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# THE CANADA LANCET.

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

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No. 9. }

TORONTO, MAY 1, 1881.

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DEAR SIR :

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I am, sir, yours truly,

E. J. DAY, F.C.S., M.R.C.S., L.S.A., M.M.P.A., R. & W. Medical Officer of Health, Public Analyst.

To MR. JAMES FELLOWS, London.

*Letter from D. J. WYRBANTS OLFERTS, F.R.C.P.E., I.P.C.S., L.M., British Government Surgeon for L. M. & D. District.*

ARMAGH, IRELAND, LURGAN, October 22, 1880.

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Very faithfully yours,

J. WYBRANTS OLFERTS.

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**HOSPITALS.**—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. Toronto being the great railway and manufacturing centre of Ontario, accidents requiring operation are of frequent occurrence. The attendance of out-door patients daily is also very large, and thus abundant opportunities are enjoyed by students, for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases, and the Diseases of Women and Children.

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**CLINICAL TEACHING.**—No pains will be spared in imparting daily clinical instruction in the spacious wards and theatre of the General Hospital, and every opportunity will be given students of seeing for themselves, with the members of the Hospital Staff, all interesting cases—Medical and Surgical.

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**HOSPITAL FEES.**—The Toronto General Hospital, \$20 for a perpetual ticket; the Lying-in Hospital, \$5 for six months.

Full information respecting Lectures, Fees, Gold and Silver Medals, Scholarships, Certificates of Honor, Graduation, Diplomas, Fellowship, etc., will be given in the annual Announcement, for which, apply to

J. FRASER, M.D., *Secretary.*

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# JOHNSTON'S FLUID BEEF



## IMPROVED COOKERY.

### OR, THE SCIENTIFIC PREPARATION OF FOOD

Has lately occupied some public attention, and it may be anticipated that a more general knowledge of the chemical composition, preparation, and physiological effects of food will be the result. In this connection we submit the latest theory for the preparation of a perfect beef tea or "hygienic food," and in soliciting a perusal, trust it may prove not uninteresting.

Every vital action, mental or muscular, is accompanied with a proportionate waste in the structures of the body, and to renew this continuous waste is the ultimate design of all food. In order that food may be thus transformed into the various parts of the living organism, it is first essential that the materials of such structures shall be contained in the food supplied, for the human system is absolutely incapable of producing muscular fibre, cellular tissue, blood, brain, bone, etc., out of substances which do not contain the elements of which those organs are composed. And in proportion as food contains such elements in an available form, so is it termed nutritious or otherwise. Extract of Meat, or Beef Tea, is everywhere acknowledged as a harmless stimulant, serviceable in prostration, or as an adjunct to easily digested food; but outside medical or scientific circles it is not generally known that such extracts are simply the flavor of meat (technically the soluble salts of flesh), and as such are not in any real sense nutritious. In this connection we quote from the standard authorities, Drs. Edward Smith, H. Letheby, and Baron Liebig:

In the paper read by Dr. EDWARD SMITH before the British Association, August, 1863, he says of Meat Extract: "When, therefore, you have excluded fat, fibrine,

gelatine and albumen, what have you left? Certainly not meat, as we understand the word, for nearly every part of it which could be transformed in the body and act as food is excluded, therefore "Liebig's Extract of Meat" is not meat. It is clearly meat flavor. IT IS THE FLAVOR OF "HAMBUR" WITHOUT "HAMBUR," IT IS MEAT WITHOUT MEAT. Its true nutritive value is that which classifies it with tea and coffee, and makes it a nervous stimulant. THE DELUSION rests with those who would regard it as a nutrient in the sense of meat or bread." And again: "Let its precise value be made known. Then we shall no longer have sick and dying men, women and children fed with Liebig's Extract of Meat, under the delusion that it is nutrient in the ordinary sense. Liebig's Extract is meat flavor—a nervous stimulant, and has good qualities. BUT IT IS NOT FOOD. All that is necessary for nutrition should be added to it."

The "London Examiner" says: "In making up the International Scientific Series, Dr. Edward Smith was selected as the ablest man in England to treat the important subject of foods." In his treatise on food, page 66, Dr. Edward Smith says:—"There is but little left in the extract to nourish the body, and the elements which it really possesses are salts and the flavor of meat which disguises the real poverty of the substance. If it then be asked why so much of the flesh is thus unused, we answer that only the soluble parts of the meat could be obtained in this form, whilst the insoluble but most nutritious parts are left behind, and only such of the soluble parts are retained as do not put on the putrefactive process, and hence nearly all nutritious matters are excluded. If it be further asked whether the popular belief in the value of this food is altogether based upon fallacy, we answer no, for it is a valuable addition to other foods, since it yields an agreeable flavor, which leads to the inference, however incorrect, that meat is present. If, however, it be relied upon as a principal article of food for the sick, it will prove a broken staff. ALL that is required for nutrition should be added to it. Liebig, in a letter to the "Times," stated that it is not nutrient in the ordinary sense, and Prof. Almen has shown the small nutritive value of this substance in the Transactions of the Medical Society of Upsala, in 1868. "USED ALONE FOR BEEF TEA IT IS A DELUSION."—Page 59.

Dr. H. LETHBRIDGE says: "False views have been entertained of the nutritive power of Extract of Meat, for as one pound of it represents the soluble constituents of 34 pounds of lean meat, it has been assumed that its nutritive power is in like proportion, but Liebig has taken care to correct this error by showing that the Extract merely represents the soup or beef tea obtained from that quantity of meat, and as it is deficient in albumen, it must be conjoined to substances which are rich in this material."—Cantor Lectures on Food, p. 165.

In the "Lancet" of November 11, 1865, Baron Liebig says:—"Were it possible to furnish the market at a reasonable price with a preparation of meat combining in itself the albuminous together with the extractive principles, such a preparation would have to be preferred to the 'Extractum Carnis,' for it would contain ALL the nutritive constituents of meat." Again:—"I have before stated that in preparing the Extract of Meat the albuminous principles remain in the residue; they are lost to nutrition; and this is certainly a great disadvantage."

For further reference see the works of Voit, Meissner, Bunge, *The British Medical Journal*, 1872, or any late authority on the subject,

To obtain a perfect Beef Tea, then, it is essential that the albumen and fibrine (which are the flesh-forming or nutritious qualities of meat) shall be added to the extractive or stimulative qualities, and that these shall be present in a form admitting of easy digestion by the most capricious and irritable stomach. This is the theory which led to the preparation of "JOHNSTON'S FLUID BEEF" (the only meat extract which fulfils all the conditions of a perfect food).

The "Christian Union," Glasgow, Sept., 1878, says:—"Some time ago a leading London journal threw out the suggestion that it would be a good thing if some practical analyst, or somebody else, would discover an extract of unusual strength-renewing property to reanimate the enfeebled constitution of those who, by over-work or study, had sacrificed themselves. The idea was admirable, and one which thousands have often expressed. And it will be surprising and welcome to such to learn that there is already an Extract just of the nature so ardently longed for. We refer to JOHNSTON'S FLUID BEEF which possesses all the nutritive properties that can possibly be contained in any preparation."

The "Lancet," London, July 13, 1878, says of JOHNSTON'S FLUID BEEF:—"The peculiarity of this preparation is that the ordinary Extract is mixed with a portion of the muscular fibre in a state of such fine division that the microscope is required to identify it. It is unnecessary to say that the actual food value of the Beef Tea is greatly increased by this admixture, and the medical profession have now a Fluid Meat which is comparable in nutritive power to the solid. The new preparation is excellent in flavor, and we cannot doubt that it will be very extensively used."

JOHNSTON'S FLUID BEEF then, is essentially an Extract of Beef, prepared upon the most approved principles, but differing from all other Extracts or Essences or Beef Tea, inasmuch as it is in combination with the actual Beef itself, and that in a form so assisting nature in the process of digestion that it is readily absorbed by the most hopeless dyspeptic or prostrate infant. Animal food offers a means of strength not furnished by any other article of diet, but from an enfeebled state of the digestive apparatus such nourishment has not hitherto been available to many who most require it. Digestion proper is the process by which food is chemically dissolved so that the nutritious elements which it con-

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—AND—

Prices Reduced



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The establishment is under the care of a competent physician of long experience in this specialty, who will spare no pains to produce a perfect *reliable* and *pure* article, which we are prepared at all times to furnish in *fresh* and *active* condition.

Our new method Kine Crusts will be found much superior to the ordinary form, though points are recommended as the most reliable form of virus attainable.

All our Virus is put up in strong, *air-tight, sealed packages*, for safe conveyance by mail or express, and will be sent, (post-paid if by mail) upon the following terms:

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One Crust, new method, in Air Tight Glass Capsule, prepared for immediate use.....	2 00

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We will give a fresh supply in case of failure reported within twenty days for Points, thirty days for Human, and ninety days for Kine Crusts.

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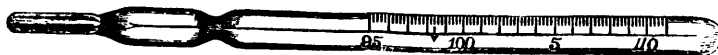
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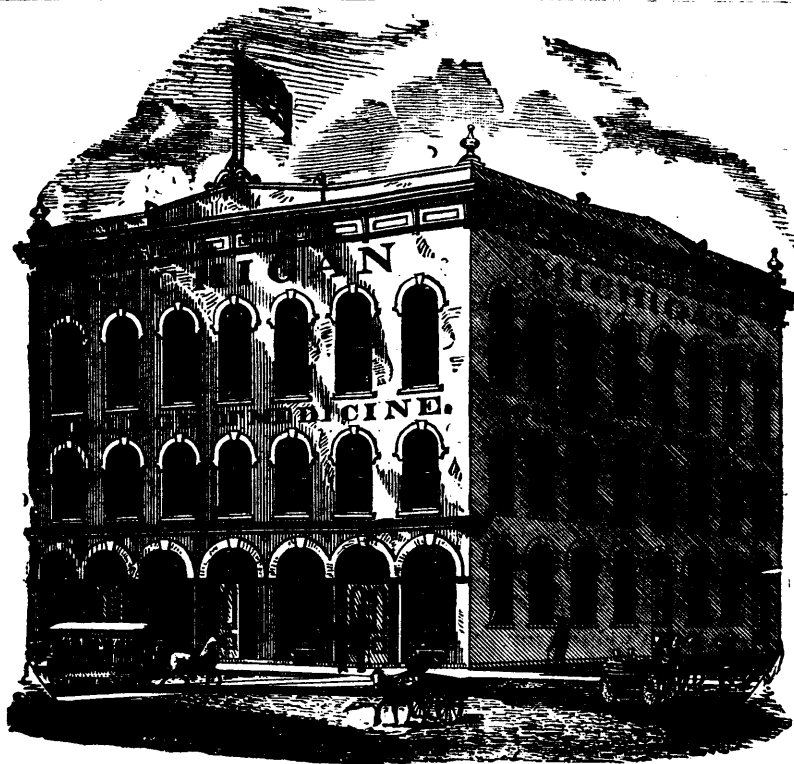
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THE CURRICULUM embraces three years of graded study. The Collegiate Year consists of a preliminary (or optional) Session of about fourteen weeks, and a Regular Session of six months.

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

J. J. MULHERON, M.D., Registrar.

In corresponding with Advertisers, please mention THE CANADA LANCET.

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SEABURY & JOHNSON

This article is intended to take the place of the ordinary Emp. Adhesive, on account of its superior quality and cheapness. It is pliable, water-proof, non-irritating, very strong, and extra adhesive. It is not affected by heat or cold, is spread on honest cotton cloth and never cracks or peels off; salicylic acid is incorporated with it, which makes it antiseptic. It is indispensable where strength and firm adhesion are required, as in counter-extension, or in the treatment of a broken clavicle. It has been adopted by the New York, Bellevue, and other large hospitals, and by many of our leading surgeons.

Furnished in rolls 5 yards long, by 14 inches wide.

Price by mail, per yard roll, 50 cts., 5 yards 40 cts. per yard.

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## IN RUBBER COMBINATION.

Recent analytical tests conducted by Prof. R. O. Doremus, of Bellevue Hospital Med. College, and J. P. Battershall, Ph. D., analytical chemists, New York, to determine the comparative quantities of atropine in Belladonna Plaster, prepared by the different American manufacturers, disclosed in each case that our article contains a greater proportion of the active principle of Belladonna than any other manufactured. Samples of the various manufactures, including our own, for this test, were procured in open market by the above named chemists themselves. In the preparation of this article, we incorporate the best alcoholic extract of Belladonna only, with the rubber base. It is packed in elegant tin cases, (one yard in each case), which can be forwarded by mail to any part of the country.

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 Office, 21 Platt Street, New York. Samples sent on application.

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### LAMELS FOR INTERNAL ADMINISTRATION

Consisting of thin sheets, of uniform thickness, accurately divided into squares by raised lines, each square containing an exact dose of the Medicine with which the sheet is impregnated.

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Consist of Small Discs (SQUARE), impregnated with Alkaloids, etc., and are put up in small boxes, each containing 25 Discs, price 2s. 6d.

The chief feature of these Discs is their instant solubility, by which hypodermic solutions can be immediately obtained of uniform and reliable strength; they keep good for an unlimited period in their dry state, and are extremely portable.

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Comprise Minute ROUND Discs impregnated with a definite proportion of Alkaloids, etc., and are issued in small Tubes, each containing 100 Discs, 2s. 6d.

The little round Discs of soft Gelatine have the advantage of slowly softening and dissolving. The atropine, or other medicament gradually dissolves out, and is thus placed under the most favourable circumstances for absorption. Hence much smaller doses serve to produce a marked effect, by this form of application, than when drops are introduced.

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The most elegant, efficacious and convenient mode of Blistering. Tins, 1s. 3d.

N.B.—A List of the whole series of Medicated Gelatine Preparations will be forwarded post free on application.

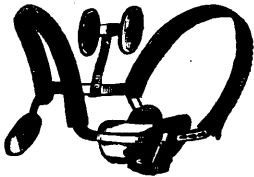
SAVORY & MOORE, 143 NEW BOND ST., LONDON, W.  
AND ALL CHEMISTS THROUGHOUT THE WORLD.

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

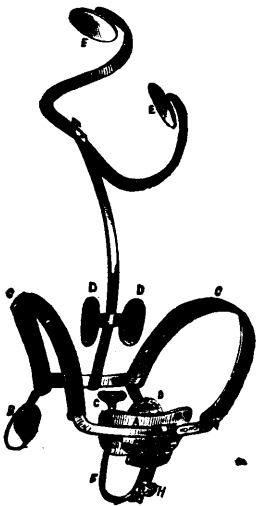
THE IMPROVED BODY BRACE.

FIG. 3.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

FIG. 8.



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

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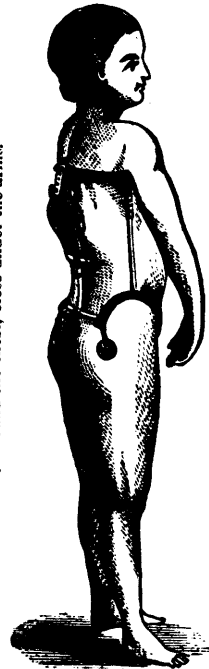
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NO OTHER OFFICE OR ADDRESS.

Send for our Descriptive Pamphlet.

FIG. 19.



HOW TO MEASURE FOR ANY OF THESE APPLIANCES.

- 1st. Around the body, two inches below the tips of hip bones.
- 2nd. Around the chest, close under the arms.

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

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

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(*FERRUM DIALYSATUM.*)

*A Pure Neutral Solution of Oxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.*

PREPARED SOLELY BY

**JOHN WYETH & BRO.,**  
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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering

## IRON

in cases where the use of this remedy is indicated.

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

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Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store to supply such an emergency.

Full directions accompany each Bottle.

In addition to the Solution, we prepare a Syrup which is pleasantly flavored, but as the Solution is tasteless, we recommend it in preference; Physicians will find our **Dialysed Iron** in all the leading Drug Stores in the United States and Canada.

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These "Compressed Pills" made by dry compression, are free from the coatings that render many other pills objectionable. They are readily soluble or diffusible, and being flat in shape are more easily swallowed than those of any other form. Owing to the absence of the excipients ordinarily employed in making Pills, they are smaller than those made by any other process. They are smooth, glossy and elegant in appearance, and are made only of the purest materials. Leading physicians have found these Compressed Pills to be reliable and quick in their action.

GRAINS.		GRAINS.		GRAINS.	
ACID ARSENICI.....	1-20 1.50	CERIUM OXALAT.....	2	PHOSPHORI.....	1-60, 1-100
ACID TANNIC.....	2, 5, 10	COOK'S.....	1/2	PHOSPHORI (Phosphori.....	1-100
ALOE (U.S.P.).....	2	COLCHICINUM COMP. (U.S.P.)...	1/2	COMP. [Ext. Nuc. Vom.....	1/2
ALOE et FER.....	1/2	DOVER'S POWDER.....	1/2	POTASS. BICARB.....	1/2
ALOE et MYRRH.....	1/2	FERRI MET (Quinquina's).....	2, 5, 6	POTASS. BROMID.....	5, 10
AMMONIA BROMID.....	5, 10	FERRI CARB (Fer. Carb (Vallet).....	1	QUININE BISULPHAT.....	1/2, 1, 2, 3, 4, 5
AMMONIA MURIAT.....	3, 5, 10	FERRI IOD.....	1	QUININE SULPHAT.....	1/2, 1, 2, 3, 4, 5
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ANTH.....	1/2	FERRI LACTAT.....	1	et FERRI.....	1
DYSPEPTIC.....	1/2	FERRI PYROPHOSPHAT.....	2	et STRYCH.....	1-50
APERIENT.....	1/2	FERRI QUININE CITRAT.....	2, 3	REKI, [U.S.P.].....	1
RISMUTH SUB-NIT.....	5, 10	HOOPER'S.....	1/2	REKI.....	1
BIS. SUB-NIT.....	2 1/2	HYDRARG (U.S.P.).....	1, 2, 3, 5	REKI COMP.....	1/2
CATHART.....	1/2, 1, 2, 3, 5	IODOPORM.....	1	[U.S.P.].....	1
CATHART, IMPROVED.....	1/2	IODOPORM.....	1	SANTONIN.....	1
CATHARTIC.....	1/2	LADY.....	1	SODA MINT.....	1/2
(vegetable).....	1/2	WEBSTER'S.....	1	STRYCHNINE.....	1-100
		MORPHINE SULPHAT.....	1-10, 1-8, 1-6	COMP.....	1-100
		NEURALGIC.....	1/2	TRIPLEX.....	1/2
		OPIL.....	1/2		
		OPIL.....	1/2		
		OPIL et CAMPH.....	1/2		
		OPIL.....	1/2		
		et PLUMBI AC.....	1/2		

Bisulphate of Quinine being a more soluble salt than the ordinary Sulphate, we recommend its use in preference to the other. When given in the form of a "Compressed Pill," it will act as promptly as a solution of ordinary Quinine.

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

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.

# FORMULÆ THERAPEUTICS

—OF—

## WM. R. WARNER & CO.'S

# PHOSPHORUS PILLS.

(PREPARED FOR PHYSICIANS' PRESCRIPTIONS.)

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### 1.—PIL. PHOSPHORI 1-100 gr., 1-50 gr., or 1-25 gr. [Warner & Co.]

**DOSE.**—One pill, two or three times a day, at meals.

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

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### 2.—PIL. PHOSPHORI CO. [Warner & Co.]

℞ Phosphori, 1-100 gr.; Ext. Nucis Vomicae, ¼ gr.

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**THERAPEUTICS.**—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating digestion.

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### 3.—PIL. PHOSPHORI CUM NUC. VOM. [Warner & Co.]

℞ Phosphori, 1-50 gr.; Ext. Nucis Vom., ½ gr.

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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*, *scrophula* and the *scrophulous* 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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## WARNER & CO.'S PHOSPHORUS PILLS.

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

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nucis Vom.,  $\frac{1}{4}$  gr.

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.

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### 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.

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

℞ Phosphori, 1-100 gr.; Ferri Carb., 1 gr.; Ext. Nuc. Vom.,  $\frac{1}{4}$  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.

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### 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.

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

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph.,  $\frac{1}{2}$  gr.; Strychniæ, 1-50 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.

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

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vom.,  $\frac{1}{4}$  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 12 years of age, one pill, two or three times a day.

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

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# THE CANADA LANCET,

A MONTHLY JOURNAL OF

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## Original Communications.

### GYMNASTICS OF THE BRAIN.

BY J. A. GRANT, M.D., M.R.C.P., ETC., LOND., OTTAWA.

Read before the Canada Medical Association in Ottawa,  
September, 1880.

GENTLEMEN,—In presenting this subject for the consideration of the Association, I feel satisfied that no more important topic could occupy the attention of medical science, than that which closely concerns the welfare of society, and promotes in the most comprehensive sense, the "*mens sana in corpore sano*." Mental hygiene and physical hygiene are inseparably connected, and a few observations at present may not be out of place in regard to the essential balance of mind and body, and the application of a few ordinary principles to the present system of education. The physical well being of the pupils in our schools should be as carefully guarded as the acquirement of knowledge. Year after year our educational system is becoming more complicated, and even the so-called common school course is quite academic in character, and more than an ordinary test of strength to the young brains, in their plastic state, budding forth to the supposed stage of practical usefulness. While acknowledging the rapid increase in the required subjects of study, branch after branch being yearly added, we must not overlook the very tree of life and the processes requiring such close attention to obviate the inroads of disease which soon sap vitality and ruin the prospects of the brightest specimens of intellect in the incipient stage of development. The mental and physical well being of the pupils should advance equally, otherwise growth in either case, will become, in a measure, one-sided. While approaching the subject I am fully aware that it is dangerous ground, still, as a matter of public duty, it may not be out

of place to advert briefly to a few points respecting which it is important all classes of the community should alike have full information. The point to which I first wish to direct attention is "the brain of youth." The problem, and one of the most difficult and trying of the age in which we live, is, how to build the best brains out of the materials placed at our disposal. Education or educated evolution certainly has considerable to do with the development of mental power. The building of a brain is a social problem of more than ordinary interest to every family circle. Mothers particularly have to do with it, and teachers are desirous of drawing out innate power in its various forms, just as varied and peculiar as the phases of the human countenance. The brain the chief part of the nervous system, must be built up in keeping with the development of the whole body, the one depending greatly on the other in order to arrive at the greatest degree of power and perfection, either as to organization of structure or performance of function. Dr. Maudsley, in his Gulstonian lectures for 1870, says:—"The time has come when the immediate business which lies before anyone who would advance our knowledge of mind unquestionably is a clear and searching scrutiny of the bodily conditions, of its manifestations in health and disease; he must recognize how entirely the integrity of the mental functions depends on the bodily organization, in fact, must acknowledge the unity of mind and body." The brain, the seat of the mind, possesses a mechanism peculiar in itself, and a power diversified in character, presenting various phases and peculiarities, throughout the highest order of intellectual development in the *genus homo*. In the crude and almost rudimentary state of cerebral pulp, soft, pliant and undecided in cerebral type, as to inherent mental power or capacity, more than ordinary care must be observed in suddenly straining the structure nature has put in the cranial cavity. The drawing out process embraced in the true education must be conducted with care, caution, and more than ordinary guidance and observation. It is here that mental hygiene operates, embracing as it does all that relates to development, exercise and the maintenance of mental activity—in fact, education in the most comprehensive sense. The brain may be considered a central telegraphic office, constantly distributing

messages to every part of the system, and in order to attain success in the working of the complicated nervous machinery, it is absolutely necessary to know something of the physiological principles involved in the promotion of a single thought or idea. It is a well known fact that the growth, training and employment of the young, aid in the building up of a brain. On this basis Dr. Brown Sequard proposed the systematic training of the left hand in children, in order to develop the right side power of the brain equal to the left. It fact it is necessary, for the building of a powerful brain, that all the bodily organs should take their part. Brain labour or exercise in the work of the school, now termed cerebration, is the problem which today is occupying the attention of close observers in the path of intellectual development. Taking into consideration the pliant character of young brain tissue in the very midst of the formative process of thought and ideality, the degree of exercise to the point of mental strain must be guarded most carefully and patiently. As the normal performance of a function strengthens and develops the organ itself, so the brain becomes similarly influenced. Here student life comes in, with its advantages and disadvantages, and in order to attain the highest degree of intellectual development, reason, rather than cramming is likely to bring about the desired object. While brain tissue is in the elementary stage, let elementary education be the pabulum of thought. As Huxley has remarked, "freshness and vigor of youth must be maintained in mind as well as body." The more closely we examine the subject of mental hygiene, the more closely it partakes of the common-sense principles how best to educate and train to achieve the greatest degree of culture, embracing all the interests of man in his varied relations of life. To accomplish these desired results an important question arises: At what age should children be admitted to school? In the consideration of this point the peculiarities of brain structure require at least a passing notice. Fat, phosphorus and water are important factors in the elimination of brain power. In the infant the chief mass of the brain is soft and uniform, with smooth ventricles and a few convolutions. In the adult we find much better defined brain substance, with elaborate ventricles and more numerous convolutions, less regular in character. In the infant the peripheric nerves are

larger in proportion than the nervous centres, excepting the sympathetic ganglia. The head of the new born in fact is one-fourth the length of the body and one-fifth the weight, and all the parts of the body have their most rapid growth within the first three years of life. Between the fifth and sixth years the base of the brain grows rapidly. The interior of the brain at this age also gives evidence of rapid growth. The receptive faculties here obtain power and at this stage the foundation of education should be commenced slowly, gradually and cautiously, great care being bestowed to become acquainted with the innate peculiarities of the childish brain, while being stamped with the first thoughtful impressions. From all the information on this subject, the seventh year is considered as the period for the commencement of regular mental work, not however to strain the brain, but rather to bring about regular and gradual training of this intricate structure, having so many functions and taking so very important a part in the growth of the body. The brain is said to digest more than even the stomach in a sense, and certainly it governs largely the digestive process, and on that account how careful the teacher must be, in observing the growth and vigor of youth, so necessary in the formative process of thought, the bases of the common sense principles of education. It is a well known fact that children sent to school too young, are more liable to the various diseases of childhood. Irregular temperature, defective muscular exercise, and tight lacing, are powerful factors in the development of disease. Improper position, inclining to one side or the other while studying at the ordinary desk, frequently results in spinal deformity. How often it is the case that children failing in health, when subjected to a skilled examination, are found to have a high shoulder and curved spine, all of which had been permitted to pass unnoticed until advanced and seated as structural disease. During school life, the points for close examination are numerous, and too great care cannot be taken in guiding the tiny structures of those frames, which afford such comfort in the home circle, and in time take their part in the intellectual development of national power and future greatness. To correct such difficulties and strengthen such sets of muscles as give evidence of failing power, McLaren, of Oxford, has established a gymnasium, upon the entry of which a

close and careful examination is made and a systematic method of training is adopted, sufficient to meet the growing requirements of the system. Glasgow University has also its gymnasium, and although not compulsory, its necessity is daily attracting closer enquiry. McGill College is also adopting the same principle. The gymnastics of brain or body should not conflict with each other, and in the growth and development of power the results to be achieved will certainly be greater than by cramming, under a system of hot house vegetation, through which both physical and intellectual vigor become warped, and practical usefulness for the varied spheres of life considerably lessened. Hospital statistics point out that the principal mortality in children has passed between the seventh and eighth year, which strengthens the argument very considerably, as to the best time to enter school. Parents should not be anxious to convert schools into nurseries, and this point, I feel assured has not escaped the attention of those under whose immediate supervision the whole subject of school life is placed in our Dominion. To the ordinary observer, it must be apparent that the period between childhood and boyhood is one surrounded by constant anxiety and requiring more than ordinary care and watchfulness. For children under seven years of age the great proportion of the teaching should be conducted or conveyed as play; not as a play upon words, but a play in the development process of germinal intellectual power. It is in these years of childhood that education should not in any way conflict with health. Short hours of study, vigorous digestion, kept up by ample physical exercise, will assuredly bring about better results than the over-stimulation of young people, by competitive examinations inducing a degree of mental high pressure, which may make bright pupils in childhood; first in every class; laden with prizes, but oftentimes sapped as to the requisite physical power for the varied callings of after-life. Those who require to live by muscular power chiefly, must develop the power early. In the cultivation of brain power, direction should, as soon as possible, be given to the practical usefulness of the future. Thus preserved, child power, in time, becomes good man power, and in the march of intellectual progress afford strength and endurance to the future of our Dominion. In an address before the State Medical

Society of New York, Dr. Agnew draws attention to the increasing prevalence of asthenopic, refractive, and neurotic difficulties among scholars at the present day. These diseases, he considers, are growing rapidly in schools, colleges and other centres of civilization. In both England and Germany, we have ample evidence of the same. The question arises how are such diseases to be most judiciously guarded against? By careful scientific inspection, and the rigid enforcement of personal and local sanitation. Defective school architecture has much to do with bringing about defects of vision through unequal expansion and contraction of the pupils. Hence the importance of the proper adjustment of light in the school-room. To correct such difficulties, we are fortunate in having a city medical inspector, and the importance of such inspection cannot be over-estimated in carrying out efficiently the best working of our educational institutions. Dr. Cohn, of Breslau, examined the eyes of 10,000 school children and found that in various degrees there was a rapidly-increasing near-sightedness, and in some of the highest classes the near-sighted students were nearly 60 per cent. of the scholars. From these facts it is quite evident medical men have an important duty to perform outside of the privilege of curing disease, if possible, once it has been developed. Thus we observe the absolute necessity of proper sanitary inspection, to stay the evils now on the increase, chiefly through an over-taxation of nerve tissue and nerve power, not in keeping with the physiological principles inculcated at the present day. From various sources, it is quite evident that within a few years lung diseases are on the increase in school children, and, in many instances, may be attributed to overcrowding and long and exhausting confinement in a vitiated atmosphere. The lofty ceilings of our new school houses are evidence of progress, but proper ventilation must be carried to such ceilings, otherwise they will become receptacles for foul air, to vitiate the entire atmosphere of the room. Fresh air is about the most important food of the system, and no where more than during school life should there be a proper and well regulated supply. It is a well known fact that every individual poisons fifteen cubic feet of air every hour, in consequence of which thirty cubic feet should be supplied every hour. If we desire to stay the progress of epidemic diseases,

there should be every effort made to limit the number of pupils to the area of class room accommodations. Well might Dr. Thomas, Rochester remark at the Medical Society meeting in June, 1876 that "Education was not in all instances the unmistakable blessing which it seemed to be, for it became necessary to acquire it at too great a risk," and, under such circumstances, he recommended that every school district should have a competent and well paid medical director, who should devote himself thoroughly and conscientiously to the many hygienic duties of the position. It is impossible to over-estimate the importance of this subject which at present is engaging the attention of public men in every country. Dr. Bowditch in his address at the International Medical Congress, Philadelphia, 1876, stated that over 200,000 persons are annually slaughtered in the United States by preventable diseases. What the death rate in the school children of the Dominion may be, or in those of the Province of Ontario, now numbering 496,000, between the ages of five and sixteen years, I could not offer an estimate. From personal observation, I fear that the cramming system of the present day is not likely to produce a generation equal to the one now passing away. The most useless individuals in society are those who know everything and can do nothing. Our country is rapidly developing and we require workers; workers not converted into drones, by excessive ill-directed application in the buoyant period of youth. Let our education be directed towards the object in view, surrounded by the principles of common sense, and the outcome will be more lasting, the results more practical, and the rising generation one quite able to grapple with the varied emergencies of certainly a trying age.

### INTESTINAL OCCLUSION FROM INVA- GINATION.

By Dr. CARLOS LANCEUS. SAN JOSE DE FLORES. Translated from the Revista Medico-Quirurgica of Buenos Ayres.

BY JOSEPH WORKMAN, M.D., TORONTO.

N. N., of Argentino, unmarried, aged 30 years, of nervo-bilious temperament, and feeble constitution, sought the medical services of Dr. Iturrios, on 28th November, 1880. She was suffering under gastro-intestinal disorder of inflammatory character, from which, under appropriate treatment

she rapidly recovered; but on 8th December, new and far more intense symptoms presented; she had lost appetite, the tongue was loaded, thirst insatiable, nausea supervened, followed by vomitings, during one of which a round and painful tumour was found in the lower part of the abdomen, on the right side. Her aspect was grave and characteristic; it was anxious, and the features were altered, the eyes sunken, the nose sharp, the lips discolored. The bowels did not move spontaneously, nor by enemas, no gases were expelled, and she became tympanitic, especially in the umbilical region; the pulse was frequent, the temperature normal.

Being called conjointly with Dr. Iturrios to see the patient, our diagnosis was an *intestinal occlusion*, and we formed the corresponding grave prognosis. Among the numerous treatments advised in such cases, we decided on opium in large doses in the form of powder, some simple enemas and purgatives, very spare diet, and the greatest possible quietude. Our object was to paralyze the peristaltic movement of the intestines, from the fear of producing a greater occlusion by their disturbance, and with the hope that their relaxation would favour the disappearance of the obstacle; the enemas used stimulated the intestine below it, thus concurring in the desired object. The results corresponded to our hopes. The general symptoms notably improved in the days following; the aspect of the patient became more satisfactory, the anxiety diminished, the pulse was less frequent, the vomiting ceased, the tumour decreased, she had several trifling stools and escape of gases; and diminution of the tympanitis took place.

On 15th December there was an abundant evacuation of blood, mixed with stercoraceous matter. The tumour took on a considerable volume, equal to a foetal head near full gestation; syncope and all the phenomena of profound anemia supervened; the state of the patient was most grave. We persisted in the use of the opium, and ordered ice by the mouth, and externally on the abdomen.

Dr. Aguisse was called in, and he agreed with our views. The general condition of the patient improved; stools of faecal matter of recent formation, mixed with blood coagula in a state of decomposition, were passed. The tumour decreased much in volume, and finally disappeared on 26th December; in one of the stools a considerable

portion of the small intestine, with its corresponding mesentery, had been discharged. All the threatening symptoms disappeared, and but for the debility consequent on the severity of the sufferings, the patient might be said to be in perfect health; she began to feed well, the bowels acted regularly, and no untoward occurrence took place.

2. Intestinal occlusion constitutes a pathological group perfectly characterized, since, notwithstanding its primary anatomical diversities (as, ileus, volvulus, invagination, &c.,) its symptomatic expression is uniform, always manifesting itself by an assemblage of identical, or very similar phenomena. Our patient presented that complete and grave picture which corresponds to this disease: tumour, pain, constipation, meteorism, vomitings, alteration of the features, and apyrexia. We consequently diagnosed intestinal occlusion, without deciding on the nature of the obstacle, which is always difficult to fix on, and many times impossible, since there are no established rules regarding it.

At a later period, (*mas adelante*), by following up attentively the march of this case, and keeping in view the circumstances which might guide us in its appreciation, we thought it possible to speak exactly of its cause and location. The sudden appearance of the tumour, its situation in the right iliac region, between the umbilicus and the cæcum, the usual selection of a *volvulus*, the intensity of the symptoms, the initial rapidity in the progress of the disease, and the total failure of ventral evacuations, made us suspect at the outset that we had in hand this sort of occlusion; but its slower progression afterwards, the remission in the symptoms, the re-establishment, though very incomplete, of the current of matter in the intestines, the appearance of fæces of recent formation, which necessitated the belief that they had found their way past the tumour, the discharges of blood which subsequently took place without any other consequence than a profound anemia, the bilious non-fæcaloid vomitings, &c., induced us to give the opinion that our case was one of *invagination* of the small intestine, causing an incomplete occlusion.

3. The evolution of the case, although apparently capricious, followed the logical course, continuous and regular, presenting a complete catenation of all the phenomena from its origin to its

termination. The primitive inflammatory irritation of the intestines, disturbing their peristaltic movements, determined inverted undulations; both these came into action, and working in a certain manner conjointly, they produced the invagination, with the appearance of tumour, and that group of symptoms corresponding, which we have described. The serous covering of the juxtaposed middle and internal coats of the invaginating intestine, became secondarily inflamed, and being favoured, without doubt, by the distension of the mesenteric vessels, the parts became adherent and fixed, by means of the free fibrinous exudate proper to these adhesive inflammations; intussusception did not augment, and, though very imperfectly, the digestive tube permitted the forwarding of its contents. But the continued compression of the mesenteric vessels produced necrosis of the invaginated cylinder; it separated in one of its extremities, at the point of constriction, and the opened vessels gave out the hemorrhage. The blood not having ready exit, being detained between the folds of the intestine, distended it, (? above) and hence the considerable enlargement of the tumour. The inferior extremity was probably the first to be separated and in its descent the invaginated cylinder unfolding, constituted a tube contained in the invaginating intestine, which though encircled by sanguineous coagula, permitted the passage of fæcal matter.

Ten days afterwards the separation was completed, and the intestine was eliminated; the previous adhesions had prevented the discontinuity of the digestive tube and the leakage into the peritoneal cavity, with its fatal consequences.

The spontaneous work of nature, favoured by a rational medication which paralyzed, as far as possible, the intestinal movements, had produced this termination, and N. N. at present, though with a *yard* less of digestive and absorbing apparatus, is found to be completely re-established.

4. Dr. Iturrios had the goodness to send me the anatomo-pathological piece, which I now possess, converted into a dry preparation, the description of which is as follows:—The intestine is in a good state, with all its tunics almost in totality. In one of the extremities, the latest separated, there is a partial failure of the peritoneum and the mucous coat; the muscular and cellular elements are found dissociated. The existing portion of



the mesentery is sound ; it is furrowed by dilated veins, which, from their transparency are clearly seen. Its greater length, from the point of section to its insertion in the smaller curvature of the intestine is 7 centimetres (2¾ in.) The length of intestine, following the greater curvature, is 85 centimetres (nearly 34 inches). In one of its extremities it presents two small sacs or dilatations, with varicose veins ; in the other it shows a sort of bridle, formed at the expense of the intestinal wall, and which has been certainly the last link of union of the dead intestine to the living parts.

We have been induced to publish these notes, from the fact of our not having met with, in the books specially treating of the subject, any cases analogous in their proportions to that now described, and we are assured by physicians who have visited the principal museums of Europe, that the specimens there seen are much smaller than ours is."

*Note, by Translator—*

Query?—Would it be very uncharitable to suppose that the diagnosis of "*intestinal occlusion*" was more evident on 26th of December than on the 8th? If not, why was recourse had to enemas and purgatives? Was it to "paralyze" the peristaltic movement of the intestines that these were added to the opium? Rather a double-edged sort of treatment.

A BRIEF CONSIDERATION OF TWENTY CASES OF FOREIGN BODIES IN THE EYES.

BY H. AUGUSTUS WILSON, M.D., PHILADELPHIA.

Ophthalmic and Aural Surgeon to St. Mary's Hospital, Lecturer on Ophthalmology and Otology, and on Fracture Dressings, at the Philadelphia School of Anatomy.

My clinic being situated in a densely populated and manufacturing district of this city, has afforded me an excellent opportunity for studying this class of affections, and in reviewing the cases that have been treated in that institution, I will divide them into simple, caustics, gunshot, and sympathetic ophthalmia from foreign bodies.

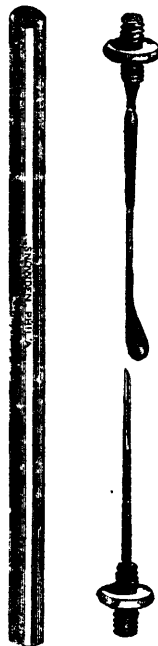
I. SIMPLE CASES.

There were two cases with pieces of coal, two cases with emery, and eight cases with pieces of iron filings or clippings lodged in the exterior of the eye. Of these 12 cases it was found upon

close examination that in 9 instances the foreign body was more or less firmly imbedded in the cornea; in the other three cases they were found lodged in the upper cul-de-sac formed by the ocular and palpebral layers of the conjunctiva.

To remove the intruder from the cornea is often most tedious, and frequently a dangerous procedure, and especially is this the case where the matter is brittle, and comes away a little at a time. The method I have adopted at my clinic is to stand behind the patient, who is seated in rather a low chair, and facing the light. An assistant, by means of a large convex lens whose focussing point is about five inches, concentrates the light upon the point where the foreign body is lodged. I then proceed to the removal by the use of the little gouge or spud.

Mr. Snowden, the surgical instrument maker of the city, has made at my suggestion the compact little instrument which is shown in the accompany-



ing cut. It is composed of a hollow handle of ivory about four inches long, into one end of which fits, by means of a screw, the gouge or spud, while in the opposite end there is a spoon, a modified Gross' eye and ear instrument, convenient for removing foreign matter from the nose or ear. This little arrangement may be carried in the pocket case, and be in readiness for use. Its employment will obviate the necessity of resorting to points of knives, match sticks or other means which are calculated to do irreparable injury unless the patient is under perfect control, and it is rarely the case that he is so.

Having removed all traces of the foreign body, and the case should not be abandoned until this is accomplished, the eye will ordinarily need but little further treatment than a mild collyrium of

R. Zinci Sulphatis ..... gr. i.

Aqua Rosæ ..... ℥. i.

a few drops to be applied to the eye four or five times daily.

II. CAUSTICS.

*Cases with hot cinders in the eyes.*

Two cases were treated who were struck in the

eyes with hot cinders. In both cases the conjunctiva was badly burned, and the removal of the cinders was rendered most difficult on account of the almost unbearable pain. The treatment adopted after removal was,

R Plumbi acetatis.....grs. ii.  
Vaseline . . . . . ʒ iss.

applied to the eye every four hours.

The use of acetate of lead in ophthalmic surgery should be limited to acute cases where its use will be continued for but a few days, a week at the utmost. It has been settled beyond question that the long continued application of lead salts will cause a white smoky film to be deposited upon the epithelial layer of the cornea. What this film is, is still a question shadowed with doubt, many believing it to be due to inflammatory deposits, for it certainly resembles the hazy condition found in and after keratitis. Others believe it to be due to an absorption and deposition of the lead in a very fine state of subdivision. Instead of spending time in trying to solve this question, which solution would be of but slight practical value, let us rather accept the fact and avoid what might be considered sufficient grounds upon which to base a suit for mal-practice.

*A case with sulphuric acid in the eye.*

One case with sulphuric acid in the eye was seen immediately after the accident, and was treated by washing the eye freely with the following :

R Sodii bicarb ..... grs. x.  
Aqua destil..... ʒ i.

The alkaline solution quickly neutralized the acid and prevented further destruction. The eye was now freely bathed with tepid water which had a most soothing effect upon the patient.

One case of lime\* in the eye was caused by a stone splashing into a bed of mortar which splattered some into the face and eye of our little patient. The mother quickly washed out all that could be seen, but as the child was still suffering great pain, she was brought at once to the hospital. Upon a hasty glance anyone would say that all the lime had been removed, but my invariable rule to *evert the lids in all such cases* caused me to resort to this procedure in this case, and it

was fortunate that I did so, for lodged there in the upper cul-de-sac was found a mass about the size of a pea, the major part of which was speedily removed by the foreign body spoon. The eye was then bathed in weak vinegar to neutralize the alkali; the relief afforded to the patient in this case by the removal of the lime was most marked. In all three of these cases a severe conjunctivitis followed, which was controlled in the course of a few days by the use of my favourite astringent for such cases.

R Acidi Tannici.....grs. x.  
Glycerinæ..... ʒ i.

used three times daily in two drop doses applied to the everted lids.

III. GUN SHOT INJURIES.

*A case with gun powder in the eye.*

In the one case of gunpowder in the cornea and ocular conjunctiva about an hour of patient and persevering labor was spent in removing all and even the slightest specs, which if allowed to remain would have caused spots of blue discoloration which could never have been removed. The further treatment was soothing applications to control the threatened inflammation. I employed

R Aqua Camphoræ..... ʒ i.  
Aqua Rosæ ..... ʒ ii.

to be applied on a small piece of linen.

*Case of wound of cornea by a piece of percussion cap.*

The toy pistols which American boys are allowed to play with, for no other purpose that I know of than to render them more familiar with the use of the larger implements of death, contributed one case. A piece of the percussion cap passed partly through the cornea and lodged in the anterior chamber. This was readily removed by the careful use of forceps. Severe iritis followed, which was controlled by the hourly instillation of two drops of

R Duboisia Sulphatis.....grs. ii.  
Aqua Rosæ ..... ʒ i.

which had the effect of quickly dilating the pupil. The wound in the cornea healed kindly, but there remains an ugly scar in the lower and middle quadrant of the cornea, fortunately away from the pupil, and in addition traumatic astigmatism. That the astigmatism was traumatic there could be no doubt, for the ametropic condition existing prior to the accident was fully corrected by the use

\* Reported in full in Clinical Lecture in College and Clinical Record for March, 1881.

of a + 36 (convex) lens. Subsequent to the receipt of the injury a + 18 cylindrical glass was required in addition to the + 36 spherical lens, to render the eye emmetropic.

*Case of pistol ball lodged in Vitreous Humor.*

In one case a pistol ball, size No. 22, passed through the lower lid and in its course upward and inward passed through the coats of the globe and lodged in the vitreous humor. This was a typical case for enucleation, and the necessity of such an operation was strongly urged upon the patient, but he being very ignorant could not be convinced that so desperate a procedure was at all necessary, and receiving surgical treatment for the wound in the lid which was sewed up, he left the hospital and has not since been heard from. But his career can be mapped out very clearly. Sympathetic ophthalmia will set in in course of time, and when it does then perhaps he will be brought to reason and consent to enucleation, but, alas, too late to stop the work of destruction.

II. SYMPATHETIC OPHTHALMIA.

*Case of sympathetic ophthalmitis from chip of iron in the eye.*

A man, aged 50, was struck in the right eye with a small cast-iron chipping. He received only the attention of a fellow workmen, who after a crude examination said, "he guessed it had dropped out." During the subsequent three months the inflammation progressed rapidly, until he sought medical advice for the first time and was sent here. The affected eye was greatly damaged, the cornea opaque but translucent, the iris firmly bound down by posterior synechia, and a small point on the lower and inner quadrant of the cornea showed where the foreign body had entered. No perception of light.

The left eye showed marked evidences of sympathetic ophthalmitis, for there was photophobia, the cornea hazy, the iris sluggish, responding but moderately to mydriatics, owing to posterior and anterior synechia, the pupillary space being occluded by lymph, vision  $\frac{10}{60}$ .

The right eye being beyond hope, attention was directed towards saving the left one, and the only tangible ground for hope was to cut off the means of communication between the eyes. The question arose, which operation should be adopted, optico-ciliary neurotomy or enucleation? After

most careful consideration the latter plan was adopted in view of the fact that nearly all, if not all, ophthalmic surgeons agree that it certainly will prevent sympathetic inflammation, while it is still a point at issue whether the more modern operation of optico-ciliary neurotomy gives permanent relief, or whether reunion of the cut nerves may take place and render the patient subject to a renewed attack. This certainly was not a case for a trial of an operation as yet not generally adopted, and as yet for want of time without sufficient proof that it fully takes the place of enucleation. For these reasons enucleation was performed, and ten days later the patient was discharged from the house, not having suffered any pain in the left eye since the operation; vision  $\frac{20}{20}$ .

An artificial eye was adapted to the stump, which matched quite accurately his remaining eye, both in color, size and movements, indeed so perfectly did it simulate nature that it was difficult for his friends to tell the real from the artificial eye.

In concluding the review of these twenty interesting cases of foreign bodies in the eye, it would be well to lay down a certain plan of action, which will guide us in the treatment of these cases and prevent us from making blunders that will haunt a physician through life.

- 1st. Examine carefully with a good light.
- 2nd. Always evert the lids.
- 3rd. Remove every trace of foreign matter as soon as possible.
- 4th. Control inflammation.

Following out carefully these indications the physician may readily dismiss his patient with an easy conscience, believing that he has done all that could be done.

331 S. 12th St., Philadelphia.

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**Correspondence.**

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THE TREASURERSHIP OF THE MEDICAL COUNCIL.

To the Editor of the CANADA LANCET.

SIR,—Our Medical Association last year passed a resolution to the effect that it was not desirable that any permanent office in the Medical Council, such as the Treasurership, should be filled by a teacher in any of the medical schools. In reading the LANCET some months ago, I saw several letters

to the same effect and not one giving a different opinion on the subject. Notwithstanding this, the president of one of the schools was continued as Treasurer. How long is this to go on? Has the Council so many friends that it can afford to override the views of dozens of medical men who think that, if the office is to be filled by a school-man at all, its holder should, in all fairness, be selected one year from one school and the next from another; but as this would be folly in such an office as the Treasurership, that it should be filled by some one entirely independent of any school. Why not by the Registrar? He is a most capable man and is not overpaid, and to give him the position would at once settle the whole matter and remove a constant source of irritation, for whatever any one may say, it is not right that year after year the president of one particular school should be kept in the same place. The Council should not be a party to anything which is unjust, even in appearance. And in every respect all the medical schools should be treated exactly alike, if the Council is to retain the confidence of the profession.

Yours, etc.,

COUNTRY PRACTITIONER.

April, 1881.

To the Editor of the CANADA LANCET.

SIR,—My attention has been called to a couple of articles, one in the CANADA LANCET, the other in the *Canadian Journal of Medical Science*, upon the subject of professional advertising, or, as the last-named journal styles it, unprofessional advertising. Whilst I am strongly opposed to anything like puffing, and the reporting of operations in the newspapers, in which practices we see many who would have us consider them big guns in the profession, indulging to an inordinate extent, at the same time, although advertising is something I have never followed myself, I hold that the physician or surgeon has a perfect right to advertise and use every legitimate means at his command to bring himself before the public as such. He spends some of the best years of his life, and considerable money in acquiring his profession, and to ask him after having done so, to rent an office at a good figure, to provide himself with the necessary instruments, &c., for practising his profession, to clothe himself in decent apparel, and sit in his office un-

til his latent ability like the attraction of gravitation shall draw him practice, is, to use an Americanism, "too thin."

Some of the ablest men in every sphere of life would have remained in comparative obscurity had it not been for advertising in one way or another; and when there is such a rush for the professions, when we have adopted free trade in medicine, when there is such a fearful competition, we can scarcely expect that men who have adopted the medical profession as a means of gaining a living for themselves and families, will abstain from advertising as a means to an end. But, indeed, to the credit of our young Canadian graduates be it said, they are not the greatest sinners in this respect, but the older practitioners who congregate together in our larger cities, and are immense in their appearance, who resort to this practice, and would have the public believe that they alone possess the philosopher's stone. I take pleasure in enclosing a card of one of your Toronto luminaries.

In conclusion, allow me to say, that it is an easy matter for an editor to sit in his chair and write against a practice which is only hurtful when carried to an inordinate and untruthful extent.

Yours truly,

R. J. D.

[Our correspondent should have written at the bottom of his letter, in the words of Artemus Ward, "This is sarcasm."—ED.]

To the Editor of the CANADA LANCET.

SIR,—Will you be good enough to give me space in the LANCET for the following, for which I shall be very much obliged:

I am desirous of making some investigations into the causes of that most destructive disease, pulmonary phthisis, and any members of the profession in the Dominion who have now on hand well-marked cases of this disease, will confer a favor, and may possibly advance the interests of science, by sending me their address on a post-card, when I will send them a list of questions which they can readily answer, with the view of obtaining a full history of the cases for study.

I trust your readers will see the importance of this work and will kindly take a little trouble and aid me in this way in the investigations, and that we may all be benefited thereby.

Yours, etc.,

EDWARD PLAYTER, M.D.

Toronto, April 20, 1881.

### Selected Articles.

#### TYPHOID FEVER IN GERMANY.

Dr. Dudley P. Allen, writing from Leipsic, says *Med. Record*. "Typhoid fever, which was previously very prevalent in Germany, has greatly decreased in many cities. This decrease is largely due no doubt to the improved water supply, which, however, many cities have been very slow to introduce, Leipsic, for instance, having had a public water-supply for only fifteen years and Dresden but ten years.

"The wells from which water for drinking and cooking was formerly taken are still in existence, and are to be seen in the streets and courts of houses, where they are most admirably arranged to catch all sewage.

Whether the arrangement of water-closets has anything to do with the cases of typhoid fever or kindred diseases that occur at present, is perhaps difficult to say. If, however, the foul gases to which they give rise can cause sickness it might certainly be expected. Living, as families almost universally do, in flats, each flat is supplied with one or two water-closets. Very commonly these are ventilated into the corridor leading up through the centre of the block, and during the winter, when the street doors are closed, the stench in the corridors of many houses is almost unbearable. What the relative frequency of typhoid fever and kindred diseases is in Germany, when compared to other countries, I am unable to say. The treatment of typhoid fever in the wards of E. Wagner, of Leipsic, has for its object to keep down dangerous temperatures and to nourish the patient. Cold baths are extensively employed, and it may be of interest to detail the exact method in which these baths are given. The typhoid patients are placed in beds with rollers. When a patient is to be bathed the bed is rolled to the end of the ward where the bath-room is located, and the patient is lifted from the bed and placed in a sitting posture in a long bath-tub, half full of water. Water is then dipped from the tub and poured constantly over the shoulders. The patient remains in the bath from five to ten minutes, according to the amount of his fever, provided he is not in a very weak condition. The patient is lifted from the bath, placed in a chair, wiped dry, and is again placed in bed and well covered. If he complains of cold he is given a cup of warm broth or a glass of wine.

No definite rule is followed as to the temperature at which a bath shall be given. It is almost always given if a temperature reaches 40° C. or 104° F. but is very frequently given at a much lower temperature, even at one very little above normal.

The object of the bath is primarily to reduce the temperature, but by cleansing the skin and changing the position it also greatly decreases the frequency of the bed-sores. When a patient is in a low typhoid state, it frequently rouses him to consciousness, improves respiration, and causes him to clear his lungs of secretion by coughing, and thus is thought to lessen the frequency of lung complications.

The baths are given according to the temperature and indications of each case, but are not commonly more frequent than once in three hours during the day. At night, if a high temperature is to be anticipated, from fifteen to twenty-five grains of quinine are to be given, and the patient is allowed to rest quietly and is not disturbed for a bath during the night unless the temperature should become dangerous of itself, say 105° F.

In cases of intestinal hemorrhage baths are not given, lest the moving might cause fresh bleeding. Very weak patients are sometimes given a sponge-bath in bed, instead of being placed in the bathtub.

If the patient's pulse is very weak, subcutaneous injections of a solution of one part camphor to four parts olive oil are given. At each injection is given from fifteen to thirty minims, and this is repeated as often as the condition of the patient requires the stimulus. Camphor is preferred to ether or other stimulating injections, on account of its more satisfactory action. Abscesses are very rarely produced.

The temperature of the bath varies. If a patient is weak or old, he is placed in water at about the temperature of the body, and this is cooled to perhaps 92° F. If the patient is young and less feeble, the temperature of the bath may be reduced to 80° F.

The diet of the patients is of milk, broth, eggs, buttermilk, etc. Wine is used as a stimulant.

Since the introduction of baths in the treatment of typhoid in Leipsic, the percentage of deaths has been reduced, I am told, from about seventeen per cent. to about eight and ten per cent.

The number of cases of recurrent typhoid has increased on the other hand. Since August, 1880, out of 65 cases of typhoid, there have been ten cases of recurrent typhoid. This second manifestation of the disease has, as a rule, been mild, and these cases have usually recovered.

The cause of the increased number of recurrent cases of typhoid is uncertain, but Prof. Wagner suggests that these cases simply represent those under previous treatment, have died at an earlier stage of the disease. Prof. Wagner also supposes the second manifestation of the disease must be in some way due to a renewed infection, but how this occurs is undetermined.

## ON A NEW METHOD OF PERFORMING OVARIOTOMY.

BY E. NOEGGERATH, M.D., NEW YORK.

A patient to be operated upon is ordered to take, on the previous day and the one preceding this, one drachm of bromide potassium, and, on the morning before the operation, thirty grains of the salt. The patients require less of the narcotic, the period of excitement is considerably diminished, the sleep is more natural, and vomiting is less frequent than without it. For the last two years I have added one or more doses of thirty grains chloral, per rectum. Since I have been in the habit of employing bromide before and chloral after ovariectomy, vomiting has been extremely rare.

I place my patient on a rubber bed filled with water heated to 100° to 102°. Whatever temperature may be lost by exposure or by the cold spray is constantly supplied anew from this source. The most important danger connected with ovariectomy consists in the formation of the septic material in the abdominal cavity after the operation; but it is evident that, besides surrounding the patient with all safeguards, it must be the effort of the surgeon to allow as little septic matter as possible to come in contact with the peritoneum.

I commence by incising the skin, the subcutaneous layer of fat, and the fascia superficialis to the extent of about three inches. Instead of going on incising the tissues down to and through the peritoneum, I plunge the trocar at once into the cyst and empty it out. If I find that the liquid is bland, I proceed with the operation; if it should contain pus, decomposed blood, or dark, grumous fluid, I inject through the tube attached to the trocar about half as much of a two-and-a-half per cent. solution of carbolic acid as the fluid measured when removed. This is allowed to remain in the cyst for a while and is then withdrawn. It is done in order to remove the possibility of infecting matter passing from the cyst into the abdominal cavity during the further progress of the operation. After the cyst is fully emptied, I depress the handle of the trocar towards the skin below the umbilicus, thus carrying all that section of the tumor which lies below the opening of the trocar against the anterior abdominal wall. Now the up-lifted portion of the latter is incised upon the trocar as a guide down to the cyst wall, which is lifted up and out of the peritoneal cavity instrument inside it, after which the pedicle is tied and the cyst removed.

The advantages of this proceeding over the ordinary method are the following:

1. It simplifies the operation considerably, since the search for and separate opening of the serous membrane are entirely done away with. 2. The

chances of air, instruments, and hands, contaminated with septic material, entering the abdomen are considerably diminished. 3. The chance of noxious contents of the tumor running into the abdominal cavity is very much less as compared with the ordinary proceeding, and they can be rendered harmless by previous disinfection. 4. The opening in the peritoneum is, on an average, smaller than with the old method, it being adapted in every single instance exactly to the requirements of the case. After a small section of the cyst, say an inch of its surface, is laid bare, and traction is exerted upon the same by the trocar, the length of the succeeding incision is determined simply by the thickness of the cyst wall, since the further enlargement of the wound is done while the sac is being lifted out gradually, and stopped the moment it is entirely outside. 5. The shock which results from laying open the abdominal cavity is shortened by just so much time as it takes to empty out the cyst, the greater part of the operation being reduced to that of simple tapping.

I will state that in ordinary cases I leave my patients for the following week on the water-bed, which I now fill with cold water as soon as a rise of temperature calls for antipyretic measures. Should symptoms of nervous depression, or even collapse, begin to develop, it can be filled again with hot water, and thus its stimulating effects called into action.

The after-treatment properly begins at the time when the cyst is being severed from the pedicle—that is to say, we have at this moment to decide whether the peritoneal wound, namely, the peritoneal cavity, is to be treated as an open wound, or to be closed.

All I want to state is the conviction that drainage of the pelvic cavity, as it is practiced by our surgeons now-a-days, no matter of what shape or material the tube is made, is a source of great danger.

Mrs. Rosalie H., forty-two, had been married three times, but had never had any children. A year and a half before admission she noticed a small, hard mass in the left iliac region. It grew steadily without causing any pain, until about three months ago, when she began to experience a great deal of distress and a sensation of chilliness followed by fever twice daily. She appeared to be robust and even unusually stout. The abdomen was filled with an elastic, indistinctly fluctuating tumor, composed apparently of two cysts with thick walls. The tumor was found to be adherent to the uterus, as well as to the entire pelvic cavity. I began the operation with the conviction that I could only remove part of the tumor, on account of the intimate connection of its lower portion with the surrounding organs, and so it proved to be. I had to cut away the upper three-fourths of the mass, and leave the rest inside.

The walls were in some places two inches thick. In order to avoid hæmorrhage, I inserted two sets of ligatures, each about an inch from the other, and tied the proximate threads of silk before cutting away the tumor above. The denuded surface in some places showed arterial openings of the size of the ulnaris. By this process, however, the operation became so protracted that I severed the second half of the tumor with Paquelin's cautery, and constricted the tissues with sutures wherever they showed a tendency to bleed. In view of a possible secondary hæmorrhage, I did not cut the silk, but left it hanging outside the wound, of which I closed the upper part, leaving the lower angle open wide enough for the admission of two rubber tubes of large calibre, one resting in the sac, the other behind it, in the abdominal cavity.

Now, after the operation, the condition of things was as unfavourable as could be. I therefore had the patient transferred immediately from the operating table into a bath-tub, filled with water heated to 100°, to which was added enough common salt to make not quite a one-half-per-cent. solution, and a small quantity of salicylic acid. After three hours, when Mrs. H. had fully recovered from the effects of the chloroform and of the protracted operation, the temperature of the bath was allowed to fall to 96°, and was never allowed to reach below 94° during the whole treatment. The water in the bath remained remarkably clear for the first few days, but was entirely renewed at least once a day. The patient felt comparatively well during her stay in the water. She slept a good deal, with the help of morphia, and was fed per rectum. The temperature was taken in the mouth, and was never found to exceed 100°, pulse usually 120. On the sixth day diarrhœa set in, and she was taken out of the water. When in bed the wound, as well as the tubes, was found to be perfectly clear; not a drop of pus; but it was only twenty-four hours after that suppuration began to set in, which, however, was not accompanied by any rise of temperature.

The upper part of the wound had parted, and a piece of colon, size of a small fist, was found partly outside the abdominal wall, not at all discolored, but covered by a thick layer of lymph, which also had produced such a firm union between the sides of the intestine and those of the wound, that it could not be replaced without using a great deal of force. On the third day after the removal from the bath, the patient was anæsthetized, the adherent intestine was forcibly separated with the finger, and pushed back into the abdominal cavity and the wound was closed with metallic sutures. No inflammatory reaction followed, and union took place very rapidly. The tube in the sac remained *in situ* at the lower angle, while that leading into the abdominal cavity was removed at the time of the replacement of the intestine. The

discharge from the sac remained copious, and was for some time very offensive. Two months later the patient was discharged.

The number of cases I have treated with the bath is too small to shape any final indications for its use. I know, however, already of one contra-indication, and within its scope are comprised patients with weakened constitutions. The drain on the system from loss of serum and fibrine is severe. I propose to employ the permanent bath as a substitute for ordinary drainage in ovariectomy and, above all, after Freunid's operation, after the removal of fibroid tumors, and after Cæsarean section. I will further state that in the bath an abdominal fistula, an inch and a half in length, from which all of the solid fæcal matter was discharged for weeks, was closed in four days and a half so thoroughly that no fæces were afterward discharged through it after the patient was removed from the bath.—*New York Medical Journal*, Feb., Med. Abstract.

#### A SERIES OF FIFTY CASES OF ABDOMINAL SECTION FOR VARIOUS PURPOSES.

BY LAWSON TAIT, F.R.C.S.

(*Birmingham Med. Review*, Jan.)

Increasing success in dealing with ovarian tumors has led me, as well as others, to the belief that operative measures might be applied successfully to other abdominal tumors which have, until recently, been regarded as hopelessly beyond our reach as ovarian tumors were thirty years ago. I have, therefore, arrived at a rule, that all abdominal tumors which were threatening the life of the patient, or rendering it miserable, unless they were clearly of a cancerous nature, should be explored by abdominal section. Upon this rule I have for a long time acted, and have as yet seen no reason to regret my action.

I divide these abdominal sections into, first of all, cases of simple exploratory incision where nothing is done but carefully to handle and inspect the appearance and relations of the tumour, and then close the wound. Of my fifty cases no less than seventeen came under this heading, and of these there was not a single death. The patients not only recovered from the operation, but lived in many instances for many months, and in at least three instances for some years after the operation, without being any the worse for it.

1. Lived for at least 15 months.
2. Large cystic kidney, lived nearly 4 years, and free from ascites which previously she suffered from.
3. Mass of pelvic cancer, lived 4 months.
4. Mass of omental cancer, died after return home.
5. Ovarian tumor with papiloma, could not be removed, still alive.
6. Mass of soft sarcoma, origin not ascertained, still alive.
7. Ovarian tumor with papiloma, died about six weeks after from rapid extension of cancer to omentum.

8. Cancer of ovary, died in 5 weeks.
9. Soft myxoma growing from cæcum, still alive and in much better health.
10. Papiloma of peritonem, still alive.
11. Ovarian tumor with papiloma, died 6 weeks after.
12. Ovarian dysmenorrhœa, ovaries so adherent that they could not be removed.
- 13.
14. Cystic ovarian tumors with recurrent rupture of cysts, producing perimetritis, tumor could not be removed.
15. Cancer of omentum, died in 9 weeks.
16. Nature of tumor not discovered, still inclined.
17. Tumor of spleen, could not be removed, still alive.

Of these cases seven were operated upon without antiseptic precautions and ten with, and all recovered equally well. In three cases, the case of cystic kidney, the myxoma of the cæcum and the tumor of the spleen, positive benefit seems to be obtained from the operation; for whereas, before it they all three suffered from dropsical effusion into the peritoneum, in none of them did it recur after it, and the latter two are now in much better health than before the operation.

In seventeen of the cases operations were begun for the removal of the tumors, but had to be left uncompleted on account of the impossibility of removal. Of these, six resulted in complete cure, two recovered without any detriment, and nine died from the attempted removal. They are as follows:

1. Cystic ovary; cysts emptied and drained; after prolonged suppuration she completely recovered, and is now quite well and the tumor gone.
2. Cystic ovary, recovered, afterwards lost sight of.
3. Cystic ovary, recovered, afterwards lost sight of.
4. Cancerous tumor of ovary, cyst into which hæmorrhage had occurred drained into vagina, tube passed through peritoneum died of hydrothorax.
5. Incomplete removal of large cystic tumor of origin never ascertained, but not ovarian, died eight weeks after operation.
6. Attempted removal of large cyst of unknown origin, drained and completely cured, now in perfect health.
7. Hydrometra, completely cured by drainage, now in perfect health.
8. Hæmato-salpinx, drained, died on fourth day of septic peritonitis.
9. Hæmato-salpinx, drained, completely cured, now in perfect health.
10. Large cyst of mesentery, supposed to be a parovarian tumor previous to operation, completely cured by drainage.
11. Large cystic kidney, about half of the tumor was removed, urine drained from stump till death on 12th day.
12. Small cystic tumor of ovary, giving intense pain, cysts laid open tumor could not be removed, completely recovered, and now in perfect health.
- 13 to 17. Incomplete hysterotomy.

A simple exploratory incision has never been fatal in my hands, but nearly half of my incomplete operations have been. Of the fourth case in the list I may say that I was urged to the operation by the patient and her friends against my own judgment.

In the fifth case, I found when the patient died, eight weeks after the operation, that I had removed four-fifths of the tumor, and that if I had persevered for a little longer I should have got it all out and probably have saved my patient. A similar experience I have to record of the eleventh case—the cystic tumor of the kidney. I was frightened by the appearance of huge venous sinuses. I had removed all but the base of the tumor, and that would have given me no more trouble than what I had already overcome.

The other three cases of incomplete hysterotomy were efforts to enucleate the tumors which

were unsuccessful. In two of them I removed the ovaries as a final step, in the hope that, if the patients recovered the attempt at hysterotomy, they might be benefitted by the oöphorectomy. This is a practice I should not repeat. It is somewhat comforting after this to be able to record that six of my incomplete operations resulted in complete cures.

My next group of cases consists of nine cases of hysterotomy, that is, removal of the body of the uterus on account of myomatous growths, an operation concerning which I have not nearly so high an estimate as I had a few years ago. I believe the largest experience of it has fallen to the hands of M. Pean, who is said to have performed it about thirty times with more than half of the cases recovering.

There are two main difficulties about the operation which seem to me to be so great as forever to forbid it becoming very extensively adopted. In the first place the cases for which it is most urgently demanded are those in which the hæmorrhage cannot be controlled by other than operative means, and when they come for operation they are so anæmic that any operation is fraught with the most imminent risk of death in a few hours from the formation of fibrinous clot in the heart.

The second difficulty is in the treatment of the pedicle. This is usually so short, thick, and firm as to defy almost any kind of treatment. In the practice of others I have seen the tumors with pedicles capable of treatment with the clamp, or the ligature as satisfactory, as is the case in the most ovarian tumors, but this has not, unfortunately, been my own experience. I have never yet had a case of hysterotomy with a good pedicle, and this has been the cause of death in four out of my five fatal cases, and in my four successful cases the difficulties were almost as great as in the unsuccessful ones.

Of my first four cases, two of them recovered and two died—both deaths occurring on account of the thickness of the pedicle preventing me getting the wound closed accurately round it after it had been secured by Mr. Wells' caliper clamp.

In my fifth case I secured the pedicle by Pean's wire clamp, and death occurred from hæmorrhage in a few hours caused by the breaking of one of the wires.

In my sixth and seventh cases I used a wire clamp of my own devising with successful results, although both patients ran narrow risks of death from the prolonged suppuration inevitable in the separation of the enormously thick stump.

In my eighth and ninth cases the application of any clamp was an impossibility, owing to the shortness and thickness of the pedicle. In the first of these two I passed hempen cord round the cervix, and, having tightened it by means of an



écraseur, I cut off the tumour, I then passed a ligature, by means of a needle, round the lateral vessels on each side, and tied them firmly, and then secured the pedicle by ligatures in two halves and finally by a thick silk cord round the whole mass. By the oozing of the serum from the œdematous mass the ligatures became loose, and on *post-mortem* examination we found that death had occurred from slow oozing.

The ninth case was one in which there were two nodules at the back of the pedicle which I had to enucleate. I treated the pedicle in much as in the preceding case, save that, as an additional precaution, I cut the tumor off in such a way as to produce flaps, as in a limb amputation, and I carefully tightened them together by stitches. To do all this I had to go so far down that I fear a ureter was injured. At any rate she died on the fourth day of peritonitis, but as a *post-mortem* examination was not allowed, I cannot say exactly what the cause of death was.

My conclusions from this experience are that, save when there is a pedicle sufficiently long to be secured outside by my wire clamp, I shall not attempt hysterotomy, but shall content myself with removal of the ovaries instead. This alternative I have adopted recently in four cases, and in three of them with perfect success. The fourth died of heart clot, but in that case the hæmorrhage had reduced the patient to the extreme of anæmia.

The next group consists of two cases of extra-uterine gestation treated by abdominal section, both of which recovered.

Then there come next a group of cases of suppurating pelvic hæmatocele treated by abdominal section and drainage, and having all most satisfactory results. These cases are of great importance because they are the first cases of this kind which have been dealt with in this way.

These three cases seem to me of so much importance that I propose to give them in full detail. A patient was sent to me in Feb., 1879, by Mr. Gwinnett Sharp, of Walsall, suffering from a pelvic tumor associated with very severe symptoms. She was 22 years of age, and had been married nine months. Her menstruation had always been too frequent and too profuse, and six weeks before I saw her it had stopped suddenly in its course, and this was associated with the onset of violent pelvic pain—the leading features of extra-peritoneal hæmatocele. A few days afterwards she shivered and became very ill and feverish, and these symptoms had become intensified when I saw her ten days after their occurrence. She was then emaciated and hectic looking, with a high night temperature, intense pain and tenderness over the lower abdomen, and, when examined, a large fluctuating tumor, adherent to and behind the uterus, and going on either side of it, was found to occupy the pelvis, and rise about half way up to the umbilicus.

The roof of the pelvis was fixed and hard, and no fluctuation could be felt there.

The nature of the tumor could be open to only two suggestions—that it was a suppurating parovarian cyst with peritonitis, or a suppurating hæmatocele. I leant to the latter view as it was in consonance with the history, and I have never known a parovarian cyst suppurate, whilst hæmatoceles constantly do.

In any case I determined to open it from above and this I did. I found a large cavity containing about two pints of fetid pus with decomposing blood clots. This I carefully cleansed out, and fastening the walls of the cyst carefully to the walls in the parietes, I fixed in one of Koeberle's glass drainage tubes five inches long. Seven days after the operation I placed a three-inch glass drainage tube, and in another week this was replaced by a soft rubber tube. The patient got up on the twentieth day after the operation, and in ten days more went home perfectly well with the abscess healed, and remains in perfect health.

The second case, æt. 45, had never been pregnant, save one doubtful miscarriage soon after marriage, nineteen years ago. Symptoms resembling those of hæmatocele had occurred eight months before, and since that time she had been losing flesh. The uterus was fixed in a mass of effusion occupying the left broad ligament, and partly the right one also; and the mass on the left side encircled the rectum, forming a pronounced stricture. No point of fluctuation could be felt in the pelvis, but the symptoms pointed clearly to the presence of pus. I therefore determined to open the abdomen.

On reaching the peritoneum the two layers were found to be adherent, so that the cavity was not opened. A large abscess was opened just behind the base of the bladder, between which and the uterus it principally lay, but stretching behind the rectum. The floor and posterior wall of the abscess were found to consist of organized blood clot, so that its origin was in a blood effusion into the broad ligament. A glass drainage tube was inserted, and this was changed for one of Chassaignac's wire tubes on the eleventh day after the operation. The tube was finally removed on the 26th. She went home on the 30th day perfectly well, and has remained so ever since, now ten months.

The third case was a patient of Mr. Hallwright's, in whom he had diagnosed hæmatocele some four weeks before I saw her. Symptoms of suppuration set in, and I performed exactly the same operation as in the first case. This case also was an undoubted hæmatocele of the broad ligament. Eight days after the operation the glass tube was changed for a wire one, and this was removed in twelve days more. She left the hospital perfectly well only 33 days after admission, and has since remained perfectly well.

Such a collection of cases as constitute my present series cannot be classed together with any good statistical result; but still it is worth note that of fifty heterogenous cases of pelvic tumor in which the abdomen was opened as a matter of routine practice, fifteen died and sixteen were cured, whilst the remaining nineteen recovered from the operation without having been in any way injured by it.

THE BROMIDES IN EPILEPSY.

Dr. A. Hughes Bennett, in the *Edinburgh Medical Journal*, Feb., gives the following:—

Bromide of potassium is generally recognized as the most effective anti-epileptic remedy we at present possess. There exists, however, great difference of opinion as to its method of administration, and to the amount of benefit which we may expect from its use.

Each case in succession, and without selection, which was pronounced epilepsy, all doubtful cases being eliminated, was considered as a subject suitable for experiment. The general circumstances of the individual were studied; his diet, hygienic surroundings, habits, and so on, if faulty, were, when practicable, improved. The bromides were then ordered and taken without intermission. The minimum quantity, for an adult to begin with, was thirty grains three times a day, the first dose half an hour before rising in the morning, the second in the middle of the day on an empty stomach, and the third at bedtime. This was continued for a fortnight, and if with success was persevered with, according to circumstances, for a period varying from two to six months. If the attacks were not materially diminished in frequency, the dose was immediately increased by ten grains at a time till the paroxysms were arrested. In this way as much as from sixty to eighty grains have been administered three times daily, and, with one or two isolated exceptions, I have met with no case which altogether resisted the influence of these large doses; and I have never seen any really serious symptoms of poisoning or injury to the general health ensue in consequence. Sometimes these quantities have been taken for many months with advantage; but, as a rule, it is preferable, when possible, after a few weeks gradually to diminish the dose and endeavor to secure that amount which, while it does not injuriously affect the general condition of the patient, serves to keep the epileptic attacks in subjection. The form of prescription to begin with in an adult has been as follows: R Pot. bromid., gr. xv., Ammon. bromid., gr. xv., Sp. ammon. aromat., ʒ ss, Infus. quassia, ad ʒj. M. Ft. haust. ter die, sumendus.

The average quantity to begin with for a child

of ten or twelve years has been twenty grains thrice daily.

In this manner I have personally treated about 300 cases. It is necessary, in order to judge of the true effect of a drug in epilepsy, that the patient should be under its influence continuously for a certain period of time.

TABLE I.—*Sixty Cases of Epilepsy, showing Results of Treatment by the Bromides during a Period of from Six Months to One Year.* In the first column, the average number of attacks per month before treatment is given; in the second column, the average number after treatment; and in the third column, the whole number of attacks during six months of treatment is given:—

Before treatment.	After treatment.	6 mos. t'ment.	Before treatment.	After treatment.	6 mos. t'ment.
900	60	—	8	1	—
600	5	—	8	—	4
600	90	—	8	1	—
450	12	—	8	4	—
300	2	—	6	0	0
240	90	—	5	—	5
180	60	—	5	0	0
150	5	—	4	2	—
150	8	—	4	1	—
150	7	—	4	1	—
120	3	—	4	1	—
120	120	—	4	—	2
90	3	—	4	—	3
90	9	—	2	—	3
70	20	—	2	—	2
60	4	—	2	—	1
60	6	—	2	—	1
60	90	—	2	—	4
30	7	—	2	—	1
30	1	—	2	—	2
30	2	—	1	0	0
30	10	—	1	—	2
16	8	—	1	0	0
16	2	—	1	1	0
12	4	—	1	0	0
12	12	—	1	0	0
12	3	—	1	—	1
8	0	0	1	—	1
8	2	—	1	—	1
8	1	—	1	150	—

[Tables of 57 cases treated from one to four years are given.]

These four tables consist of all the characteristic cases of epilepsy which came under notice, without selection of any kind, all being included, no matter what their form or severity, their age, complication with organic disease, etc. In analyzing this miscellaneous series, the chief fact to be noticed, whether the period of treatment has been limited to six months or extended to four years, is the remarkable effect of treatment upon the number of the epileptic seizures. Of the total 117 cases, in 14, or about 12.1 per cent., the attacks were entirely arrested during the whole period of treatment. In 97, or about 83.3 per cent., the monthly number of seizures was diminished. In 3, or about 2.3 per cent., there was no change either for better or worse; and in 3, or about 2.3 per cent., the attacks were more frequent after treatment. With regard to the fourteen cases which were free from attacks during treatment, it cannot, of course, be maintained that all of these were cured in the strict sense of the term. It is probable that if

many of them discontinued the medicine the seizures would return. Still, the results are such as to encourage a hope that if the bromides are persevered with, and the attacks arrested for a sufficiently long period, a permanent result might be anticipated. Even should no such ultimate object be realized, it is obvious that an agent which can, during its administration, completely cut short the distressing epileptic paroxysms, without injuriously affecting the mental or bodily health, is of immense importance.

Having been brought up in the belief that epilepsy was one of the most intractable of diseases, no one is more surprised than myself at the readiness with which it responds to treatment. So far, then, from this affection being the despair of the profession, I believe that of all chronic nervous diseases it is the one most amenable to treatment by drugs, resulting, if not in complete cure, in great amelioration of the symptoms which practically constitute the disease. It is right, however, to add that I can only speak from experience of cases under treatment for a period of four years.

### TERTIARY SYPHILIS OF THE THROAT.

BY WHITFIELD WARD, A.M., M.D.

These cases have been selected from a large number which I have met during the past year in both hospital and private practice.

CASE I.—*Paralysis of Adductors of both Vocal Cords Producing Complete Aphonia*.—A girl  $\text{\ae}$ . 18; on directing the patient to phonate, the two vocal cords which, in a healthy larynx, should approximate each other in the middle of that tube, failed to do so, but remained stationary at the sides of the windpipe. I could account for the paralysis in no way, there being but a slight amount of inflammatory action in the larynx, and none of the special conditions of hysteria. After a great deal of prevarication it was finally ascertained that about two years previous she had a small sore on the external genitals which had been burned off. She remembered no secondary eruption. I made some mild astringent application and prescribed the iodide of potash in fifteen grain doses, thrice daily. I did not see my patient again for five days, when she presented herself in a very happy frame of mind on account of her ability to talk a little. Upon laryngeal inspection a little motion was distinctly visible in the paralyzed bodies. I increased the dose to grs. xx, thrice per diem. A week later the potash was again further increased to twenty-five grains, thrice daily. The same plan of treatment was pursued until one hundred and five grains were taken in twenty-four hours, when a retrograde course was instituted on account of the rapid improvement of the patient.

The case was a complete success, the voice being perfectly recovered, and the paralyzed bodies restored to their normal condition.

Within the present month I have had at my clinic a case somewhat similar to the one reported above, the paralysis, however, being confined to one vocal cord, the left. The patient is progressing nicely, and the pathological condition gradually disappearing under a course of treatment similar to that related above.

CASE II.—*Syphilitic Glossitis*.—Female  $\text{\ae}$ . 35. The tongue was immensely swollen, so much so that it protruded outside of the mouth. The patient complained of great pain in the organ, together with an inability to swallow any food, either liquid or solid. Along the free border of the gums several points of ulceration were noticeable. To those who have practised in a time when pytalism was more frequently produced than at present, the above case presents all the points of a profuse and injudicious salivation. However, it was ascertained that no drugs had been swallowed. As the patient would not allow the use of the bistoury—a free incision along the dorsum of the tongue on each side of the raphe being indicated to allow of the escape of infiltrated fluid—and there was a distinct history of syphilis contracted several years before, I ordered her twenty grains of iodide of potash every six hours. Two days after the patient reported that all pain had disappeared, and that she could swallow liquids and soft food with ease.

CASE III.—*Syphilitic Ulceration of Velum accompanied with a large Perforation*.—A man,  $\text{\ae}$ . 40. Had all the evidences of tertiary syphilis in the buccal cavity. The entire mucous membrane covering the fauces was greatly congested, the inflammatory redness being of a dusky colour, a characteristic peculiar to syphilitic cases, and one that will often enable the expert to instantly diagnose the disease correctly. On the right side of the soft palate, midway between the uvula and the attachment of the velum to the side of the throat, an opening large enough to allow of the passage of a lead pencil was distinctly visible. The entire circumference of the orifice was in an ulcerated condition, and the tissues for at least a line beyond looked as if they were about to become involved in the destructive process. He had contracted chancre twenty years ago, and had suffered from pains in the bones for a long time. The stereotyped treatment would be to freely cauterize the edges of the perforation with the stick of nitrate of silver, and to administer internally the antisiphilitics, mercury and potash, either singly or combined. Now, instead of pursuing this plan, I made no local application whatever, but simply prescribed the iodide of potash in large doses frequently repeated. The result was most gratifying, for at every attendance of the patient the perforation was smaller, until finally it disappeared alto-

**FOR CONSUMPTION AND WASTING DISEASES**

# HYDROLEINE.

("HYDRATED OIL.")

FOR DYSPEPSIA, INDIGESTION, ETC.

## MALTOPEPSYN.

I desire to express to the Medical Profession my thanks and deep sense of obligation to them for their generous support and kind interest, shown by the almost universal use of Hydroleine and Maltopepsyn in their practice, and the great number of laudatory letters received from them.

I wish also to assure them that I shall continue to give my personal attention to all preparations, either imported or manufactured by me and I shall endeavor to produce such remedies *only* as will merit the continued support of the Profession in all parts of the world.

The demand for Maltopepsyn has increased so rapidly, through this decided support of the medical profession, that it has made it absolutely necessary to increase my facilities. I have now leased the entire premises No. 57 Front Street East, erected a new engine, mills, choppers, presses and other machinery of the latest and most approved patterns. I shall be most happy to see any physician and show to him my methods for manufacturing Pepsine, Pancreatine, Exsiccated Extract of Malt, and the other ingredients of Maltopepsyn (as per formula.) I, with perfect security, guarantee to keep the quality to its present high standard, as I devote my entire time to that end.

I add enough testimony from distinguished medical men, the medical press, and leading chemists in the Dominion of Canada from the mass of letters received, to show conclusively the high reputation these two remedies have gained, leaving out the much greater amount of testimony received from England and the United States.

Very respectfully,

**HAZEN MORSE.**

57 Front Street East, Toronto.

### IMPORTANT NOTICE.

I publish below exact formulas for Hydroleine and Maltopepsyn. Testimonials follow on next 3 pages.

#### FORMULA OF HYDROLEINE.

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

Pure Oil.....	80 m. (drops.)	Soda .....	1-3 grains.
Distilled Water...	35 "	Boric Acid.....	1-4 "
Soluble Pancreatine	5 grains.	Hyochoic Acid.....	1-20 "

DOSE.—Two teaspoonsful alone, or mixed with twice the quantity of soft water to be taken thrice daily with meals.

### MALTOPEPSYN.

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

#### FORMULA.

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

# HYDROLEINE.

LA GAUCHETÈRE STREET, MONTREAL, Nov. 24, 1880.

"I consider Hydroleine a valuable preparation, and I have shown my estimation of it by prescribing it to some thirty or more of my patients instead of ordinary Cod Liver Oil. Many of them continue to take it and have been greatly benefitted by its use."

J. J. DUGDALE, M. D.

32 BEAVER HALL, MONTREAL, May 15, 1880.

"My experience with Hydroleine has been more than satisfactory, and I know no remedy like it in cases of a scrofulous or tubercular diatheses. In some of my cases the effects of this remedy have been really marvelous. Now, I wish you to send through Lewis & Co., a half dozen for my own personal use, as I wish to continue taking the Hydroleine myself."

E. H. TRENHOLME, M. D.

HASTINGS, ONT., 15th Sept., 1880.

"We are so well satisfied with the trial bottle of Hydroleine, having put it to a severe test in an extreme case where we really did not expect the girl to live a week (she is now able to walk about the house), that we would like a dozen bottles."

DRS. CLARK & O'GORMAN.

RICHMOND, ONT., Nov. 25, 1880.

"I have to-day made arrangements with Mr. McElroy (the merchant of our village), to keep in stock a quantity of Hydroleine. It is the best thing I have ever used in all wasting diseases."

D. BEATTY, M. D.

MONTREAL, Aug. 12, 1880.

"I have prescribed your preparation, Hydroleine, very largely with the greatest satisfaction to myself and benefit to my patients. One delicate lady (Mrs. McC.) gained *16 pounds* by taking four bottles of the medicine. In many other cases the increase in flesh and weight has been very remarkable."

E. H. TRENHOLME, M. D.

FREELTON, Dec. 17, 1880.

"After taking three bottles of Hydroleine her weight increased 9 pounds. She discontinued the remedy, and again fell back, but on commencing the Hydroleine again, as before, she immediately improved, and is continuing to do so under its use."

GEO. METHERELL, M. D.

HASTINGS, Dec. 6, 1880.

"We give it (Hydroleine) our unqualified approval, notably of late in convalescence from Typhoid, especially where bronchial trouble has been present. Your Maltopepsyn is an excellent remedy."

DRS. CLARK & O'GORMAN.

PORT ELGIN, ONT., Dec. 16, 1880.

"I have been prescribing Hydroleine in all wasting diseases for some months, and can heartily recommend it to the notice of the profession as a remedy of real merit."

LEWIS E. SHEPHERD, M. D.

LONDON, ONT., Dec. 7, 1880.

"I have used Hydroleine since August in tubercular diatheses with entire satisfaction, and consider it an estimable and highly efficient preparation."

H. W. LLOYD, M. D.

CANNINGTON, Dec. 22, 1880.

"I have used the Hydroleine in a number of cases, and with very satisfactory results. I am very much pleased with its action in pulmonary and other diseases attended with emaciation."

J. M. HART, M. D.

NEUCHÂT, Dec. 21, 1880.

"I have found it (Hydroleine), to be a sovereign remedy. In one case of Gastrodynia, in which I had employed all known remedies which were likely to be beneficial, with little effect, since taking Hydroleins the patient has had complete relief, the appetite increased, also marked increase of flesh."

T. C. SPENCE, M. D.

GRIMSBY, Dec. 27, 1880.

"I beg to testify to the excellent effects derived from the use of Hydroleine"

R. A. ALEXANDER, M. D.

CREDIT, ONT.

"A delicate young lady took four bottles of Hydroleine. and gained 3½ pounds with each bottle. making a total gain of 14 pounds."

DR. DIXIE.

DUNDALK, Jan. 13, 1881.

"I refer to a case of incipient phthisis. The patient gained in weight while taking the first bottle of Hydroleine five pounds, and when last seen was taking second bottle, and had gained four pounds more. I may add that the cough and general condition of the patient were very much improved."

JAS. McWILLIAM.

CLINTON, Jan. 4, 1881

"It has answered the purpose better than anything I have yet used, and my impression is that it will supersede all other remedies now in use for chronic pulmonary troubles."

A. WORTHINGTON, M. D.

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# MALTOPEPSYN.

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BRUSSELS, T., June 28, 1880.

"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."

WILLIAM GRAHAM, M. D.

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

Child of Mr. Edgell, Toronto, about two years old, suffering from Diarrhoea, 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."

WALLACE, N.S., Oct. 4, 1880.

"The Maltopepsyn was given in a marked and distressing case of Indigestion with the most rapid pleasing and beneficial results."

Z. W. KEMPTON, M. D.

ATHLONE, ONT., Jan. 20, 1880.

"The Maltopepsyn I obtained from you has far more than answered my anticipations. Having tried it in two old and very obstinate cases of indigestion, I found it to act like a charm."

C. McKENNA, M. D.

GEORGETOWN, ONT., Dec. 17, 1880.

"I like your Maltopepsyn; I find it to act very nicely and to do all that you recommend it to do."

WM. J. ROE, M. D.

MIDLAND, ONT., Dec. 24, 1880.

"I regard it (Maltopepsyn) as a very valuable preparation."

P. E. KIDD, M. D.

CAMBRAY, ONT., Jan., 1881.

"I have used your Maltopepsyn in severe cases of Indigestion and Malnutrition in adults and Diarrhoea of children, and am so well pleased with the results that I have instructed my druggist to keep a supply on hand."

T. W. READE, M. D.

ATHLONE, ONT., Dec. 30, 1880.

"After giving your Maltopepsyn a trial in some of my worst cases, for which it was recommended, I am well pleased with the way in which it acts. Continue to make a good article like that now in use and it will be a universal favorite."

R. HAMILTON, M. D.

OHIO, YARMOUTH Co., N. S., Dec. 1, 1880.

"I may say I like it (Maltopepsyn), much better than any preparation of the kind that I have used, as it is certainly both more prompt and effective, and it further has the advantage of being much cheaper."

J. A. W. MORSE, M. D.

ELMVALE, ONT., Dec. 30, 1880.

"From my experience with Maltopepsyn I feel justified in saying that is quite as useful as Lactopeptine, and more palatable. I regard it as an important remedial agent in the ailments of infants, which are generally due to indigestion; and in prescribing Maltopepsyn in those cases, I feel that I am giving, in an elegant and palatable form, what is most likely to assist nature, and at the same time I run no risk of injuring the child."

GEO. BROWN, M. D.

BOWMANVILLE, ONT., Dec. 31, 1880.

"I am much pleased with the preparation Maltopepsyn in the case of faulty or difficult digestion."

W. H. LAW, M. D.

## OPINIONS OF THE MEDICAL PRESS.

**HYDROLEINE.**—This new preparation of Cod Liver Oil is deserving of the attention of the medical profession. Its use is not confined to cases of phthisis alone, but is found servicable in all wasting diseases, and also in convalescence from protracted illness. Under its use the weight may be greatly increased. It is claimed to be artificially digested by the combination employed, and produces no unpleasant eructations or nausea. Our own experience of its use has been most favorable.—*The Canada Lancet*, Toronto, December 1st, 1880.

Among the many new preparations brought to the notice of the profession, none perhaps deserves more attention than Hydroleine, a preparation of Cod Liver Oil. The efficacy of Hydroleine is, it is claimed, not confined to cases of phthisis solely, but it also has a valuable tonic effect on the system generally. We have been using Hydroleine for some time, with the most satisfactory results, and value it very highly for its nutritive and waste preventing properties. We have also been using Maltopepsyn in cases of indigestion, with marked success.—*Canada Medical and Surgical Journal*, Montreal, November, 1880.

### FROM LEADING CHEMISTS AND DRUGGISTS.

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

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

HENRY R. GRAY, Chemist.

YORKVILLE, ONT., July 21, 1880.

"Since the introduction of Hydroleine into this locality, I have sold over three dozen bottles, and find that it gives every satisfaction; it is an excellent preparation and I have no doubt of its becoming very popular."

WM. S. ROBINSON, Chemist.

WALKERTON, ONT., Oct. 27, 1880.

"I have been troubled with indigestion of and on for some years. Some time ago I commenced using Maltopepsyn, and must say I have had great relief, and I think will prove a cure with me before long."

W. A. GREEN, Chemist.

TORONTO, July 1st, 1880.

"In reference to your preparation "Hydrated Oil," known as Hydroleine, it affords me pleasure to state I have sold over two dozen since its introduction, and it has given general satisfaction. In one case the person having taken two bottles gained upwards of 4 lbs. in about two weeks."

EDWIN A. SMITH, City Pharmacy.

### PRICE LIST.

<i>Hydroleine, half pound bottles,</i>	-	-	-	<i>Per Bottle,</i>	<i>\$ 1.00.</i>
" " " "	-	-	-	<i>" Dozen,</i>	<i>10.00.</i>
<i>Maltopepsyn, 2 oz. bottles, containing nearly 1½ ozs. powder, 50c. per Bottle.</i>					
" " " " " " "				<i>" " " "</i>	<i>\$5 per Dozen.</i>
" in half pound bottles,	-	-	-	-	<i>\$5 per Pound.</i>

**EXPRESS CHARGES PREPAID.**

☞ Pamphlets by G. Overend Drewry, M. D., and H. C. Bartlett, Ph.D., F.C.S., explaining the principles upon which the discovery of Hydroleine is based, together with cases illustrating the effect in practice, and a pamphlet descriptive of Maltopepsyn sent free to any medical man upon application.

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

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), also one full-sized bottle of Maltopepsyn for 25 cents (half price,) express charges prepaid. This offer only applies to the first bottles.

**HAZEN MORSE,**  
67 FRONT STREET EAST,

**TORONTO.**

**Sole Agent for the sale of Hydroleine**  
in the Dominion of Canada.

gether, the entire treatment occupying but ten days.

CASE IV.—*Syphilitic Stenosis of the Larynx*.—The patient, an adult male of robust appearance, applied for treatment January 3rd. The principal symptoms complained of were great difficulty in breathing, orthopnoea, pain referable to the larynx, a feeling of constriction about the throat, and dysphonia. Upon laryngoscopic inspection, the cause of the above peculiar train of symptoms was at once revealed, for a large swelling was seen to occupy the position of the right ventricular band. The other pathological conditions noticeable at the same time were extensive ulceration of the left vocal cord and an intense hyperæmia of the entire laryngeal mucous membrane. Upon inquiry it was ascertained that the trouble had begun with a slight cold, accompanied with hoarseness, about four weeks previous, and that the difficulty in breathing commenced a week later, and kept gradually getting worse up to the time of his application.

The disease was diagnosed as a syphilitic gumma, syphilis having been acquired some twelve years ago. I prescribed the iodide in twenty-five grain doses every four hours. January 5th. He again presented himself. Upon laryngeal examination the parts looked pathologically the same as on the previous exploration, the gumma having obviously been arrested in its progress. The iodide was now increased to thirty-five grains every four hours. January 7th he again appeared, expressing himself as much better. A laryngoscopic investigation revealed the facts that the tumor was much smaller, and that the amount of laryngeal inflammation was much less.

January 12th, he reported that he had gradually improved until now, when he experienced no difficulty in breathing, except when rapidly walking or ascending a long flight of stairs. A laryngoscopic examination revealed the fact that the gummatous swelling had nearly all disappeared, together with the surrounding inflammation. The air-tube was also seen to be quite free, whereas at the first examination it was almost completely filled up with the abnormal mass. As it was no longer necessary to keep up the large doses of the iodide, the daily amount was reduced to sixty grains, which he is taking at the time of the present writing.

All the foregoing illustrations form beautiful exemplifications of the wonderful efficacy of iodide of potash in tertiary syphilitic manifestations of the throat. Regarding case IV., which borders on the miraculous, and which furnishes the strongest kind of an argument with reference to the powers of the remedy used, it seemed to me so certain that tracheotomy would have to be resorted to, that I had made all preparations to perform the operation at short notice.

Concerning the manner of using the iodide in

tertiary syphilis of the throat: If, after a careful examination of the throat, the presence of the syphilitic taint in the system be suspected, even if the patient firmly deny its existence, always give him the benefit of the doubt and prescribe the potash. If the patient be correct in his assertion, the use of the remedy can do no possible harm, while, on the contrary, if the disease is present, the medicine will have a most salutary effect, and your diagnosis be confirmed. Do not wait for the appearance of ulceration before invoking the aid of the antisyphilitic, for mayhap, when you again see your patient, irreparable destruction will have invaded and affected the tissues.—*Medical Record*, N. Y., Feb. 26. Med. Abstract.

### THE UTERINE SOUND.

Dr. Murdoch Cameron, M.D., of the Western Infirmary, Glasgow, gives the following sensible advice in the *Glasgow Med. Journal* in regard to the use of the uterine sound. The sound has been long used as a means of diagnosis in uterine affections, but its use has been much extended by the widespread influence of Simpson. With many practitioners it seems to be in daily use as a ready means of exploration in these special affections. No one can deny its utility, yet physicians who have many uterine cases under observation will acknowledge, that although it is when properly used and upon suitable cases an agent for good, its indiscriminate use is productive of a great deal of injury.

With some its use is considered indispensable, and as a result, there is found an increasing number of cases where very serious irritations and lesions ensue, comprising uterine colic, ovaritis, metritis, &c. Instead of using it as a secondary agent, they err in too often making it a primary one.

A description of the instrument would be out of place here, as it is so well known; but the best have upon the convex edge, and at about two and a-half inches from the point, a little projection as an indicator of the average depth of the healthy uterus. Towards the point, and also towards the handle, you have the distances marked by notches and figures, which show at a glance how far the instrument has penetrated. The credit of the introduction of the uterine sound has been given to Simpson, although some claim the honour for Kiwisch.

With the flexible sounds we are apt to be misled, supposing an advance whilst they may have simply bended upon themselves. Much can be learned by a proper use of the sound. In some cases the sound is used to assure the examiner of the permeability of the uterine orifice, and of the cervix uteri. It serves also to recognise the length,



direction, position, volume, and mobility of the uterus.

When the sound penetrates easily as far as the small nodule upon its convex edge, we are certain that the internal os is sufficiently permeable. We find the cervix narrowed in congenital constriction, in stenosis of the os externum, as also of the os internum, as found in cases of acute ante flexion.

If the sound passes into the uterine cavity farther than two and a-half inches, we know that there is elongation of the cavity from some cause or other. The uterus is increased in bulk in endometritis, fibroids, polypi, or subinvolution, as also after a confinement or abortion, and as a matter of course in pregnancy. The uterus may be diminished in size, as is found in cases of non-development, superinvolution, and senile atrophy.

If we feel the point of the sound through the relaxed abdominal walls, immediately above or behind the pubes, we are assured that the fundus uteri is in a normal position. If, to pass the sound, we require to direct the point backwards, more forwards, or to either side, and find afterwards that the organ presents itself in its proper position, and that a tumour previously felt projecting into the vagina has disappeared, we have reason to diagnose a flexion of the uterus. What has taken place is simply that the uterine sound has for the time corrected a displacement of the womb. In a case of retroversion seen lately in the Western Infirmary, the replacement was permanent.

If, on the contrary, we recognise by the sound that the fundus uteri is normal and in its proper position, we arrive at the conclusion that the tumour supposed to belong to the uterus is situated outside of this organ, and has perhaps nothing in common with it. If it is impossible to feel the point of the sound through the abdominal walls, as generally felt in the normal state, the cause may perhaps be a tumour situated in the uterine walls or near them. We remark at times that a movement communicated to the uterus by the sound does not displace at the same time the tumour in question, and so we are able to say that it does not adhere to the uterus. The sound may at times be useful for the dilatation of a stricture, chiefly of the os internum. This instrument is therefore of very great service, both as a diagnostic and therapeutic agent, but we must not trust too much to signs, many times misleading. The sound may be found to pass only a small distance into the cavity of the cervix, as, for instance, when a fold of mucous membrane arrests its further progress. In such a case it would be a great error to conclude that because the instrument was thus arrested, there existed an obliteration of the cervix. Again, you may have elongation with flexion. Here the sound might pass in a distance say of two inches, and might lead us to suppose that the

uterine cavity was diminished, and that a tumour was present, but by closer observation we find that the sound can be passed further, and that the tumour first found upon examination is simply the fundus uteri, and as we would expect, with the replacement of the uterus the bulging felt in the vaginal space has disappeared.

It may seem unnecessary that we should here repeat the warning, never to pass the sound where there is any reason to suspect pregnancy, as then you incur the serious responsibility of producing abortion; but the two frequent mistake of overlooking such a condition demands the repetition of this caution. The utmost care should be taken in the introduction of this instrument, because without this you may perforate the tissue, perhaps already softened, or set up peritonitis. Malignant disease of the cervix or fundus excludes its use, as also acute inflammation of the uterus or its appendages. It has been recommended in special cases; but it is better to avoid any examination during menstruation, and in no case should the sound be passed without previously having made a careful bimanual examination.

To introduce the uterine sound, place the patient as in passing the speculum, and pass two fingers of the right hand—viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument along, keeping the concave surface directed backwards. Never forget to have the sound warmed previous to its introduction. If the passage is straight, as in females who have never had children, the index finger will be sufficient to guide the sound. If the os is directed downwards and forwards, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downwards and backwards, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upwards and forwards.

If there be any difficulty in making the instrument enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.

We noticed previously that the instrument usually passes into the uterine cavity for two and a half inches, as indicated by the nodule upon the convex edge of the sound to measure the distance it has passed. With sufficient care, we can usually succeed in passing the sound into the healthy womb; but the most experienced finds it often exceedingly difficult to introduce it in certain affections of this organ.

In the various flexions and versions, as also neoplasms projecting into the cavity, we find much to oppose our attempts to pass the sound. In some cases you will even fail, and it is only by the greatest patience that success may reward your efforts. Generally its introduction is free from

bleeding, and if traces of blood are seen, it is usually the result of congestion, cancer, fibroids, or polypi. Force should never be used, as you will simply expose your patient to much danger. To lay down special rules were vain, for experience must guide you in each case. Every instrument should have a mark upon the flat surface of the handle, so that the operator may have no difficulty in seeing at once how the instrument is situated. In replacing the displaced organ, say in displacement backwards, the movement is effected by a rotation of the handle through half a circle, so that the portion acting within the uterus may rotate in the smallest degree. A simple twisting of the handle is apt to give pain, and may cause injury. In conclusion, the uterine sound, as before stated, should never be used without previously making a careful examination. So much is this overlooked that a very eminent obstetrician purposes to have a uterine sound made, having for its handle a small representation of a fœtus, which may be the means of causing the operator to pause before using the instrument.

#### TREATMENT OF CHRONIC PROSTATIC ENLARGEMENT.

Mr. Thos. Smith, of St. Bartholomew's Hospital (*Medical Times and Gazette*) gives the following treatment of this affection:—

Your assistance will rarely be sought in the early stages of this disease; but should you be consulted by an elderly patient suffering from undue frequency or difficulty in micturition, it will always be prudent to make a digital examination through the rectum, to ascertain the state of the prostate. The examination is best made with the patient lying down on his back. Your finger-nail being filled with soap, and the finger well oiled or greased, it should be introduced very slowly, so as not to excite spasm of the sphincter.

Should you judge that the urinary difficulty is caused by prostate enlargement, the occasional passage of a full-sized instrument will often relieve the inconvenience; and, if steadily persevered in at regular intervals will generally secure the patient against all the more serious consequences of the disease.

In cases where the difficulty in micturition has gone on to produce an inability to empty the bladder completely, it is of primary importance that at least once in the twenty-four hours the urine should be all drawn off; but in carrying out this plan it is necessary to exercise caution, lest by suddenly emptying a greatly distended bladder you should produce a complete paralysis of the organ, with a loss of the power of voluntary micturition, and cystitis.

As a general rule, if there be not more than one

pint of retained urine in the bladder—that is, uriné the patient is unable to pass for himself, it may be safely drawn off at once. But if there be more than this of residual urine (and there may be several pints), you should draw it off by instalments, taking away a little more each day, until the bladder is completely emptied.

This complete evacuation of the bladder, when once accomplished, should be repeated each day, by means of an instrument, and for the purpose an india-rubber catheter, a bulbous-ended or a Coudé catheter, should, if possible, be used.

By these means, in an early stage of the disease, the patient will generally regain the power of normal micturition, or at all events, if this result be not attained, he will be secure from the worst consequences of the disease.

The treatment may be carried out by the patient himself if you will be at the pains to teach him how to pass an instrument—nowadays a comparatively simple process, owing to the great improvements in catheters; for you should know that since the introduction of the various forms of soft catheters now in use, the instrumental treatment of prostatic enlargement has lost more than half its terrors and much of its danger.

This large silver prostatic catheter which I now show you—at one time almost the only instrument used in these cases—is truly a formidable weapon, with its long shaft and wide-sweeping curve. It was constructed to ride over the prostate, but in the hands even of experienced surgeons it frequently failed in the performance of its normal functions, and rode under the gland, or through its substance. Used with a strong and steady hand it rarely failed to draw off water. As an instance of its powers in this respect, I may mention a case within my knowledge where a prostatic catheter in the hands of an energetic surgeon drew off some gallons of water, which, however, a post-mortem examination disclosed to have come from the peritoneal cavity.

I will suppose now that you are called upon to treat a patient with retention of urine dependent upon enlarged prostate. The difficulty will usually have come on at night time; the patient will, as a rule, be advanced in years; and the prostate can be felt in the rectum unduly prominent. In such a case let me advise you first to try a flexible red rubber catheter, of full size; it will often find its way round a corner, and through a urethra which would be impervious to a more rigid instrument. This failing, you should try and pass the same catheter with a stout wire stylet reaching two thirds the way down the instrument; this gives you more power to push the catheter onwards, and leaves the end flexible to accommodate itself to the distorted urethra.

Next in order you may try the Coudé catheter, which I show you: then, if necessary, the bulbous

French instrument, a gum-elastic, without and with the stylet; and lastly, others failing, a silver instrument.

Whatever instrument you use, let it be a full size; it will go in as easily as a smaller one, and is less likely to damage your patient. Keep the point of the instrument on the upper wall of the urethra; and, above all things, use no force.

After drawing off the water in a case of retention, the patient will, for a time at least, require the regular use of the catheter until he recover his power of voluntary micturition; and should there have been great difficulty in introducing the catheter, I should advise you to tie it in for the first twenty-four hours.

In the subsequent treatment of these cases of prostatic retention, in addition to other troubles, you will often have to contend against an increasing frequency in micturition. The frequent desire to pass water must be resisted as much as possible by the patient, or it will grow upon him. The bladder must be completely emptied, and, if need be, washed out, at regular intervals, and the patient exhorted not only to resist by a strong effort of the will the solicitation of his bladder, but to avoid all sights and associations that are likely to suggest to him the necessity of micturition. With this object in view, you should counsel your patient to keep his catheter and chamber-utensil out of sight; as soon as possible to leave his bed-room during the day; and to occupy his mind by any pursuit which may draw his thoughts away from his urinary necessities.

ANTISEPTICS IN MIDWIFERY.—An adjourned meeting of the Glasgow Medico-Chirurgical Society was held in the Faculty Hall, St. Vincent Street, on Friday the 18th inst., to resume the discussion on Dr. W. L. Reid's paper, "On the Use of Antiseptics in Obstetrical and Gynæcological Practice, etc." Dr. George Buchanan occupied the chair. In opening the discussion Dr. Buchanan objected to the title of Dr. Reid's paper, as he contended the parts could not be made antiseptic according to Lister's theory. He thought the object and intentions of the paper would be better expressed by its title being, "The Use of Antiseptic Materials in Obstetric Practice." Dr. Sloan also objected in a similar manner to the title of the paper, and evidently desired, however, to retain some belief in the antiseptic theory, while wishing it to embrace such old-fashioned and sensible principles as speedy and thorough contraction of the uterus, scrupulous cleanliness, etc. Dr. Duncan, of Crosshill, in a sensible speech, agreed as to the utter impossibility of using the antiseptic system in midwifery. As for germs, he asserted that they normally existed in the gall-bladder, and other internal cavities of the body totally excluded from

air. It was totally impossible to render the interior of the uterus "aseptic." He advised cleanliness, etc., and could not see the use of Dr. Reid's appliances in private practice. Mr. John Reid was sceptical as to the use of antiseptics altogether. Septicæmia was usually due to a retained clot. He considered Dr. Reid's paper Utopian; and that such appliances as he described were calculated to make a strong impression on patients. He referred to the possible medico-legal aspect of the question. Dr. Fleming suggested that if Dr. Reid had used the term "disinfectant," wherever he used the term "antiseptic," he would go along with him. He denied that germs were found in the gall-bladder, etc., in health. He contended that there were two kinds of decomposition, the one chemical, the other decomposition by germs. He regarded the vagina as a closed passage like the urethra. Dr. Stirton emphatically differed from Dr. Fleming as to the normal condition of the vagina, which in certain positions of the body opened, and could be seen into to the extent of two or three inches. He had that evening seen a patient into whose vagina, when excited, air entered in considerable quantity, and was expelled with disagreeable detonation. He referred to certain experiments with the flame of a lighted candle, which conclusively showed this.—*Med. Press and Circular*, March 27th, 1881.

IODOFORM IN CHRONIC NASAL CATARRH.—Dr. H. A. Eberle, of Iowa, writes to the *Michigan Medical News*, of January 10:—

In this State, where catarrh is so prevalent among the people, any remedy that would perform a cure will be hailed with the greatest delight. Iodoform, as a remedy for chronic ulcers, was used quite extensively in the Montreal General Hospital in 1872 to 1876, with such good results as to warrant its trial in private practice. Since that time I have made use of it in very many ways, in the treatment of piles, fissure, granular ulcerations of the uterus, etc., and always with gratifying results.

In view of all its healing properties, I was led to adopt the remedy for the treatment of catarrh, and as I had been a sufferer from the disease in a chronic form for many years, and had used many preparations with varying success and little benefit, I concluded to make use of it in the following manner. First, an ointment is made, thus:

R. Iodoform, finely powdered. . . grs. lx  
Ext. geranium, solid, . . . . . grs. x  
Acidi carbolici, . . . . . gtt. xv  
Cosmolinae, q. s. . . . . ℥j. M.

Secondly, bougies are made out of absorbent cotton saturated with the above ointment and simply introduced up the nasal passage as far as necessary at bedtime. These are left in all night and are easily removed in the morning by blowing the nose.

This is repeated for a week or ten days, when the most obstinate case of catarrh will yield to the treatment. Scarcely any other treatment is necessary, except the occasional use of the posterior nasal douche with some cleansing fluid. I usually employ a weak tepid solution of chloride of sodium before introducing the "iodoformized cotton" tent.

**THE ELIMINATION OF LEAD BY IODIDE OF POTASSIUM.**—At the instance of Prof. Vulpian, M. Pouchet has examined quantitatively the urine of patients suffering from saturnism, in order to estimate the effect of the iodide of potassium on the elimination of lead (*Archives de Physiologie Normale et Pathologique*, 1880. The methods were electrolytic. The quantities of urine examined always measured from five to ten pints, quantities sufficiently large to permit the detection of the smallest particles of lead. During the period of aggravated symptoms, the urine contained an average of one milligramme of metallic lead to the litre of urine examined. Under the influence of iodide of potassium in doses of from four to six grammes daily, the elimination of lead increased quickly, but again decreased at the end of from six to ten days, when it became less marked than before the treatment was instituted. During the first days of treatment there occurred a rapid desaturation of the system, which was more or less decided according to the intensity of the morbid phenomena. Thus, in the case of a patient who was gravely affected, the quantity of lead passed by the urine, immediately after the administration of the iodide, rose to five milligrammes per litre. After the continuous administration of the salt for more than two weeks, the elimination of lead ceased almost altogether, so that in fifteen litres of urine only a trace of lead was discernable. But when, after withdrawing the remedy, the patient was allowed to rest some days, prior to the readministration of the iodide, small quantities of lead were again eliminated from the urine. Hence arises the therapeutic indication of employing the iodides for a long time, instituting, however, intervals of repose, during which the remedy is not to be administered. M. Pouchet also analyzed the urine of a patient treated exclusively with the bromide of potassium without detecting any increase of the lead eliminated. From this, he deduces the inefficiency of bromide in the treatment of lead-poisoning.—*Lond n Med. Record*.

**EFFECT OF BLOOD-LETTING ON INFLAMED TISSUES.** By Dr. E. Maragliano, Professor of General Pathology. Genoa.—The web of the foot of a frog previously brought under the influence of curara, was excited to inflammation by the application of a mixture of croton and olive oil (1 to 40), and then placed under the microscope. As soon as the signs of inflammation were visible; viz.,

stagnation of the blood, dilated vessels, adhesion of the corpuscles, &c., the crural vein on the opposite side of the body was cut and a relatively considerable amount of blood allowed to flow. The local disturbances are at once seen to be aggravated and in a few minutes the blood ceases to flow entirely, and is not resumed after immersion in warm water. The current continues normally in the healthy part of the web. No such result is seen in similar cases in which there is no obstruction of blood.

**TREATMENT OF ABORTION.**—Dr. Parvin, *N. Y. Medical Journal*, writing upon the treatment of abortion, states his belief that ergot is a hindrance rather than a help in securing complete evacuation of the uterus in early abortions. The tampon, however, especially if introduced into the cervical canal, assists to procure dilatation, and, while restraining the loss of blood, causes what little escape of blood takes place above it to aid in separating the ovum from its attachments to the uterus. So long as the ovum is entire (and its integrity should be scrupulously preserved), we may hope for its complete expulsion, and should usually abstain from active interference. When the sac is broken, we should empty the uterus artificially, if, after removing a tampon that has been applied a few hours, the hemorrhage is at all profuse and the ovum is not expelled at once. This should be done with the finger: and, instead of drawing the uterus down within reach of one finger, as recommended by Simpson, of Edinburgh, it is better to follow the practice of Mauriceau—introduce the hand into the vagina (under anesthesia), and use two fingers within the uterus, "as crabs do when they grip anything with one of their forked claws." When immediate evacuation of the uterus is demanded, on account of dangerous hemorrhage or an offensive discharge, announcing the possibility of septicemia, there is a still better way to proceed: "Let the patient lie on her back upon a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum, and bring the os fairly in view; now catch the anterior lip with a simple tenaculum, or, better, with Nott's tenaculum-forceps, and then, if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to straighten the bent canal; at any rate, fix the uterus by the instrument. Now, take a pair of curved polypus-forceps of suitable size, or, better still, Emmett's curette-forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument reintroduced. Repeat this three or four times if necessary. The uterus should then be swabbed out with Churchill's tincture of iodine by means of an applicator. Finally, ten or fifteen

grains of quinine should be given, and it will be very rarely indeed that convalescence will not be prompt and perfect.

CARLYLE ON FEMALE PHYSICIANS.—“ I have never doubted but the true and noble function of a woman in this world was, is and forever will be, that of being a wife and a helpmate to a worthy man, and discharging well the duties that devolve on her in consequence, as mother of children and mistress of a household—duties high, noble, silently important as any that can fall to a human creature ; duties which, if well discharged, constitute woman—in a soft, beautiful and almost sacred way—the queen of the world ; and which, by her natural faculties, graces, strengths and weaknesses, are in every way indicated as specially hers. The true destiny of a woman, therefore, is to wed a man she can love and esteem, and to lead noiselessly under his protection, with all the wisdom, grace and heroism that is in her, the life prescribed in consequence.

It seems, furthermore, indubitable that if a woman miss this destiny or have renounced it she has every right, before God and man, to take up whatever honest employment she can find open to her in the world. Probably there are several or many employments now exclusively in the hands of men for which women might be more or less fit—printing, tailoring, weaving, clerking, etc., etc. That medicine is intrinsically not unfit for them is proven from the fact that in much more sound and earnest ages than ours, before the medical profession rose into being, they were virtually the physicians and surgeons, as well as sick nurses—all that the world had. Their form of intellect, their sympathy, their wonderful acuteness of observation, etc., seem to indicate in them peculiar qualities for dealing with disease, and evidently in certain departments (that of female diseases) they have quite peculiar opportunities of being useful.”

THE TREATMENT OF BURNS.—A physician in chief to a large iron mining and smelting company in Syria, gives the following as his treatment :—(*London Med. Record*). The wound is first cleaned without opening the blisters, then disinfected with a two per cent. solution of carbolic acid, and covered with a thick furniture varnish, prepared from linseed oil and litharge, in which five per cent. of salicylic acid has been dissolved by warming. The varnish is allowed to dry and another coat applied ; over this a layer of Bruns' cotton is placed, about two-thirds of a centimeter in thickness. The wound seldom suppurates, generally healing under the varnish, which is finally removed as a dry pellicle, no change of the dressing being necessary. Should, however, suppuration be indicated by the setting in of fever, or by the occurrence of painfulness, the dressing is removed from

this locality ; if the spot be not over five centimeters in diameter, nothing further is done than to strew the moist surface with dry powdered salicylic acid ; if larger, an opening is cut in the dressing, the salicylic acid is applied as before, and then covered with a fresh layer of cotton. The scars become, by this method, entirely smooth, white, and are not hypertrophied.

WHOOPIING COUGH has been successfully treated by Dr. Baréty, of Nice, by turpentine vapor. By accident, a child severely affected, was allowed to sleep in a room, recently painted and redolent with turpentine odor, when noticeable improvement took place. Dr. B. has since employed this drug, placed in plates and allowed to stand in the rooms occupied by whooping cough patients. He holds that the disease is mitigated and its duration lessened by this simple expedient.

TREATMENT OF SEMINAL EMISSIONS.—Bumstead gives the following prescription for its special tonic effect upon the genital organs :—

	Grams.
R Tr. ferri chloridi.....	℥ iii 90
Ext. ergot. fld. (Squibb's)...	℥ iii 90
M. et sig : A teaspoonful in water after each meal.	

As a direct means of diminishing the frequency of the emissions, B. recommends :

	Grams.
R Potass. bromidi.....	℥ i 4
Tr. ferri chloridi .....	℥ i 30
Aquæ.....	℥ iii 90

M. et sig : From one to two teaspoonfuls in water, after each meal, and at bed-time.

The avoidance of tobacco in all its forms, cleanliness of mind and body, laxatives when needed, and in a word, attention to the rules of hygiene, are to be strictly enjoined.—*American Practitioner*,

MILK DIET IN DISEASES OF THE HEART.—Dr. Potain read a paper lately on this subject before the Congress at Rheims. It has attracted considerable attention and has been published in several continental journals. We take the following summary from the *Journal de Therapeutique*, 10th Sept, 1880. In order to obviate the disappointing results referred to by many who have tried this treatment in heart diseases generally, the author would divide such affections into four groups. (1.) Organic diseases of the heart. These he says, are obviously quite unsuited for this treatment. Nor can it be of special value in (2) the various forms of nervous derangements of that organ. In (3) acute inflammations of the heart and its membranes, this treatment, as in all acute inflammations, is worthy of consideration. But he does not think it of specific value, except possibly in hydro-pericardium, where it may be of some

service as a diuretic. (4.) This group includes simple hypertrophy of the heart (*i.e.*, without valvular disease) of secondary origin. For this class of cases the treatment is peculiarly suitable. If the cardiac affection is dependent on renal disease (parenchymatous nephritis) we may expect the treatment to be very efficacious. Dilatation of the right heart, dependent, as he believes it often is, on gastro-hepatic disorders (causing a reflex contraction and therefore increase of tension of the pulmonary vessels) is also likely to be benefited by milk diet, but particularly if it is of gastric origin. But he considers it absolutely necessary that milk be exclusively given. He has had patients who were able for quite a good day's work over a long period on that diet alone. It is essential, of course, that it should be digested and assimilated. In some cases it might be necessary to add a little pancreatine or other digestive ferment to aid its digestion.—*Glasgow Medical Journal*.

**NEW TREATMENT OF ABSCESSSES.**—In the wards of Dr. Stephen Smith, a new treatment of abscesses has been very successful. When the abscess points it is opened and the contents evacuated. The cavity is then injected with carbolized water, and over distended for two or three minutes. The water is then pressed out, and over the whole area undermined by the cavity, small dry compressed sponges are laid and bound down with a bandage. Carbolized water is then applied to the bandage and injected between its layers until the sponges are thoroughly wet, after which a dry bandage is applied over all. The sponges, by their expansion, make firm and even compression upon the walls of the abscess, and hold them in perfect apposition, thus favouring union. The dressing is left on for five or six days, unless there is constitutional disturbance or pain in the seat of the former abscess. It is found, in most cases, when the bandage is removed, that the abscess has completely closed by an approximation of its walls, and the external wound heals readily under a simple dressing of carbolized oil. A case was recently seen where this admirable result was secured in a child, although the abscess was a large one, originating in caries of the head of the femur, and opening on the outside of the thigh. After over-distension the sponge-dressing was applied, and on its removal after five days, during which time there had been no constitutional disturbance, the cavity of the abscess had entirely closed, no pus had been discharged, no fluctuation could be felt in any position, and no evidence of a re-accumulation has since appeared. Dr. Smith has treated mammary and submammary abscesses in the same way with good results, and in a number of the wards this method is employed in the treatment of small abscesses which may result from irritant hypodermic injections.—*Chicago Medical Review*.

**ULCERATING SURFACES AND ABSCESSSES.**—In ulcerating surfaces and abscesses which show no tendency to close, the treatment must be directed toward the production of healthy granulations. This is often difficult to accomplish, and various applications are employed to stimulate the surfaces. Balsam of Peru is used largely in the hospital for this purpose. Where this does not succeed, the following combination is usually successful :

R. Hydrargyri nitratis . . . . . gr. xx.  
Iodoformi . . . . . gr. xxx.  
Camphoræ . . . . . ʒij.  
Balsam Peru . . . . . ʒij.  
M. Sig. : Stimulating balsam.

Chloral hydrate may be substituted for the camphor in the mixture. This is applied to the surface or injected into the abscess after the latter has been thoroughly washed out with carbolized water once a day, and rarely fails to stimulate the growth of healthy granulation tissue. When œdema sets in around a wound, and there is danger of cellulitis, the part is kept moist by frequent application of lint wet with lead and opium wash, as this is more efficacious than any other lotion. The proportions of the lotion are one ounce of tincture of opium to half an ounce of subacetate of lead in half a pint of water.—*Medical Review*.

**VACCINATING ECZEMATOUS CHILDREN.**—Dr. J. C. Murray writes to the British Medical Journal of September 18th : It is, or ought to be, known to all obstetricians that vaccination is a cure for infantile eczema. I do not remember having seen this mentioned before, and if Dr. Drury is the first to put it on record he deserves credit for now doing so. But most medical men of middle age have found for themselves the value of vaccination in eczema. I remember that thirteen years ago a near relation of mine had a boy with eczema capitis, which defied ordinary means. Soon after the usual time for being vaccinated was past, I told the mother that vaccination might cure it. I had no doubt observed good results from vaccination before, but the lasting impression was made then, which decided me to practice and recommend vaccination in eczema—the result when observed, being cure.

**HOW SHALL THE DOCTOR GET MORE MONEY** is a question just now being agitated in medical journals. The *Med. News* says :—There are four ways of getting more money viz : by stealing it, borrowing it, earning it, and marrying it. The code of ethics, Mosaic and medical, cuts off the first ; various accidents, personal, geographical, etc., generally prevent the application of the last method, plan number three has long proved a failure. We advise the medical man who wants more money, therefore, by all means to borrow it, and pay up by treating the creditor.

IMPROVED COLD CREAM.—A correspondent of the *Chemist and Druggist* offers the following receipt :

" This formula for cold cream I have never published before, and I think it is really good in every way : at any rate, it meets with unsolicited encomiums from purchasers, and it gives myself more satisfaction than any I have tried. I have used it some years :

" R Cera alba, ʒix ;  
Cetaceum, ʒix ;  
Ol. amygdal., ʒxii ;  
Aqua, ʒvii ;  
Creta præcip., ʒi ;  
Otto rosæ, *ad lib.* ;  
Chloroform, gr. xii.

" Put cera, cetaceum, aqua, creta præcip., together with half of the ol. amygd., melt in an earthenware vessel by water heat, stir in the other half of ol. amygd., and continue till cold. The more stirring, the better the result. Add otto and chloroform when cold."

[The addition of precipitated chalk and chloroform has the probable effect of preventing the preparation from becoming rancid. The chalk, through its saturating properties, neutralizes the acids, which by their presence are known to promote the peculiar fermentation causing the rancidity of fatty substances. The chloroform, owing to its antiseptic action, prevents the propagation of destructive germs. Both are unobjectionable for cosmetic purposes ; but the carbonate of lime is not allowable in cold cream to be used medicinally.]  
*Druggists' Circular.*

TREATMENT OF DELIRIUM TREMENS AND OF ACUTE DELIRIUM.—Dr. Rosseau treats ordinary cases of delirium tremens with large doses of bromide of potassium, which he thinks succeeds better than opium, especially when given in an early stage (*Annals Medicopsychiques*). Only once has he met with the grave form assuming the febrile and delirious character. Remembering the treatment of Dr. Fereol in a similar case, he did not hesitate to adopt his method. After all the usual remedies had been exhausted without benefit, the physician in charge recommended the removal of the patient to a lunatic asylum. On admission he was extremely violent, flushed eyes glistening, temperature elevated, pulse quick, full, and regular. He was incoherent, delivered interminable monologues, his attention could not be secured. He maintained that he had killed his wife and father, and expected every moment to be arrested by the police. He had hallucinations, and heard voices which made the most singular proposals to him. He thought himself in a forest, and took the persons around him for robbers. He committed a

thousand extravagances, executed feats of strength, could not bear his clothes, sought a river to drown himself. From time to time he fell into a stupor with carphology, tried to seize small objects on his clothes, then suddenly awoke. There was a general tremor, speech was embarrassed, the tongue furred, the pupils contracted, and but little sensitive to light, the left a little more dilated than the right, the skin was anæsthetic, the head not apparently painful. Ten grammes of potassium bromide were administered on admission, but the agitation and delirium continued during the day and night. The bromide was continued, and on the following day he kept for 7 hours in a cool bath (*bain frais*), cold compresses being applied to his forehead from time to time. Whilst in the bath he became calm, with a marked diminution of the delirium and trembling. He passed an excellent night and made a rapid recovery, but continued as a precautionary measure to use the bromide, taking altogether fifty grammes in five days. The same treatment was also adopted with success in a non-alcoholic case of acute delirium with extreme excitement—"one of those congestive manias which form the substratum of general paralysis." There was slight embarrassment of speech pupils unequally dilated, pulse strong and quick, skin burning, the face red and congested. He cried, danced, committed all sorts of extravagances, refused to lie down, stripped himself naked, clasped the coverlet between his arms, saying he was going to be confined of a reptile. He was completely delirious. Ten grammes of bromide of potassium produced no diminution of excitement during the night after admission. On the following day a cool bath was administered for seven hours with repeated cold irrigations of the head, the temperature of which was excessive. The agitation subsided, and intelligence was partially restored during the bath, after which tranquility was uninterrupted. Mental confusion and delusions still remaining, he was purged for five days by calomel and aloes, at the end of which time he was perfectly sane, with speech and pupils normal. Seen from time to time since, he continues quite well, now nine months since the attack.—*Medical Press and Circular.*

A UNIVERSITY OF PANTOPATHY.—The Electics of the State of Michigan "to the number of 5,000 voting citizens" have petitioned the legislature for a chair of "eclectic" medicine in the University of Michigan (Ann Arbor.) They modestly ask an annual appropriation of just half as much as that made for homœopathy (\$3,000), and claim the right of representation in consideration of "the amount of money the electics of Michigan and their patrons have paid in the last thirty years toward the support of the allopathic department, in which they have not been permitted to have any privileges."

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 16 Rue de la Grange Bateliere, Paris.

TORONTO, MAY 1, 1881.

## RELATIONS BETWEEN PHYSICIANS AND DRUGGISTS.

The importance of the relations between physicians and druggists is every year becoming more apparent, and the sooner a correct understanding of these relations is attained the better will it be for both parties. Many serious abuses at present exist which are prejudicial not only to the best interests of both physicians and druggists, but also to the physical and moral welfare of the people. Prominent among these are, the continuous and persistent dispensing of patent nostrums for all classes of diseases by druggists; the practice of prescribing for patients over the counter, and the frequent and unlimited renewals of physicians' prescriptions without their authority to do so. These abuses practically make the druggist the business rival of the physician, and not only involve unwarranted risks to the public, but also seriously encroach on the legitimate province of the regular practitioner. In view of these facts the physicians and druggists of Philadelphia have recently entered into an inter-professional agreement, of which the following is the gist:—The druggists agree to keep out of sight, and discourage as much as possible, the sale of patent nostrums, and the physicians promise on their part to throw all the weight of their patronage to such as comply with the request. Physicians when writing a prescription which they do not wish renewed, shall write on the bottom of such prescription, "Do not renew," and also inform the patient of the fact in every case. As the diagnosis and

treatment of diseases belong to the province of the physician, and as a pharmaceutical education does not qualify the pharmacist for these responsible offices, he shall, when it is practicable, refer applicants for medical aid to a regular physician.

Some such code of ethics as the above appears to us to be much needed in other towns and cities as well as in Philadelphia. Even in the city of Toronto it is not an uncommon thing for a physician's prescription to be not only repeated *ad infinitum* to the same patient without his order to repeat, but made to do duty for scores of others whom the druggist thinks is similarly affected. The subject is fast resolving itself into the question whether the druggist shall be allowed to become a practicing physician, or the doctor shall become his own druggist. The only remedy for such a state of affairs appears to be either for the physicians to withhold their patronage and influence from establishments that usurp their rights, and patronize only those who will conform to some mutual agreement which is just to both parties, or become their own druggists by establishing a union drug-store where all their prescriptions shall be filled. A prescription is a written confidential order to the druggist, to prepare certain medicines for the patient, to meet existing indications of treatment, and is not designed for the continuous use of the patient or his friends in general. It sometimes also necessarily contains ingredients which should not be used by patients unless under the observation of the physician; it is therefore only right and proper that the druggist should refer the patient to the physician when he applies for a renewal, and not as is too often the case, take the patient completely out of the hands of the physician, and prescribe for him on his own responsibility. Not unfrequently also the druggist, emboldened by the immunity which at present obtains in regard to the use of physician's prescriptions, appropriates it to his own use, and putting it up as a proprietary medicine advertises it with the physician's name attached to it. A case of this kind occurred in this city quite recently. A prominent medical man in this city gave one of his patients a prescription for a hair tonic, which was put up by one of our city druggists. One of the clerks who afterwards opened a drug store in a western town not far from Brantford, Ontario, copied the prescription, put it up in the form of a patent medicine, and



styled it Dr. —'s Hair Restorer. The Doctor's attention being called to the matter, he was naturally very indignant about it, and sent the druggist a lawyer's letter restraining him from using his name in such connection. The druggist was immediately compelled to withdraw the advertisement, destroy all the labels, and send the Dr. an humble apology for having made improper use of his name.

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#### ONTARIO MEDICAL ASSOCIATION.

We have already expressed our opinion regarding the propriety of establishing a Medical Association for the Province of Ontario, and we are happy to state that through the labors of the committee appointed by the medical profession of Toronto, aided by the delegates from the Hamilton Medical Society, this is now virtually an accomplished fact.

The committee appointed to take the initiatory steps towards the formation of a Provincial Medical Association has received most satisfactory replies from all parts of the Province in answer to inquiries as to the necessity of a Provincial Medical Association, there being almost unanimity in reference to the movement,—all promising to join heartily in its support. This being the case, and in view of the fact that the majority of medical practitioners in the country have most leisure about the beginning of June, the committee has decided to call the inaugural meeting for the 1st and 2nd of June next, to be held in the Medical Council Hall, Toronto, commencing at 10 o'clock a.m. As the first business of the meeting will be the election of officers and the adoption of a constitution and by-laws, every one will see the necessity of being punctual at the opening. Gentlemen who propose to read papers, or present cases, will kindly send notice of their intention, not later than the 25th inst., to the Secretary, Dr. J. E. White, Toronto, in order to secure an early opportunity of presenting them before the meeting. It has also been suggested by the committee that the papers should be as concise and practical as is compatible with a clear elucidation of the subject. The committee also expresses the hope that the objects of the Association, as set forth in the proposed constitution, may meet with the earnest sympathy and co-operation of all in the profession who desire to keep themselves abreast of the times. Through

the kindness of the different railway companies, tickets can be obtained for the round trip for one and one-third fare, good for six days, and certificates entitling the holders to reduced fare will be sent to all registered practitioners in Ontario; those failing to receive them may apply to the Secretary.

There is every indication that the meeting will be one of more than usual interest and importance, and we would, therefore, urge upon all who can, to attend and come prepared to take part in its deliberations.

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#### BETWEEN TWO FIRES.

Our attention has been called to an editorial in the *Christian Guardian*, Toronto, for April 20th, headed "Between two Fires." We regret very much to find our much esteemed friend in such an uncomfortable position, and would take this opportunity of admonishing him in regard to his future welfare by saying, *in limine*, that if he wishes to avoid "fire" either now or hereafter, let him at once banish all false and unholy advertisements from his otherwise valuable and instructive religious paper. With reference to the "fiery" ordeal through which our cotemporary has had to pass, and which we trust has had its scriptural effect, the editor says: "While we have been giving offence to at least one of our advertisers by the publication of a simple question respecting patent medicines, which appeared to imply that those named might be classed with things which drew money from the pockets of the unsophisticated, the CANADA LANCET has been pouring a broadside into the religious press for advertising patent medicines at all. Surely the attitude in which our cotemporary finds himself, should admonish him of the inconsistency of his position. He says he does not endorse the medicines he advertises, and he has always had doubts as to the expediency of publishing such advertisements, not because he knew them to be bad, for about most of them he knew nothing, but because there is a popular impression that their appearance in his paper implied their approval by him. He also complains because we confined our strictures to religious journals. "Do not such advertisements occupy large space in the secular papers?" Certainly they do, but is his sin any the less? Can he relieve his con-

science by a reference to the iniquity of the secular press, or the idol worship of the Hindoo? When we have succeeded in banishing quack advertisements from the religious press, we will turn our attention to the secular press, and in this struggle we hope to be reinforced by the newborn zeal of our recent *converts*.

The funniest thing of all is, that our cotemporary does not seem to have the most remote idea of what really constitutes a "patent medicine," for he states that the very number of the LANCET which displays such strong interest in the dignity of the religious press, is largely occupied with advertisements of patent medicines, such as propylamine, soluble pills and granules, maltine, adhesive plaster, phosphorus pills, &c., and others of a similar character. The most elegant pharmaceutical preparations of well-known remedies, and the most vulgar secret nostrums are all evidently placed by him in the same category as patent medicines. He should have known that the LANCET circulates only amongst medical men, and as patent medicines are not prescribed by them, it would be utterly useless for patent medicine vendors to advertise in our columns, even if the editor were willing to advertise medicines he could not conscientiously endorse.

#### TORONTO ASYLUM REPORT.

We have before us the fortieth annual report of the Toronto Lunatic Asylum, ending September 30th, 1880, from which we glean the following:— During the year 82 patients were admitted, making a total of 756 patients under treatment during the year. There were 33 deaths, 1 removal and 48 discharged. Of the 48 discharged, 15 recovered, 22 were improved and 11 unimproved. The accommodation of the institution is fully utilized, and nearly all the patients are chronic cases; in fact this asylum has been for years virtually an asylum for the chronic insane. Of the 33 deaths, 5 were cases of paresis and 11 of consumption, the two most prevalent causes of death among the inmates. A most interesting part of the report is that showing the amount of labor performed by the inmates during the year; no less than 225 were occupied more or less in various trades and occupations, performing an aggregate of 73,312

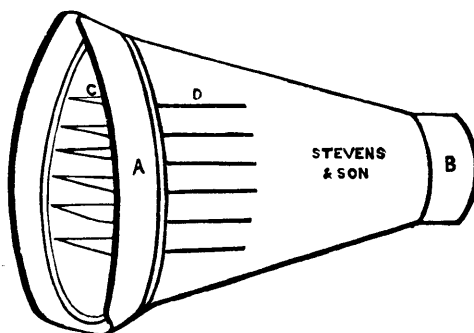
days' work. The value of the farm and garden produce is estimated at about \$12,840. This, which is not a new feature in this asylum, cannot but be regarded as most satisfactory and a very great improvement upon the older methods of confinement and restraint.

Several much needed internal improvements have been effected during the year, especially the fitting up of new wards for pay patients. The prices for pay patients range from \$2 to \$6 per week. There were 230 pay patients in the institution during the last year, and the income from this source was \$25,400.

The report also contains a hand-book for attendants, giving rules for bathing, administering medicine, feeding patients, etc., which will no doubt be found very useful.

A considerable amount of labor has been bestowed upon the preparation of the report and it will well repay a careful perusal. We can scarcely be expected to do it full justice in a short notice of this kind. There is every evidence, however, that this important institution is well and efficiently managed, and is doing a good work for this unfortunate class of individuals.

#### IMPROVED ETHER INHALER.



MANUFACTURED BY STEVENS & SON, TORONTO.

This Improved Ether Inhaler has been in use in the Toronto General Hospital for some years with satisfactory results. It is made of japanned metal. The part A which comes in contact with the face is padded and covered with velvet. C and the corresponding lines below represent a strip of cotton bandage which is passed through the slot D and across the inside of the inhaler and through the slots opposite and below, thus filling up the interior with layers of bandage,

between which is placed cotton wool to hold the ether. The cap B can be easily removed for the admission of air when necessary. It is cheap and portable, and in addition to its great convenience it will effect considerable saving in the administration of ether.

**HYMENIAL.**—The old and historical Mohawk Church, Brantford, Ont., was the scene of an interesting event on Tuesday the 12th ult. This was the marriage of Dr. W. T. Harris and Miss Mary, only daughter of Dr. Griffin, of this city. A few family friends were present, and the ceremony was a quiet and unostentatious one, Ven. Archdeacon Nelles officiating. Dr. W. T. Stuart, Professor of Chemistry, Trinity College, Toronto, was groomsmen, and Miss Ettie Haycock, Brantford, the bridesmaid. The doctor and his bride took the afternoon train for the east, and we need hardly add that we join in the congratulations of their many friends, and unite with them in wishing the contracting parties a long, happy and prosperous future. Dr. Harris is one of our rising physicians, who has already secured an extended practice, and we commend his course in choosing a partner for life as one worthy the imitation of all bachelors.—*Brantford Expositor*.

**CHLORAL HYDRATE IN OBSTETRIC PRACTICE.**—Dr. Kane, in the *Am. Journal of Obstetrics* for April, 1881, gives the following as his conclusions, after a careful study of the subject:—Chloral hydrate may be used in normal labor for quieting nervous manifestations, blunting sensibility, shortening labor, and arresting false pains. In complicated labor it relieves pain, hastens dilatation of the os, and increases the force of the uterine contractions. That when pushed to the production of anæsthesia it does not destroy the force of uterine contractions; that the alleged danger of post partum hemorrhage has no foundation in fact; in moderate doses it is never dangerous; the slight delirium that sometimes occurs is usually removed by an additional dose of the drug, and that it is rarely necessary to use more than ʒi in any one confinement. It is best given by the rectum in the form of enemata or suppositories.

**AMERICAN MEDICAL ASSOCIATION.**—The 23rd

annual meeting of this association will be held in Richmond, Va., commencing on Tuesday the 3rd of May, under the presidency of Dr. Hodgen of St. Louis. There is every indication that the meeting will be an interesting one, although in point of numbers not likely to be so large as the one held last year in New York.

**THE CANADA MEDICAL ASSOCIATION.**—The fourteenth annual meeting of the Canada Medical Association will take place in Halifax, N.S., commencing on Wednesday the 3rd of August, under the presidency of Dr. Canniff. We hope to see a large attendance from all parts of the Dominion, as this season of the year will afford leisure to many, and there are few practitioners who do not require a period of rest, at least once a year. Arrangements will be made with the different railway and steamboat companies for reduced fares.

**TRINITY MEDICAL COLLEGE, TORONTO.**—The following are the names of the successful candidates at the recent examinations in Trinity Medical College:—

*Final Examination for Diploma and Fellowship (F.T.M.S.) of the College.*—T. G. Brereton, J. Ferrier, C. M. Freeman, A. H. Ferguson, H. K. Kerr, J. A. Macdonald, G. McLain, H. R. McGill, W. A. Mearns, J. F. O'Keefe, W. F. Peters, R. Raikes, J. C. Urquhart, E. D. Vandervoort, and F. E. Woolverton. Gold Medallist, W. A. Mearns. First Silver do., A. H. Ferguson; second do. do., W. F. Peters.

*Primary Examination.*—L. Backus, W. Bonnar, R. W. Belt, A. Cameron, T. W. Duncombe, R. M. Fairchild, F. W. Fairbairn, H. H. Graham, W. H. Macdonald, W. M. Natrass, J. F. O'Keefe, T. Sullivan, A. D. Smith, J. Urquhart, S. A. Metherell, E. R. Woods, J. D. Wilson.

*Primary Scholarship*—W. H. Macdonald.

*Honors*—Messrs. Bonnar, Natrass, Backus, and Smith.

*First Year Scholarship*—Mr. Jenner.

**THE INTERNATIONAL MEDICAL CONGRESS.**—The arrangements for the Congress which takes place in London, Eng., on the 3rd of August, are fully completed. Sir James Paget delivers the inaugural address. Other addresses will be given by prominent men of different nationalities, viz.: Prof. Huxley, Prof. Volkmann of Halle, Dr. Billings of Washington, and others. A very large attendance is anticipated.

**REGISTRATION OF DISEASES.**—From what we can learn from reliable sources the Dominion Government is about to make some arrangement for the registration of diseases prevalent in different parts of the country. This we assume is simply to be a stepping stone to some larger scheme of public health and vital statistics, and as such we gladly welcome it. The question of jurisdiction however in reference to public health is still a vexed one, but from all the information before us at present we incline to the opinion that the local governments alone have full control in these matters; any action of the Dominion Government must therefore be of an advisory character merely. If this be the case, we hope to see the defect in the constitution remedied, so as to enable the Government to establish a National Board of Health with powers similar to those of the National Board at Washington. In the meantime the registration of diseases may be proceeded with by the appointment of a registrar, whose duties might be made somewhat similar to those of the registrar-general of Great Britain, and if a thoroughly competent medical man who has the confidence of the profession is appointed, (which we trust will be the case) much good may be accomplished. The names of Dr. Playter, editor of the *Canada Health Journal*, Dr. Taché of Ottawa, and Dr. Canniff of Toronto have been mentioned in this connection, and we have no doubt that either of these gentlemen would satisfactorily discharge the duties to be entrusted to them in this matter.

**ONTARIO MEDICAL COUNCIL ELECTIONS.**—The election of a representative for the Bathurst and Rideau Division in the Medical Council of Ontario, in the place of Dr. Mostyn (deceased), will take place on Tuesday the 17th day of May next. The election of a representative for the Quinté and Cataraqui Division in the room of Dr. C. A. Irwin who has resigned, will also take place on the same date. Dr. Tracey, of Belleville, and Dr. Day, of Trenton, are candidates for election to the Medical Council in the latter Division, and Dr. J. G. Cranston, of Arnprior, and Dr. J. D. Kellock, of Perth, in the former.

**HYDROLEINE.**—This preparation is receiving the highest commendation in all quarters where such a remedy is indicated. The increase in weight, which follows its use in the great majority of cases,

shows unmistakeably the benefit to be derived from its administration in all wasting diseases. We confidently recommend it to the profession.

**VICTORIA UNIVERSITY.**—The following are the names of the successful candidates at the recent examinations in this University:—

**M.D.**—W. H. Aikins, W. C. Edmonson, F. Howitt, A. C. Jones, M. Wallace, G. S. Bingham, R. R. Teller, M. A. Nicolson, L. M. Sweetnam, W. Gunn, J. G. Mennie, R. M. Fisher, H. W. Aikins, H. R. Elliott, S. A. Bosanko, A. G. Machell, G. Wilcock, W. J. Tracey, W. A. D. Montgomery, W. J. Charlton, G. W. Haken, A. Chapman, J. C. Burt, J. McBride, J. M. Cotton, J. Simpson, W. Gilpin, R. S. Frost, E. A. Nealon, H. Y. Baldwin, R. Cotton.

**PRIMARY.**—R. B. Coulter, W. H. Montague, W. Cuthbertson, H. P. Jackson, M. R. Colver, E. Laws, G. Wyld, J. Z. Wild, W. J. Kellow, R. J. Burton, C. S. Grafton, J. W. Wilmott, J. B. Whitely, F. P. Drake, M. R. Elliott, G. W. Clendinning, A. D. Watson, E. M. Hewish, C. J. Wilson, J. F. Carroll.

**MCGILL UNIVERSITY, MONTREAL.**—The following gentlemen have successfully passed the primary and final examinations in medicine in this University, and the degrees and honors were conferred at the Convocation, March 31st:—

**M.D., C.M.**—S. A. Bonesteel, T. L. Brown, P. Cameron, J. H. Carson, W. Cormack, H. C. Feader, H. D. Fraser, E. C. Fielde, W. L. Grey, C. M. Gordon, J. B. Harvie, H. E. Heyd, H. A. Higginson, D. W. Houston, J. J. Hunt, G. E. Josephs, W. A. Lang, E. J. Laurin, H. Lunam, B.A., R. T. Macdonald, E. A. McGannon, K. McKenzie, F. H. Mewburn, W. Moore, W. C. Perks, T. W. Reynolds, E. J. Rogers, J. Ross, B.A., J. W. Ross, T. W. Serviss, J. C. Shanks, W. A. Shufelt, E. H. Smith, W. Stephen, A. D. Struthers, J. E. Trueman, G. C. Wagner, and J. Williams. **Holmes Gold Medallist**—James Ross, B.A. **Prizeman**—J. L. Ross. **Hon. Mention**—Perks, Heyd, Laurin, Josephs, Grey, Shufelt, and Rogers.

**PRIMARY.**—C. E. Allen, E. C. Bangs, S. A. Bonesteel, J. C. Bowser, C. O. Brown, C. E. Cameron, J. W. Cameron, A. M. Cattenach, H. J. Clarke, W. C. Cousins, W. J. Derby, G. A. Deardan, J. J. Gardner, J. A. Grant, B.A., J. Gray, C. B. H. Hanvey, J. A. Hopkins, J. H. Harrison,

R. J. B. Howard, B.A., W. D. B. Jack, B.A., P. N. Kelly, J. S. Lathern, J. B. Loring, R. K. McCorkill, W. J. Musgrove, F. S. Muckey, T. P. O'Brien, T. A. Page, A. P. Poaps, A. J. Rutledge, C. Rutherford, M.A., W. McE. Scott, G. A. Sihler, E. W. Smith, B.A., A. Stewart, and W. E. Thompson. A few others passed on certain subjects. Prizeman—R. J. B. Howard, B.A. Sutherland Gold Medallist—C. E. Cameron. Hon. Mention—Cameron, Lathern, Scott, and Gardner. *Botany Prize*—G. A. Graham. *Collection of Plants*—J. C. McRae and J. J. Meahan. Practical Anatomy—C. E. Cameron.

Lieut.-Governor Robitaille, M.D., of Quebec, received the *ad eundem* degree of C.M., M.D., from Bishop's College at the recent convocation.

**MEDICAL LEGISLATION IN NEW BRUNSWICK.**—The medical profession in New Brunswick is to be congratulated on having succeeded in getting a medical bill through the Legislature this session, which will stop for the future the free trade in medicine which has heretofore existed in this Province. A matriculation examination and a four years' course are among the requirements for future registration.

**BOARD OF HEALTH IN INDIANA.**—A State Board of Health has been recently established in Indiana, chiefly through the efforts of Dr. Thad. M. Stevens of Indianapolis. It is in the main a copy of the Michigan State Board, but the board consists of five instead of seven members. County and City local boards are also provided for.

**INCISION INTO THE PERICARDIUM.**—In another column will be found the report of a case in which an incision was made into the pericardium for the removal of a collection of pus. The patient, a child ten years of age, made a good recovery.

**CORONERS.**—G. A. Routledge, M.D., of Lambeth, has been appointed Associate Coroner for the Co. of Middlesex, Ont. Dr. W. E. Cornell, of Thedford, has been appointed Associate Coroner for the Co. of Lambton.

Sir William Jenner, M.D., K.C.B., has been elected President of the Royal College of Physicians, of London.

**REMOVAL.**—Dr. Clarke, late of Chesterville, Ont., has commenced practice in Peterboro.

**APPOINTMENTS.**—Dr. Irwin, of Wolfe Island, has been appointed Professor of Medical Jurisprudence in the College of Physicians and Surgeons, Kingston. This will cause a vacancy in the Medical Council.

Dr. John B. Murphy, of Belleville, has been appointed Surgeon of the Deaf and Dumb Institute, *vice* Dr. Hope, resigned.

Dr. Wm. Hope, of Belleville, has been appointed Sheriff of the County of Hastings.

Dr. R. W. Garratt, of Barriefield, has been appointed House Surgeon of the Kingston General Hospital for the next six months.

The death of Dr. R. O. Cowling, the talented editor of the *Louisville Medical News*, Ky., is announced in our American exchanges. Also the death of Dr. Isaac Ray, of Philadelphia, the author of "Medical Jurisprudence of Insanity," in the seventy-fifth year of his age; also Dr. Otis of the U. S. Army Medical Service.

#### DR. ALLAN H. FRASER.

It is our painful duty this month to chronicle the death of Dr. Allan H. Fraser, of Brockville, Ont., in the 52nd year of his age. He graduated at McGill College, Montreal, and subsequently went to London, Eng., to perfect himself in his profession. At that time the Turkish army service was a popular one with young British surgeons, and accordingly he entered the service. A short time afterwards the Crimean war broke out and the Dr. was at Kars during its famous defence by Sir Fenwick Williams. His services were acknowledged by the Sultan, from whom he received decorations and medals of distinction, and was known as the "clever Canadian." Subsequently he became a surgeon in the British army, served in the Crimea, and witnessed the celebrated charge of the Light Brigade at Balaklava, immortalized by the poet Tennyson. After the close of the war he returned home and shortly afterwards joined the medical service of the United States army during the civil war. At the close of the war he received the American war badge. Subsequently he practised for a few years in New York city, and about twelve years ago he removed to Brockville, where he practised up to the time of his death. At the time of the Fenian troubles he was appointed Post Surgeon, by Adju-

tant-General McDougall, and was afterwards attached to the Canadian Rifles, and in charge of all the Canadian gunboats at Prescott. In 1875 he married the youngest daughter of the late Col. D. A. McDonald, who now laments the loss of an affectionate husband. He was kind and generous to a fault, and was much respected by all classes in the community. It is to such men as Dr. Fraser that Canada owes much of the estimation in which she is held for manly intelligence by the world at large *Requiescat in pace.*

**THE ALABASTER BOX.**—Do not keep the alabaster box of your love and tenderness sealed up until your friends are dead. Fill their lives with sweetness. Speak approving, cheering words while their ears can hear them. The things you mean to say when they are gone, say before they go. The flowers you mean to send for their coffins, send to brighten and sweeten their homes before they leave them. If my friends have alabaster boxes laid away, full of perfumes of sympathy and affection, which they intend to break over my dead body, I would rather they would bring them out in my weary hours, and open them, that I may be refreshed and cheered by them while I need them. I would rather have a bare coffin without a flower, and a funeral without a eulogy, than a life without the sweetness of love and sympathy. Let us learn to anoint our friends beforehand for their burial. Post-mortem kindnesses do not cheer the burdened spirit. Flowers on the coffin cast no fragrance backward over the weary days.—*Exchange.*

### Books and Pamphlets.

**ROCKY MOUNTAIN HEALTH RESORTS.** By Charles Denison, A.M., M.D., second edition. Boston: Houghton & Co. Toronto: Willing & Williamson.

The writer of the above work has evidently enjoyed long opportunity for treating on the subject. Practitioners are frequently at a loss how best to decide on a locality fitted for their patients suffering from lung diseases, and at the same time easily accessible by railroad. To our brethren experiencing this difficulty, we would strongly recommend a perusal of this interesting work.†

**A TREATISE ON THE MATERIA-MEDICA AND THERAPEUTICS OF THE SKIN.** By Henry G. Piffard, A.M., M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

There is scarcely any department of medicine to which until recent years from the labours of Wilson, Fox, Duhring, Hebra, and others, the attention of practitioners had been comparatively so little directed. The works of the above-named, for students and men occupied in large practice, would frequently be found too exhaustive references, for which we would advise the purchase of this manual. The first one hundred and thirty-five pages is devoted to a consideration of the drugs that from time to time have been recommended by different writers in the very numerous varieties of skin disease. Following the title line each drug is considered under four general heads indicated by the letters A, B, C and D.—Under A are embraced effects on healthy skin following the ingestion of the drug. Under B the effects produced on healthy skin by local application. Under C, the cutaneous affections in which the drug has been found curative or useful when administered internally, and under D, those in which the drug has proved useful when locally applied. The remainder of the work, one hundred and ninety-one pages, is occupied with a description of the numerous forms of skin disease, the discussion of which is undertaken at length, sufficient not only for the student but also for the general practitioner, and the work as a whole may be considered a valuable manual on the subject.

**A TREATISE ON ALBUMINURIA.** By W. Howship Dickenson, M.D., Cantab. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This volume is one of three written by its distinguished author upon "Diseases of the Kidney and Urinary Derangements," and is intended to be a complete treatise on the subject on which it treats. The work is illustrated with eleven plates and thirty-one woodcuts. The nineteen chapters of the volume exhibit lucid and comprehensive disquisitions on the structure of the kidney in health and disease, on albuminous urine and fibrinous casts in their general relation to the pathology of the kidney, pathology of nephritis, clinical history and symptoms of nephritis—causes of nephritis considered in detail. Treatment of pathology of granular degeneration. Clinical history of granular degeneration. Symptoms of granular degeneration of the kidney and treatment. Pathology of the lardaceous disease. Clinical history, symptoms and treatment of lardaceous disease of

the kidney. On the condition of the heart and arteries in chronic renal disease. On the retinal changes common to albuminuria. The blood in albuminuria. General comparison of the three forms of renal disease. Alcohol as a cause of renal disease, and climate in relation to renal disease. Did our space permit we would enter at greater length into the merits of this very excellent work; in the meantime we recommend it as the best on the subject we have ever perused, displaying a ripe scholarship and intimate acquaintance with the literature of the subject.

**A MANUAL OF DISEASES OF THE THROAT AND NOSE.** By T. H. Bosworth, A.M., M.D. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

In addition to the previous works on these subjects, by Dr. J. Solis Cohen, and Dr. Morell McKenzie, some time ago noticed in this journal, we have this additional candidate for professional patronage. Men will be fond of what they are conscious of excelling in; the fruits of this very minute attention to specialisms, however, bid fair ere long to leave to the general practitioner, as Dr. Maughs in his *Medical Ultraisms* humorously puts it, little more than the care of the umbilicus. The plan of the work embraces acute catarrhal inflammation, chronic catarrhal inflammation, acute follicular inflammation, chronic follicular inflammation, croupous inflammation, diphtheritic inflammation, anatomy, and physiology of the nose, pharynx, larynx; tumors, artificial openings into the air passages, extirpation of larynx, &c., &c. There are a thousand excellent hints in this volume which is an eminently practical manual, equally creditable to author and publisher, well illustrated, and altogether a work to be recommended to both student and practitioner.

**ZIEMSEN'S CYCLOPÆDIA OF PRACTICE OF MEDICINE.** Wm. Wood & Co., Volume ix. Willing & Williamson.

The contributors to this volume are Professors Ponfick, Thierfelder, Von Schnepfel, Heller and Juergensen. Subjects—Various diseases and parasites of the liver, diseases of the biliary passages and portal vein, interstitial pneumonia, cirrhosis and bronchiectasis. In previous reviews of the several volumes of this great work we have expressed the most favourable opinion of the exhaustive manner

in which the large array of contributors have executed their tasks, of their opportunities, zeal and acquirements; it is therefore only necessary to remark that the writers on the subject above detailed, have offered substantial evidence of fitness for the labour assumed. As a work of reference this Cyclopædia is invaluable.

**PHYSIOLOGY IN THOUGHT, CONDUCT AND BELIEF,** by Daniel Clark, M.D., Med. Supt. Asylum for the Insane, Toronto. (Reprinted from the "Canadian Monthly" for April, 1881.) Toronto: Rose-Belford Publishing Company.

**COLORADO FOR INVALIDS,** by S. Edwin Solly, M. R.C.S. Eng., L.S.A. Lon., Fellow of the Royal Medico-Chirurgical Society, Vice-President of the Colorado State Medical Society. Gazette Publishing Co., Colorado Springs, Colo.

**FALLING OF THE HAIR.**—Mr. James Startin, in the *British Medical Journal*, suggests the following application in general loss of hair without obvious cause:

R Ung. petrolei,  
Ol. ricini, aa ss;  
Hyd. ox. rub., gr. v;  
Liq. ammon. fort., fʒss;  
Ol. rosmarini, gtt. v.—M.

### Births, Marriages and Deaths.

At the Mohawk Church, Brantford, on Tuesday, 12th April, by the Ven. Archdeacon Nelles, Dr. William T. Harris to Mary Maude, only daughter of Egerton Griffin, Esq., M.D.

At Brockville, Ont., on the 3rd ult., Allan Hugh Fraser, M.D., youngest son of the late Colonel Richard D. Fraser, in the 52nd year of his age.

At St. Michel (Bellechasse), Que., on the 8th of March, Edward S. Belleau, M.D., in the 67th year of his age.

At Headingly, Manitoba, on the 25th of March, Dr. H. S. Beddome, aged 52 years.

On the 21st ult., Dr. D. W. Lundy, of Albany, Ill., formerly of Sharon, Ont., aged 40 years.

On the 21st of Feb., Dr. D. C. McCarthy, of Brechin, Ont., aged 30 years.

At Lincoln, Maine, on the 3rd of April, Dr. J. C. Shreve, formerly of Summerside, P. E. I.

\* \* \* The charge for notices of births, deaths and marriages is fifty cents, which should be forwarded in postage stamps with the communication.

# WARNER & CO.'S PHOSPHORUS PILLS.

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

℞ Phosphori, 1-50 gr.; Quinis Sulph.,  $\frac{1}{2}$  gr.; Pulv. Digitalis,  $\frac{1}{2}$  gr.; Pulv. Opii,  $\frac{1}{4}$  gr.; Pulv. Ipecac.,  $\frac{1}{4}$  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. Hyoscyami, 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.,  $\frac{1}{4}$  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.

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

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

Dose.—One pill may be taken twice or three 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.

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

℞ Phosphori, 1-50 gr.; Ext. Aloes Aquosæ,  $\frac{1}{2}$  gr.; Ext. Nucis Vomice,  $\frac{1}{4}$  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.

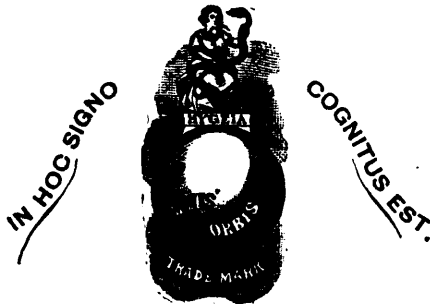
BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.



**WARNER & CO.'S**  
**SOLUBLE SUGAR-COATED**

# PHOSPHORUS PILLS.

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



The method of preparing Phosphorus in pillular 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.

PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.

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,

Analytical Chemist and Microscopist,

40 and 42 Broadway, N. Y.

(Late of Edinburgh, Scotland.)

## CENTENNIAL WORLD'S FAIR AWARD.

"The Sugar-Coated Pills of Wm. R. Warner & Co. are Soluble, Reliable and Unsurpassed in the perfection of Sugar-Coating, thorough composition and accurate subdivision."

"The pills of Phosphorus are worthy of special notice. The element is thoroughly diffused and subdivided, yet perfectly protected from oxidation."

Attest,

[SEAL] J. L. CAMPBELL.

A. T. GOSHORN, Director-General.

J. B. HAWLEY, President.

Complete list of W. R. Warner & Co.'s Phosphorus Pills mailed on application.

# ⊖ SACCHARATED PEPSIN. ⊖

(PEPSINA PORCI.)

*This preparation of Pepsin is manufactured from the fresh stomach of the pig, in a pure and palatable form, without heat. It represents the digestive principle of the gastric juice, in a very active state, and in the form most convenient for administration. It is prepared with every possible care from the inner coating of the stomach, first removed from the other tissues of that organ. Combined with sugar of milk it will be found free from the disagreeable taste of many Pepsins.*

*Ten grains dissolved in acidulated water will digest from one hundred and twenty to one hundred and fifty grains of coagulated albumen at 100° F. in from four to six hours.*

*The experience of physicians has been so favorable to the use of Pepsin as an aid to impaired digestion and kindred affections, that it is only necessary to say the Saccharated Pepsin we manufacture exhibits the principle most fully, and will give therapeutic results to the entire satisfaction of the physicians wishing to prescribe this remedy.*

*Liquor Pepsinæ.—Each tea-spoonful of the Liquor Pepsinæ prepared by us represents the full dose of our Saccharated Pepsin, five grains, combined with Lactic and Muriatic Acids, Glycerine and water.*

**JOHN WYETH & BRO.**

**Manufacturing Chemists,**

**PHILADELPHIA.**

# TO PHYSICIANS AND DRUGGISTS.

## Five Awards from the United States Centennial Commission.

We have for many years claimed superiority for the MEDICAL PREPARATIONS OF OUR MANUFACTURE, and the articles we control, over similar pharmaceutical products made by other houses.

It gives us great pleasure to announce to physicians and druggists, that the United States Centennial Commission, after CRITICAL ANALYSIS, EXAMINATION and comparison, have endorsed our claim to their "superiority," and have given us three awards, as follows:

(WE WILL GIVE FULL TEXT OF AWARDS AS SOON AS RECEIVED.)

For our PHARMACEUTICAL PREPARATIONS.—embracing ELIXIRS, SYRUPS, MEDICINAL WINES, Saccharated Pepsin, etc., etc. "These ELIXIRS, etc., etc., seem to be a REAL ADVANCE in pharmacy, as they represent strength and virtues with comparatively much less disagreeable taste than the same ingredients, as usually made and extemporaneously prepared."

For our Compressed Pills.—"In our judgment, these Compressed Pills are, for above reasons, viz.: smaller size, absence of excipients and speedy solubility, superior to any other similar pills manufactured."

For our Papanas (Food for Infants and Invalids).—"The most nutritious, most easily digested and most strengthening food, etc."

For our Suppositories.—"For precision in admixture of drug, regularity in size of cone, and skill in incorporating the various ingredients, is worthy of special mention."

Two awards were also given to the manufacturers of the preparations for which we have the sole agency, and have met with such deserved favor from physicians, viz.: to Marvin Bros. & Bartlett, for their Pure Medicinal Cod Liver Oil.—"For freedom from disagreeable taste and odor, careful preparation, and representing in every respect the elements required in Cod Liver Oil."

To Ed. Loefflund, Stuttgart, Germany, for his Concentrated Extract of Malt.—"Its great richness in Sugar of Malt, complete absence of dregs and products of fermentation, such as alcohol and carbonic acid, and agreeable and pleasant taste."

## MEDICINAL FLUID EXTRACTS

In compliance with a long-existing demand, we have made arrangements for the manufacture of a full line of

## FLUID EXTRACTS,

which we are now prepared to furnish to the trade. Our list will include not only the official articles of this kind, but a number of others, not mentioned in the Pharmacopœia, whose recognized therapeutical value induces many physicians to employ them in their practice.

Those who order our fluid extracts, Physicians in prescribing them as well as Druggists in supplying them, may rest assured that they will find each one thoroughly reliable as representing the properties of the original drug.

In order to fulfil this promise, we have secured supplies of crude material of the very best quality, obtained at the right season, from plants properly grown. This is of the highest importance in regard to plants indigenous to the United States. As to the narcotics, Hyoscyamus, Belladonna, Conium, Digitalis, Aconite, etc., we have entered into an agreement with one of the most reliable cultivators of medicinal plants in England, by which we secure an article in each case far superior to the ordinary commercial leaves and roots.

Our appliances for manufacture have been constructed without regard to first cost, this outlay being justified by the extent of our business. For completeness and economy of working, these arrangements cannot be excelled; and by means of them, with our experience in this branch of pharmacy, we are enabled to prepare fluid extracts of unsurpassed purity and reliable strength, at the most reasonable rates.

Our process of manufacture is in accordance with the most advanced science in regard to the properties of each drug. The crude material, selected with the before-mentioned precaution, is treated with the greatest care, with such menstrua as will secure all the available active principals, to the exclusion of inert matters.

We have, therefore, no hesitation in claiming for these preparations superiority to all others in the market in purity, activity and beauty; and feel confident that this claim will be sustained by the judgment of any unbiased expert.

The strength of our official fluid extract is always that prescribed in the United States Pharmacopœia. That of the unofficial is uniformly one troy ounce of the drug to one fluid ounce of the extract.

Physicians who wish to use them should designate our manufacture (WYETH & BRO.,) when prescribing, to insure ours being dispensed.

# 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 H<sub>2</sub> pophosphite of Soda to a fluid ounce.

### SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE :

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

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

W. M. CAMERON, M.D.

Messrs. SCOTT & BOWNE :

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

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

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

Messrs. SCOTT & BOWNE :

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

I have the honor to be, yours truly,

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

St. John, N.B.

Messrs. SCOTT & BOWNE :

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

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

**SCOTT & BOWNE, Manufacturing Chemists, New York.**

## The Practitioners' Obstetric Bag John Reynders & Co.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

Manufacturers and Importers of

**SURGICAL**

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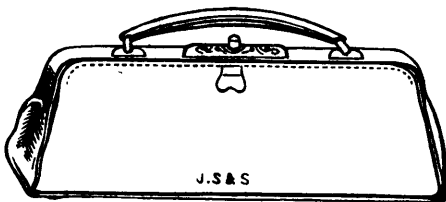
Orthopaedical Instruments,

**SKELETONS,**

AND

**ANATOMICAL**

**PREPARATIONS.**



15 inches long, 6 inches high, containing Barnee's Craniotomy Forceps, Midwifery Forceps, Perforators, Frenum Scissors, Blunt Hook and Crotchet, Catheter, 4 Stoppered Bottles, 1 Chloroform Drop Bottle. Price \$26.

Bag only, Superior Morocco, Gilt Fittings, . . . . \$6.00

do. do. Plain Fittings, . . . . .

Lined with Chamois Leather . . . . . \$4.50

### THE IMPROVED CLINICAL THERMOMETER WITH MAGNIFIED AND IMPERISHABLE INDEX.



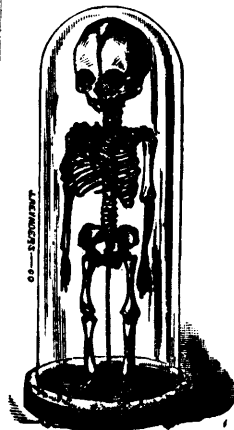
The mercury is easily seen, and there being no air spec, the liability to loose the registering needle is obviated, should by any accident the whole of the mercury be shaken into the cup it will register the next time it is driven up by the temperat re.

PRICE IN CASE, . . . . . \$2.50

ORDINARY REGISTERING CLINICAL THER-

MOMETERS . . . . . 1.50

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**London, Eng. | Toronto, Ont.**



The Manufacture and Importation of every article used by Physicians and Surgeons our Specialties.

Our Illustrated Catalogue and Price List mailed on application, enclosing twelve cents for Postage.

# 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 aching of protracted disease, invigorate the nervous media, and regulate the circulating systems of the body, you will provide yourself with a supply of that marvellous remedy discovered by Dr. J. COLLIS BROWNE (late Medical Staff), to which he gave the name of

## 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, Group, Ague.

CHLORODYNE acts like a charm in Diarrhœa, 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, Diarrhœa, 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.

SOLE MANUFACTURER—J. T. DAVENPORT, 33 GREAT RUSSELL STREET, BLOOMSBURY, LONDON

# BELLEVUE HOSPITAL MEDICAL COLLEGE. CITY OF NEW YORK.

## SESSIONS OF 1881-82.

*At and after the Session of 1881-82, the College will return to its former requirements as regards fees and graduation; viz., those in force before the session of 1880-81.*

**T**HE COLLEGIATE YEAR in this Institution embraces the Regular Winter Session and a Spring Session.

THE REGULAR SESSION will begin on Wednesday, September 21, 1881, and end about the middle of March, 1882. During this Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction. Attendance upon two courses of lectures is required for graduation.

THE SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins about the middle of March and continues until the middle of June. During this Session, daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

## Faculty.

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and diseases of Women and Children, and President of the Faculty.  
 JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.  
 FORDYCE BARKER, M.D., LL.D., Professor of Clinical Midwifery and Diseases of Women.  
 BENJAMIN W. MCCREADY, M.D., Emeritus Professor of Materia Medica and Therapeutics, and Prof. of Clinical Medicine.  
 AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.  
 W. H. VAN BUREN, M.D., LL.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.  
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 ALEXANDER B. MOTT, M.D., Professor of Clinical and Operative Surgery.  
 WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.  
 A. A. SMITH, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.  
 AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.  
 JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.  
 R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.  
 EDWARD G. JANEWAY, M.D., Prof. of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clin. Medicine.

### PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.  
 J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.  
 EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.  
 JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.  
 ERSKINE MASON, M.D., Clinical Professor of Surgery.  
 JOSEPH W. HOWE, M.D., Clinical Professor of Surgery.  
 LEROY MILTON YALE, M.D., Lecturer Adjunct on Orthopædic Surgery.  
 BEVERLY ROBINSON, M.D., Lecturer on Clinical Medicine.  
 FRANK H. BOSWORTH, M.D., Lecturer on Diseases of the Throat.  
 CHARLES A. DOREMUS, M.D., Ph. D., Lecturer on Practical Chemistry and Toxicology, and Adjunct to the Chair of Chemistry and Toxicology.  
 FREDERICK S. DENNIS, M.D., M.R.C.S., } Demonstrators of Anatomy.  
 WILLIAM H. WELCH, M.D., }

### FACULTY FOR THE SPRING SESSION.

FREDERICK A. CASTLE, M.D., Lecturer on Pharmacology.  
 WILLIAM H. WELCH, M.D., Lecturer on Pathological Histology.  
 CHARLES A. DOREMUS, M.D., Ph.D., Lecturer on Animal Chemistry.  
 T. HERRING BURCHARD, M.D., Lecturer on Surgical Emergencies.  
 ANDREW R. ROBINSON, M.D., L.R.C.P. & S., Edin., Lecturer on Normal Histology.  
 CHARLES S. BULL, M.D., Lecturer on Ophthalmology and Otology.

### FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures, Clinical and Didactic.....	140 00
Fees for Students who have attended two full courses at other Medical Colleges, } and for Graduates of less than three years' standing of other Medical Colleges }	70 00
Matriculation Fee .....	5 00
Dissection Fee (including material for dissection).....	10 00
Graduation Fee .....	30 00
No fees for Lectures are required of Graduates of three years' standing, or of third-course Students who have attended their second course at the Bellevue Hospital Medical College.	

### FEES FOR THE SPRING SESSION.

Matriculation (Ticket valid for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures .....	35 00
Dissection (Ticket valid for the following Winter) .....	10 00

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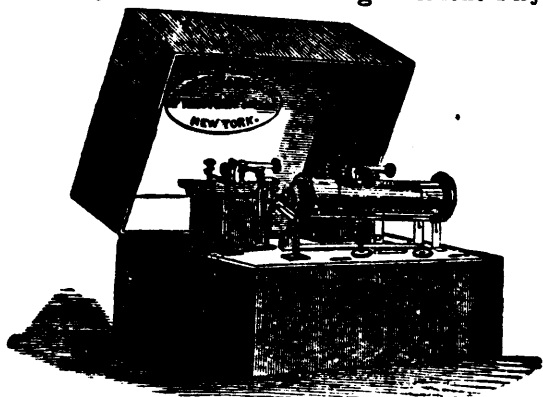
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 H. H. A. Beach, M.D.

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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, Quinidiæ, 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 solution of the Pharmacopœia may be added, each fluid drachm making the 64th of a grain to a half fluid ounce of the 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.

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

tains may be absorbed by the system. With the lean of animal food this change is effected in the stomach by the action of the gastric juice, but when this juice is deficient in quality, or quantity, it is incapable of affecting the centre of the morsels of food presented to it, and they in this unprepared state leave the stomach, bearing with them the causes of dyspepsia and its train of concomitant evils.

The theory of *Johnston's Fluid Beef* has however solved the hitherto insurmountable difficulty, and furnishes all the desirable results of meat diet to those who are otherwise unable to digest animal food. In its manufacture the albumen and fibrine (or rather the entire lean of beef) is by a special process desiccated and mechanically pulverised to such a minute degree of subdivision that it is almost imperceptible in water. By this means the entire surface of every microscopic atom is presented to the direct action of the solvent juice, which, acting chemically and in combination with the digestive properties of meat essence, at once prepares the food for assimilation, and with the least possible expenditure of vital force, furnishes to the blood all that is necessary to impart tone to the nerves and substantial food for brain, bone and muscle.

### CHEMICAL ANALYSES.

By WM. HARKNESS, F.C.S., L., Analytical Chemist to the British Government. — Laboratory, Somerset House London, England. — I have made a very careful chemical analysis and microscopical examination of Johnston's Fluid Beef, and find it to contain in every 100 parts:

Albumen and Gelatine	21.81	Flesh-forming Food.	Ash or Mineral Matter	14.57
Fibrine in a readily soluble form	37.48		Moisture	26.14

The mineral matter is rich in phosphates. The microscopical examination shows the Fluid Beef to contain good, sound beef, ground to a very fine powder. There is not the slightest trace of fungus, spores, or any other organism which would tend to produce decomposition. I consider this a most valuable preparation, combining as it does, a concentrated extract of beef with the solid beef itself, the latter being in a form easily digested. It is also free from the burnt flavor so much objected to in ordinary extracts of meat. IT IS ONE OF THE MOST PERFECT FOODS I HAVE EVER EXAMINED.

By Dr. J. BAKER EDWARDS, Ph. D., S.C., L.; F.C.S., Professor of Chemistry and Inland Revenue Food Analyst, Montreal. — I hereby certify that I have made a careful analysis of the proximate constituents of "Johnston's Fluid Beef," and find it to contain:

Salts of Flesh and Moisture. Beef Tea Food	33.90	Fibrin or Meat Food	35.50
Albumen or Egg Food	27.50	Mineral or Bone Food	1.70

I consider this an invaluable preparation, containing as it does, in addition to the well-known Liebig's Extract—which has been aptly named "Wine of Meat," the nutritive value of EGG diet and MEAT diet in a form readily soluble in the gastric juice. It is therefore a more complete and perfect food for children and invalids than Meat Extract alone; and moreover, having inspected the process of manufacture, I am satisfied that it may be relied upon as a uniform and very superior preparation.

By STEVENSON MACADAM, Ph. D., F.R.S.C., F.C.S., Lecturer on Chemistry — Analytical Laboratory, Surgeons' Hall, Edinburgh, 6th March, 1873. I have made a careful chemical analysis of a sample of Beef Powder, manufactured by J. L. Johnston, and find it contains as follows:

Albuminous or Flesh Matter	64.38	Moisture	13.23
Ash or Saline Matter	10.62	Oils and Fatty Matter	12.77

This is a highly nutritious article of diet, contains all the elements of Flesh Food in a concentrated form, is very palatable and easily digested, and is eminently suited for dietetic purposes, especially for invalids.

Extract from "Papers on Health," by Professor KIRK, Edinburgh. — "Suppose we take such a substance as Johnston's Fluid Beef, which we feel sure must become a most popular food for invalids. This readily passes into the circulation, and is changed into the actual living substances that make up the body of man. It does not cause accumulation of fat, for instance. Those who, to our knowledge, have been strengthened by its use, have got firm in muscle and nerve, but less stout than before they used it.

Dr. NICHOLS, 631 Spruce Street, Philadelphia, says:—"I have used it in a case of a child suffering from extreme debility after an attack of cholera infantum, the child began to improve immediately, and is still taking the Fluid Beef. I find it very palatable and nourishing, easily digested, and am satisfied that the contained fibrine is perfectly assimilated by the tissues of the body, as shown by a great gain of strength, &c. I feel assured it will meet with general favor."



SIR THOMAS WATSON, QUEEN VICTORIA'S PHYSICIAN,  
PREPARED BY JOHNSTON'S FLUID BEEF

Dr. NOLAN, of the Academy of Natural Sciences of Philadelphia, says:—"Johnston's Fluid Beef has given entire satisfaction."  
JAMES TYSON, M.D., Professor of Gen. Pathology, Morbid Anatomy, in the University of Pennsylvania, says:—"I am using Johnston's Fluid Beef with a confidence which I have in no other preparation."  
Dr. MALCOLM MACFARLANE, 1805 Chestnut Street, says:—"It is with unusual pleasure and confidence that I give my recommendation to Johnston's Fluid Beef. It is in the best form and the best preparation with which I am acquainted, and unhesitatingly recommend it as a most desirable preparation."  
Dr. LEONARDO JUDD, of Philadelphia, says:—"I can endorse thoroughly all that is claimed for Johnston's Fluid Beef, and am delighted with its superior excellence."  
Dr. HOBNER, of Philadelphia, says:—"It is the most elegant preparation of the kind in the market."  
Dr. SAMUEL ASHFURST, 1423 Walnut Street, Philadelphia, says:—"I have tested Johnston's Fluid Beef and find it to be strictly what it is represented. I prefer it very much to any extract of beef with which I am acquainted, and unhesitatingly recommend it as a most desirable preparation."  
Dr. C. S. MIDDLETON, of Philadelphia, says:—"Johnston's Fluid Beef has given me the most satisfaction of any article of the kind heretofore brought to my notice."  
Dr. DANIEL KARNER, 4845 Girard Ave., Philadelphia, says:—"I have pleasure in confirming manufacturer's statements concerning its excellent and substantial food properties. It is exceedingly pleasant to the taste, and is in my opinion of incalculable value to the invalid."  
Dr. JOSEPH KLAPP, 623 Spruce Street, Philadelphia, says:—"I feel assured that invalids and delicate persons in search of strength need only to use it in order to be convinced of the great advantages it possesses for that purpose."  
Dr. S. R. SKILLEREN, 120 South 31st Street Philadelphia, says:—"It is the only preparation of beef that I have come across in which I have confidence, and I am sure its merits will recommend it wherever it is introduced."  
Professor G. F. GIRDWOOD, McGill University, Montreal, says:—"I can strongly recommend its use to the public as supplying in the most easily digested form all the materials necessary for renewing the tissues wasted by disease."  
Dr. ROSS, Montreal General Hospital, says:—"I believe it to be a most excellent nutrient for invalids and delicate persons."  
Professor CHARLES CAMERON, Dublin, says:—"I can very strongly recommend Johnston's Fluid Beef."  
Dr. MILLER, Edinburgh, says:—"It is a great boon to the invalid and to the public."  
Dr. SMART, Edinburgh, says:—"I fully expect that it will ere long take precedence, both in professional and public favor, of all articles of a like kind, as it possesses qualities superior to all of them."  
Dr. C. H. F. ROUTH, Senior, Physician to the Samaritan Hospital, London, says:—"It seems to me to fulfil a desideratum long sought for, and will prove of the greatest value in the treatment of disease."  
Dr. DUNCAN, Surgeon, Alliance S. S. "Polynesian," says:—"Patients suffering from vomiting in sea-sickness seem to retain it much better than any other preparation I have ever tried, and do not complain of the nauseous taste so often objected to in some other preparations."  
Dr. JOHN RUSSELL, Surgeon to the Newcastle-upon-Tyne Infirmary, says:—"The theory of its manufacture appeals to one's idea of what **PEARCE'S BEEF TEA** ought to be."  
Dr. S. FRED. PEARSE, South Kensington, London, says:—"I find your preparation of Fluid Beef the best in every respect I have ever met with."  
Dr. H. CLARK NEWTON, Surgeon to the Newcastle Lying-in Hospital, says:—"Johnston's Fluid Beef contains 50 per cent of nitrogenous or flesh-forming material. All other Extracts of Beef I have seen may be looked upon as stimulants only, and I have always deplored the confidence in their nutritious powers placed by invalids and the public."

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# DETROIT MEDICAL COLLEGE.

(Member of the American Medical College Association.)

SESSIONS OF 1880-81.

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The Collegiate Year is divided into two sessions.

THE REGULAR SESSION opens Wednesday, September 8th, 1880, and closes March, 1881 (obligatory).

THE SPRING SESSION opens March 15th, 1881, and closes June 23rd (optional).

All candidates for the degree of Doctor of Medicine at the DETROIT MEDICAL COLLEGE must successfully complete the following system of training:

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**DAILY PRACTICAL WORK** in Anatomical, Chemical or Physiological Laboratories during the first two sessions.

**DAILY CLINICAL LECTURES** during the first two sessions.

**DAILY CLINICAL WORK** in the HOSPITAL WARDS or DISPENSARIES during the entire last session. For this purpose the Senior Class is divided into small sections, and each section placed in charge of a Clinical teacher for one month. Then the sections change teachers, so that during the session every member of the Senior Class is taught to do clinical work in Diseases of the Eye and Ear, in Diseases of the Larynx, in Diseases of Women, in General Medical Cases, in Surgical Cases, in Diseases of the Skin and in Diseases of the Nervous System and in Obstetrics. Thus the student makes, or assists in making, examinations and in carrying out treatment, writes prescriptions and histories of cases, dresses wounds, applies bandages, watches the progress of pathological processes, internal or external, assists at operations, etc.

**DAILY LECTURES AND RECITATIONS** on the several scientific and practical branches of Medicine and Surgery during the entire three courses.

**EXAMINATIONS** at the end of each course on the studies of that course.

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**Three Hospitals**—Harper's, St. Mary's and St. Luke's—with two large free Dispensaries, afford abundance of clinical material. All lectures are delivered on Hospital grounds. The peculiar feature of this school is the intimate relations between its Didactic, its Laboratory and its Clinical teaching.

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Lecture Fees .....	75 00
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Lecture Fees to Third Course Students .....	50 00

Hospital Tickets free to all who take out other Tickets.

For Spring Session, the fees are \$10 to those who attend the Regular Course. All others are required to pay \$25, but \$15 of this will be credited on the fees of the next Regular Course attended. All fees payable before Matriculation Examination, to the Secretary, but are returned if the applicant fails to pass the examination.

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LEARTUS CONNOR, M.D., 92 Cass Street, DETROIT, Mich.

N. B.—Under no circumstances will there be any reduction or remission of any of the published requirements of the College.

<p><b>PUT UP</b> —IN— 1 b. Cans 5 “ 10 “ 25 “ 50 “ 100 “</p>	<p>REGISTERED</p>  <p>TRADE MARK.</p> <p><b>Unguentum Petrolei</b></p> <p>Prepared by E.F.Houghton &amp; Co. Philadelphia U.S.A.</p>	<p><b>SAMPLES</b> furnished on application. — THE POST OFFICE LAWS FORBID anything of an oleaginous nature being sent through the mail.</p>
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ALFRED C. POST, M.D., LL.D.,

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

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

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FRANK WOODBURY, M.D.,  
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PHILADELPHIA, July 10th, 1880.

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

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

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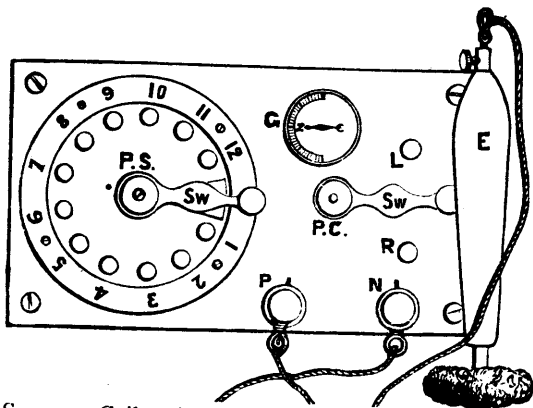
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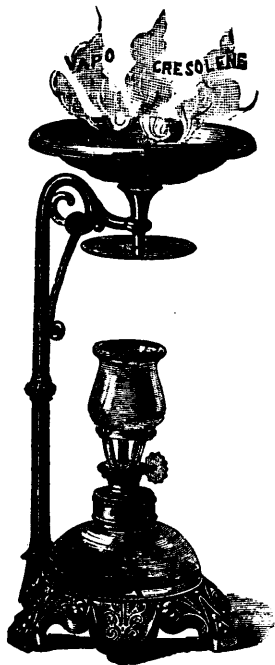
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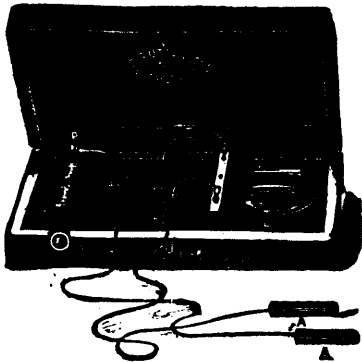
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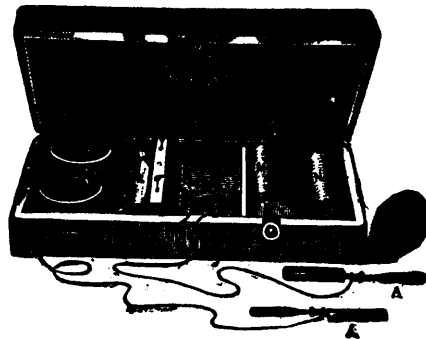
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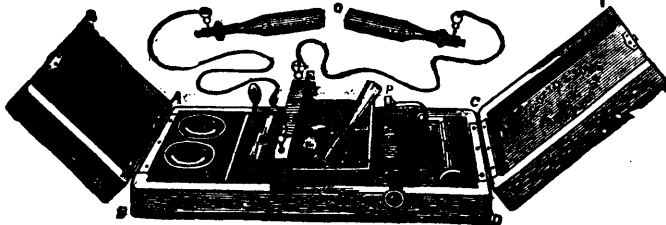
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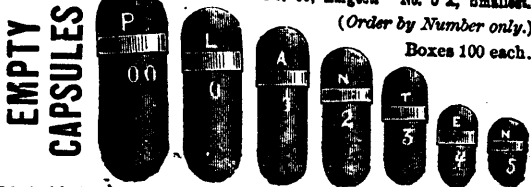
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