benedict of Vienna.

My own experience with this method of general electrization is necessarily limited. I have made use of it, with benefit, in some cases of hysteria and debility of the vital powers associated with eye-disease, and recently in a case of posterior spinal sclerosis associated with paralysis of the optic nerves.

**CENTRAL GALVANIZATION.**—The object of central galvanization is to bring the whole central nervous system under the influence of the galvanic current at one sitting. One pole, usually the negative, is applied to the epigastrium or sternum, and kept in that region, while the other is applied over the head, neck and spine.

Since the time of Remak, electro-therapeutists have applied the galvanic current to the head, neck and spine, but only in the form of localized electrization. Beard and Rockwell, however, claim for central galvanization a distinct and separate position among the different methods of using electricity, and claim that although sedative and tonic effects are produced by localized galvanization of the nerve centres, they are inferior in quality and degree to those derived from central galvanization, and that this conclusion is derived from actual trial and observation of cases.

In the method of central galvanization, it is assumed, *first*, "that the nutrition of the central nervous system will be improved by passing through it a mild galvanic current." That the constant current so used is "something more than a stimulant,—it is a *tonic* with a powerful *sedative* influence." *Second*, that in the majority of cases for which central galvanization is used, the nerves are in a condition of abnormal irritability, and need the calming effect of *anlectrotonus*, hence the pole is applied to the head, neck and spine. *Third*, "that in a very large number of diseases, and especially of the so-called functional diseases, the pathology is not exclusively confined to the brain, or sympathetic, or spinal cord, but the whole central nervous system is invaded by a condition of exhaustion and irritability." That

this is true, "not only of hysteria, chorea, and of many affections allied to them, but of certain states of neuralgia, and a number of diseases of the skin." *Fourth*, "that a large proportion of the most frequent and distressing chronic diseases, as hysteria, hypochondria, neurasthenia, chorea, epilepsy, nervous dyspepsia, neuralgia, and many forms of insanity, are so obscure and subtle in their pathology that it is impossible to discover the precise seat of the disease in any given case, even where some local pathological condition may exhibit, and consequently we can never know just where the current should be localized," hence localized electrization would probably fail to meet the requirements of the case. Central galvanization requires some familiarity with the construction and management of the galvanic battery, and much greater skill and care than is required in general faradization. The galvanic current is a potent agent for good or for evil and it must be used with caution. Sudden interruptions of the current are to be avoided; and it must not be forgotten that the sudden opening of the circuit, either by the abrupt removal of an electrode or otherwise, causes as great a shock to the nervous system as the sudden closing of the circuit.

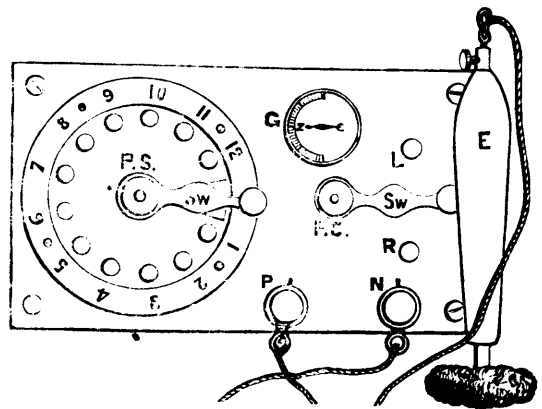


FIG. 4. A twelve-celled Bartlett battery. P. S. Current selector. Sw. Switch. P. C. Pole-changer. Sw. Switch of pole-changer. R. Positive. L. Negative. P. N. Screw posts for electrodes. (P. Positive. N. Negative.) E. Sponge electrode, with wooden handle.

Any battery that gives a uniform current, and is provided with an arrangement for gradually increasing and decreasing the number of cells in circuit without breaking the current, will answer for central galvanization. The stationary battery, the cabinet battery and the portable battery, can all be used for this purpose. The two former give



the most uniform current, but the latter is by far the most convenient, and is, in fact, the only practical one for general practitioners. The battery that I am most familiar with, is the portable Bartlett battery. I find it quite convenient, and sufficiently effectual. The switch of the current selector (P. S.) is made sufficiently wide to cover two points, and a spring keeps the two in contact; by this contrivance the number of cells in circuit may be increased or diminished without breaking the circuit, and a rheostat may be dispensed with. When the switch of the pole changer (P. C.) is turned forward (to R.) P. is the positive pole and N. the negative. When the switch is turned to L. the poles are reversed. The covers of the electrode-connecting-cords should be distinguished by different colours; the same colour should always be connected with the same pole, and the pole-changer should always be turned to R. Small rubber tubing makes a very durable covering for the connecting wires. In the absence of a spinal electrode, one may be extemporized by attaching a large flat electrode to a strong copper wire, half a yard in length, and covered by rubber tubing, or kerite—covered wire may be used. In central galvanization I make use of three electrodes; a flat electrode, four



FIG. 3. Central Galvanization. Second position of the positive electrode.

inches in diameter without a handle, for the stomach or sternum, (to be inserted beneath the

under garments), a spinal electrode with a strong insulated wire handle, and a smaller electrode with a handle for the head and neck.

The negative pole being applied over the solar plexus the positive is placed at the top of the head and the strength of current increased from 0 to 6 or 8 cells, or until a sour or metallic taste is perceived in the mouth. The full strength from the 6 or 8 cells is allowed to flow for about one minute when the strength is reduced to 0. The cranial centre must be well wetted previous to this application. A current of similar strength is sometimes applied to the forehead also. The positive electrode is next applied to the mastoid process, and the strength of current gradually increased to 8 or 10 cells; the electrode is then passed down the inner border of the sterno-cleido-mastoid muscle, say of the right side, from the ear to the clavicle, for the purpose of affecting the pneumogastric and sympathetic. Without removing the electrode the current may be applied to the opposite side by passing the electrode across the sternum and up the border of the sterno-cleido-mastoid to the auriculo-maxillary fossa of the left side, and giving two or three minutes to each. The electrode is now moved backwards to the cervical spine and allowed to rest over the region of the cilio-spinal centre for about two minutes with the strength of the current increased to 15 or 20 cells. The séance is ended by giving about five minutes to the galvanization of the spine, the electrode being passed up and down its entire length. If the patient is bald, or the hair thin and well wetted, the current may be applied all over the upper part of the head, and the entire séance may be conducted without removing the electrode or breaking the current. These manipulations are, however, more or less interrupted or interfered with by the dress of the patient. But when flat adjustable electrodes are used the dress is not much interfered with, as they can be passed beneath the clothing. The spinal electrode is flat, and is provided with a long handle. The flat electrodes are metallic, and are provided with flannel covers which can be easily removed, washed, and replaced.

In comparing central galvanization with general faradization, Beard and Rockwell claim most important differences. In general faradization,

although the application is made over the entire trunk and to the central nervous system, special attention is given to the muscles of the abdomen and extremities. In central galvanization 'the chief aim is to affect the central nervous system,' whereas in general faradization 'the chief aim is to affect the muscular system,' although both the central and the peripheral nervous system are affected by the latter. Hence, in cases where great muscular debility is the leading system, the faradic current is primarily indicated; and in cases where nervous exhaustion is the leading symptom, central galvanization is more especially indicated. In many cases, however, it is found that the best results are secured by alternating or combining the two methods.

It is claimed, moreover, that there are cases not a few, 'where all forms of faradization, and where local galvanization of the nerve-centres irritates rather than benefits, but in which, under the method of central galvanization, there is sure and constant improvement.'

It has been objected to this method of electrization, that all forms of galvanization of the nerve-centres are dangerous. Dr. Althaus states that he has applied the galvanic current experimentally to the head and neck, and that unpleasant results had followed these experiments. Dr. Anstie says that the cervical sympathetic should be galvanized with very great caution, or not at all; and Dr. Brown-Séguard reports having tried to galvanize the cervical sympathetic of a friend in 1855 for violent headache, but the galvanic current produced a dangerous syncope.

It is stated in reply that all potent remedies are dangerous when used dangerously; that nothing is easier than to produce these symptoms in susceptible patients, 'provided strong currents are used or interruptions are allowed, or the applications are prolonged;' but that when the treatment is commenced with very mild currents and great pains taken to avoid breaking the circuit, the most sensitive and delicate patients can bear and be profited by the treatment.

NOTE—Since this article was in type, the 3rd edition of Beard & Rockwell's work on medical and surgical electricity has been issued, in which I am pleased to observe a respectful reference to the writings of Dr. Poole of Lindsay on his theory of the action of electricity. In the preface (written by Dr. Rockwell,) occurs the following:—"In regard to the theory of Dr. Thomas W. Poole, of Lindsay, Canada, that electricity is essentially a paralyzing agent, and that its sedative and tonic effects are due to its paralyzing power, this may be said: That, granting for a moment the full claim, it yet remains, that practically, we do obtain from the use of electricity sedative and tonic effects similar to those which we obtain from a vast number of remedial agencies. Allowing that these effects are resultants of a paralyzing influence it is none the less justifiable, on scientific and practical grounds, to use the terms sedative and tonic."

(To be continued.)

## SUBCUTANEOUS INJECTIONS OF ERGOTINE, IN MYOMATOUS FIBROMAS, AND CHRONIC HYPERTROPHY OF THE UTERUS.

*Translated from L'Union Médicale du Canada,*

BY THOS. R. DUPUIS, M.D., KINGSTON, ONT.

In four women who were affected with interstitial fibromas in the body of the uterus, a diminution in the size of the tumor, and an arrest of the metrorrhagia was obtained by this means. In the case of two fibromas the size of a chestnut, situated in the neck of the uterus, the results obtained were not such as could be desired. In six sub-peritoneal tumors, varying in size from that of a chestnut to that of a gravid uterus, no essential amelioration resulted from the injections; their volume remained the same, although the hemorrhages were somewhat less frequent. In hypertrophy of the uterus without any complication, the ergotine was successfully employed fourteen times. In hypertrophy resulting from failure of the uterus to return to its original condition after parturition, or more particularly after abortion, it has shown itself especially serviceable. In uterine infarctions, and in cases of membranous dysmenorrhœa its use has produced equally good results.

The author, after numerous trials, has come to prefer the preparation of Werniet, employed with the necessary precautions. In the majority of the cases referred to above, the injection was followed by a very prompt amelioration of the symptoms. Several of the patients became pregnant before the termination of the treatment; amongst the rest the improvement obtained, continued. Three of the patients—one having a fibroid, and the other two chronic metritis—found it necessary to have recourse to treatment again at the expiration of about a year and a half. Two women who had been thus treated died a length of time after the last injection. In one of the cases the fibroma was found to be surrounded by a calcareous shell (*coque calcaire*) in which were included also, the large vessels of the vicinity. In the other case, it was included in a network of connective tissue in which were apparent fine muscular fibres, some in a state of fatty degeneration, and in several places others in a state of calcareous degeneration. The author is of opinion that, during life, there was a marked ischæmia of the morbid products.

He concludes that when there is no improvement perceptible after the first few injections of ergotine, recourse should be had to some other system of medication. (*Archiv für Gynäkologie, Bulletin Général de Thérapeutique Médicale et Chirurgicale,*) etc.

### OSTEO-PLASTIC OPERATIONS.—PIROGOFF.

BY DR. ALEXANDRE TAUBER, ASSISTANT PROFESSOR  
IN THE UNIVERSITY OF VARSOVIA.

(Translated from the *Progrès Medical*, by C. W. COVERTON, M.D., M.R.C.S.E., Toronto).

We desire to draw the attention of French surgeons to an operation which, performed frequently in Russia, Germany and England, nevertheless has but little repute in France. If a few surgeons, notably M. M. E. Bœkel of Strasbourg, and Leon Le Fort of Paris, practise this amputation of Pirogoff, the great majority of operators abstain from performing it, and some even whose opinions are held as authoritative, criticize it. Accustomed as we have been to see it extolled and utilized with advantage in our country, it is not without some surprise—let it be said without the least appearance of criticism—that during the four months we have devoted to attendance on the surgical clinics of Paris, the practice of the hospitals, and the amphitheatres of demonstration, we have not seen it utilized on the living and scarcely even demonstrated on the dead subject.

The advantages, however, of this operation are incontestable, and seem to us well calculated to have attracted for it a greater amount of favor from French operators. Attached as military surgeons to the Russian ambulances during the last Russo-Turkish war, we were able to observe a large number of wounded with rifle balls in the foot or extensive frost-bites. These last were of especial frequency when our troops were shut up in the passes of the Balkan, of Chipka and of Arapkank. Under these circumstances, our colleagues practised very frequently the osteo-plastic amputation of the ankle, I having performed it eight times. The Russian military surgeons were not the only ones to practise it, and at the time of a visit that we made in January, 1878, to the Turk-

ish hospital of Kazanlik, they showed us four amputations by the process of Pirogoff. At the end of the campaign, in our visits to the hospitals of Nicolaieff, Odessa, Karkoff, Moscow, and St. Petersburg, we also saw a number of wounded who had undergone amputation of the foot by different methods, and in particular by that of Pirogoff.

After the war, in a paper published in the Russian "Military Medical Journal," entitled, "On the Artificial Lengthening of the Extremities," May and June, 1878, and in other writings, we drew the attention of our colleagues to the importance of utilizing the materials of the war for a comparative study of the different classic methods of amputation of the foot. Since then several Russian and foreign journals have published a large number of observations of amputation of the foot by the different methods, and in particular by that of Pirogoff.

As it will be perceived, the materials furnished by the last war on this operation are of sufficient importance for claiming a deep and extended study, and we purpose undertaking it soon, and making it known to our French colleagues. For the present we content ourselves with relating concisely our eight personal observations. We curtail from our description all useless detail and insist only on the points important to be remembered. It is not without importance to note first, that during this war we found ourselves habitually in such conditions that we could not follow the patients operated upon. It was thus that those of Chipka (August, 1877), re-united at Gabroff, Tirnoff, Sistoff, were at first kept for several weeks in our hospitals. When their convalescence was established, we had them transported to the nearest hospital, where they received the care of our colleagues, who kept us informed of the result of our operations. They waited until the cure of these wounded was established, to distribute them over Russia. Those of Plevna remained for more than three months, receiving treatment at our Provisional Hospital in Bagotte, and there we were enabled to make autopsies on those who had succumbed after operations. In eight cases, five times we practised operations by Pirogoff's procedure, and three times by that of M. Le Fort. Three operated on succumbed; one of these last had been operated on by Pirogoff's plan, the remaining two by that of M. Le Fort. We should

think it unjust to consider the method of the French surgeon as having furnished a greater mortality than that of Pirogoff, the three patients operated on having succumbed to purulent infection. Three of the five remaining wounded were again seen by us a long time after the operations. One had been operated on by the method of Le Fort.

*Observation I.*—Soldier of 22 years of age, wounded the 9th of August, at Chipka. Transported to Divisional Hospital No. 14, three days after having received the injury. A ball of large calibre, after having shattered the astragalus, had penetrated the tibio-tarsal articulation without making an aperture of exit. Impossible to find the foreign body; articular suppurating abundant. Fourteen days after the wound, the inflammatory symptoms persisting, we persuaded the man to submit to an operation. We then opened freely the tibio-tarsal articulation. The astragalus was badly fractured; the calcaneum equally injured, presented itself in the aspect of a pulpy mass. The articular surfaces of the astragalus and cuboid were in some places entirely destroyed. In the rest of their extent they presented a red color, resembling acute inflammation of cartilage. Osteo-plastic amputation of the ankle by Pirogoff's method resolved upon. Curvilinear dorsal incision, heel flap bounded by a stirrup-shaped incision commencing half an inch in front of the inner malleolus and ending at the external malleolus, vertical section of the calcaneum. We preserve the largest part of this bone. The section made, fearing to leave in the heel flap a suspicious part of the bone, we scraped off by the aid of a curette all the spongy part of the retained bone. There remained then only in the flap the posterior tuberosity of the os calcis, and a part of the periosteum. The tibia and fibula were then sawn horizontally above the malleoli, after having taken care to separate them from their periosteum. A large drainage tube placed in the posterior angle of the wound; union of the calcaneo-tibial surfaces by means of thick catgut suture; silk sutures in the cutaneous wound. Wound left open and carefully disinfected several times a day with a solution of phenic acid. Heel supported with folded gauze, kept in position by a few turns of bandage. In this way the see-saw motion that the weight of the heel would have given to the stump was avoided,

which would have compromised success of union by first intention of the skin.

Everything went on well. The fifth day after the operation all the cutaneous sutures were removed and union of the skin by first intention was ascertained. The eighth day, application of a plaster bandage, pierced with holes, through which the extremities of the drain penetrated. At this period the patient had to undergo the fatigue of a transportation of 50 kilometres—from Gabroff to Tirnoff, through a very mountainous country. During the journey the patient was placed in a litter furnished with springs. We are unaware of the length of time he remained in the hospital at Tirnoff; but seven months afterwards, in March, 1878, making the passage in a steamboat from Odessa to Nicolaieff, the wounded man recognized us and showed his foot. He not only walked easily without a stick, but even ran on the deck of the boat, showing his companions that he was able to outrun a soldier unmaimed. The heel was shod with a leather stocking having in the interior a soft cushion. In examining the stump we had difficulty in believing in so perfect a welding of the bones. It was regularly rounded and its inferior surface covered with a hardened skin. The cutaneous cicatrix, linear and rose colored, corresponded with its antero-posterior part. The heel had no disposition to incline backwards and there was no pain in walking. We think it well to remark here, that in our osteo-plastic operations we leave always untouched—not only the tendo-achilles, but that we take care not to open the serous retro-calcanean bursa situated in front of this tendon.

*Observation II.*—Jean Fedorenko, wounded by a ball on the 18th of July, 1877, below Plevna; transported to the provincial military ambulance No. 50, at Sistoff. The form of this wound resembled much the preceding one, but this patient had only the astragalus shattered. The calcaneum did not appear to us to have been touched by the projectile. The course of the wound was from before backward. Near the aperture of exit, the sheath of the tendo-achilles had been wounded, the lesion equalled the breadth of three fingers from the tendinous insertion.

The Pirogoff incision. In this case we sawed with a narrow saw, the calcaneum, very obliquely from behind forward and from above downwards,

from the border of the posterior astragalo-calcanean surface to the cuboid surface. The two malleoli were equally sawn obliquely, but in the contrary direction—from before backwards. The coaptation was equal and perfect; we maintained it by the aid of an osseous suture of catgut. From the commencement the patient did not progress well. He had fever; sometimes the temperature went up as high as 40° Cent. (104° F.). It was necessary several times to make incisions to give exit to purulent collections in the posterior part of the limb situated in the direction of the flexor muscles. Later on, immobilization by means of a fixed apparatus plastered from the stump and legs as high as the knee, frequent washings of the wound with a solution of phenic acid through apertures in the apparatus, brought about a sensible amelioration of his condition. The 13th of October, the 41st day after the operation, we had to leave Sistoff and our patient. The cutaneous wound had cicatrized by the second intention. The angles of the wound were still occupied by drains, which gave issue to a thick yellow laudable pus. The wounds resulting from incisions into the purulent collections in the limb had granulated and were in process of cicatrization. The calcaneum appeared to be completely welded with the corresponding surface of the tibia. Lateral and antero-posterior pressure gave no motion and occasioned the patient no pain. In April, 1878, (seven months after the operation) we received a letter from one of our colleagues at Kremenchug, informing us that Jean Fedorenko was completely cured and that he walked very well.

*Observation III.*—An artilleryman wounded by the explosion of a grenade which struck his left foot, was transported to the hospital at Sistoff. His foot was completely crushed; the tibio-tarsal articulation was intact, but the soft parts and the anterior part of the bones of the foot as far as Chopart's line were badly ground up. In this case we thought it best to perform an osteo-plastic amputation of the limb. The same operative procedure as in the first case and same treatment as in the preceding cases. Heel supported by the aid of a few turns of bandage, and rigorous disinfection of the wound, left nearly open. Three days after the operation, the grafted flap of the heel became black. The gangrene which appeared at first near the borders of the wound, spread rapidly over the

leg. We immediately removed the sutures, but without any result. Patient died from septicemia. The cause of the gangrene was sought in vain at the autopsy. The posterior tibial artery had not been injured. During the operation, we had noticed it pulsating in a distinct manner near to the internal malleolus. The calcanean flap could not have exercised pressure on the posterior part of the flap, as it had been very easy to pull it down. We consider then that septicemia may be viewed as the sole cause of the gangrene of the flap; the circumstance confirming this opinion was that the same ward contained another patient, on whom we had made re-section of the knee after the plan of Moreau, who did well for ten days following the operation, after that time gangrene of the skin displayed itself above the patella, spread upwards to the thigh and produced a general infection of the organism.

*Observation IV.*—In the month of August, 1877, arrived in the military ambulance there, a soldier in whom a ball had traversed the right tibio-tarsal articulation from without inwards and broken the two malleoli. At our first examination we were able to determine purulent arthritis of the wounded articulation, a lesion of the calcaneo-astragaloid and calcaneo-cuboid articulations. The wounded man had a great deal of fever. We immediately drained the whole tibio-tarsal and tarso-metatarsal articulations, removed the splinters and simplified the wound. This intervention brought about no result. Fearing then that our patient might succumb to pyæmia, we decided on practising re-section. After having made two lateral incisions, following the axes of the malleoli, we introduced the finger into the articulation. The astragalus was completely separated from its attachment to the neighboring bones. We then abandoned the idea of re-section, to have recourse to the osteo-plastic amputation. In fact, contrary to the opinion of Hueter, who admits that the ablation of the astragalus does not constitute a contra-indication to re-section, the experience of the Servian war of 1876 has demonstrated to us, that in these cases we obtain occasionally a swinging articulation, which renders the foot inapt in its functions. To perform this operation, with the result doubtful, and to expose our wounded patient (already exhausted) to a suppuration of long duration, seemed to us much less rational than to practise the osteo-

plastic amputation. We therefore decided for the latter operation. The dissection of our dorsal curvilinear flap discovered to us an alteration of the bones of the limb above the base of the malleoli. The tibia and fibula were sawn two inches above these projections and very horizontally. The calcaneum was afterwards cut from behind forward, and horizontally, as recommended by Professor Le Fort. The course from behind forwards, of the narrow bladed saw of Langenbeck, appearing to us difficult and liable to the danger of wounding the tendon and soft parts of the heel, we considered it best to abandon that part of the procedure. The astragalus extirpated, an assistant laid hold of the calcaneum with re-secting pincers, and with a chain-saw we detached the superior surface of the os calcis as far as the cuboid. To terminate the operation, a flap of sufficient length was cut on the heel. In this way the sawn surface of the bones of the leg was about twice less extended than the corresponding surface of the calcaneum. We could not therefore fix the bones by suture as well as in the preceding cases. A large drainage tube was placed in the wound and we re-united the lips of the calcaneous section. The case proceeded badly. Soon the superficial sutures fell out. Pus in abundance was interposed between the bones and prevented their rapid union. It was necessary to employ straps of diachylon to sustain the calcaneum, and to maintain in contact the lips of the wound. Towards the end of the fifth week after the operation we were obliged to leave our patient, whom we left in the following condition:—The borders of the calcaneous wound were covered with healthy granulations; at the angles of the wound where the drainage tubes were situated, escaped a great quantity of thick and well-formed pus. The calcaneum was not soldered to the bones of the leg, on which it lay mobile. Concerning the general condition of the patient, it was satisfactory. Six months after the operation, we were enabled to examine the patient at the provisional military ambulance at Nicolaieff. He told us that the wound had suppurated for two months. A circumstance that struck us, was that he did not use the right leg, but walked on crutches. This limb was flexed on the thigh; when he attempted to place his weight on the right foot, he experienced pains in the cicatrix, lost his equilibrium and fell. An attentive examination revealed

to us that the extremity of the tibia was grafted with the anterior extremity of the calcaneum, and that the posterior part of the latter bone see-sawed above, forcing the patient to rest only on the angles and inferior border of the bone. The right leg was eight centimetres shorter than the left. In the ambulance they had attempted to apply a protective apparatus, but the patient preferred assisting himself with crutches.

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### THE VOMITING OF PREGNANCY.

BY R. W. BRUCE SMITH, M.D., SPARTA, ONT.

I have been induced after careful consideration to communicate from my case book a brief history of the treatment of a few cases of obstinate vomiting in pregnancy which came under my notice during the past year. I have arrived at this conclusion, not from any opinion of my own, that the treatment pursued was in any way novel, but rather to give my own limited experience in the use of a remedy which I have found most superior in relieving the distressing nausea and vomiting so common to the pregnant.

On March 25th, I was called to see a lady twenty nine years of age, multipara, who had early that morning arrived in St. Thomas from some part of Michigan, and had only reached her destination when vomiting of a most obstinate character set in, and for about eight hours the nausea and vomiting continued almost incessantly. I found her about three months advanced in pregnancy, and at that time greatly debilitated on account of the violent retching which had lasted several hours. From the brief history of the case which I could gather, I learned that in her previous pregnancies, two in number, she had been greatly affected, and had resorted for relief to several physicians in the place where she had resided. In the first pregnancy she obtained relief and had recovered and gone the full term, the nausea and vomiting being relieved by some bitter tonic, likely calumba or quassia, which deservedly, I believe, have a fair reputation in the treatment of such cases. But in the second pregnancy, it had been found necessary to produce premature labor before relief could be obtained. I saw at once from the state in which I found the patient that I might, perhaps, have to resort to a similiar mode

of procedure. I determined, however, to use every effort to prevent the necessity of premature delivery, and resorted to medicines which have been highly extolled by good authorities. I prescribed

R Cerii Oxalas . . . . . grs. viii.  
Bismuthi Trisnitas . . . . . grs. xx. M.

Div. in Chart 3.

Sig.—One powder to be taken every two hours.

I called again in about five hours and found the patient sleeping soundly. I was called in again next morning about 10 o'clock and found her condition no better than on the previous day, but persisted in the administration of the same medicine, although the benefit could scarcely be seen. In two hours, changed the treatment and prescribed a drop of the wine of Ipecacuanha in a teaspoonful of water every hour. Called again about 3 p.m., and was pleasingly surprised to find that the change was something wonderful. The retchings and vomiting had entirely ceased and that evening she was able to partake of nourishment and continued to improve. She afterwards informed me that on the third day there was a slight return of the nausea, but one dose of the medicine was all that was necessary. This woman continued to the end of her term without any return of the sickness from which she had suffered so much.

In the second case, there was much of a repetition of that just related, with the exception that the symptoms were not quite so severe, and being a primipara there was no history of such sickness before. She had tried many domestic remedies for relief, but the symptoms continued and were only relieved by vinum Ipecac in the same doses as in the former case. I have by me the notes of two other cases coming under my notice where this remedy produced the desired effect almost immediately.

My own experience has, perhaps, not been sufficiently protracted to enable me to cite very many cases in which I have proved the efficacy of this treatment. But I have gleaned sufficient from my knowledge of these cases, to come to the conclusion that the wine of Ipecacuanha in very small doses has a surprising effect in the treatment of the vomiting in pregnancy. I have not arrived at this conclusion without the greatest scepticism,

but after repeated successes, I am lead to believe much benefit may be derived from the use of the drug mentioned when administered in the manner before stated.

#### METHODS OF HARDENING MATERIAL FOR MICROSCOPIC SECTIONS.

BY C. SHEARD, M. B. M. R. C. S., ENG.—TORONTO.

Lecturer on Microscopy in Trinity Medical School, Toronto.

It is the object of the present paper only to point out briefly, a few hints which may be serviceable in the manipulations and preservation of morbid growths in connection with their microscopical examination, in order to determine correctly their histology. I may at the outset remark, that it is impossible to make a proper microscopical examination of any tissue or organ which has not been submitted to a proper process of hardening, and that this process usually requires from *eight to ten* days, according to the nature of the tissue and the character of the reagents used. I deem this remark necessary, inasmuch as I frequently have had very excellent medical practitioners leave me growths or large tumours to examine microscopically, and call next day for the results. I will consider the best means for hardening the various growths according to their positions, or the tissues with which they are connected, taking up firstly—

*Morbid conditions of the skin*, including growths from subcutaneous tissue which invade the rete Malpighii, Epithelioma, &c., of skin. For these growths I find the best fluid for general use is methylated spirit. Dilute spirit in the proportion of two parts spirit, to one part water being employed for the first three days, and then the fluid changed and ordinary methylated spirit substituted. When I say the tumour is to be placed in spirit, I do not mean that a large mass of epitheliomatous cancer is to be simply thrown into spirit and left there for a week, but that the growth must be first cut into pieces about one inch square and these placed in the spirit—this is to allow the fluid to permeate all parts of the tissue, and thus preserve them in an *equal* degree of freshness; this is an important step, and one usually forgotten. I remember on one occasion having had sent to me by Dr. Hugh-

lings Jackson, an adult human brain, where death had taken place during an attack of chorea—the object being that the corpora striata and optic thalami might be searched for embolism. The brain was preserved entire in spirit, the result of the preservation being that the central parts were all rotten, and hence a very valuable specimen lost. If a small portion only of a tumour is kept for examination, take a fair piece, not merely a thin slice from the surface or bottom, but a portion about three-fourths of an inch in thickness, extending from the peripheral part of the growth to the centre so that the histological condition of the various parts of the growth may be studied, and also its method and area of invasion. In many cases such a portion is absolutely necessary in order to thoroughly make out the character of the growth—for example—in an epithelial cancer, if the peripheral part only were submitted to microscopical examination this might be only a chronically inflamed area, and we might conclude that the growth was an innocent one.

For very hard subcutaneous growths, such as scirrhus tumours of the breast, and chronic inflammatory masses, where we wish to study the relations of the rete Malpighii to the growth, I prefer a very dilute solution of chromic acid, say one-sixth or one-tenth per cent. in water, as this causes less shrinkage than the methylated spirit, and renders the sections less brittle, and also does not interfere with their staining, since a section which has shrunk under the action of spirit will not take staining fluid nearly so well as one in which the shrinkage is not so great.

For pathological changes in the alimentary canal, I prefer a mixture like the following:—One part chromic acid solution, one-sixth %, two parts methylated spirit, and one part water. The material should be left in this fluid for five or six days, the fluid being changed occasionally in the mean time.

For pathological changes in the liver, I prefer a solution of chromic acid, one-sixth %, and the material may remain in the solution for six or eight days.

For pathological changes in the kidney, I use a 5% solution of mono-chromate of ammonium, and leave my material in solution for eight or ten days. I find this reagent most effectual where it is desirable to study, especially the relations of the

tubules and any pathological changes in connection with them. For vascular changes, and for amyloid changes, I prefer Müller's fluid, the composition of which is potassium chromate two parts, sodium sulphate one part, water two parts.

For showing pathological changes in connection with the brain and spinal cord, I think the best hardening fluids are either a 2% solution of potassium bichromate or ammonium bichromate, the material in these requiring usually from a week to ten days.

After taking any material from a hardening fluid, it is generally necessary to leave it for an hour or two in clean water, and when chromic acid or chromates have been employed, it may be necessary to leave it even six or eight hours in water, until it is washed pretty free from the yellow colour which is imparted to it from the chromic acid, as the presence of the latter interferes with the action of most staining fluids. After the material has been thus washed, some of the best pieces may be selected and placed in absolute alcohol for ten or fifteen minutes, and imbedded in blocks of imbedding mixture. For imbedding, I use an equal mixture of white wax and olive oil. Of imbedding mixtures there are any number, and there are unfortunately too many microscopists who pride themselves in having a special imbedding mess for almost every tissue and organ of the body; such microscopists have, as a rule, little knowledge apart from imbedding, and I hold the exceptions are rare indeed where one good imbedding mixture cannot be made suitable on all occasions, and any one is good which is neither too brittle nor too soft, and is easily cut with a sharp razor. The above mixture certainly has the advantage of being a cheap one. These notes, I think, if attended to, will be found to give satisfactory results in preparing specimens from tissues which have undergone ordinary pathological changes, and I trust they may be of service to any of your readers who are now endeavouring to confirm their diagnoses by the use of the microscope.

CHLOROFORM COUGH MIXTURE.—This is prepared as follows:

R Morphia acet. . . . .	gr. iij
Tinct. belladonnæ . . . . .	ʒ ij
Spts. chloroformi . . . . .	ʒ vi
Syr. senegæ . . . . .	ʒ j
Syr. pruni virg. ad . . . . .	ʒ iv

Dose, one teaspoonful three times per day.



### Correspondence.

#### ONTARIO COUNCIL MATRICULATION.

To the Editor of the CANADA LANCET.

SIR,—There can be, I think, little doubt that the Medical Council intended to prescribe for Matriculation, as your recent editorial in the LANCET states, the Intermediate Examination with *Latin* as a compulsory subject. Ordinary Intermediate candidates are all obliged to pass in the nine subjects composing Groups I., II. and III. ; but they are allowed to exercise an option as to what additional subject or subjects they may take. They may choose Group IV., comprising Natural Philosophy, Chemistry and Book-keeping—or Latin, French or German.

As I understand the intention of the Medical Council, it was designed to make the choice for the candidate, instead of allowing him to make that choice himself. But, as the Regulation at present stands, it compels him not only to take the compulsory subjects of the Intermediate Examination, but also two of the optional subjects, viz. : those of Group IV. and Latin, and in addition to this—one of the other two optional subjects—French or German. It is out of the question to expect that the great majority of High Schools can, under such circumstances, undertake to prepare candidates for the examination prescribed. The Intermediate classes in these schools are so arranged that instruction in the optional subjects is to a great extent simultaneous. While one portion of the class, we will say, is engaged with a Latin lesson, those who do not take Latin may be occupied with Natural Philosophy, while still another division may be under the charge of another master studying German or French. It would be too much to expect, that for the sake of one or two pupils who, by such an extraordinary Regulation as that under consideration as it now stands, are compelled to take three out of the four optional subjects, the entire arrangements of any High School should be completely disturbed. In fact, in most schools, it would be a simple impossibility to accomplish the work. The task of arranging a practicable Time-table is, at best, a difficult one ; but if pupils are to be prepared for such a test as the present Regulation prescribes, the most efficient and experienced organizers would shrink from attempting it.

It is very greatly to be desired that the Medical Council should, either through its Educational Committee, or in some other manner, without one day's unnecessary delay, declare what is the real meaning and design of the Regulation. If it is, as the Editor of the LANCET and most of those who have given the subject any attention suppose, there will be no difficulty in candidates being prepared in our High Schools, and the Council may be perfectly satisfied with the rigor of the examination. But if, on the other hand, the latter part of the Regulation specifying in detail the subjects of examination conveys the true interpretation, it will be necessary for candidates to qualify themselves for this severe test by home study or private tuition.

It will be found, that under the present system of conducting the Intermediate Examination, it would be impossible for a candidate to take three out of four of the optional subjects, because the candidates taking these various subjects are frequently under examination at the same time. This shows conclusively that the details of the Regulation, in their present form, cannot possibly be correct.

Yours respectfully,

W. TYTLER,

*Head Master, Guelph High School.*

Guelph, Jan. 18, 1881.

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#### GREAT MEETING OF THE FACULTY IN OSHAWA.

To the Editor of the CANADA LANCET.

SIR,—On returning from my travels, I learnt that a large meeting of the medical faculty of King's and Queen's Division was to be held in Oshawa on the 15th of December, to take into consideration the propriety of forming a Provincial Association—amending the existing tariff, and for other purposes.

Circulars were sent by Dr. Coburn the Secretary, by order of Dr. Allison the President, to the members of the Division Association, requesting their attendance at the time and place indicated. You will mark my surprise when I say that the meeting was but very thinly attended, only the President and Secretary putting in an appearance.

However, the two officials were bent on busi-

ness. The Secretary, after waiting fully two hours, requested the President to take the chair, which accordingly was done. The President, an old medical practitioner of upwards of 50 years' standing, in his usual stentorian voice, ordered the Secretary to call the roll. "Yes, sir." "The President." "Here, sir." "I'm through, Mr. President." The old official then, with much dignity, called the meeting to order, and proceeded to business—no response.

He then, with much feeling, which he scarcely could suppress, delivered the following oration :

"GENTLEMEN,—In addressing you on this momentous occasion, it is my imperative duty to enter my caveat against the members of the Association who have so ungenerously absented themselves from this important meeting; their conduct is highly reprehensible: and I hope that they may live long enough to repent of their indifference to what was intended for their especial benefit. (Hear, hear, from the Secretary.) I am proud to say that I represent the most intelligent medical constituency in the Province, and it grieves me much to think that anything should come in the way to prevent any one from attending on such an important occasion." (Hear, hear, from a voice that had just arrived in time to witness the termination of the proceedings.)

The Secretary at this stage looked rather grim, intimating that the chair could not be vacated until he read a huge bundle of letters of apology from many absent members. Some had important cases to attend to—others had to ask permission of their wives before being allowed to go—another had married a wife and could not go. The President at once ordered the Secretary to put on the brakes, wind up the affairs of the Society, and adjourn *sine die*. It is deeply to be regretted that, while we see every Division Association in the Province holding their regular meetings, so much apathy is shown by Kings and Queens that they will not spare a day or two in the year to promote the general interests of a noble profession which has done so much for the alleviation of human suffering and distress.

Yours, &c.,

REPORTER.

### OLIVE OIL FOR THE REMOVAL OF GALL-STONES.

To the Editor of the CANADA LANCET.

SIR,—Will you allow me space for a reply to Dr. Kennedy's letter, under the above heading, in the CANADA LANCET for this month?

If Dr. Kennedy will order a large dose of olive

oil to any patient of his, whose bowels are constipated, and if no evacuation takes place within a *shorter* period than twenty-four or thirty-six hours, as happened in the case of Robert C., he will find in the evacuations produced, a surprising number of the so-called gall-stones whether there were any symptoms of liver disease or not. If, however, the bowels be not constipated and the evacuation occurs within an hour or two after the oil has been taken, he will probably not find any of these bodies, or but very few of them, in the discharges, perhaps only a little bile or mucus, no matter how often the dose may be repeated, or in what quantity. What I contend for is, that these bodies are produced by the secretions of the alimentary canal upon the oil itself, and that time is as necessary to bring about this change as it is in the ordinary process of digestion. I have, on several occasions, ordered large doses of olive oil, as an aid in the removal of scybalous matter that had accumulated and become impacted in the intestines in which these bodies were seen in the discharges more or less abundant. I must confess that I was very much surprised at the time with their peculiar appearance, and do not wonder that a superficial examination of them would lead Dr. McLean, of Michigan, into the same error as Dr. Kennedy in mistaking them for gall-stones. That these bodies are only fatty concretions and not gall-stones is the acknowledged opinion of our best medical authorities who have made any note of them, and I am not aware that this opinion has been called in question, except by the gentlemen above mentioned. If Dr. Kennedy conceives them to be gall-stones, and publishes this opinion in one of the leading medical periodicals in the world, he should have been prepared to substantiate it with specific proof. This he has failed to do, but asks me to prove that they are not gall-stones,—or, in other words, to prove a negative. This, I conceive, is an unfair and illogical mode of reasoning, and opens up another and different subject of discussion. I would beg, however, to call his attention to the following negative evidence :

With very rare exceptions, all gall-stones contain a nucleus or nuclei, which these bodies do not possess, but are homogeneous like wax. They are of variable color, from black, brown, yellow and white, usually alike in the same gall-bladder,\* but

\* Hein found 28 exceptions in 632 cases (4.43 per cent.)

differing in physical characters and chemical composition in different individuals and different cases, while these fatty concretions are always white, opaque, presenting the same appearance in every case. The number of gall-stones found in the gall-bladder averages from five to ten; when they are counted by hundreds and thousands, it is the rare exception and not the rule. They are always difficult to find in the evacuations, requiring the assistance of an expert, while these fatty concretions as a rule are found in surprising numbers, and may be gathered by the handful by the patient himself. Unlike true gall-stones, they possess neither a nucleus, middle zone or external crust or shell, are not lamellated or striated, contain no cholesterine, biliary coloring matter, salts or other constituents of gall-stones. Dr. Fenwick found "stearic acid, but no bile pigment, nor cholesterine." Of the concretions destitute of cholesterine we have, according to Von Schueppel, only two varieties, viz.: 1st, pure, simple pigment stones, small, often gravelly, not very frequent, the larger ones mulberry-shaped, blackish green, homogeneous and shining like tar. 2nd, simple lime-stones (carbonate of lime), very rare, always single, heavy sp. gr., very hard, and of a whitish gray color.

These are the only varieties of gall-stones found in the human gall-bladder that contain no cholesterine, and yet we are told that these fatty concretions contain "no pigment matter nor cholesterine." I thought, Mr. Editor, that my former communication was sufficiently conclusive to satisfy Dr. Kennedy, and I was not a little surprised that he should again return to the discussion.

Yours truly,

A. RUTAN, M.D.

Napanee, Jan. 10th, 1881.

### Reports of Societies.

#### TORONTO MEDICAL SOCIETY.

The Vice-President, Dr. George Wright, took the chair at 8.30, Nov. 4th, 1880. The minutes of the previous meeting were read and adopted. Dr. Macdonald reported a case of coal gas poisoning with recovery. In the discussion upon this case, Dr. Oldright remarked the infrequency of the administration of oxygen gas in these and

similar cases, attributing the fact to the difficulty in obtaining the oxygen at the required moment. He said that Mr. Heys, of 44 Duke street, intended having an apparatus ready charged at his house and at his laboratory on King street west, capable of generating oxygen within a few minutes. Dr. E. St.G. Baldwin mentioned a case of gas poisoning—where the man was exposed for a very few moments, resulting in death—the autopsy showed signs of suffocation and a redness of the trachea.

Dr. Riddell had examined the bodies of two persons recently drowned—the cutis anserina was not present.

Dr. Graham reported a case of hemiplegia after apoplexy. A week ago a pemphigoid eruption appeared on the left forearm and hand—the adjacent skin being congested. He considered the eruption to be due to an alteration in the trophic nerve centres. In a second case of hemiplegia in a person, aged 60, a bed-sore appeared on one of the nates ten days after the apoplectic attack—a slough formed conical in shape, with the base directed inwards, the apex being at the surface. Dr. Workman believed the existence of the hypothetical trophic nerve centres was essential to explain Brown Séquard's experiments on dogs.

Dr. Workman then related the particulars of a case where a man of temperate habits displayed a long train of nervous symptoms, vertigo, amnesia, irritability and paresis of the left side—occurring thirteen years after an injury to the right side of the head.

Dr. Oldright brought before the notice of the Society the different strengths of the various solutions of opium, which went by the name of Battley's Solution or Liq. Opii Sedativus. The strength varied from 1 in 4 to 1 in 13, according as Lyman, Lee or another druggist manufactured it. He considered it desirable that a uniform strength should be adopted. On one occasion a patient of his received a much larger dose of opium than was desired. Dr. Workman asked the opinion of the Society upon the effects of opium in the very old and in the very young. Dr. Oldright thought its effects variable and required watching in both extremes of life.

Dr. Cameron overcame the difficulty of the variable strength of Battley—by never ordering it. Should it be prescribed the Pharmacopœal Liq. Opii Sed. was indicated, unless expressly ordered

HYPOPHOSPHITES  
OF  
**LIME AND SODA**  
WITH  
**COD LIVER OIL.**

This preparation represents in a convenient form one of the most efficient and popular remedies in cases of a **Pulmonary Character**, with tendency to Hemorrhage, **Loss of appetite**, **Cough** and especially when attended with Emaciation.

The **Hypophosphites** with **Cod Liver Oil**, may be given also with great advantage in **Anemia**, **Chlorosis**, to **Nursing Mothers**, and in all cases of **Nervous Exhaustion** and **General Debility**.

Since the first introduction of the "**Hypophosphites of Soda, Lime and Iron**," separately or combined, in the treatment of the large class of wasting diseases, (of which consumption is the most prominent and familiar type). The confidence of the medical profession in these articles has steadily increased.

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

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

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

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

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

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

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

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

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

**SHAKE THE BOTTLE WELL BEFORE USING.**

**JOHN WYETH & BROTHER,**  
CHEMISTS,  
PHILADELPHIA.

# ELIXIR WAHOO.

(EUONYMUS ATROPURPUREUS.)

**An Invaluable Gastric Tonic, Mild Cholagogue, pleasant  
Laxative or Cathartic.**

In the above preparation we present to the medical profession an article which will supply a want long felt, viz.: that of a mild, safe, agreeable and certain cathartic. It has been in a different and inferior form, known for many years as a remedy much used by eclectic physicians. The recent exhaustive experiments under the auspices of the British Medical Association, by Rutherford, has brought this article prominently before the regular profession, as a remedy of great value, standing in almost the first position among the cholagogues examined. Dr. W. M. Collins, of London, writes of it in the *Lancet*, as "particularly serviceable in cases of hepatic dyspepsia, or what are commonly called attacks of 'biliousness' with furred tongue, pale stools, lassitude and general *malaise*." Dr. J. R. Black, of Ohio, to whom we are much indebted for his contribution on the therapeutical use of Wahoo, in summing up says, "In *Euonymus* we have an invaluable gastric tonic, mild cholagogue, pleasant laxative or cathartic, according to dose. Bartholow is our only author who, until recently, properly designated its properties and uses; he confirms the opinions of the above, and pronounces it a cholagogue of specific power. We manufacture largely the Fluid Extract, from which we prepare the Elixir, and recommend it in preference, as we are able to mask its bitterness so thoroughly that the physician can prescribe extemporaneously, with confidence that the taste will not prove objectionable to the most fastidious, or to children. The Elixir of Wahoo, as prepared by us, will be found an admirable gastric tonic, as well as a mild cholagogue cathartic, acting, usually, within a few hours of its administration. It has also some diuretic and anti-periodic properties. It does not cause griping, and may be given repeatedly for some time without increase of dose. We solicit a trial of this valuable article, in the confidence that its great therapeutical virtues will be readily recognized by those who prescribe it.

JOHN WYETH & BRO.

*Manufacturing Chemists*

PHILADELPHIA.

# PEPTONIC PILLS.

PEPSIN, PANCREATIN, WITH LACTO-PHOSPHATE OF  
LIME AND LACTIC ACID.

(COPYRIGHT SECURED).

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 the 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.

Each pill contains one grain of pure PEPSIN, and one of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the Dyspeptic being due to a full and effective dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS.—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat, or Flatulence. For children, reduce the pill to powder, and give a fourth or half, according to age.

JOHN WYETH & BRO.,  
CHEMISTS,  
PHILADELPHIA.

# ELIXIR OF FREE PHOSPHORUS.

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Although Phosphorus has long been recognized as of great therapeutical value, there has been up to the present time a drawback to its extensive employment in the difficulty of finding a safe, accurate, and agreeable form in which to administer it. Notwithstanding the persistent efforts of pharmacists and practitioners, with various solutions of this drug in oils, chloroform, alcohol, etc., all the preparations tried have been open to objection, from their volatility, uncertainty, or disagreeable effects. The pilular form, otherwise the best, is seldom well borne by the stomach; and the gastric and intestinal irritation usually induced by it is so serious, that it has generally been abandoned by prescribers. We have therefore erased it altogether from our lists.

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

It would be superfluous for us to enlarge here upon the remedial value of Phosphorus in cases of nervous exhaustion or impaired nutrition of the brain, from whatever cause; in hysteria, neuralgia, atonic dyspepsia, chorea, bronchocele, etc., as well as in many forms of syphilitic and other cutaneous diseases.

We would earnestly ask for an extended trial of this very valuable article, which will, we believe, be found a most important addition to the therapeutical resources of the physician, in dealing with the above-named and analogous disorders.

JOHN WYETH & BROTHER,

MANUFACTURING CHEMISTS,

PHILADELPHIA.

otherwise. In the aged he had found the presence of senile kidney, which he could not distinguish from certain forms of chronic Bright's disease, caused the administration of opium to be extremely hazardous. In baby farms he carefully avoided prescribing opium in any form, yet many of the infants perished with symptoms of poisoning by opium. Drs. Daniel Clarke, Macdonald, Robinson, and others, reported cases in which minute doses of opium had produced alarming symptoms in both extremes of life.

The discussion upon the paper read by Dr. Graham at the last meeting upon "Disseminated Sclerosis," was opened. Dr. Cameron said that he agreed with Charcot's description of the disease, and its close alliance with paralysis agitans, yet cases had been reported in which differences had been found at the post mortem which could not be set lightly aside. Hammond's description of simple cerebral sclerosis corresponds with the description given by other authors of Paralysis Agitans. There were four varieties of cerebro-spinal sclerosis which might be ascending or descending—the former being the more common. In a young person the occurrence of feebleness in a lower limb not associated with anæsthesia or atrophy should direct attention to sclerosis. In the age at which it occurs Charcot does not entirely agree with Hammond's, McLane Hamilton's, or Jaccoud's cases. The cases related by Dr. Graham were at variance with Charcot, and Dr. Cameron's cases had been beyond forty. In the ascending form of the disease the symptoms of the first stage are shown in the reverse order to that in which they appear in the descending form. The articulation is slow and scanning, and there is a peculiar difficulty in pronouncing the letters *p*, *b*, and *g*. Ankle clonus occurs in this disease and resembles spinal epilepsy. Contractures occur generally in extension and adduction. In some cases the third stage is delayed for eight or ten years. The tremor, which in sclerosis affects the head (while this is fixed in paralysis agitans), Hammond, Ordenstein, and Erb think is due to the situation of the patches of sclerosis in the pons varolii, medulla oblongata and other portions of the brain. Other authorities have reported cases of the cerebro-spinal form of the disease without tremor, and in which the patches of sclerosis were absent from these portions of the brain. The morbid anatomy dis-

closes a quantity of connective tissue material thrown out amongst the nerve fibres, with subsequent contraction. Moxon considers this to be the local manifestation of some systemic infection and sclerosis to be an eruptive disease. In the treatment Hammond uses barium chloride and the nitrate of silver. Dr. Cameron suggests the use of the tribasic phosphate of silver. Hydro-therapeutic measures had also been used and cod liver oil. The etiology is confined to damp, cold and moral excitement, and it has been noted as following some of the eruptive fevers, or some debilitating cause of that sort, which is doubtless its true, though oft-forgotten causation.—Dr. Workman had seen a case in which the contractures were well marked and were in flexion; they were not permanent. He had lately had the fortune to meet with a case in which the symptoms were ameliorated by the institution of a strict antisyphilitic treatment.—Dr. Daniel Clarke wished to ask Dr. Graham what was the specific gravity of the sclerosed brain, and if there was any difference between the specific gravity of sclerosed and of the normal brain. He thought the multiplicity of names assigned to diseases and their constant division and subdivision tended to create confusion. He thought that many of these distinctions could be brought down to one or two principal diseases, thereby greatly simplifying matters. He considered sclerosis and paresis as one and the same disease, with different localizations, paresis affecting the cortex and sclerosis the white matter.—Dr. Graham said that in his paper he had purposely been as short and concise as possible, hoping thereby to induce discussion, and in this, he was glad to say, he had succeeded. He did not coincide with Moxon's theory of the eruptive nature of sclerosis, and his comparison with atheroma he thought was not a happy one, as atheroma was the local manifestation of a subacute inflammatory action and not at all an eruptive disease. In reply to Dr. Clarke's query, he thought the specific gravity of the brain was greater in sclerosis than in health, owing to the increased density given to it by the quantity of fibroid material present.

*November 18th.*—The meeting was called to order by the President. The minutes of the last meeting were read and adopted.

Dr. George Wright related two cases of syphilis—



one in which the primary sore appeared in the lip, the source of infection was traced to a pipe, which had been smoked by a person with mucous patches of the mouth. The second case was one of syphilitic psoriasis in which the only source of infection appeared to arise from sleeping in the same bed and using the same towels as a friend with syphilis.

Dr. Graham had met with four cases of a similar character—the first in a male—a labial chancre from the use of a syphilitized pipe; the second in a girl also labial from inoculation; the third in a girl from a similar cause, and a fourth with a superciliary chancre and no clear history of infection.

Dr. Reeve mentioned a case of conjunctival chancre in an infant a few months old.

Dr. McPhedran related an interesting case of luxation of the lower end of the tibia forwards, caused by a fall and twist of the foot—there was inversion of the foot and a marked separation of the outer malleolus from the edge of the tendo achilles. Reduction was effected by eversion and extension, the bone slipping into place with a distinct snap. He had been able to meet with only one case on record. The luxation was caused by a wheel passing over the ankle and the dislocation was backwards. Reduction was not attempted.

Dr. Oldright, referring to the question of Battle's solution which had come before the last meeting of the Society, wished to know if the B. P. Liquid Ext. of Opium could be used hypodermically.

Dr. Reeve then proceeded to read his paper upon some diseases of the naso-pharynx tympanum and mastoid. Recapitulating some points touched upon in his last paper, such as the anatomy and physiology of the naso-pharynx and the etiology of the diseases which generally affect that cavity, he dwelt for some time upon the complications and sequela, which often required special treatment in addition to that of naso-pharyngitis proper. He condemned the too general use of the syphon nasal douche—gargles were frequently useless as ordinarily employed, but could be rendered somewhat efficient by using them in the recumbent position, holding the nose and making pseudo attempts at swallowing. So-called chronic laryngitis was often due to post-nasal catarrh and

hypertrophy, or oedema of the mucous covering of the turbinated bones, and was relieved or cured by attending to those parts. He had known cases of asthma relieved by treating naso-pharyngitis. In the treatment of enlarged tonsils, the guillotine should be less resorted to and the catarrh generally accompanying that condition more often treated. Following the course of the Eustachian tube and touching upon some of its diseases, he proceeded to discuss otitis simple and purulent, aural catarrh acute and chronic, describing their symptoms and pathology. In the treatment he recommended early local depletion and gentle syringing or douching with warm water, and soothing and anodyne instillations, unctuous applications and the many so-called ear-drops being discarded. If pus has formed the instillation of a solution of boracic acid was useful. Electricity had been freely tried without success in cases of deafness, by Dr. Reeve. The inspissation of mucus within the tympanum and consequent deafness, was often prevented by periodical inflation, by means of the air bag. In the prognosis of aural catarrh heredity was of great weight. In chronic purulent otitis instillations of boracic acid solution and insufflation of the powdered acid had in his hands produced exceedingly good results. When the mastoid became implicated, which was evidenced by persistence of the pain, or by its frequent recurrence after the appearance of the discharge, and by stiffness of the neck—free local depletion and counter-irritants were indicated, and an early incision down to the bone, and perhaps boring or trephining into the cells was necessary. In spite of the most approved and careful treatment, the disease at times proceeded to the formation of cerebral abscess and subsequent death.

The discussion was adjourned until the next meeting.

After some general business the Society then adjourned.

*December 2nd.*—The Society met at 8 p.m., Dr. Covernton in the chair. After the usual reading of the minutes, Drs. T. S. Covernton, R. Lesslie and J. Lesslie were proposed members of the Society.

Dr. Davidson exhibited a patient with a disease of the skin, pustular in character, and confined exclusively to the back, and said to be of two years' duration. It resembled acne vulgaris.

Dr. Graham stated that a case of elephantiasis Arabum under his care was improving, under the administration of chaulmoogra oil internally and externally.

The discussion upon Dr. Reeve's paper of the last meeting was then opened—Drs. Ryerson, Palmer, Cameron and others taking part in it. Dr. Reeve closed the debate by replying concisely to the criticisms made and the questions asked.

Dr. Graham then presented some pathological specimens from a case of leucocythemia which had been under his care for four weeks. The disease ran a typical course—the lymphatics generally were enlarged. He complained of pains over the bones, and in the joints there had been some œdema of the legs. The spleen was not much enlarged and weighed  $5\frac{1}{2}$  oz. The white corpuscles were greatly increased, actually and relatively, being at times 3 to 5. Dr. Graham proposed, at some future time, reading a detailed history of the case to the Society.

Dr. Machell presented a patient with a fracture of the lower angle of the scapula, caused by a fall—the lower fragment had been turned inwards and upwards, and had to be pulled out by the fingers, and the arm and shoulder-blade were firmly strapped to the body.

Dr. George Wright related a case of chancroid in a boy of 13, said to have been caught from a girl of 11 or 12. He also related a case of cardiac syncope, in which the most alarming condition was brought on by slight exertion. There was no organic valvular disease and no periodical effusion. The patient was improving under ammonia and digitalis.

Dr. Workman read the translation of a case of narcolepsy, and offered some remarks upon the case. Any emotional or psychical excitement caused the man to fall asleep, from which he could be aroused only by shaking or pinching. When the will was required to act, the sleep fits came on.

Dr. Cameron considered the case to be one of epilepsy.

The Society then unanimously adopted the following resolution:—"That in the opinion of this Society the formation of an Ontario Medical Association is highly desirable, and that this Society will render what aid it can in such formation."

#### HURON MEDICAL ASSOCIATION.

The regular annual meeting of the Huron Medical Association, was held in Clinton on Tuesday, January 11th, Dr. Sloan, Vice-President, in the

chair. The following members were present:—Drs. Sloan, Hyndman, Worthington, Holmes, Williams, Campbell, Young, Hurlburt and Stewart.

The following were elected officers for the ensuing year:—Dr. Sloan, of Blyth, President; Dr. Holmes, of Brussels, Vice-President; Dr. Stewart, of Brucefield, was re-elected Secretary.

Dr. Worthington exhibited a man, aged 20, who, eight years ago received a depressed fracture of the skull. The fracture involved the lower and anterior part of the right parietal bone. There was loss of consciousness, and complete paralysis of the left arm and leg. The patient regained consciousness in about seven days, but the paralysis in the left extremities has persisted. Half an ounce of brain matter was lost. At present there is to be detected loss of bone in a region 2 in. x 2 in., extending in an antero-posterior direction from the posterior border of the coronal suture to an imaginary line drawn from the squamous suture vertically upwards through the parietal eminence, and in a vertical direction from the upper fourth of the squamoso-temporal area to a space midway between the coronal suture and the most prominent part of the parietal eminence. This region is the seat of pulsation, synchronous with the heart's action. The left arm is perfectly powerless, cold and atrophied. The left leg is smaller and shorter than its fellow of the opposite side, and there is considerable loss of motion in it. The tendon reflex is exaggerated. Both the left extremities have a considerable degree of "late rigidity." The patient is not nearly so intelligent as he was previous to the accident. His memory is considerably affected, but there is no loss of speech. There is a slight divergent squint of the right eye, but with this exception the functions of all the cranial nerves are normally performed.

Dr. Sloan, of Blyth, showed a boy aged 17, who received, seven years ago, a kick from a horse which caused a depressed fracture of the posterior part of the right parietal bone. This was followed by drowsiness and dilatation of the left pupil. At no time was there loss of consciousness. The depressed bone was removed. Two tablespoonfuls of brain matter came away. He made a good recovery. The following is his present state:—There is complete loss of bone in a region which is normally occupied by the posterior and inferior

part of the right parietal bone. This region is the seat of pulsation. He is as intelligent as he was previous to the accident. Functions of all the cranial nerves normal. There is no paralysis of motion or sensation. The dilatation of the pupil which was present at first, disappeared in a week, and at the present time there is no difference to be detected in the size of the pupils.

[These two cases are, exclusive of their great surgical interest, of great importance, from the fact of their being a valuable contribution to the literature of cerebral localization. Two boys about the same age, receive injuries by which they both lose about two square inches of skull on the right side, and nearly in the same situation. They both also lose about the same quantity of brain matter. The result in one case is complete paralysis of the left arm, incomplete paralysis of the left leg and greatly diminished intelligence. The result in the other case is complete retention of intelligence, sensation and motion.

In the first case, (Dr. Worthington's), the loss of brain substance has taken place from the region corresponding to the lower antero-parietal area and the lower part of the upper antero-parietal area. The convolutions that correspond to these areas are the ascending frontal and parietal, and the posterior part of the three frontals, and as the former are the seat of motion for the opposite extremities, and the latter the seat of intelligence, the explanation of the effects of the injury are evident.

In the second case, (Dr. Sloan's), the loss of brain has occurred principally in the lower postero-parietal area, only a small portion of the part corresponding to the posterior part of the lower antero-parietal area being involved. These regions correspond to the superior temporo-sphenoidal convolution and the gyrus supra marginalis, irritation or destruction of which produces dilatation of the pupil of the opposite eye, and a deviation of the head and eyes to the opposite side. It is not recorded whether the last symptom was present in this case or not.—*Note by Secretary.*]

Dr. Campbell showed a woman, aged 58, affected with paralysis agitans of the right extremities. Last August she felt her right hand becoming weak, and two months afterwards the thumb and forefinger of the same hand commenced to tremble. The tremor then gradually extended to the whole of the right side, and she can only prevent it by

grasping firmly some object. At first the tremor ceased during sleep, but it is continuous now except when she puts the muscles into active use. On two occasions lately she has had attacks apparently of an apoplectiform character. During one of these seizures there was loss of speech and difficulty in swallowing.

Both sensation and motion are impaired in the right extremities, the former markedly so, the latter but slightly. She walks with a shuffling gait, and is inclined to run forwards.

Drs. Stewart and Hurlburt showed a case of exophthalmic goitre in a woman aged 32. The first symptoms made their appearance very suddenly nine months ago. At present there is marked enlargement of the thyroid, protrusion of the eyeballs, and palpitation of the heart. She has been taking a drachm and a half of extract of ergot daily for three weeks, but as yet with no result.

Dr. Worthington showed a boy, aged 14, who is wearing a "Wyeth's extension jacket" for disease of the 4th and 5th dorsal vertebræ, and Dr. Hyndman showed a case of necrosis of the lower jaw.

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### Selected Articles.

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#### ANTISEPTICS IN MIDWIFERY.

Dr. Angus Macdonald, of Edinburgh, has recently given his opinion about puerperal fever. Most of us can remember the time when the very thought of puerperal fever filled the medical man's mind with horror and dread. He knew of instances where a doctor had carried with him, in his function as an obstetrician, death to parturient patient after parturient patient, until the grim fact that he was the cause of death was forced upon his consciousness. Then he left his practice for some time, at a ruinous expense, partly from actual expenditure, partly from making nothing during the time, to return to realize the truth that a number of his best patients were dead, and that dismay and distrust reigned in the minds of those who remained. I, at least, can remember well what my father used to think on this subject. A contemporary of his had been the death of some dozen women consecutively, and had to leave his shattered practice for months before he regarded it safe to return. And it would rather surprise us now to hear how slowly the conviction dawned on these men of the past that the doctor was really the infecting agent; also, how dull must have been the apprehension of the moral culpability of remaining at work as ob-

stetricians when death succeeded death. One of the grandest outcomes of antiseptics is the practical abolition of puerperal fever in an endemic form. Dr. Macdonald speaks of these antiquated plans of dealing with the spread of puerperal fever, and points out that now they are superseded. He points to the fact that it is in all cases "a true septic intoxication, a fever or resorption, and differs essentially in no wise from surgical fever." Abrasions and lesions of continuity of the lining mucous membrane of the foetal tract favor absorption. Micrococci are the infecting agents, it would appear. A solution of one per cent. of carbolic acid is sufficient to destroy these minute organisms. The doctor must be careful to see that his clothes may not carry infection from one patient to another; no ablution of the hands, however perfect, can present that source of mischief from being operative. The bare arm must alone be used in connection with a post-parturient patient. As an evidence of the immunity attainable by proper precautions, he said that in the spring of 1879 he met with a case of puerperal fever in a patient of good social position, where for ten days he personally, twice daily, dressed a vulval ulcer and gave the vaginal douches. During this time he performed craniotomy, put on the forceps high up, practised turning, and extracted an aborted foetus, without the slightest bad consequences of any kind. Had the remotest bad symptom showed itself he would have desisted from his obstetric labors at once, and without delay. As to his procedures, when called upon to examine or lift a patient suffering from puerperal septicæmia he always takes off his coat and rolls up his shirt-sleeves; he then washes his hands in turpentine or rubs them with carbolic oil. After his work is accomplished, then he washes his hands in turpentine and soap and water, using a nail-brush freely. Then he washes his hands in a five-per-cent. solution of carbolic acid, and finally puts them under a tap of running water. "Considerable importance," he says, "appears to me to be attached to the latter proceeding, as the running stream makes it certain that everything is carried away as well as washed off the hands. If a basin be employed the hands are brought from time to time into contact with any septic matter that might remain undestroyed in the basin." He is careful, however, while advocating the perfect protection afforded by resort to antiseptic precautions, to insist, "Nothing could be further from my intention in this contribution than to inculcate carelessness or do anything which could bring danger to patients or disgrace to obstetricians. But, on the other hand, I am anxious that everything should be done for unfortunate patients suffering from puerperal septicæmia which is consistent with fairness to the unaffected and to the obstetrician in charge." He does not believe that the abstinence from practice advocated by certain obstetrical

authorities is necessary or effective; indeed, he says it is not acted upon by these very preachers of the doctrine,—a rather strong statement.

He goes on to say, "For aimless and hap-hazard suspension from professional duty I would substitute the most thorough cleanliness and disinfection, believing that in the latter means the real safety of the patient lies. I have published my experience in this matter in the hope that I may encourage others to trust to and practice disinfectant appliances in similar emergencies." This principal of thorough, rapid, and complete disinfection ought also to be practised by nurses and midwives. If practised, he thinks it would not be so often necessary to change the nurses attending upon post-parturient patients. Midwives ought to be educated to use these disinfectant measures, as "time is only a very uncertain element in disinfection." He concludes with a strong expression of opinion that if these disinfectant measures were universally adopted the occurrence of puerperal septicæmia, in both private and maternity practice, would be largely diminished. — *Dr. Fothergill, in Medical Times.*

#### TREATMENT OF FIBROID TUMORS OF THE WOMB.

Prof. Goodell, in a paper read before the Medical Society in the State of Pennsylvania, says, "There is no question of the occasional benefit derived from the persistent use of ergot, which, by constringing the uterine walls, cuts of the blood supply of the fibroid. But, while I have repeatedly seen the tumor grow much smaller under its use, I have also seen the remedy do more harm than good. Ergot is best administered hypodermically, and preferably in the subumbilical region of the abdomen, where it gives least pain, and where its skin-stains are best concealed. Bonjean's purified extract of ergot, in the proportion of fifty grains dissolved in three hundred minims of distilled water, is for this purpose a very trustworthy preparation. One or two hypodermic syringe-fuls is the dose, which should for several weeks, or even months, be deeply injected once every day." In one case where the patient dreaded any surgical interference, and even objected to hypodermic injections, Dr. Goodell decided to try, by the mouth, a combination of ergot and ammonium chloride. She daily took from twenty to forty drops of the former, and ten grains of the latter. After eleven months of this treatment she came to see him in last March, and he was astonished at her improved appearance. Her hemorrhages had wholly ceased, and so reduced in size was the fibroid that, to discover it, careful examination was needed. Yet, on the other hand, ergot, however administered, will occasionally not only do no

good, but will greatly increase the hemorrhages, especially when the tumor lies under the mucous coat of the womb and projects into its cavity. Then, again, there are peculiar idiosyncrasies which cannot bear ergot in any form or in any dose. Such persons are either greatly nauseated by its use, or they complain of intolerable headache, and the remedy must be withheld. Further, the use of ergot is not wholly without danger. Through the squeezing which the tumor gets from the ergotic contraction of the uterine walls necrosis may take place, and this, while curative, is liable to cause blood-poisoning through absorption of putrilage. Twice has Dr. Goodell met with a metro-peritonitis set up by the violent contractions of a womb made vulnerable by the presence of a growth in its wall. In one of these cases, that of a multiple fibroid, the issue was fatal. Despite these drawbacks, however, especially when combined with ammonium chloride, it is so efficient an agent in mitigating the more exacting symptoms arising from a uterine fibroid that its use should always precede every other treatment. Where ergot, together with its staunch ally, ammonium chloride, has been tried and found wanting, the radical or surgical treatment must be brought into use to remove these growths. He adds that, having performed enucleation by avulsion fourteen times, he can speak in positive terms of its value. His method of operating is as follows. First, seize the tumor with a strong fenestrated polypus-forceps whenever the growth is not too smooth and too glib to be securely held by the former instrument. He prefers the fenestrated forceps, because, being without teeth, it is not only safer than the volsella, but it does not have to be opened so widely, and, therefore, needs less room. The tumor being firmly held, the loop of the wire *écraseur* is slipped over the handle of the forceps, and then bent backward towards the operator, so that the beak of the *écraseur* shall first enter the uterine cavity. When the beak touches the fundus of the womb, the wire is coaxed up beyond the claws of the forceps, and as much higher up as possible. The slack of the wire is next drawn in, and its free end secured to one of the cross-bars of the *écraseur*, so that a half-crushing and a half-cutting movement shall be secured. The mucous coat alone is now cut through as flush with the uterine wall as possible. The fibroid is then wrenched from its bed, by traction and by a twisting movement made both with the *écraseur* and the forceps while, firm suprapubic pressure is kept up by the hands of an assistant. Sometimes the seized portion will break off. Then the portion left behind must be caught, noosed, and treated, if possible, in precisely the same manner.

Twice has he been foiled in trying to remove the whole tumor in this way. In these cases the projecting portion of the fibroid was shaved off

flush with the wall of the womb. But the portion left behind was in a few days so pushed out, or enucleated, by the uterine contractions as to enable him to remove it by a second operation. Sub-peritoneal fibroids are not amenable to any radical treatment per vaginam. If pedunculated, they can be treated like ovarian tumors, by laparotomy. Sometimes they are removable by enucleation through an abdominal incision. In one case Dr. Goodell obtained perfect success by removing the ovaries and thus artificially bringing on the change of life.—*Medical Times, Dec. 18th, '80.*

NERVE STRETCHING WITHOUT ANY CUTTING OPERATION.—In a late number of the *British Medical Journal*, Dr. Bramwell, of Perth, gives some cases of cure, and others of relief, by cutting down on, and exposing the sciatic nerve, and stretching it in its sheath, and so breaking down adhesions between it and its sheath. An observation of his struck me on reading his cases. He says, "the nerve when stretched did not 'crack' as if by the snapping of adhesions (between the nerve and its sheath), in which case the relief was not so immediate or marked as it was in those cases in which this snapping or breaking of adhesions was marked." I have myself had very lately an attack of lumbago, for the first time in my life. A patient whom I could not go to see, came to see me. The pain was at the lower part of the spine and extending along the upper border of the ilium, so severe as to prevent my sitting at table; in fact, all movement was very painful. My friend, a wiry, muscular man, said, "You cure me—I cure you." He told me he had cured very many people, almost instantly. "Well I said, 'I believe what you say; try your hand.'" He placed me on my face and hands on the sofa, and he kneaded the painful part very forcibly for some time, and then he told me, "I don't hear the '*cric, cric*,' which I hear when I cure my patients at once; so I fear I shall not succeed with you." I have also known cases of torticollis attended with great pain on any attempt at movement get suddenly well on some violent movement being made, attended by a feeling as of something having given way or "snapped" as it were. Evidently the cure in my friend's cases, as in those cases of "torticollis," was the result of "nerve-stretching," as practised by Dr. Bramwell. And I think we have got at the true explanation of the success of the popular proceedings in those cases; and, with the distinct object in view of "stretching" the nerve or nerves affected, and breaking up any adhesions of the nerve to its sheath, we may adopt with advantage the popular proceeding into legitimate medicine. In severe cases the proceeding must be very painful; but we have chloroform or any analogous preparation to fall back upon, and allow us to make violent or forcible kneading and stretching of the parts

sufficient for our purpose.—*James M' Craith, M.D., F.E.C.S., in Medical Times and Gazette.*

**ATROPIA IN CHLOROFORM NARCOSIS.**—We find this subject but casually referred to in treatises on anæsthetics. It has, however, been worked out by Professor T. R. Fraser, of Edinburgh, who has shown atropia to be a cardiac stimulant, advisable when chloroform is to be given. It stimulates the heart, not only indirectly, by lowering the conductivity of the cardiac terminations of the vagi, and thus, of course, diminishing their inhibitory power, but also directly by stimulating the intra-mural motor ganglia of the heart; and possibly, also, by raising the excitability of the accelerator nerve to the heart from the cervical sympathetic ganglia; and perhaps it may even stimulate the cardio-motor centres in the medulla oblongata. Dr. Fraser considers it advisable to combine with the atropia a little morphia, say  $\frac{1}{16}$  to  $\frac{1}{8}$  of a grain of sulphate of atropia, *i. e.*, one to two minims of liquor atropiæ sulphatis (*B.P.*) and  $\frac{1}{2}$  to  $\frac{1}{3}$  of a grain of acetate or hydrochlorate of morphia. These are injected about fifteen or twenty minutes before the administration of chloroform is begun; and by this means, (1) not only is the patient in a less nervous state when the inhalation is commenced, but (2) less chloroform is required, and, (3) moreover, a very objectionable evil is got rid of, or, at all events, ameliorated, *viz.*, the emesis which is apt to occur with chloroform.—*Med. & Surg. Rep.*

**EXTIRPATION OF THE UTERUS.**—Billroth (*Wiener Med. Wochensck.*) has operated in all twenty-five times. He has had fifteen deaths and ten recoveries. From the experience which he has acquired by his later operations he has arrived at the conclusion that his first series of operations was far less favorable to recovery than his second series. At the end of his first thirteen operations ten of the subjects had died, and only three had been cured; but of the twelve following ones he saved seven, while only five died. Two of his patients died of collapse during the first 24 hours, two in consequence of internal hemorrhage,—the ligatures having given way *en masse*; in one case death was caused by ileus, and in ten cases by peritonitis. Billroth is of the opinion that in this species of operation the antiseptic method does not play as important a part as has been attributed to it. Furthermore he has had occasion to observe in ovariectomies, such acute symptoms of poisoning by carbolic acid that he is not inclined to employ the antiseptic method any longer.—*Le Nouveau Journal Medical.*

“STUDY” OF A FASHIONABLE NEW YORK PHYSICIAN.—In Mr. Henry James's recently published novel, “Washington Square,” there is a very

clever character study of a fashionable physician. The gentleman who is presented as a type of this class is a Dr. Sloper. He has that mixture of talent, perspicacity and adaptation which insures success in almost any profession. Starting life in an humble fashion, he both marries a fortune and makes a fortune, and this without any sacrifice of his own self-respect or resort to charlatanry. He is simply a profound student of human nature, and sees no reason why he should not humor it while endeavoring to benefit it. Mr. James says:

“It was an element in Doctor Sloper's reputation that his learning and his skill were very evenly balanced; he was what you might call a scholarly doctor, and yet there was nothing abstract in his remedies—he always ordered you to take something. Though he was felt to be extremely thorough, he was not uncomfortably theoretic; and if he sometimes explained matters rather more minutely than might seem of use to the patient, he never went so far (like some practitioners one has heard of) as to trust to the explanation alone, but always left behind an inscrutable prescription. There were some doctors that left the prescription without offering any explanation at all; and he did not belong to that class either, which was, after all, the most vulgar. It will be seen that I am describing a clever man, and this is really the reason why Doctor Sloper had become a local celebrity.”

No doubt many will recognize some very familiar traits in the above sketch. There is this to be said, however, about New York's fashionable physicians: in the regular school they hardly have the prominence in numbers or position that they possessed in the time of which Mr. James writes. Proportionally the number of physicians of the Dr. Sloper type (considerably diluted) is now much greater among the quasi-homœopaths—those who, under the guise of a broad eclecticism, profess whichever medical dogma suits their patient best. They are persons generally who excel in their powers of adaptation to the idiosyncrasies of woman.

Among regular practitioners the development of the specialties, as well as the greater infusion of the scientific spirit, has brought new elements into the problem of professional success. A consulting or specialist practice now appears to most persons a much more desirable thing than a fashionable one, and for the former there is required more study of disease and less of human nature *per se.*—*N. Y. Med. Record.*

**ARSENIC IN CONSUMPTION.**—In the Medical Press and Circular, Dr. Wm. A. Pearse says the success of the following combination in many cases of consumption has been so great that he feels it a duty to bring it before the profession.

℞ Liq. arsen. hydrochlor. ℥xiv., quinia sulph. grs. viij., acid hydrochlor dil. ℥ij., syrup aurant. ℥j, infus. chiretæ ad. ℥vij. M.

This mixture equals sixteen doses, of which one was taken three times a day, after meals. In many cases ten minims of sea water were added to each dose; in others two grains of sulphate of manganese. The patients were directed to continue the medicine during six weeks, then to allow an interval of a week, and again to resume treatment.

**A NEW PHYSICAL SIGN IN THORACIC ANEURISM.**—Dr. Drummond, of Newcastle-on-Tyne, has demonstrated before the Northumberland and Durham Medical Society a physical sign which will apparently be of considerable value in the diagnosis of aortic aneurism, should it not turn out to be pathognomonic. When a patient who is suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the binaural stethoscope, and is evidently a sudden involuntary expiration caused by the sudden systolic expansion of the sac expelling air from the chest. This physical sign has been demonstrated by Dr. Drummond to be absent in cases of aortic valvular disease without aneurism, while it is present in every case of aneurism which has come under his notice since the discovery of the sign, viz., four; and he also thinks it will be of importance in distinguishing between aneurism and sarcoma of the lung.—*Dublin Four. of Med. Science*, Nov. 1880.

**ARSENIC IN SKIN DISEASES.**—Physiologically arsenic combines with the colored corpuscles of the blood, prevents them receiving their due amount of oxygen in the lungs, and therefore diminishes oxidation in the tissues and prevents wasting, thus lowering the temperature and lessening the excretion of urea; it renders respiration more easy, probably as the result of the diminished oxidation in the tissues; it seems to lower the blood-pressure, by paralysing the vaso-motor nerves; it produces headache, and eventually paralysis, and thus seems to affect the brain powerfully, probably through the influence it exerts on the blood. Arsenic is eliminated by the skin, mucous membranes, liver and kidneys. It is extensively used in cutaneous therapeutics. As regards psoriasis, the author concludes (1) that arsenic sometimes relieves psoriasis in an acute state, sometimes aggravates it, but what are the exact indications for its use, it is, in our present knowledge of the etiology of the disease, impossible to say; (2) it should always be given in small doses for a long period after the eruption has disappeared, to

prevent a relapse; (3) it is never necessary during this course to increase the dose so as to produce any physiological effect, such as irritation of the eyes. In lichen planus, arsenic is an invaluable remedy; the author has never seen it fail. In acute eczema it is injurious; its good effects in chronic eczema are doubtful. In pemphigus its value is established, but how it acts, whether on the blood or by direct influence on the nervous system, it is difficult to say. Chronic urticaria, the neuralgia so often associated with zoster and acne, are often benefited by a course of arsenic. It must be borne in mind that some patients do not tolerate arsenic; in such cases the different preparations should be tried before abandoning the drug. It should *never* be combined with any other drug, even iron; it should always be taken during or after food; it should never be pushed to produce the slightest constitutional symptoms.—Mr. Malcolm Morris in *The Practitioner*, July, 1880. (*Glasgow Medical Journal*).

**TREATMENT OF JAUNDICE.**—The treatment advocated by the author of this paper, as suitable in the majority of the non-fatal cases of jaundice, is the administration of large doses (15-45 grains) of ipecacuanha, which may be several times repeated, the dose being generally preceded by sedative draughts, and the external application of mustard to enable the stomach to retain the remedy. Three cases of hepatogenous icterus successfully treated in this way are given. In these it is said that the beneficial action of the ipecacuanha is excited on the mucous membrane of the bile ducts, in common with that of the intestinal tract generally, affecting first the larger branches, and in relieving their congested and tumefied condition, permitting the gradual reinstalment of the bile current; the obstruction in front being removed, the smaller branches then unload themselves, and the beneficial action reaches the ultimate radicles and the liver-cells. The action of this remedy in hæmatogenous icterus is more doubtful; if it is to do good, it must commence its action either by altering the constitution of the blood itself, or by acting directly on the liver-cells. A case of this variety of jaundice is recorded, in which ipecacuanha seemed to exert a very favourable influence. Another case is mentioned, in which the remedy acted well when given by enema.—*The Practitioner*, August, 1880.

**PRURITUS VULVÆ.**—Dr. Tausky recommends the following (*New York Medical Record*, vol. ii., 1880., p. 387):

℞ Pulvis acaciæ, ℥ii;  
Bals. Peruvian., ℥i;  
Ol. amygdalæ, ℥iiss;  
Aquæ rosæ, ℥i.—M.

Apply freely with a camel's-hair brush eight or ten times a day to the itching part.

# THE CANADA LANCET.

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## HOSPITAL APPOINTMENTS.

In the few remarks we purpose making on appointments, we hope the trustees of the different hospitals will not consider that we are usurping their prerogative. If that unfortunately should be their point of view, we can only urge in apology our belief that hospitals have become such important parts of our medical polity as schools, and theatres of medical science, that it is idle to talk of interference when we consider them essentially parts of the great republic of medicine and subject to its laws. The point to which we would wish to allude relates to the period at which hospital medical officers should retire, and give place to others. We do not consider it desirable that the appointments should be *tamdiu bene se gesse unt*, but for a definite period. The appointees should be men in the prime of life, as after a certain age they are apt to view improvements in their art as useless innovations. There are certainly examples of minds vigorous and elastic to the very verge of a long life, but rules must be laid down for average cases. Tenacity of office inflicts a great evil and injustice on young men who are excluded thereby from the advantages of hospital practice at the time it is most likely to be serviceable to them, while the public is debarred from the advantage of so much additional medical skill. It is not to be concluded, however, from our suggestion of calling young men into active operation and employing them publicly while their faculties are unimpaired, that we desire to sever the connection between eminent practitioners of more mature age, whose services have been appreciated. There may

be reserved for them the graceful situation of consulting physicians and surgeons, and as such may do good service after their retirement. We admit freely that in the past records of appointments there have been no instances of gentlemen clinging to the work of their office long after advancing age had disqualified them for the proper discharge of their office, but that they have proved to be the right men in the right place. The fact, however remains, that sensible as men are in their youth or manhood of the infirmities of age, they seldom discover those infirmities in themselves as age creeps on apace, until they have in their turn become a spectacle to the youth of another age. To guard against such possible contingencies, we consider it desirable in the interests of the profession, and of the public which is deeply concerned in their available skill, that the officers of the Provincial hospitals should be employed according to some system of rotation, which would give the public at large the benefit of the knowledge to be acquired by hospital practice, and open to the younger members of the profession the road to eminence by allowing unpatronized talent to make its way before the public.

## QUALIFIED QUACKS.

There are a certain number of medical practitioners whose names are entered on the medical register of their respective Provinces as duly qualified and licensed practitioners in medicine, but who nevertheless so conduct themselves, publicly and privately, as to fully merit the distinctive title of "Qualified Quacks." Such individuals are much more numerous than is generally supposed, and instead of being on the decrease, they are unhappily on the increase. So much is this the case, that it almost inevitably leads to the conclusion, that the more quackery is suppressed outside of the pale of professional licence, the more rampant and exuberant does it become within. Although to some minds it may seem a paradox, it is nevertheless true that a medical man may be fully and legally qualified, and yet a quack in the most objectionable sense of the term. Some persons seem to think that as they have acquired the legal right to follow their professional calling, they are at liberty to act as their personal judgment may dictate. This is, however, a very mistaken idea.



No individual, no matter what his profession, is free to exercise his calling, without reference to the well understood rules, codes, or canons of the body to which he belongs, and those who violate the rules and regulations laid down for the internal government of the respective bodies to which they belong are (in all professions but that of medicine) liable to certain penalties for their offences. The barrister may be deprived of his gown, the clergyman may be disrobed, or the holder of Her Majesty's commission in the army or navy may be cashiered, for unprofessional or unworthy conduct, but the erring physician or surgeon can be reached only by the voice of public opinion, and as in many cases the public is unable to see the true inwardness of the cunning arts of quackery, it not unfrequently approves where censure should be meted out. We have often regretted the want of medical legislation, which would give power to regulate the internal government of our profession in this respect, but we have been unable thus far to pass any such enactment. We hope, however, that the day is not far distant, when such powers will be delegated by act of Parliament as will enable the medical profession to deal with its recreant members in the same manner as the other professions are enabled to do. We quote the following from the *London Lancet* of April, 1880, in regard to this subject every utterance of which we have in our own capacity experienced, and which we fully and unequivocally endorse :

"Scarcely a day passes in which we do not receive earnest appeals and remonstrances from acknowledged members of the profession against the misconduct of qualified quacks who advertise in the lay papers, send out circulars, and resort to the most flagrantly disreputable methods of touting for public patronage. It would be an extreme measure to hold the perpetrators of these offences against etiquette, and we take leave to say decency, up to the contempt they deserve, and we are, for the present, compelled to treat the just complaints of our correspondents with a reserve which is altogether opposed to our own feelings, and must, we fear, in a large number of instances, appear ungracious, or possibly, even, in some instances, may be misconstrued to imply a certain kind of acquiescence in the practices they denounce. Certain it is that, from some cause, the evil against which the profession needs to make a new and determined stand is on the increase. It is difficult to take up a daily or weekly paper without finding advertisements aimed more or less directly to bring practising members of the profession under public notice

as claimants to special favour. This is an evil which derives the strength by which it flourishes from the doubtful, though not easily denounceable, proceedings of men who are themselves respectable, but indirectly encourage the artifices of others who are not. It is vain to iterate the once received axiom that "no respectable member of the medical profession advertises," when the columns of the daily newspapers abound with advertisements of works bearing sensational titles, and addressed to the public by medical men, of instruments, preparations, and appliances, advertising, if not *intended* to advertise, the names, qualifications, and addresses of men who are not only engaged in, but who court, practice! Those who do such things should think how much beyond their own personal burden of responsibility is incurred by the course they take. Under the shadow of this practice of indirect advertising, carried on by men who are respectable and even eminent members of the profession, has sprung up the practice of open advertising by qualified quacks. If there were no respectable transgressors in this respect, it would be easy to denounce the whole body of "advertising doctors" as unworthy of public confidence; but, as the case now stands, whenever this wholesale denunciation is made, there is the consciousness that the next post may bring cuttings from newspapers showing how fully qualified and really good men are among the delinquents."

#### THE ONTARIO MEDICAL ACT AND AMERICAN GRADUATES.

In the *Virginia Medical Monthly* for December 1880, will be found a letter from Dr. Philip Carroll, U. S. Consulate of Simcoe, Ont., on the Ontario Medical Act in relation to American graduates, upon which we desire to make some comments. After giving a brief outline of the Act, he goes on to say that "the law in discriminating in favor of Great Britain is correct, but in discriminating against the United States is wrong." He also mentions a number of American text books recommended by the Council and used in the medical schools of Ontario, yet not one of the authors mentioned could practice in Canada without being subject to a fine of not more than \$100 nor less than \$25.

The following statement will also be news to most of our readers, viz: "The course in all our schools in the United States is, I believe, three years, and in most, if not all, the candidate for admission must be a classical scholar." Dr. C has examined the questions propounded to candidates

for graduation by the Council's examiners, and feels sure that any graduate of a reputable medical school in the United States could answer them with the utmost ease, yet a gentleman holding an American diploma would still have to attend a four years' course at some College in Ontario, before the Council would deem him qualified to practice in Ontario." He therefore complains that great injustice has been done to the medical institutions of the United States, most, if not all of which are certainly equal to those of Ontario, and concludes by recommending the profession of the United States to take the matter in hand, and petition Congress to enact a law prohibiting Canadians from practising in the United States until they have complied with certain requirements. His contention is, that the law should not require any other evidence of qualification than a diploma from a reputable college in the United States, and the identity of the person presenting it, in order to make him eligible to practice in Ontario, especially as no other evidence of qualification is required from a Canadian graduate in the United States.

Such an admission would at once render nugatory all efforts to raise the standard of medical education in Canada, and compel us to adopt that of the United States, which is, and long has been, very much inferior to the Canadian standard, Dr. Carroll's statement to the contrary notwithstanding. Dr. C. should know, that until very recently, the system of medical education in the United States was very lax. There were medical colleges in the United States which conferred the degree of M.D. upon candidates after attendance on lectures during one winter and one summer course, or less than one year's continuous attendance, and no preliminary or matriculation examination was required even in some of the reputable colleges, nor is the latter required today in many of the medical schools and colleges. The Dr. is in error when he states that attendance upon a four years' course in Ontario is required from American graduates, before being admitted to examination by the Medical Council of Ontario. All that is required is that students and graduates from the United States shall pursue the same course of instruction as is required of our own Canadian students, viz., to pass a preliminary or matriculation examination, or furnish evidence of

a classical education, and thereafter attend such course or courses of lectures as will make their period of study the same as that required of our own students. It must be apparent to Dr. Carroll's comprehension, that it would be a great injustice to Canadian students and Canadian schools, to admit to practice American graduates of three years' study, and exact a four years' course from our own students. There may be instances where an American graduate may have spent four winters' sessions, and passed a matriculation examination equivalent to that required by the Ontario Medical Council; but such cases are exceptional, and as all laws are made for the benefit of the many and not the few, it would be impossible to discriminate.

We therefore fail to see any just ground of complaint, and we venture to state that if Dr. Carroll would study the Act and the Council regulations carefully, he would form a very different opinion regarding the law, and might even favour the opinion frequently expressed by many of his confrères, that the Act was a good one, and one they could sincerely wish were in force in the United States. We may, without hesitation, promise Dr. Carroll and those who entertain his views, that whenever they enact and carry into effect in the United States such a law as the one now in force in this Province, we will be most happy to grant them medical reciprocity.

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MODERN ABUSE OF GYNECOLOGY.—The Louisville *Medical News* makes the following extracts from a paper, by Clifton Wing, M.D., of Boston :

It is surprising to see the number of physicians in good standing in the community who are wanting in proper knowledge of the diseases of women, and do not hesitate to confess their ignorance when in conversation with professional brethren, who nevertheless treat patients for uterine ailments, and give them the impression all the while that they are good authority upon such matters. To such an extent is the farce carried that the majority of patients, upon coming to the specialist in this branch, volunteer the information that their family doctors "also make a *specialty* of womb-troubles."

. . . It is an unfortunate fact that what is popularly denominated "success in practice" depends more upon ability to attract public attention and to

"impress" the patients and their friends—in other words, "business tact"—than upon professional skill. . . .

Is it any wonder, with such a condition of practice in existence among physicians who are regular graduates, that quacks and pretenders should flourish? What advantage does the patient derive by applying under such circumstances to the "regular?" Why may she not just as well be treated by an ignorant pretender as by the graduated physician? . . .

If the physician be one of those who do not believe in what they term "this new idea of local treatment for uterine disease," perhaps when he is satisfied that there is such a trouble he informs the patient that nothing can be done, sympathizes with her, and tells her that she must wait with resignation for the "change of life," when nature will bring her relief. . . .

*The successful avoidance of an operation is a greater success than the successful performance of the operation.* In a word, the question for the physician to ask himself when the patient presents is not "Haven't I a good chance to do this or that operation?" but, "Can I avoid surgical interference in this case and do the patient justice?" Were this course always followed I am sure there would be less operative gynecology, and that womankind would not suffer in consequence. . . .

The operation—well enough in its proper place—of "division of the cervix uteri" fortunately has now in a great measure "gone out of fashion," and for the present at least is not likely to be abused as in the past, but the picture presented applies equally well to other operations now in vogue and quite as thoroughly overdone. . . .

I can not but feel that the surgical part of the specialty is being pushed far beyond its proper sphere; that in gynecology, at present, operations, including now and then those of very serious nature, are often done where they are not called for, and when it would be better for the patient were they avoided. . . .

The position of critic is not an agreeable one, but certainly the state of practice which now exists in this section needs to be radically changed, and nothing will be accomplished by shutting the eyes and holding the tongue. Gynecology is suffering on the one hand from the dabbling of practitioners who assume the treatment of uterine cases, knowing

little or nothing of the subject, and upon the other hand from the enthusiasm of operators, which often leads to procedures in practice which sound judgment would not deem advisable.

COMPLETE ALOPECIA FROM FRIGHT. — The following case is related by Fiedet in the Archives Générales de Médecine: A healthy Italian blonde æt 17, lymphatic with exceptionally profuse hair, was sewing at a window; suddenly the floor gave way leaving her only time to catch hold of the window frame, where she hung until taken down by means of a ladder. No subsequent loss of consciousness nor nervous excitement was observed through the day; at night there was headache, chills, and bad dreams. In the morning she suffered from nervous excitement and great itching of the scalp. The following day she felt better, but the itching of the scalp continued and on arranging her hair, whole tufts came out by the roots. In three days not a hair was left on the scalp, eye-brows, axillæ or genitals. Two years later, after constant treatment there was no return of hair.

SUCCESSFUL TREATMENT OF EMPYEMA. — Not long since, at a meeting of the Manchester, England, Medical Society, Dr. Ashby related three cases of empyema, two of them being shown at the meeting. The ages of the patients were two and a half, five and seven years respectively; all three had a history of five to seven weeks' illness. The chest was opened under the spray, after the fashion of Hilton's method of opening abscesses, viz: by making a free incision through the skin of the ninth intercostal space, in front of the angle of the rib, and pushing a pair of dressing forceps through the muscles into the pleural cavity, thus avoiding all chance of wounding the diaphragm. About half an inch of the ninth rib was excised with a pair of bone forceps, and a short drainage tube inserted. The dressings were renewed daily for the first week, but by the end of the first month the discharge had become scanty, and dressing every third or fourth day was sufficient. In two of the cases the discharge had ceased and the wound healed by the end of two months; and in the third in two months and a half. One of the children weighed twenty-six pounds on June 27th, when operated upon, and thirty-one pounds ten ounces on August 27th, when the wound had

healed. In October, three months after the operation, all three were well.

**FLAYING THE VOCAL CORDS.**—This is the latest craze in operative surgery. Dr. Carlo Labus, of Milan, has written a pamphlet in which, after describing the causes of congestion of the vocal cords, he proposes to remedy it by flaying the vocal cords. Considering the facility with which endo-laryngeal lesions are healed, as after the removal of tumors, etc., the idea occurred to him to remove the hyperplastic mucous membrane and wait for the parts to heal, when phonation would be found perfect. He mentions 12 cases in which the operation was performed by him with very satisfactory results. Among them were some prominent singers whose voices were completely restored by the operation. He uses a toothed forceps or a Tuerck's polyp-crusher to strip the vocal cord of the hyperplastic tissue covering it.

**THE TREATMENT OF ASTHMA.**—Dr. Wm. Pepper, of Philadelphia, (*Boston Med. and Surg. Journal*) says in anæmic cases a pill of strychnia, digitalis arsenic and iron is indicated. When the heart is embarrassed by local congestion, dry cups to the chest twice a week afford great relief. Bronchitis requires alkalies and iodide of potassium. In cases of copious muco-purulent secretion the use of copaiba and yerba santa are especially indicated. Spasm of the bronchial tubes calls for bromides in small doses, or a hypodermic of morphia or atropia, but the continued use of sedatives is inadvisable. Inhalations of carbolic acid and iodine are beneficial. During the attack he found the following answer well :

℞ Ammon. bromidi. .... ʒ ij.  
 Ammon. chloridi ..... ʒ iss.  
 Tr. Lobeliæ. .... ʒ iij.  
 Spts. Ether. Comp. .... ʒ j.  
 Syrup acaciæ ad. .... ʒ iv. M.

Sig. a tablespoonful in water, repeated every hour or two during the attack.

**THE ONUS OF EDITORSHIP.**—The following anent the onus of editorship is extracted from the *London Times*: If an editor omits anything, he is lazy. If he speaks of things as they are, people get angry. If he glosses over or smooths down the rough points, he is bribed. If he calls things by their proper names, he is unfit for the position of an editor. If he does not furnish readers with

jokes, he is an idiot; if he does he is a rattlehead, lacking stability. If he condemns the wrong, he is a good fellow, but lacks discretion. If he lets wrongs and injuries go unmentioned, he is a coward. If he exposes a public man, he does it to gratify spite, is the tool of a clique, or belongs to the "outs." If he indulges in personalities, he is a blackguard; if he does not, his paper is dull and insipid.

**A LIBERAL OFFER.**—Having arranged clubbing terms with the *North American Review*, we are enabled to offer that foremost of American periodicals, together with the CANADA LANCET, at the low price of \$6.75 per year. The *Review* is the organ of the best minds of America, nearly every writer of note in the country being a contributor to it. It combines, to a considerable extent, the thoroughness of the Cyclopædia with the timeliness of the daily paper. It discusses subjects that are most prominent in the public thought at the time, and presents both sides of all-important questions, and should be read by every one who wishes to form intelligent opinions on the events of the day.

**OTTAWA MEDICAL SOCIETY.**—At a recent meeting of the Ottawa Medico-Chirurgical Society the following officers were elected for the current year: President, Dr. J. A. Grant; 1st Vice-President, Dr. E. C. Malloch; 2nd Vice do., Dr. J. W. Whiteford; Secretary-Treasurer, Dr. R. W. Powell; Council, Drs. Bentley, Baptie, S. Wright, Rogers, and H. P. Wright. At a meeting of this Society held in November last, it was resolved, "That in the opinion of this Society the formation of a Provincial Medical Association at the present time is not advisable."

**ALCOHOLISM.**—The following mixture is in use in the Albany Hospital for the treatment of the effects of acute alcoholism, to relieve nervous excitement and insomnia :

℞ Tr. opii. deod.  
 Ext. hyoscyam. . fld. .... aa. ʒi.  
 Chloral hydrat .....  
 Pot. bromidi. .... aa. ʒi.  
 Tr. capsici . .... ʒss.  
 Tr. aconiti rad ..... Mv.  
 Aq. menthæ pip. .... ad. ʒiv.

M. Sig.—Two tablespoonfuls and repeat in four hours if sleep is not produced.

**FLATULENCE.**—This troublesome condition is sometimes very difficult to remedy. Drs. Sidney Ringer and Murrell have found glycerine of especial benefit in many cases. The dose is from one to two drachms four or five times a day, in water, tea, coffee or lemonade. The addition of from one to three minims of carbolic acid to each dose will be found very much to increase its efficacy. The rationale is, that these substances prevent fermentation. Ten to fifteen drops of spirits of turpentine on sugar, will relieve the bowels very speedily when largely distended with gas.

**ANECDOTE OF THIERRY DE HERY.**—One day while this once famous syphilographer was sauntering through the crypts of St. Denis, paying little attention to the various royal tombs about him, he suddenly precipitated himself before an effigy and began to pray; the berger who was standing near by, called out to him—"You mistake, sir, that is not a Saint's tomb but that of our late King Charles VIII." "Simpleton, replied de Hery, learn that the good King Charles VIII. is more than a saint to me, as he imported the pox from Italy, and has been my benefactor to the amount of thirty thousand pounds a year."

**NEW ANTIPRURITIC.**—Dr. Bulkley, in the *N. Y. Medical Journal*, after speaking of the use of opium, chloral hydrate, carbolic acid and belladonna, as antipruritics, refers to the tincture of gelsemium in doses of from ten to fifteen drops every half hour, as of essential value in the treatment of this troublesome symptom. He was led to make trial of it from the relief it occasionally gives in spasmodic asthma, and in neuralgia of the fifth nerve. He has frequently tried it with success during the past two or three years.

**SUCCESSFUL SURGICAL OPERATION.**—"Yesterday afternoon Dr. Frink, Vt. S. performed a very skillful operation on Mr. E. L. Jewett's trotting mare, Bell, which consisted in removing a tumor of considerable size. The animal was chloroformed while the operation was performed, and those who witnessed it are loud in their praise of Dr. Frink's skill."

We clipped the above from the *St. John, N. B. Daily News* of January 7th. It reads very much like some paragraphs that we have seen in the daily and weekly newspapers from time to time,

and we would commend it as an example to our advertising confreres.

**CASCARA CORDIAL.**—This preparation, so useful in the treatment of chronic constipation, is a pleasant substitute for the old-fashioned preparation which was so disagreeable to the taste. The formula is:—Cascara sagrada bark, 1 drachm; berberis aquifolium root, 1 drachm; aromatic herbs, French brandy and syrup. It is both efficacious and pleasant to the taste.

**TO MAKE LEECHES BITE.**—Put them in a small glass vessel half filled with water. The part to which they are to be applied is carefully washed with warm water, and the glass inverted upon the skin. The leeches attach themselves with surprising rapidity. When they are all fastened the glass is removed, the water escaping may be absorbed by a sponge.

**L. R. C. P. & S., EDINBURGH.**—Dr. E. M. Thursson, of Ancaster, Ont., W. J. Cross, of Barrie, Ont., and J. A. Todd, of Cheltenham, successfully passed the examination for the double qualification, and were admitted to the licentiate of the Royal College of Physicians and Surgeons, Edinburgh, in November last.

**COMPOUND TINCTURE OF BENZOIN IN COMPOUND FRACTURES.**—Mr. Fergus M. Brown recommends this treatment in a recent number of the *Lancet*. After cleansing the wound and removing splinters, etc., he places compresses of lint saturated with the tincture over the opening, and finds healing take place without suppuration.

Lord Brougham once, when he was in a facetious mood, being asked to define a lawyer, said:—"A lawyer is a learned gentleman who rescues your estate from your enemies and keeps it himself."

Dr. Wilms, of Berlin is dead. He was reputed to be the best operator in Germany. Septic poisoning from a wound received during an operation was the cause of death.

**APPOINTMENT.**—Dr. J. Dickson, of Goderich, has been appointed one of the physicians at the City Hospital, Cincinnati.

**CORONER.**—Thomas Orton Steele, Esq., of L'Original, has been appointed Associated Coroner for the Counties of Prescott and Russell.

### Books and Pamphlets.

**PHYSICIAN'S VISITING LIST**, by Dr. Mills: Published by F. Stearns, Pharmacist, Detroit, Mich. Price \$1.50.

This new aspirant for professional favor is a pocket-book and visiting list combined in one, and is very neat and convenient. The pocket-book, which is of fine leather, is alone worth the price. It is large enough to carry accounts, money and papers, and weighs only five ounces. All printed matter is omitted from the visiting list, except explanations. The visiting list may be used with or without the pocket-book. The price of the list alone is 50 cents. It only requires to be seen to be appreciated.

**THE CANADIAN ILLUSTRATED NEWS**, for 1881. Publishers price, \$4 per annum.

We beg leave to call the attention of our numerous readers to the above-named illustrated weekly. It is a well-conducted and highly interesting paper, creditable alike to the publishers and to Canadian enterprise. The illustrations are well executed, and represent matters of interest to both home and foreign readers; the reading matter is well selected, and the editorials always interesting. It deserves encouragement, and we heartily commend it to our readers. We will supply both it and the CANADA LANCET for 1881, at the moderate price of \$6 per annum.

**HAND-BOOK OF URINARY ANALYSIS; CHEMICAL AND MICROSCOPICAL:** For the use of Physicians, Medical Students, and Clinical Assistants. By Frank M. Deems, M. D., Laboratory Instructor in the Medical Department of the University of New York. New York: Industrial Publication Co. Price, 25c.

This Manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably adapted for use, both as a bed-side reference book and a work-table companion. The author has had for several years a very extended experience as a teacher of this important branch

of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner.

**KIRKBRIDE ON HOSPITALS FOR THE INSANE.** J. B. Lippincott & Co., Philadelphia; and 16 Southampton Street, Covent Garden, London. Toronto: Willing & Williamson.

This is a second edition of a very valuable book which the distinguished author gave to the American public many years ago. It is now presented in a much enlarged form, on excellent paper and in beautiful clear type, and is embellished with 24 fine plates, illustrating the views of the author on the construction and administrative arrangements of asylums for the insane. The important subjects of heating, ventilation, drainage, water supply, cooking, washing, lighting, protection against fire, and, in short, every other requirement of a building intended for the safe lodgment and appropriate treatment of a large number of persons, whose intellectual improvement renders it necessary that the entire working of the establishment should, as much as possible, approach automatic perfection, are all ably treated.

To all persons connected with the management or direction of asylums for the insane, this book cannot fail to be eminently instructive and useful, but its usefulness is by no means restricted to this class of public institutions; valuable instruction will be derived from its pages by the managers and governors of all establishments, in which the preservation of health, and the promotion of general comfort, are desirable objects. Few men in this country, or any other, could be better qualified for the able treatment of the whole subject than Dr. Kirkbride, whose very long experience, extensive observation, and cautious consideration, well qualify him for the task he has now so ably performed. The chapters in the second part of the work, devoted to the exposition of the duties of the trustees, or other governing bodies, and those of the physicians and other officers of asylums, are deserving of the serious attention of these functionaries. Dr. Kirkbride has not spent over a third of a century in the specialty of alienism, without discovering that error is as often committed by governing bodies in the overdoing, as in the neglect of their work. Just as, too much law defeats the true purpose and best ends of law, so in public

institutions, too much interference by outside governors, is ever sure to undermine the authority of the internal administrators, and seriously impair their usefulness.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN, by T. Gaillard Thomas, M.D., New York. Fifth Edition, enlarged and revised, with two hundred and sixty-six engravings. Philadelphia: H. C. Lea's Sons. Toronto: Wil- & Williamson.

The present edition of this well-known work is fully abreast of the most recent advances in gynæcology. The author has bestowed two years of labor in the revision of the work; much of it has been re-written, and a considerable amount of new matter added. This of course was to have been expected, for with the rapid advances which have been made within the past few years in this department, the text book of to-day must of necessity be very different from that of even a few years ago. That the author has done his work well few who read the book will dispute. The author has a fund of experience to draw from which few possess, and he has given it to the profession in a most attractive and pleasing form. In his chapter upon uterine pathology, the author laments the unsettled state of the science. In medicine and surgery, the study of pathology is made the key-stone of the arch that supports them. In gynæcology, all is uncertainty and dissension. Many of its votaries are the partisans of some special dogma or theory, which is warmly attacked by others who hold some equally narrow and exclusive views. The author's views on this point appear to us to be pretty sound. He maintains that the pelvic organs of a woman, hitherto in perfect health, may become diseased by one of the three following abnormal developments in the uterus:—1st. Disorder in innervation and circulation; 2nd. Change in the quantity of connective or muscular tissue; 3rd. Change in position; that either of these lesions may be the forerunner of the other, and that the primary pathological conditions or especial factors of uterine disease are:—1st. Catarrhal inflammation of the lining membrane; 2nd. Prolonged congestion of the uterine tissues; 3rd. Excessive growth of connective or muscular tissues.

The practical part of the work is all that can be desired, and we would strongly advise all our

brethren who give any attention to diseases of women, to obtain a copy of the work. Both this work and Hamilton's on Fractures and Dislocations published by Leas' Sons, are finished in a new and beautiful style of binding.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS, by Frank H. Hamilton, M. D., New York. Sixth edition, revised and improved. Illustrated with three hundred and fifty-two woodcuts. Philadelphia: H. C. Lea's Sons. Toronto: Willing & Williamson.

This excellent work of Dr. Hamilton is beyond criticism, as we have no standard with which to compare it; the only complete work of the kind being that of Malgaigne now almost obsolete. Prof. Hamilton's work has, however, been now twenty years before the profession in America, and has received almost universal endorsement. The present edition has been revised with great care by the author, some parts re-written, and a chapter added on General Prognosis. Some of the old cuts have been removed to make room for new ones. This valuable work will form a most reliable guide to the practitioner in the treatment of all forms of fractures and dislocations.

#### PLEASANT REMEDY FOR ITCH.—

Balsam of Peru . . . . .	1 ounce.
Benzoic acid . . . . .	110 grains.
Oil of cloves . . . . .	40 drops.
Alcohol . . . . .	2 ½ drachms.
Simple cerate . . . . .	7 ounces.

The essential oil and the benzoic acid are dissolved in the alcohol, and mixed with the cerate, then the balsam of Peru is add. d. It is claimed to effect a cure in twenty-four hours.

#### Births, Marriages and Deaths.

On the 28th of Dec., 1880, A. Sanderson, M.D., of Albion, to Jennie A., eldest daughter of Rev. Thomas Baldwin of St. Thomas.

On the 12th ult., R. H. Abbott, M.D., of Comber, Ont., to Annie, eldest daughter of A. Sutherland, Esq., of Kingston.

On the 12th Jan., C. C. Baines to Mary Louise, youngest daughter of C. W. Covernton, Esq., M.D. of Toronto.

On the 10th Jan., H. G. Mackid, M.D., of Lucknow, to Matilda Charlotte, youngest daughter of L. G. Meyer, Esq., of Harpurhey.

On the 3rd ult., J. K. Oliver, M.D., of Kingston, aged 40 years.

IN ORDERING SPECIFY "WYETH'S."

## PREPARATIONS of BEEF and WINE.

Owing to the type of debility which characterizes the great majority of the diseases now prevailing, the tonics or strength-giving remedies have assumed an increasing importance of late years. We have paid much attention to preparations of this class, and desire to bring to the notice of the Medical Profession three articles, which, we are confident, will be found of the utmost value; in fact, we are in receipt of the strongest testimony to their efficiency from those who have already used them.

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### WINE OF BEEF.

(VINUM CIBI).

In each tablespoonful of this preparation there is the essence of one ounce of beef, in solution in sherry wine. It is therefore a refreshing stimulant, the effect of which is not merely to quicken the circulation and impart a temporary excitement, but also to supply actual strength.

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### WINE of BEEF, IRON and CINCHONA.

(VINUM CIBI ET FERRI CUM CINCHONA).

The admirable tonic and anti-periodic properties of Cinchona or Calisaya Bark, have been for so many years past, universally recognized, that they need not be insisted upon. In the above-mentioned preparation, which is especially adapted to cases of recovery from fevers (in this country so generally tinged with a malarial type), our Wine of Calisaya Bark, to which we have always paid great attention, is made the vehicle for introducing into the system the extract of beef together with citrate of iron. Hence, we claim for this article, as a whole, pre-eminent virtues; combining as it does the stimulant, nutrient, chalybeate and tonic powers of its several ingredients.

Each tablespoonful or half ounce contains, dissolved in sherry wine, the essence of one ounce of beef, with two grains of citrate of iron, and twenty grains of Peruvian bark.



IN ORDERING SPECIFY "WYETH'S."

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## TO PHYSICIANS.

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Office **JOHN WYETH & BRO.,**

1412 WALNUT ST., PHILADELPHIA.

*May, 1878.*

DEAR SIR :

Some ten years since, we introduced largely to the Medical Profession of the United States, a combination, which we called "**BEEF, WINE AND IRON,**" giving the exact ingredients and making no claim of proprietorship. It has been very freely prescribed with most satisfactory results. Our sales have been very extensive, amounting to over one million bottles, besides a large quantity in bulk for dispensing in prescriptions. The claims we advanced as to its value as a nutrient, stimulant and tonic, have been fully verified, and its advantages have been highly appreciated by thousands of the leading practitioners all over the United States and abroad. To a great degree, this has been due to the intelligent preparation of the Beef Juice, which is combined with the Wine and Iron. We have never claimed that we can manufacture this article any better than other educated and intelligent Apothecaries, if they provide themselves with the appliances required to prepare it properly; but we do maintain, that, to manufacture it so as to contain the nutriment material in a small bulk, expensive apparatus is essential, in order to secure expression and evaporation at a low temperature. This can only be provided to advantage, if the manufacture is to be conducted on a very large scale; nor can the article be furnished at as reasonable a cost as we can sell it. We import the Sherry Wine, hundreds of casks at a time. We are now receiving from the best Beef butchers, supplies of the most desirable pieces of Beef, free from fat or gelatin, at a slight advance above cost to them, as we thus enable them to dispose of their surplus from day to day.

*IN ORDERING SPECIFY "WYETH'S."*

---

The reputation of this combination has been created by that of our manufacture, and we feel that Physicians should give our article the preference, as they can depend upon the quality of the material, as well as upon intelligent manipulation in its preparation; while a great deal that is made and claimed to be equal to ours, is disagreeable to the taste, offends the stomach, and must disappoint the prescriber.

We wish to caution Physicians against the addition of Pepsine to our Beef, Wine and Iron. They will appreciate the absurdity of giving to patients, food partially digested. It is often a great advantage to administer Pepsine after eating, or immediately after a preparation of this kind, as it assists the stomach to perform its work, but the process of digestion is a complicated one, that may be aided, but must not be anticipated by being performed in a bottle. The gases evolved during digestion in the stomach exert an important and essential part in generating force, and it is absurd to claim that this can be done in the laboratory.

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*Oct. 1st, 1880.*

Since writing the above, our sales of **Beef, Iron and Wine**, have quite doubled in amount, owing to the appreciation by Physicians of our claim that our preparation really deserves the preference on account of the **Purity of the Wine**, the **Fresh Beef used**, together with the fact that the **Iron** is held in **solution**, in condition to insure ready assimilation. If Physicians will test it by simple taste, they will find an entire freedom from the mawkishness that must characterize it if made from Extract of Beef, resulting in a disagreement with the delicate and sensitive stomachs of the class of patients for whom this combination is specially indicated.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, Beef, Iron and Wine, properly prepared, has proven more uniformly beneficial, than any combination we have ever known.

**JOHN WYETH & BRO.**

IN ORDERING SPECIFY "WYETH'S."

# BEEF IRON AND WINE.

*Extract of Beef, Citrate of Iron and Sherry Wine.*

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

## **Pallor, Weakness, Palpitation of the Heart,**

with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. The peculiar feature of this combination is that it

## **COMBINES NUTRIMENT WITH STIMULUS.**

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

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

## **Valuable Restorative for all Convalescents.**

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

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

**Dose for Children** should be reduced according to the age.

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

**JOHN WYETH & BROTHER,**

CHEMISTS,

1412 Walnut St., Philadelphia.

# SCOTT'S EMULSION

## PURE COD LIVER OIL,

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

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

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

### SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE :

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

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

Messrs. SCOTT & BOWNE :

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

W. M. CAMERON, M.D.

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

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.

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

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

St. John, N.B.

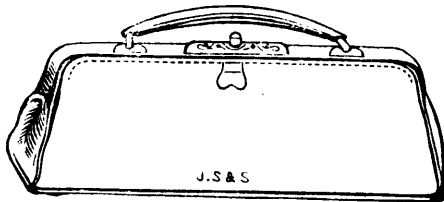
Messrs. SCOTT & BOWNE :

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.

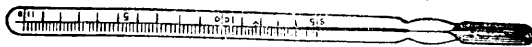
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 Plain Fittings, Chamols  
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The mercury is easily seen, and there being no air spec, the liability to loose the registering needle is obviated, should by any accident the whole of the mercury be shaken into the cup it will register the next time it is driven up by the temperature.

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 ORDINARY REGISTERING CLINICAL THERMOMETERS . . . . . 1.50

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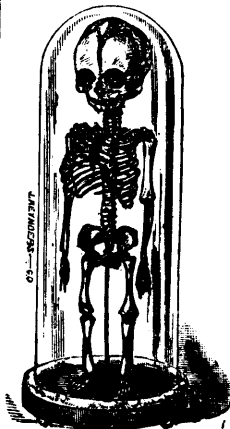
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# Dr. J. Collis Browne's Chlorodyne

IS THE ORIGINAL AND ONLY GENUINE.

## ADVICE TO INVALIDS.

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

## CHLORODYNE,

and which is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is admitted by the Profession to be the most wonderful and valuable remedy ever discovered.

CHLORODYNE is the best remedy for Coughs, Consumption, Bronchitis, Asthma.

CHLOROD effectually checks and arrests those too often fatal diseases—Diphtheria, Fever, Croup, Ague.

CHLORODYNE acts like a charm in Diarrhoea, and is the only specific in Cholera and Dysentery

CHLORODYNE effectually cuts short all attacks of Epilepsy, Hysteria, Palpitation, and Spasms.

CHLORODYNE is the only palliative in Neuralgia, Rheumatism, Gout, Cancer, Toothache, Meningitis, &c.

### Extract from *Indian Economist*.

"We direct the attention of medical men to a fact observed some years since by ourselves, and corroborated by our subsequent experience, that Dr. J. Collis Browne's Chlorodyne is in many cases of Low Fever immensely superior to Quinine in curative power. We cannot persuade ourselves that the true value of Dr. J. Collis Browne's Chlorodyne is yet properly appraised in India. . . . It may be given with absolute safety even to a child three days old. Were medical men but to make a fair and exhaustive trial of it we are persuaded that it would work a revolution in the treatment of two-thirds of the diseases to which children are subject. Its curative power is simply amazing."

"Earl Russell communicated to the College of Physicians that he had received a despatch from Her Majesty's Consul at Manilla, to the effect that Cholera had been raging fearfully, and that the ONLY remedy of any service was CHLORODYNE."—See *Lancet*, Dec. 1, 1864.

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S., England.

Formerly Lecturer of Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an Anti-Spasmodic and Sedative. I have tried it in Consumption, Asthma, Diarrhoea, and other diseases, and am most perfectly satisfied with the results."

From Dr. THOMAS SANDIFORD, Passage West, Cork.

"I will thank you to send me a further supply of Chlorodyne. It was the most efficacious remedy I ever used, affording relief in violent attacks of Spasms within a minute after being taken. One patient in particular, who has suffered for years with periodical attacks of Spasms of a most painful nature, and unable to obtain relief from other remedies, such as opium, &c., finds nothing so prompt and efficacious as Chlorodyne."

From Dr. B. J. BOULTON & Co., Horncastle.

"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent direct sedative and Anti-Spasmodic. It seems to allay pain and irritation in whatever organ, and from whatever cause. It induces a feeling of comfort and quietude not obtainable by any other remedy, and seems to possess this great advantage over all other sedatives, that it leaves no unpleasant after effects."

From J. C. BAKER, Esq., M.D., Bideford.

"It is without doubt, the most valuable and certain Anodyne we have."

### CAUTION.—BEWARE OF PIRACY AND IMITATIONS.

CAUTION.—The extraordinary medical reports on the efficacy of Chlorodyne render it of vital importance that the public should obtain the genuine, which bears the words "Dr. J. Collis Browne's Chlorodyne."

Vice-Chancellor WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the whole story of the Defendant, FREEMAN, was deliberately untrue.

Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

Chemists throughout the land confirm this decision that Dr. J. C. BROWNE was the Inventor of CHLORODYNE.

Sold in Bottles at 1s 1½d., 2s 9d., 4s 6d., each. None genuine without the words "Dr. J. COLLIS BROWNE'S CHLORODYNE" on the Government Stamp. Overwhelming Medical Testimony accompanies each bottle.

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Guaranteed of Standard Strength and Quality.

## FLUID EXTRACT OF ERGOT.

This most important preparation is made the subject of special care and attention, not only in regard to the details of manipulation but the quality of the crude drug, which is perhaps the most important consideration. The finest ergot obtainable is always employed, and physicians using this extract may rely on producing the specific effects of the drug,

## NEW REMEDIES.

Preparations of New and Rare Drugs.

ALSTONIA, Dita Bark.	BOLDO, Peumus Boldo, Leaves.
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GOA POWDER. etc.	CHAULMOOGRA OIL, etc.

Chemically pure CHLOROFORM, ETHER, and OL. TEREBINTH, for Anæsthetic purposes.

## CANADIAN MALT EXTRACT.

This is made by a recently devised process by which the greater portion of the Diastase is retained in an active condition.

Several combinations are manufactured :—MALT with PHOSPHATES, MALT with COD-LIVER-OIL and PHOSPHATES, and MALT with HYPOPHOSPHITES.

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All the Official Compounds kept in stock, also a full line of Pharmaceutical Preparations generally.

## GELATINE-COATED PILLS.

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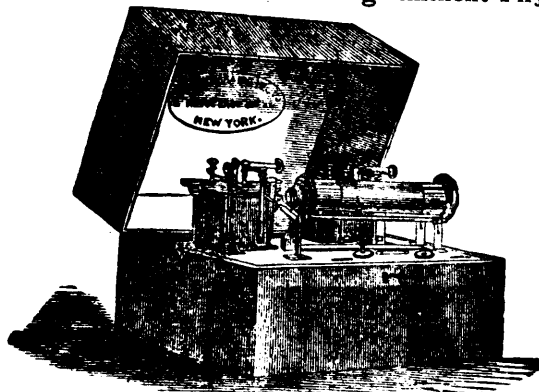
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### ELIXIR FERRI ET CALCIS PHOSPH. CO.

LACTO-PHOSPHATES prepared from the formula of Dr. DUSART, of Paris.

Compound Elixir of Phosphates and Calisaya.—A Chemical Food and Nutritive Tonic.

THIS elegant preparation combines with a sound Sherry Wine percolated through Wild Sherry Bark and Aromatics, in the form of an agreeable cordial, 2 grs. Lacto-Phosphate of Lime 1 gr. Lacto-Phosphate of Iron, 1 gr. of Alkaloids of Calisaya Bark, Quinia, Quinida, Chinchonia, and fifteen drops of free Phosphoric Acid to each half ounce.

In the various forms of Dyspepsia, resulting in impoverished blood and depraved nutrition, in convalescing from the Zymotic Fevers (Typhus, Typhoid, Diphtheria, Small-pox, Scarlatina Measles) in nervous prostration from mental and physical exertion, dissipation and vicious habits, in chlorotic anæmic women, and in the strumous diathesis in adults and children it is a combination of great efficacy and reliability, and being very acceptable to the most fastidious it may be taken for an indefinite period without becoming repugnant to the patient. When Strychnine is indicated the official Elixir,—a valuable combination in dyspepsia with constipation and headaches. This compound is prepared with great care, and will be maintained of standard purity and strength.

Dose.—For an adult, one table-spoonful three times a day, after eating; from seven to twelve, one dessert-spoonful; from two to seven, one tea-spoonful.

Prepared by T. B. WHEELER, M. D., MONTREAL, D. C

## FIRST PRIZE FOR ARTIFICIAL LIMBS

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## SURGICAL APPLIANCES.



APPARATUS of every description made to order, for Paralysis, Hip-joint Disease, Weak Ankles, Club Feet, &c.

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TORONTO, Sept. 17, 1874.

I have much pleasure in being able to testify to the skill, ingenuity, and excellence of workmanship shown in Mr. Authors' surgical appliances. They will bear comparison with those manufactured in any part of the world.

JAMES H. RICHARDSON, M.D., University of Toronto, M.R.C.S., England.

# MALTOPEPSYN

(REGISTERED AT OTTAWA)

## FORMULA

SACCHARATED PEPSINE (Porci).....	10 Grains
"    PANCREATINE.....	5 "
ACID LACTOPHOSPHATE OF LIME.....	5 "
EXSICCATED EXTRACT OF MALT (Equal to one tea- spoonful of liquid extract of Malt.).....	10 "

The new Canadian remedy for Dyspepsia, Indigestion,  
Cholera Infantum, Constipation and all Disease  
arising from Imperfect Nutrition.

It is also exceedingly valuable as a relief for Vomiting in Pregnancy.

## TO THE MEDICAL PROFESSION.

Having been employed in the manufacture of Pepsine, Pancreatine, etc., in the United States for the past seven years, and knowing that nine-tenths of the numerous brands of Pepsine and Combinations thereof, in the market to-day, are almost **worthless** and inert, and knowing further, that the few really good articles are absurdly **high priced**—one dollar per ounce and upwards—I have decided to offer to the profession, **Maltopepsyn**, an article **unequaled in quality and reasonable in price** (fifty cents per two ounce bottle, containing nearly one and one-half ounces of powder).

I will guarantee **Maltopepsyn** to be compounded exactly as per formula and each ingredient to be of the **best quality** possible to be made, and therefore I claim the following advantages over the ordinary preparations now dispensed, viz:—

First—The Saccharated Pepsine (Porci) is of a quality superior to any in the market, it is perfectly soluble, tasteless, odorless, very active, and, being saccharated, will preserve its qualities for years, while made in any different manner it will not. N.B. Pepsine is very difficult to procure free from Mucous Creatine and the other impurities of the stomach, and is usually sold containing all these hurtful substances, which not only kill its digestive properties but give it a dark brownish color, disagreeable odor and acrid taste. Pure Pepsine should be light colored, nearly odorless and tasteless.

Second—The Pancreatine is fully equal to that made in London, England, the only Pancreatine in the market at all reliable, and that is so high priced (\$3.00 per oz.) as to almost prohibit its use.

Third—The Exsiccated, or dry extract, is a more effective, palatable and convenient preparation of the nutritive article, Malt, than the liquid extracts usually dispensed.

Fourth—The Acid Lactophosphate of lime is carefully purified and of the best quality. Its therapeutic value is too well known to need further comment.

Upon application from any of the Medical Faculty, I will be pleased to forward samples, which will substantiate the claims made for Maltopepsyn, and I hope for your assistance in this my endeavour to introduce a good preparation at a low price.

**HAZEN MORSE, 57 Front Street East, TORONTO.**



# MALTOPEPSYN

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Combines all the digestive principles that act upon  
food, with the nutritive qualities of Extract of Malt and  
the brain food of the Acid Phosphates.

## PRICE LIST.

Maltopepsyn, (2 oz. bottles, containing nearly 1½ ozs. powder).	50c. per bottle.
“ “ “	\$5 00 per dozen.
“ in half pound bottles	\$5 00 per pound.

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Less than half the price of any good preparation of Pepsine in the market, and guaranteed to excel the best in the results.

Nearly 2,000 bottles have been sold during the first five months of its introduction, entirely through physicians' prescriptions.

The following is a sample of the great number of testimonials I have received from medical men :—

BRUSSELS, JUNE 28th, 1880.

*Hazen Morse, Esq.,*

Dear Sir,—I believe Maltopepsyn to be equal, if not superior, to Lactopeptine or Pepsine, in the use of which I have had a very large experience.

Yours, etc.,

WILLIAM GRAHAM, M.D.

CASE ATTENDED BY DR. BURNS, TORONTO, APRIL, 1880.

Child of Mr. Edgell, Toronto, about two years old, suffering from Diarrhœa brought on by indigestion; passed undigested food, etc: Dr. B——had tried many remedies without giving any relief; finally prescribed Maltopepsyn. After the child had taken six doses, there was marked improvement, and before one-half the bottle was used had entirely recovered.

I will make the same offer to medical men on Maltopepsyn as I do on Hydroleine, viz: I will forward upon application, to physicians only, a full sized bottle of Maltopepsyn upon receipt of twenty-five cents, (half price). This offer only applies to the first bottle.

HAZEN MORSE, 57 Front Street East, TORONTO.

# TEXT-BOOK OF PHYSIOLOGY,

BY

J. FULTON, M.D., M.R.C.S., ENG.; L.R.C.P., LONDON.

*Professor of Physiology and Sanitary Science, Trinity Medical School, Toronto;  
Surgeon to the Toronto General Hospital, &c., &c.*

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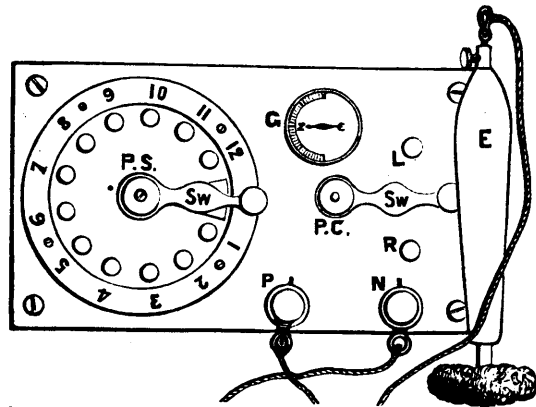
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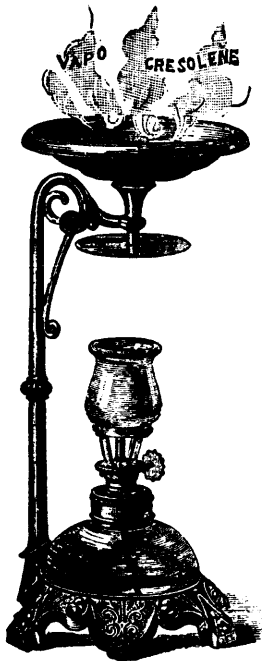


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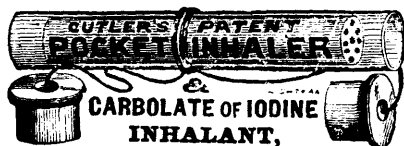
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" et Quin. Cit.....	"75 to 1 00	"	" C Opio.....	"	1 00	" Verat. Vir.....	oz.	0 20
" Citro, phos.....	"	0 15	" Ipecac.....	"	2 60	Ung. Hyd. Nit.....	lb.	0 60
Ferrum Redact.....	"	0 15	" Co.....	"	2 25	" Zinci.....	"	0 40
Hydrarg., Chlor.....	"	0 10	" Jalapa.....	"	1 00	Vin. Ipecac.....	8 oz. bot.	0 30
C Cret.....	"	0 07	Quina Sulph, Unbleached..	oz.	4 00	" Antim.....	"	0 20

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\*See page 188 CANADA LANCET, Feb. 1st, 1880, on Carbolic Acid Spray in Coughs, Asthma, &c.



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Gum Arabic, - drs. j.  
Infusion of Star  
Anise, - - drs. x.

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