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A Monthly Journal of Medical and Surgical Science,
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Vol. XIV } TORONTO, NOVEMBER 1, 1881. } Price 30 Cents.
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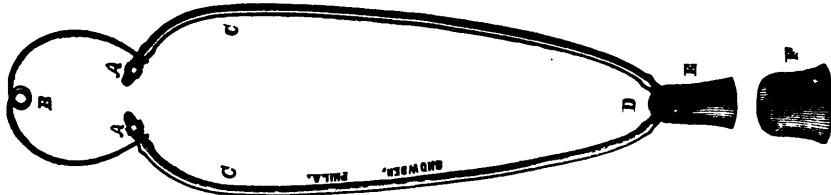
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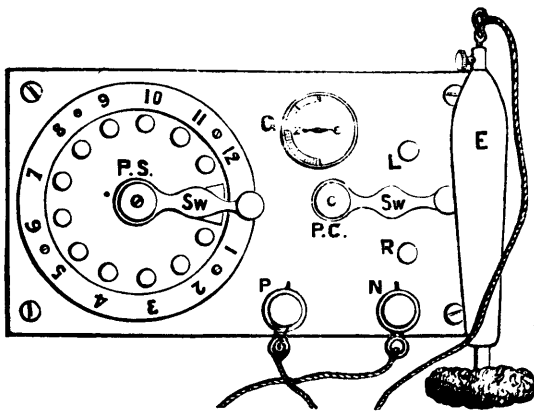


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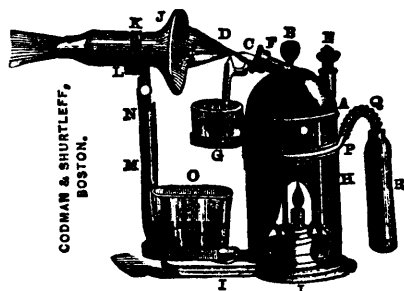
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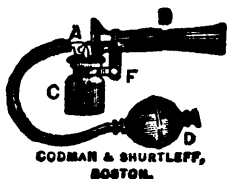
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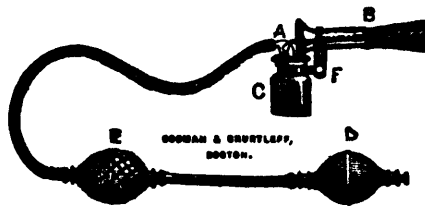
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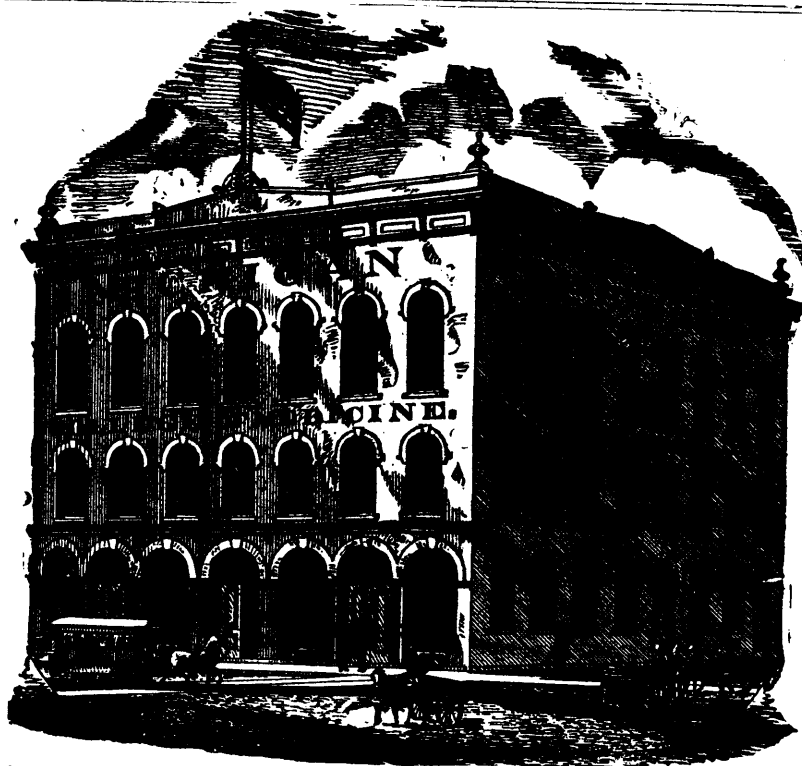
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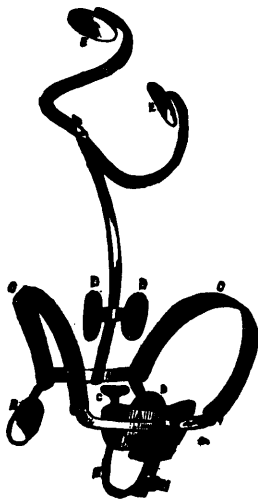
FIG. 3.



ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

FIG. 8.

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FIG. 19.



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ALOES, U. S. P.	{ Pulv. Aloes Socot. 2 grs. Saponis, 2 grs. }	Stimulating Purgative. Directed to lower portion Alimen'y Canal. 1 to 3 40
" COMP. (Pil. Gent Comp.)	{ Pulv. Aloes Socot. 1 $\frac{1}{2}$ grs. Assafet. da. 1 $\frac{1}{2}$ grs. Pulv. Saponis 1 $\frac{1}{2}$ grs. }	Tonic, Purgative. 2 to 4 40
" ET ASSAFOETID.	{ Pulv. Aloes Socot. $\frac{1}{2}$ gr. Zingib. Jam: 1 gr. Ferri Sulph: Exsic: 1 gr. Ext. Conil. $\frac{1}{2}$ gr. }	Purgative, Antispasmodic. 2 to 5 40
" ET FERRI,	{ Pulv. Aloes Socot. 2 grs. Myrrhæ. 1 gr. Croci Stigmat. $\frac{1}{2}$ gr. }	Tonic, Purgative. 1 to 3 40
" ET MASTICH:	{ See Pil. Stomachicæ. }	Stimulating Purgative. 1 to 2 50
" ET MYRRHÆ. U. S. P.	{ Pulv. Aloes Socot. 2 grs. Myrrhæ. 1 gr. Croci Stigmat. $\frac{1}{2}$ gr. }	Cathartic, Emmenagogue. 3 to 6 50
" ET NUC. VOMICA.	{ Pulv. Aloes Socot. 1 $\frac{1}{2}$ grs. Ext. Nuc. Vomica. $\frac{1}{2}$ gr. }	Tonic, Purgative. 1 to 2 50
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AMMON. BROMID, 1 gr.		Sedative, Alterative, Resolvent. 1 75
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ANTI-CHILL,	{ Chinoidin, 1 gr. Ferri Ferrocyan 1 gr. Ol. Piper. Nig. 1 gr. Arsenic, 1-20 gr. }	Antiperiodic. Applicable to ob- stinate intermittents.	1 to 2	1 00
ANTI-DYSPEPTIC,	{ Strychnia, 1-40 gr. Ext. Belladonna, 1-10 gr. Pulv. Ipecac, 1-10 gr. Mass. Hydrag., 2 grs. Ext. Col. Co., 2 grs. }	Applicable where Debility and Impaired Digestion exist.	1 to 2	1 00
ANTIMONII COMP., U. S. P.	{ See Pil. Calomel Comp. }	Alterative.	1 to 3	40
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ASSAFETIDÆ, U. S. P.	{ 2 gr. }	Nerve Stimulant.	1 to 3	40
" COMP.	{ Assafoetide, 2 grs. Ferri Sulph. Exsic, 1 gr. }	Nerve Stimulant.	2 to 4	40
ASSAFETIDÆ ET RHEI,	{ Assafoetide, 1 gr. Pulv. Rhei, 1 gr. Ferrum, 1 gr. }	Tonic and Nerve Stimulant.	2 to 5	40
BISMUTH, Subnit. 3 grs.	{ Bismuth Sub. Carb. 4 grs. }	Tonic, Laxative, Nerve Stimu- lant.	2 to 4	75
" Subcarb. 3 grs.	{ Bismuth Sub. Carb. 4 grs. }	Sedative, Antiperiodic.	1 to 5	75
BISMUTH et Ignatæ,	{ Bismuth Sub. Carb. 4 grs. Ext. Ignatæ Amara, ½ gr. }	Sedative, Antiperiodic, Tonic.	1 to 2	1 50
" et Nuc. Vomica,	{ Bismuth Sub. Carb. 4 grs. Ext. Nuc. Vomica, ½ gr. }	Sedative, Tonic.	1 to 2	1 50
CALOMEL, ½ gr.	{ 1 gr. }	Alterative.	1 to 3	40
" 2 grs.	{ 2 grs. }	" Purgative.	1 to 3	40
" 3 grs.	{ 3 grs. }	" Cathartic.	1 to 3	40
" 5 grs.	{ 5 grs. }	" Cathartic.	1 to 3	50
" Comp. (Plummer's)	{ Calomel, 3 grs. Oxysulph Antimony, Guaiacum Resin. }	Alterative, Anti-Rheumatic.	1 to 3	40
" ET OPII,	{ Calomel, 2 grs. Opium, 1 gr. }	Cathartic, Anodyne.	1	35
" ET RHEI,	{ Calomel, ½ gr. Ext. Rhei, ½ gr. " Coloc. C. ½ gr. " Hyocycam. 1-6 gr. }	Mild Purgative.	1 to 3	75
CAMPHOR ET EXT. HYOSCYAMUS,	{ Camphor, 1 gr. Ext. Hyocycamus, (Eng.) 1 gr. }	Anodyne. Cerebral Stimulant.	1 to 2	50
CATHART. Comp., U. S. P.	{ Ext. Coloc. Comp. 1½ gr. " Jalapæ, 1 gr. Calomel, 1 gr. Pulv. Gambogias, ½ gr. }	Cathartic.	3 to 4	50
" " Vegetable.	{ Ext. Colocynth, 1 gr. Virgin Scammony, 1 gr. Aloes, Soap & Ginger. }	Cathartic.	2 to 3	54
" " Imp.	{ Ext. Coloc. Comp. 1 gr. Podophyllin, Leptandrin, Ext. Hyocycamus, 1 gr. " Gentian, 1 gr. Ol. Menth Pip. 1 gr. }	Cathartic.	2 to 4	50
CHAPMAN'S DINNER PILLS,	{ Pulv. Aloes Soc. 1 gr. Rhei Opt. 1 gr. Gum Mastich. 1 gr. }	Stimulating Laxative.	1 to 3	60
CERI OXALAT: 1 gr.	{ 1 gr. }	Nerve Tonic.	1 to 3	1 00
CHINOIDIN, 1 gr.	{ 1 gr. }	Tonic, Antiperiodic.	2 to 4	40
" 2 grs.	{ 2 grs. }	Tonic, Antiperiodic.	2 to 4	50
" COMP.	{ Chinoidin, 2 grs. Ferri Sulph. Exsic, 1 gr. Piperina, ½ gr. }	Tonic, Antiperiodic.	1 to 2	1 00
CINCHON, SULPH. 1½ grs.	{ 1½ grs. }	Tonic, Antiperiodic.	1 to 3	75
COCCA,	{ Pulv. Res. Scammony, 1 gr. Soc. Aloes, 1½ grs. " Colocynth, ½ gr. Potass. Sulph. ½ gr. Ol. Caryopayl. ½ gr. }	Hydragogue-Cathartic.	2 to 4	90
COOK'S, 3 grs.	{ Pulv. Aloes Soc. 1 gr. " Rhei, 1 gr. Calomel, ½ gr. }	Purgative.	2 to 4	50
COLOCYNTHIDIS COMP., 3 grs.	{ Sapon. Hispan. ½ gr. }	Purgative.	2 to 5	30
COLOCYNTH ET HYDRARG ET IPECAC,	{ Pulv. Ext. Coloc. Comp. 2 grs. Pil. Hydrag. 2 grs. Pulv. Ipecac. 1-6 gr. }	Cholagogue Cathartic.	1 to 2	75
COLOCYNTH ET HYOSCYAM.	{ Ext. Coloc. C. 2½ gr. " Hyocycamus, 1½ gr. }	Gentle Laxative.	1 to 2	75
COPAIBÆ, U. S. P., 3 grs.	{ Pil. Copaib. 3 grs. }	Alterative to Mucous Mem- brane.	2 to 6	50
" ET EXT. CUBEBE.	{ Pil. Copaib. 3 grs. Oleo-resin, Cubebe, 1 gr. }	Alterative to Mucous Mem- brane.	2 to 4	50
COPAIBÆ COMP.	{ Pil. Copaib. 1 gr. Resin Guaiac. 1 gr. Ferri Cl. 1 gr. Oleo-resin Cubeb. 1 gr. }	Alterative to Mucous Mem- brane, Tonic.	2 to 4	50
DIGITALIS COMP.	{ Pulv. Digitalis, 1 gr. " Scilla, 1 gr. Potass. Nit. 2 grs. }	Arterial Sedative.	1 to 3	50
DIURETIC,	{ Sapo. Hispan. Pulv. 2 grs. Sodæ Carb. Exsic. 2 grs. Ol. Bacce Junip. 1 drop. }	Diuretic, Antacid.	1 to 3	50
DUPUYTREN,	{ Pulv. Guaiac. 3 grs. Hydg. Chlor. Corros. 1-10 grs. Pulv. Opii, ½ gr. }	Specific Alterative.	1	50
EMMENAGOGUE,	{ Ergotine, 1 gr. Ext. Hellebore. Nig. 1 gr. Aloes, Socot. 1 gr. Ferri Sul. Exs. 1 gr. Ol. Sabina, ½ gr. }	Active Emmenagogue, Tonic.	1 to 3	1 40

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XIV. TORONTO, NOV. 1ST, 1881. No. 3.

Original Communications.

ALCOHOL AS AN ANTISEPTIC IN THE TREATMENT OF WOUNDS.—TRANSLATION.

BY JOSEPH WORKMAN, M.D., TORONTO.

In a number of *La Emulacion*, a medical periodical published at the city of Merida, in Yucatan, there appears a communication by Dr. J. R. Sauri, on the above subject, which seems to us deserving of particular attention, as we are not aware that in American or European surgical practice, recourse to alcohol as an antiseptic has obtained to any important extent, if indeed its efficiency has been at all appreciated by the great majority of surgeons.

Dr. Sauri informs his readers that he was led to the employment of alcohol in the treatment of severe and extensive wounds, from having realized its value in the healing of trivial ones, and from the unfortunate issue of nearly all cases of the former class in the General Hospital of Merida, the foul air of which, consequent on defect of space and very defective means of ventilation, had long distressed him. The following will best exhibit Dr. Sauri's views:—

"It will not appear strange, in view of the outline I have given (of the defects of the hospital) that purulent infection was so common in the establishment, and that up to 1878, the wounded and the subjects of operation, almost with certainty died, despite of all the precautions taken to avert purulent infection. Under these circumstances we were led to make trial of the treatment of large wounds by alcohol, as our principal antiseptic. Previous to this time we had limited the use of this agent to wounds of the scalp and to small wounds in various parts of the body. The number so treated, and the results obtained by this

means, showed the value of the plan to be better than was obtained in practice, either in families or in the field.

We frequently receive into the hospital two classes of bad wounds:—"Those caused by machines armed with cutting blades, and those from crushing by loaded cars. The former come from the haciendas, and the patients are presented to us from six hours to forty after the accident, the knives of the machines, driven by steam, having cut off sometimes only the phalanges, but at other times the fore-arm and even the entire superior member, has been torn from its articulation with the trunk."

* * * * *

"Practice has showed to me," says Dr. S., further on, "that alcohol, in contact with denuded surfaces, produces at the moment a sensation of heat, which is succeeded presently by a certain transient intumescence. I have observed that under the influence of this agent, an inflammatory condition of the wounds does not take place, or it has been reduced to a minimum of intensity; furthermore it promotes and facilitates cicatrization, opposing in many cases the formation of pus, or diminishing this secretion when it presents. This advantage, obtained in the treatment, might alone suffice to accredit it, since it almost certainly impedes the accidents of purulent putrid infection, which prove so fatal to patients. We speak not of it with magisterial authority; we merely desire to express the fact that the clinical observations collected by us in the General Hospital, have served as the basis of our judgment, whether in the regular dressing of wounds, or in the carrying through of amputations in those cases which urgently called for this process.

"It is proper, however, to observe that in certain much bruised wounds, which cannot be regularly adjusted, or in those in which suppuration is presented, or is of a yellowish or orange color, and of viscid consistence, I abstain from the employment of alcohol. Experience has shown me that in these circumstances the tendency to purulent infection is very strong, and I therefore endeavour to avert it by other means, as in the following case:—

The fore-arm had been torn off in its middle third, and desiring to save the rest of the limb, I dressed the wound as well as possible, applying

alcohol of the strength 26°; two days afterwards I was surprised by the appearance of a thick orange colored suppuration, because of which I substituted some powders of bark, charcoal and camphor in equal parts, with cleansings by decoctions of bark, and sulphate of quinine with iron inwardly. I was thus able to save the patient, who is now quite well.

As a rule, I prolong the treatment by alcohol some 12 or fifteen days, and then substitute cerate or glycerine; in some cases however, I have judged it advisable to continue the alcohol for a month, when its use was indicated by results, and the patient or the hospital could afford the expenditure, which is indeed large."

Dr. Sauri details three very instructive cases, treated by him with the alcoholic dressing, which we venture to present without curtailment.

Observation first.—Cutting off of the fingers and division of the left cubito-carpal articulation.—Francisco G., a native, aged 14 years, having imprudently exposed his hand, whilst working on a machine armed with cutting blades, was seized on the left hand by the principal wheel, one of the blades of which cut off the four fingers, and the second blade divided the cubito-carpal articulation, leaving at the wrist only the connection with the radius. In spite of the indication presented on first sight, to amputate in the lower third of the fore-arm, I proposed to wait, and uniting as well as possible the displaced parts, and removing some splinters of bone, I applied over the wound a large covering of folds of lint wetted with alcohol of 22° strength, and kept in place by a bandage. This simple application, renewed daily, and constantly kept moist by the patient himself, proved sufficient not only to prevent all inflammatory traces in the wounds, or any general reaction, but also to secure rapid cicatrization, so that in 15 days they appeared covered with fleshy prominences, without suppuration, and at the end of 38 days he was well, and the hand was capable of some movements.

Observation second.—Fracture of the femur and tibia, sub-periosteal resection—José G. Colli, native of Cansacab, Yucatan, aged 30 years, unmarried, of good constitution, by occupation a car conductor, entered the hospital 22nd December, 1879.

Two days previously he fell under the wheels of

a loaded car, and suffered a simple fracture of the femur in its middle part, and in addition a comminuted fracture complicated with a wound in the second third of the tibia on the same side; the solution of continuity gave passage to the upper fragments of this bone and of the fibula, over an extent of two centimetres.

At the time of our examination the thigh was found tumefied, in consequence of which it was not possible to attempt reduction, and I merely ordered fomentations with the tincture of arnica and subacetate of lead, and inwardly 50 centigrammes of sulphate of quinine. The wound was simply treated.

On the following day I proceeded, with proper caution, to reduce the fracture, which was accomplished with much difficulty, on account of the conditions mentioned. I applied three splints and a bandage. As regarded the tibia, I extracted from the wound several splinters and adjusted various marginal bristlings which were causing strangulation of the tissues. The part was then washed with a strong decoction of bark, and covered with folds of lint wetted with alcohol of 21°.

On the subsequent days the state of the patient was satisfactory, due to the use of tonics, good alimentation, and the special care bestowed on him; but his indocility in bed obliged me three times to renew coaptation of the fracture of the thigh, which became solid at the end of 20 days; but I could not prevent overriding of the broken ends, and a manifest contraction resulted.

In the meantime suppuration in the wound continued, and a month after the accident the extremities of the fractured bones appeared uncovered, in consequence of which, and there being no other medical indication which could prove remedial, we proceeded with the following surgical measures"—

The writer then details the operation of resection and removal of necrosed portions of both bones, after which he states that "the wound, after being washed repeatedly with fresh water, was brought together with figure of eight sutures, and cleansing with decoctions of bark was ordered, with the treatment by alcohol before mentioned."

"I continued the use of internal tonics. The general state of the patient improved after the operation, so that in 20 days he was becoming fat,

and the solution of continuity, now sufficiently reduced, permitted us to see the extremity of the bone slightly necrosed; slight tractions with forceps brought away the diseased part, and the wound was very soon covered with granulations which brought about complete cicatrization.

On the 4th of April, two months and ten days after the operation, and three months and thirteen days from his entrance into the hospital, we discharged him in the following condition:—There was continuity of the tibia and fibula in their whole extent, without any difference in the length of the two legs, measured from the rotular tuberosity to the external malleolus. No spontaneous pain existed, nor did pressure produce any. The limb, regarded at length, showed an obvious shortening, due to the irregular union of the fragments of the femur, caused by the indocility of the patient, as before mentioned.

Observation third.—José Ruperto Us, native of Abalá, Yucatan, aged 18 years, of good constitution, a labourer; he was brought to the hospital on the night of the 20th September, 1879. From carelessness in attending a machine armed with cutting blades, his right hand was introduced into the wheel with blades, and the whole of the upper limb as far as the scapulo-humeral articulation was torn off, carrying away at the same time the external third of the clavicle and the acromion of the scapula. The textures torn, left however, a small portion of the skin of the anterior of the thorax, hanging on a level with the insertion of the pectoralis major.

On minutely examining this extensive wound, the axillary artery was seen at its origin, and a ligature of precaution was put on it; we then proceeded to adjust, as well as possible, the contused soft parts; the extensive wound was wetted with alcohol, and folds of lint moistened in alcohol were applied, and kept on by a bandage. Internally infusion of lime tree 120 and elixir of opium 2 parts to be taken, a tablespoonful every two hours. On the following day he was ordered, owing to febrile state, 50 centigrammes of sulph. quinine, and barley water ad libitum. The dressing with alcohol was continued, care being taken to keep constantly moistened with it the lint folds, and to change them every 24 hours. On the 6th day small portions of liquefied muscle and sphacelated skin began to come away, as well as small

splinters. Wine of bark was ordered internally. On the 31st of the month, 40 days after his entrance, the parts were completely cicatrized, and he was discharged.

“As we have already stated, before the year 1878, almost all our hospital patients who underwent amputation, perished under purulent infection and other accidents; but to-day we have succeeded in reducing the mortality so notably that in the past year, in the General Hospital, of 14 cases of amputation, only two ended fatally, and six in private practice all did well. In the present year, up to this date, (June, 1881,) we have had six amputations, four of the upper and two of the lower extremities, and have not had to lament any misfortune.

It is true indeed, that we had procured some improvement in the hygienic conditions, but without doubt the treatment highly contributed to our success, and we do not hesitate to recommend it to our confreres in the art, as well as to the proprietors of haciendas, where the first treatment is generally in the hands of unscientific persons.

NOTE.—Should Dr. Sauris' antiseptic prove, on extensive trial, as efficient as it seems to have been in his hands, even in the unfavourable climate of Yucatan, and the woefully defective hospital of Merida, it must be accepted as a valuable substitute for the cumbrous system of Listerism. Certainly the third case, above given by Dr. Sauri, was one well fitted to serve as a crucial test of the conservative and curative powers of the remedy recommended by him, and the process of application is so simple that the merest tyro in surgery may not fear to have recourse to it. The manufacturers of alcohol may now feel some relief to their troubled consciences.

A CASE OF INTRA-CRANIAL TUMOUR.

BY WM. CANNIFF, M.D., M.R.C.S., ENG.

(Read before the Ontario Medical Association, June 2, '81.)

The case I am about to bring under the notice of this Association may not be regarded as one of extraordinary interest, but is, I think, of sufficient practical information to warrant me to ask your attention for a brief space of time. Indeed I venture to say my opinion is, that unique, and startling

relations which any one in active practice may select for the consideration of meetings like this, will not best serve to make this Association a success, and secure that mutual advantage which the promoters of it aim to secure for the profession of Ontario. I wish to say, moreover, that my object is not to throw light, but to obtain it; and after I have related the case and the result of the treatment which, I may say, has not been marked by anything unusual, I hope to hear from those present, remarks and suggestions of such a practical nature as to afford instruction for future guidance.

The patient of whom I am about to speak has been under treatment in the Toronto General Hospital since the 19th June, 1880, where he is still an inmate. His history, as supplied by himself, is briefly as follows: Aged 31, is a native of Ontario. Since the age of 15 his occupation has been chiefly chopping and hewing timber in the woods in winter, and acting as engineer in mills and factories in summer. Up to the period when he began to work he always had good health, except an attack of scarlet fever when quite young, in connection with which there was nothing particular. In the summer of 1871 he was laid up with typhoid fever, which was prevalent where he lived, and when recovering he suffered a relapse, which was complicated with inflammation of the lungs. He was confined altogether for three months. For a few months before the fever he felt pain in the back of the neck, and easily became tired. Three weeks before the attack he had contracted gonorrhœa. In the fall of '71 he went to the woods, and continued there at work all winter, in good health. The following spring he came to Toronto, with the view of joining the Mounted Police. He passed the medical inspection, but he, with a number of others, were not required to complete the number needed. He then took a situation as engineer in a steam paper mill, where he remained four and a half years. During that time he was troubled for a while with swelling and pain in the left knee. He noticed at the same time that the leg above and below the knee was smaller than the other. The pain in the knee was at times severe, and continued to trouble him for about two years, gradually getting worse, when he had to give up work. After resting some time the knee got well, and has remained so ever since. He next took a job to clear a field of stumps, and then a contract to

build abutments for a bridge, meanwhile remaining quite well. In the autumn of '78 he went to Michigan and engaged in chopping and hewing timber. Towards the first of March he at times found himself dizzy, and if spoken to he could not reply. He "either forgot what he should say or could not get the words out." Would feel hot and a rush of blood to his head. Some days he would have to leave off work before night, but would return to it the next morning. This continued until the 9th April, when in the night he was taken with a fit while asleep. His brother, who was sleeping with him, told him afterward that he made a noise with his throat and that his body was stiff. A doctor, who was called, told him his liver was affected. After this he had great pain in his head, sometimes in the back, sometimes in both temples. He would frequently vomit, especially after eating. This continued for two weeks, when he began to get better, and in a week was out, and at the end of another week returned to work. From this time he continued working all the summer and following winter, having only an occasional headache. In the spring of 1880 he took a job to cut some ship timber, some distance from where he had been working. In going to the new place of labour he noticed a singing in his ears, and found he could not speak, except to say yes or no. If he tried to say more he would make a mistake. The next two days being Saturday and Sunday he felt all right. On the Monday he hewed timber all day; the next day, after working for three hours, he in a moment found he could not use his left arm, and that it had no feeling, but in about half an hour the arm recovered and he resumed work, and continued at it all day; but he had the singing in his ears, and discordant sounds seemed near by and intensified. The following day he had a slight return in the arm at about the same hour. He struggled to overcome the feeling in the arm, and worked on. At last, suddenly, the left arm was drawn up until the hand was at the shoulder, he then fell to the ground, the left leg having become paralyzed. He was carried to the house, while a greenish fluid oozed from his mouth. He afterwards had an indistinct recollection of what took place, but was unable to speak. In two hours' time he was able to walk, but his arm remained quite paralyzed. Gradually from day to day power returned to the arm; but to the present

day its usefulness has remained impaired. This attack, which occurred on the 12th April, 1880, was attended with nausea and vomiting. Similar fits occurred about once a week, and after each the arm for a time was completely powerless. Power of speech was usually lost, and he could not remember names. His condition improved somewhat during the month of May, but his arm was useless for work. On the 17th of June he found his way to the General Hospital. One other occurrence should be mentioned. In the month of February, 1880, while standing in the woods, a limb of dry cedar fell upon him, striking his shoulders and bending him forward to the ground. His head was not touched, and he continued his work. I should also say that about this time he noticed his left eye was affected—he saw double, and to see straight had to shut the left eye. Moreover, he felt the scalp sore to the touch in spots, with a little swelling.

When he came to the hospital he presented the appearance of a well-nourished young man, with a florid complexion. He had a dull look, and when spoken to answered in a hesitating manner, and his speech indicated partial paralysis of the muscles concerned in articulation. His memory was evidently defective. Nothing abnormal was found to exist in connection with the stomach, bowels, kidneys, or other abdominal organs. The action of the heart and lungs was natural. His appetite was not very good, but it had been generally very good, but not excessive. The eyes seemed very prominent, and the pupil of the left eye was widely dilated, nor would exposure to light affect it in the least degree. There was a slight contraction of the flexors of the left arm; the hand was partially closed, and the fingers, especially the little one, firmly flexed. He complained of a dull, heavy pain in the occiput most of the time, and occasionally of sharp shooting pain in the temples. It was some days after his admission before he had a fit. He felt it coming on and laid down. He was convulsed in the left side of the body, but did not lose consciousness; it lasted about fifteen minutes. He described the sensation of an approaching attack, as beginning in the fingers of the left hand, creeping up to the shoulder, and then passing down the side to the foot. Seven weeks later he had another fit, seemingly brought on by stooping over to pick up a child. He felt a rush to his head, tried to

walk away but fell in convulsions on the left side. The attack was of short duration. Not long after he was sitting down, engaged painting a box. The room was close and hot, and he felt the approach of a fit. But he stood up and walked out of the room and upstairs, and it passed away. Two weeks later, on getting out of bed, he experienced a shaking feeling and an odd sensation on the left side of his face, and his tongue felt thick. This lasted only for a few minutes. The last attack approaching to a fit took place last October. But he still has periods of warning, especially when he hears a sudden noise. He described it as a pricking of the nerves, particularly in the arm; and there is occasionally an involuntary winking of the eye. The pupil still remains dilated, but not so much as it was. The arm, as a whole, has mostly regained its power, but the fingers are not under the control of the will. He has been for some time employed in the hospital dispensary, which he keeps in order, and carries the medicine to the patients. He is sometimes forgetful, and gets puzzled. I omitted to mention that shortly after he came in, Dr. Reeve instrumentally examined his eyes and found well-marked optic neuritis of both eyes. Recently, Dr. Ryerson used the ophthalmoscope, and he reports: "I examined Cooper's eyes, but did not find any very definite changes. There is some pallor of the left optic disc, but it is not definitely atrophic. His vision is normal. There is diplopia above the horizontal line, indicating lesion of the third nerve."

With regard to the diagnosis: When he came under treatment, although there was much which seemed obscure and uncertain, there appeared sufficient evidence to warrant the opinion that the seat of the disease was at the base of the brain. Many of the symptoms indicated an intra-cranial tumor, or, perhaps, the remains of a blood-clot, or products of chronic inflammation. The possibility of an abscess at first was admitted. I have mentioned that he at one time had gonorrhœa, and he admitted having had it more than once, but I have failed to learn that he ever had syphilis. At first I was inclined to believe from his statements that he had contracted the disease; but the restoration of his memory and clearer statements from him do not support the view of syphilization. While many of the attacks had apparently been excited by what he called a rush of blood to the head, or congestion of the brain, it was apparent that there existed a

permanent predisposing cause of the repeated explosions. Respecting congestion of the brain, it may be well here to refer to the lectures recently delivered by Dr. Moxon, before the Royal College of Physicians, "On the Influence of the Circulation on the Nervous System." In these lectures, Dr. Moxon clearly shows that any important increase of blood in the brain is impossible at any time, even when the face and scalp are suffused; but on the contrary, that in those cases where it is commonly believed that congestion exists, the brain is deprived of the normal quantity of blood. A few of the symptoms brought to mind that form of convulsive movement known of late as "Jacksonian Epilepsy," in which the spasms are limited to one side of the body, beginning in one limb and spreading to the whole of that side. This, Dr. Hughlings Jackson regarded as irritation of motor convulsions functionally related to the corpus striatum. But the same careful observer has pointed out the connection between unilateral fits with double optic neuritis and new growths involving the brain. And Dr. Bramwell, of Edinburgh, says that it is a most important practical fact to remember, that double optic neuritis is the most important of all symptoms of intra-cranial tumor, while headache is second in importance, and nausea third.

As to treatment: Absolute rest of body and mind was for some time strictly enjoined, and when he, from time to time, undertook to do anything, the warning symptoms clearly showed how necessary it was for him to have complete rest. At first he had only bromide of potassium, in doses of grs. xv., every six hours. After a few weeks, he had in addition iodide of potassium grs. v. per dose. On the 29th September the iodide was increased to grs. x. three times a day. October 22nd, proto-iodide of mercury was ordered, which in a week's time caused tenderness of the gums, when it was discontinued. The iodide and bromide were then resumed, grs. x. and xv., and these he has continued to take up to the present. In September a seton was introduced at the back of the neck, where blisters had previously been applied. He felt great relief from the seton, and it remained in for two months. In December, at his own request, another seton was placed in the neck, from which he again found great relief from pain in the head.

I omitted stating that the patient says he rarely takes alcoholic drinks, and never had been using them immediately before any of the attacks.

I may say that the iodide of potassium has been used with the view of promoting absorption of any adventitious material, whether specific or otherwise, and the proto-iodide likewise. I was led to employ the seton from experience acquired many years ago when house surgeon in a New York hospital, where in a number of instances of chronic brain affections, probably of a syphilitic nature, the use of the seton was followed by marked relief and ultimate recovery.

ON ABSCESS OF THE BRAIN, IN CONNECTION WITH DISEASE OF THE EAR.

BY G. S. RYERSON, M.D., L.R.C.P. & S., EDIN.,
LECTURER ON DISEASES OF THE EYE AND EAR, TRINITY
MEDICAL COLLEGE, TORONTO.

(Read before the Ontario Medical Association, June 2, '81.)

MR. PRESIDENT AND GENTLEMEN,—I propose in the following paper to point out the serious turn which common cases of aural disease may, and not infrequently do, take, and will relate a case which well illustrates the symptoms and course of this grave malady. I wish it also to serve as an argument in favor of more earnest and faithful study of ear diseases by our students, and I think I cannot better "point the moral and adorn the tale" than by reading to you the notes of the following case.

On April 1st, 1880, I was called to see Master C., æt. 3½ years, in consultation with Dr. Temple of this city. He had been attended for some time, as well as his mother, by another practitioner, and upon the death of the mother, the family called in further advice. It appears that the child had been complaining for some days of his ear, but not much attention had been paid to him, owing to the apparently more serious condition of the mother. Upon her death it was found that the boy was very ill, and when called in, I found the following state of things: The child was pale and wasted. He lay in a state of coma, with ptosis of the right eyelid, divergent squint and dilatation of the pupils. He had been complaining of severe pain in the left ear for some days, in fact, screaming with the pain. He was recovering from scarlatina. Upon examining the ear with a mirror, I found the left membrana tympani bulging to the greatest extent. The apex looked like a drop of fluid. I perforated it at once, and this was followed by the escape of a considerable quantity of bloody serum and by

great relief of the symptoms. Respirations became slower, pulse 120, temp. 106°. Next morning the patient was conscious. No pus had escaped from the ear as yet, only bloody serum. Pain in the head much less.

On April 5th, discharge had become purulent. He complained of pains in his arms and legs. These continued to annoy him a good deal during the remainder of his illness. The child was much worse on April 8th. Pain in mastoid with tenderness on pressure, the veins over it being enlarged. Has intense pain in the head. The frontal vein stands out like a cord on his forehead. We decided in consultation to trephine the mastoid, which I accordingly did. No pus escaped, but a brownish, grumous fluid. The periosteum was found detached and discolored. This procedure gave great relief for some hours. He sat up and eat some oranges. Next morning, was much better. He had slept well. Ptosis almost gone. He has little or no pain in the head. Profuse offensive discharge from the ear; no fever; skin cool and moist. He is quite sensible.

On the 10th, he complained that he could not see his nurse properly. The pupils are dilated, but contract somewhat with strong light. With the ophthalmoscope, both optic discs are found to be greatly swollen, the margins indistinct and "woolly"; veins greatly enlarged and tortuous; arteries tortuous and buried in the swollen tissue. From this time I felt no further doubt as to the presence of a cerebral abscess and of the ultimate termination of the case. I opened a small abscess on the arm and on left auricle.

The night of the 12th was a bad one. He screamed almost all night. Discharge from ear lessened; somewhat feverish; he was delirious during the night; has a small abscess on his back; pain in the right knee. On April 21st he had severe rigors. His neck was much swollen at about the centre of the sterno-mastoid muscle. I could detect no fluctuation. The child died about 11 p.m. on the 22nd.

Next day, with Dr. Temple, I made a post mortem examination of the head. The dura mater was found much thickened and adherent to the calvarium; on its division, much clear serum escaped. The brain, which was very fine and large, was very much congested, more on the left hemisphere; the ventricles were full of serum. Beneath

the pia mater, over each superior lobe, was a small collection of degenerated pus. Extensive caries of the roof of the tympanum and sulcus lateralis was found. A pair of closed forceps could be passed from the mastoid perforation directly through the sulcus lateralis. Hence it is probable that the trephination relieved the brain directly. The lateral sinus was full of clots and pus. The dura mater was extensively detached, and beneath it much pus was found.

This case is especially remarkable, for two reasons, viz.: (1). As an example of abscess on the brain following *acute* inflammation of the ear. (2). By reason of the remoteness of the collections of pus in the brain from the ear. Abscess of the brain from aural disease most frequently follows chronic discharge which has lasted for years; as following acute otitis, it is very rare. Toynbee mentions one case, and St. John Roosa, in a table of 40 cases, another.

The abscess is usually found in the middle lobe of the brain, but is also met with in the pons varolii, and cerebellum occasionally. It may be separated by some considerable thickness of healthy brain tissue from the tympanum, but it is seldom found on the convexity, as in this case. It is probable that it was conveyed by the veins, as there was pus in the lateral sinus; and there were symptoms of pyæmia, abscesses in various parts.

Ear disease is the commonest cause of abscess of the brain. Gull and Sutton, in "Reynold's System of Medicine," record it as the cause in 25 out of 76 cases, or about one-third. Lebert says, "one-fourth of all cases of abscess of brain are due to aural disease."

With regard to its relative frequency, George Field, of London, states that in 500 cases of perforation of the membrana tympani from all causes, he had four deaths from cerebral abscess, or about one per cent. of cases of disease with perforation.

A feature which was wanting in my case was epileptiform seizures. This is frequently the earliest symptom that arouses suspicion of serious disease, although its onset is often very insidious. Headache was well marked, the patient screaming, "my head, my head," as was also the nocturnal exacerbation of pain. The discharge is usually very offensive and often ceases or greatly diminishes suddenly. The occurrence of double optic neuritis was a diagnostic sign of great value.

Hughlings Jackson has ably pointed out the necessity of frequent ophthalmoscopic examination in all cases of obscure head disease. "Coarse" disease, *i.e.*, tumors, abscesses of brain, etc., is almost invariably accompanied by double optic neuritis.

The treatment is expectant. Ice to the head for pain; narcotics to obtain sleep, and complete quiet and rest are the main factors. An abscess may become encysted and remain stationary for an indefinite period.

A word of warning and of exhortation, and I have done. No case of chronic discharge from the ear should be considered as of no consequence. The periodical press teems with cases of abscess of the brain, in which it is incidentally noted that the "patient had discharge from the ears for years." No person is safe with a suppurating tympanum. It only requires a blow on the ear, or extra exposure to cold, and the business is settled. The English insurance companies fully recognise this, inasmuch as a man with chronic discharge is ineligible. Students should devote more attention to this important branch. They have plenty of opportunities and instructors now, and we will hear less of death from abscess of the brain from disease of the ear.

NOTES OF A CASE OF EMPYEMA.

BY H. P. YEOMANS, M.D., MOUNT FOREST, ONT.

(Read before the Ontario Medical Association, June 2, '81).

The case, of which I propose to give you a brief outline, presents no new features either in symptoms or in principles of treatment. My object in introducing it on the present occasion is to elicit the opinions and ascertain the experience of those who have encountered similar cases.

Feb. 7th. A farmer, *æt.* 45, who had always been healthy, of regular, industrious and temperate habits, complained of a pain in the right scapular region. Said he had felt a dull aching pain in this region for about a week, during which time he had been confined to the house. The greater part of the past two days had been spent in bed. There was a slight cough, so slight as to excite in his mind no apprehension of lung trouble—no pain while taking a long breath—felt weak and short of breath while making any exertion. For the past

two months he has been more languid than usual, remaining in bed late in the morning. Could only attend to light work about the barn. When I first visited him at his house I found him sitting in a chair; said he had no chills, but had been gradually getting worse. Pulse 100; temp. 100 $\frac{3}{4}$.

Physical exploration of the chest indicated effusion in the right thoracic cavity, dullness and absence of vesicular murmur extending as high as the nipple.

Feb. 8th. Second visit. Felt much worse last night; perspired considerably and coughed frequently—a dry, short, irritating cough. I introduced a No. 2 aspirating needle (Dieulafoy's) between the 7th and 8th ribs, about two inches to the right of the inferior angle of the scapula, and drew off three pints of most offensive pus, greyish yellow color, and so exceedingly offensive as to be almost intolerable.

Feb. 9th. Came again, about same time as the day before, and found physical signs of effusion as great as ever. I then introduced the aspirator needle in the same place and obtained five pints of pus, quite as offensive as that procured at first.

Feb. 10th. Made an opening at the point where the aspirating needle had been previously introduced and inserted a drainage tube. I endeavored to treat it antiseptically now with the best means at my disposal in an emergency. The opening was made under carbolic spray, produced by an ordinary steam atomizer. The cavity of the chest was washed out with a carbolic acid solution of 1 in 20, to which a few drops of tincture of iodine had been added. A piece of lint soaked in glycerine and carbolic acid was applied immediately over the wound and the open end of the tube. Absorbent cotton, showered with the carbolic spray, was laid over this, and the whole chest encircled with several layers of cotton wool. After this I continued to wash out the chest every day and re-apply the dressing in precisely the same way each time. At each dressing the pus appeared lessening in quantity and becoming healthier and purer.

Feb. 17th. Little or no pus had appeared for two days previous. I withdrew the drainage tube and placed it in a bottle of carbolic acid solution. The tube appeared quite clean and free from offensive smell.

Feb. 18th. Inserted the tube again with the

intention of washing out the chest, and found a few drops appearing at the mouth of the tube. The temperature, which had been ranging from 99 to 102½, did not rise above 100 on the 18th. The pulse, which had been less than 100, rose to 120. No more pus appeared after washing the chest each day again, until the 21st, when a small quantity appeared to have passed out of the tube during the night previous.

Feb. 22nd. The pus had increased in quantity and was more offensive. The progress of the case was after this very unsatisfactory, continuing from bad to worse, notwithstanding all efforts to arrest the disease, until the patient became exhausted, and died March 13th. Nourishment and tonic treatment were continued from the first.

In looking over my notes in this case, I find that the temperature did not rise higher than 101½, from Feb. 7th to 25th. Each day the thermometer recorded irregular variations, sometimes higher in the morning and sometimes higher in the evening:—Feb. 7th to 18th, 98½ to 101½; Feb. 18th, 100; Feb. 19th to 23rd, 98½ to 99½.

Correspondence.

CARBOLIC ACID IN WHOOPING COUGH.

To the Editor of the CANADA LANCET.

SIR,—A few weeks ago I had several patients suffering with whooping-cough, and having administered the usual remedies without getting the least benefit, I commenced giving carbolic acid and glycerine, in small doses, repeated every hour. I am glad to say the results were very satisfactory. The paroxysms of coughing and the vomiting, which in some cases were very severe and frequent, were reduced almost to a minimum in less than twenty-four hours. For a child three years old I give the following :

- R. Acidi Carbolici.....grs. iv.
- Glycerini.....ʒ iss.
- Syr. Simp.....ʒ iv.
- Aquæ ad.....ʒ ij.—M.

Sig.—A teaspoonful every hour.

Yours truly,

J. BAUGH, M.D.

London, October 4th, '81.

Reports of Societies.

NEWCASTLE AND TRENT, QUINTE AND CATARAQUI MEDICAL ASSOCIATIONS.

A joint meeting of the Newcastle and Trent, and Quinte and Cataraqui Medical Associations was held in Napanee on the 5th ult. The following medical gentlemen were present:—Drs. Platt, Wright, and Evans, jr., Picton; Drs. Burdett and Eakins, Belleville; Dr. Bowerman, Bloomfield (secretary); Dr. Hamilton, Port Hope (secretary); Dr. Beeman, Centreville; Drs. Metcalf (medical superintendent, Rockwood), Lavell, C. H. Lavell, M. Oliver, and Henderson, Kingston; Drs. Beeman and Meacham, Odessa; Dr. Knight, Tamworth; Drs. Ruttan, Bristol, Leonard, Ward, Clark, Edwards, Brown, Napanee; Dr. Lavell, Newburgh; Dr. Riddel, Baltimore, and Drs. Day and McLellan, Trenton.

In the morning the Quinte and Cataraqui Association held a preliminary meeting and adopted a constitution.

The joint session was called to order by Dr. Lavell, who occupied the chair, and briefly stated the object of the meeting, and made certain explanations in regard to the constitution, powers, etc., of the Medical Council of Ontario.

Dr. Ruttan presented an interesting case of "Bright's disease," and a synopsis of the treatment adopted, which was followed by a general discussion.

Dr. Beeman, Centreville, read an excellent paper on the treatment of "Post Partum Hæmorrhage by the use of Hot Water." A lengthy and animated discussion followed, in which Drs. Lavell, Ruttan, Bristol and Platt took part.

Dr. Ward presented (with patient) an interesting case of "Torticollis," after which an adjournment was made for dinner, at which the Napanee members entertained the visitors at the Campbell House.

After dinner, business was resumed. In the absence of Dr. Lavell, Dr. Ruttan took the chair.

Dr. Hamilton, of Port Hope, read a concise but interesting and practical paper on "Epistaxis." This was followed by a discussion, in which Drs. Day, Ruttan and McLellan, of Trenton, and others joined.

Dr. Brown related the particulars of an interesting case of complete inversion of the uterus following labor.

The members of the two associations number about 200. The next meeting will be held in Belleville, on the first Wednesday in February next.

MICHIGAN STATE BOARD OF HEALTH.

The regular meeting of this Board was held at Lansing, July 12th, all the members being present. Hon. Le Roy Parker was elected president of the Board for the ensuing two years.

Dr. Jacokes, Kellogg and Avery reported an outbreak of small-pox at Pontiac, Battle Creek and other places, the disease being conveyed by immigrants.

A communication was received from the American public health association asking the influence of this board to secure legislation, making it a criminal offence for any person to communicate any communicable disease, such as small-pox, scarlet fever or venereal diseases, and giving to boards of health and health officials the same power in the prevention and suppression of other diseases as they now possess in cases of small-pox.

The secretary Dr. Baker presented a resolution of the American public health association, asking the Michigan board to use its influence to secure general vaccination.

The action of the sanitary conference, held at Chicago, June 29 to devise means to prevent the spread of small-pox, was endorsed, and resolutions were adopted requesting the national board of health to secure, if possible, the vaccination of immigrants before they land in this country; asking local boards of health in Michigan to secure a careful inspection of all immigrants entering and remaining within their jurisdiction, and a prompt vaccination or revaccination with pure and fresh bovine virus of all persons not protected against small-pox; and calling attention to the need of establishing a quarantine at Port Huron.

Dr. Lyster, committee on epidemics and other diseases, read a translation of two important papers recently published in France, on the "Causation of Certain Communicable Diseases," which gave details of successful methods of making viruses, which can be used in vaccination, and which are effective in preventing deaths from these diseases.

Dr. Baker mentioned a paper by Prof. Law of Cornell university, suggesting that these productive viruses all seemed to be made in accordance with a general law, namely, by their cultivation in fluids with access of free oxygen, and this gives us

great hope of soon being able to make protective vaccination for many of the most dangerous diseases in animals and mankind.

Dr. Baker reported the investigation of an outbreak of a new disease in England, traced to the eating of American hams. The cause of the disease proved to be a virus, which was used to inoculate animals of various kinds and reproduced the same disease in them. From the accounts it seems probable that it is no more nor less than our hog cholera. The symptoms closely resemble in some respects the disease known last winter in this country as "winter cholera."

Dr. Jacokes referred to the Pontiac Sanitary association and the work it was doing for public health in that city.

Dr. Kellogg reported the formation of a Sanitary Association at Battle Creek, as a fruit of the recent Sanitary Convention held there by this Board.

Documents on the restriction and prevention of diphtheria; also on the best methods of disinfection, and the treatment of the drowned were ordered to be printed and distributed.

Dr. Baker was instructed to prepare a paper on the best methods of constructing hospitals for communicable diseases avoiding the use of the name "pest house."

Under the new appropriation made by the recent legislature, the board authorized the purchase of additional meteorological instruments for the use of the board's observers in different parts of the state.

The Secretary's report showed that the number of health officers appointed for the present year was 936. The compilation of the annual reports from these officers is now in progress.

The usual number of complaints have been received of sickness caused by flooding rivers, for the purpose of running logs in the northern part of the state. In answering these the secretary has used Mr. Parker's paper on the powers and duties of local boards of health.

The fee for examination in sanitary science was changed from \$10 to \$1, the latter sum being deemed sufficient to cover the actual expense. It was voted that applicants unable to be present at this meeting may be examined at the meeting of the Board, October 11th, 1881. Application to be made to the secretary at Lansing.

The secretary presented samples of notices of contagious and infectious diseases sent by the

health officers of Grand Rapids and Tecumseh to the superintendents of schools in those cities, and suggested that if the health officer of each city would send such notices to superintendents, it would be a very important health measure.

An account of an experimental boiler explosion, by D. T. Lawson was presented. His view is that they can be prevented by such a construction of the boiler as will stop the too rapid increase of steam under suddenly reduced pressure, as at starting the engine, or by the sudden introduction of cold water. Results thus far seem to demonstrate the correctness of his theory.

After auditing bills and accounts, etc., the Board adjourned.

GLENGARRY COUNTY MEDICAL SOCIETY.

The above Society held its quarterly meeting at Alexandria on Tuesday the 13th of September.

The president having taken the chair, the resignation of Dr. McDonell as secretary was presented, and accepted.

"It was then moved by Dr. Harkness, seconded by Dr. McDermid that Dr. Chisholm of Alexandria, be secretary in the place of Dr. McDonell. *Carried.*

Dr. McMillan reported a case of Vomiting of Pregnancy, in which minim doses of vin. ipecac succeeded after all other measures at his disposal had failed.

Dr. McDermid, Dunvegan, noted a case of "Double Placenta" occurring in his practice, his attention being drawn to the existence of a second by some membranes protruding from the vulva after the first placenta was removed. The cord was of unusual length and bifurcated within a few inches of the placentæ.

Dr. Munroe read the notes of a case of "Hemorrhage between the Amnion and Chorion," occurring about the third month of utero-gestation, causing great enlargement of the uterine tumor, and considerable difficulty of diagnosis.

Dr. Harkness mentioned a case which had been diagnosed as "Cancer of the Liver" which in a *post mortem* by himself and Dr. Falkner, proved to be cancer of the omentum displacing the liver.

TORONTO MEDICAL SOCIETY.

The Society met July 14th, the President in the chair. The minutes of the last meeting were read

and approved. Dr. Sheard exhibited a specimen of aneurism of the abdominal aorta, also the heart from the same case, which weighed 19 ounces; it was hypertrophied and dilated, with vegetations on the aortic and mitral valves, and atheroma of the aortic arch. The patient from whom this specimen was taken was syphilitic, the kidneys were congested, and the liver nutmeg. The same gentleman also exhibited a portion of the lower end of a femur, which showed a spiculum of bone projecting from the internal condyloid ridge, just where the femoral artery passes into the popliteal space. There had also existed in the same case an aneurism of the popliteal artery, supposed to have been brought about by the artery having been punctured by the spiculum of bone.

The discussion of Dr. Graham's paper on Leucocythæmia was then taken up, which partook of a conversational form.

Dr. J. S. King was elected a member of the society.

Dr. Workman then read a paper upon "Animal Magnetism." He spoke of the functions the various nervous systems played in the hypnotized person. He gave the methods of inducing and relieving hypnotism, and spoke of its relation to hysteria. He mentioned some very interesting experiments, as performed by Charcot and others, and spoke of the effect of hypnotism upon the senses; its application to surgery in place of ether and chloroform was not successful. He also related some of the phenomena produced by suggestion in the hypnotized person.

Sept. 22nd.—The Society met at 8 p.m. the president in the chair. After the reading of the minutes, Dr. Sheard exhibited a liver in which there existed two large hydatid cysts, the right one the larger of the two, communicated with the duodenum. The patient, prior to her death had been passing hydatids by the bowels. In the same patient, in the region of the right ovary there existed an independent cyst, having no communication with the other cysts in the liver or any of the viscera. It contained hydatids in its interior.

Dr. Nevitt showed a fleshy mole; it was a perfect cast of the uterus, and consisted of fibrine. There was no muscular tissue in its composition.

Dr. Nevitt then read a paper upon "Pertussis." He related the history of the disease and the derivation of the name. He considered it one of

the most contagious and fatal of diseases, and referred to the early age at which the disease may occur. He referred to a case in his own practice where the disease showed itself shortly after birth. He thought there existed a distinct ratio between the prodromic stage of the disease and the disease itself. He gave instances where death occurred from complications. The treatment is by the administration of belladonna, chlorate of potash, chloral hydrate, and quinine, with the exhibition of inhalations and maintaining the strength.

Drs. Workman, Covernton, Canniff, and others, took part in the discussion upon the paper.

Dr. Oldright mentioned a case of atrophy of the scapular muscles, in which he ordered tonics and electricity; and also of incontinence of urine, where the administration of belladonna to its full effect had failed to prove serviceable.

Dr. Geo. Wright mentioned a case of chancre of the lip, in which the patient neglected the treatment ordered, and the secondary symptoms showed themselves.

Dr. Cameron referred to a case of lacerated wound of the face from the kick of a horse, also a saw wound of the hand, where primary union had taken place under the lead and spirit lotion dressing.

Dr. Macdonald mentioned a case of parturition in which there was complete rupture of the perineum extending into the rectum, which united without any surgical interference.

Selected Articles.

PRESIDENT GARFIELD'S WOUND.

[We give the following extract from an article on the surgery and pathology of President Garfield's wound, by Geo. F. Shrady, editor of the *Medical Record*:—]

The case of the late President Garfield has, from its purely surgical aspect, interested every member of the profession throughout the civilized world. Never before has a wound been studied with more care, from the meagre and unsatisfactory data heretofore obtainable, and never before has the accumulated experience of surgeons been more directly applied and more anxiously concentrated upon the welfare of any one patient. The reasons for this are too obvious to mention here.

Having had unusual opportunities for studying the case with Prof. Faneuil D. Weisse, of this city, we having been invited by Dr. W. Bliss to ex-

amine the morbid specimens in the Army Medical Museum, at Washington, it seems incumbent upon me that I should, from certain pathological and surgical standpoints, make a direct and unbiassed statement.

It cannot be expected that, under the circumstances, a detailed history of the President's case will be given. Such necessarily has been done by the surgeon in charge, who, by actual presence at the bedside, is the only one who can speak with authority concerning the symptoms presented. Nor would I presume at this time to add to the already extensive literature of the subject, were it not considered necessary to do so by the gentleman who so kindly gave me every facility for examination, and who has deemed it a duty which I owe to the profession.

It is proper that I should speak only concerning those points of which there is a direct knowledge on my part, and offer such impressions as are founded thereon.

It is well established by the autopsy that the ball entered four inches to the right of the median line in the tenth intercostal space, and passed forward and downward, impinging upon the 11th rib about three and one-half inches from the median line of the spinal column. The missile was then deflected to the left and downward, grazing the twelfth rib, which it fractured, and, continuing its course, entered the right side of the intervertebral fibro-cartilage between the twelfth dorsal and first lumbar vertebrae.

The ball then passed through the upper half of the body of the first lumbar vertebra, emerged on the antero-lateral face of the body of the same vertebra, half an inch to the left of the median line, thus throwing the track of the missile forward. Thence it passed behind the pancreas and lodged at the inferior border of the left external third of that organ. In its course behind the pancreas the ball wounded the trunk of the splenic artery. No vital organ was injured. The wound of the splenic artery gave rise to a traumatic aneurism which undoubtedly commenced to form immediately, and it was the final rupturing of this sac into the peritoneal cavity which, as is now well known, caused the death of the patient, and satisfactorily explained all the symptoms during the last hours of his life.

The ball was thoroughly encysted, and the portion of the track adjoining it, for a distance of an inch, was completely closed. The position of the blood-sac evidently accounted for both of these conditions. This aneurism, situated to the left of the spinal column, and between the latter and the ball, apparently pressed upon that portion of the track next the missile and closed it. At the same time, as can be easily understood, the sac-aneurism was thus placed in the direct track of the ball. This is certainly a very significant fact in connec-

tion with the probably fatal results in case any extensive exploration of the bullet-wound had been attempted. The aneurism was lined by concentric layers of fibrine which showed nature's efforts to obliterate the sac in the usual manner.

The evidences that the sac had not formed recently were made clear by a study of its pathological conditions. The opening in the splenic artery was on the superior and posterior aspect of its tortuous trunk directly in the track of the ball. The edges of this opening were sharply defined but were gradually bevelled to be incorporated with the walls of the attached blood sac. This condition would indicate that the coats of the artery were cut completely through during the transit of the ball, and were not merely grazed and afterward opened by ulceration. It would thus appear that the aneurism was formed immediately after the injury and at that time attained its full size. Besides, the sac itself was evidently of long formation, as was shown not only by the firm condensation of its tissue and its intimate attachment to the edges of the cut in the artery but the number and apparent age of the concentric layers lining it. The burst portion of this sac was on its left anterior aspect, where not only its walls, but the different concentric layers were thinnest. The immediate invitation for this rupture was the degenerated condition of that portion of the sac, as indicated by progressive and destructive changes in its tissues. It is quite probable, as suggested by Dr. Bliss, that the blood escaping from this sac, did not at first find its way into the peritoneal cavity, but that there were distinct hemorrhages into the adjoining tissues, at stated intervals, until the blood ploughed its way forward and to the left, finally escaping into the peritoneal cavity. On this supposition, the occurrence of the intermittent pains in the side, likened by the patient to those of angina pectoris, is, as expressed by Dr. Bliss, very satisfactorily explained.

The body of the first lumbar vertebra presented the appearances of carious degeneration in the course of the wound, and, as far as could be judged by an examination of the dried specimen, the intervertebral cartilages above and below it were involved in the same necrotic process. The spinal canal was not involved in the injury. It was stated to me that the shattered eleventh rib had firmly united. This bone was unfortunately not preserved. The twelfth ribs were, however, intact, and had been removed along with the last dorsal, first, and second lumbar vertebræ. The broken portions of the right twelfth rib were firmly united by bone. As the liver had not been saved, the relations of the abscess to it and the surrounding parts were not demonstrable. It was stated, however, that the abscess was situated, as has already been described in the official autopsy, and that it was a closed sac of pus behind the peritoneum.

Professor Weisse very ingeniously explained its presence there as a direct drainage in front of the right kidney from the lesion of the spine. This collection of pus at no time had, as far as could be learned, any direct connection with the external wound, although Dr. Bliss entertained such impression from the fact that at times a different character of pus was forced by pressure upon the abdominal walls from the orifice of the supposed track of the bullet.

In the following detailed history of this remarkable case, no significant symptoms were discoverable that would point to the injury of the spinal column as found at the autopsy, save the symmetrical involvement of the nerve-origins by the concussion of the ball. When the first bulletins announced that the President had been shot near the spine, and that there were attendant nerve-disturbances in the lower extremities, a natural and legitimate inference was an injury of some kind to the spinal cord. But when the nerve-symptoms in the lower extremities disappeared there was, for good reasons, a good diagnosis made.

As to the question of septic infection, about which so much has been said, it is well enough in this connection to recognize the fact that there are three principal grades or types of fever that follow the receipt of wounds. A mild form, known to all hospital surgeons, as *traumatic fever*. It occurs early in the history of the case, runs an acute course usually in a few days, and rarely occupies a week. Its phenomena are notably those connected with any high fever, and fatal results are not common. Then we have simple *septicæmia*, so-called, which is usually associated with the idea that some decomposing organic substance has found its way into the blood. In such cases the wound, if visible, exhibits an altered character. It is apt to be humid, swollen, and may be gangrenous. The fever is persistent, with corresponding rise in temperature. The pulse is constantly frequent, and more or less sweating is present. There are occasional attacks of mild shiverings, there may be vomiting, and often there is a profuse diarrhœa. At post-mortem examination there is nothing found which may be regarded as characteristic. The spleen is apt to be enlarged and softened, and so too the liver and kidneys. The blood also coagulates imperfectly. Exceptionally, in long-continued cases, there are said to be emboli in distant parts, with resultant abscesses. It is known to us in connection with dissection-wounds.

The third grade or type is what is known among hospital surgeons as *pyæmia*. In reality, the term is an incorrect one, and should not be used. Much better would it be to designate the condition as one of metastatic septicæmia. It is characterized by intermittent rigors, in which the

temperature rises from three to five degrees, and then ascends still higher during the fever, but falls during the sweating, all of which phenomena follow one another much as in the case of ague.

These exacerbations have no periodicity as in ague. They occur at any time of day or night, at first often with long intervals, and then with short intermissions. The duration of the disease depends much on the nature of the accident, the strength of the patient, and the activity of the treatment. He may survive but a few days, or many months, in which latter case the disease may be classified as chronic.

Circumscribed abscesses are found in the internal organs; or, if the disease has been very acute, these abscesses may be diffuse. When such an affection is established, the pus becomes scanty, thin, and altered in color, or it may be arrested altogether for a time; wounds or abscesses show little tendency to heal; the skin is apt to be bathed in a peculiarly sticky sweat, and the breath has a characteristic sweet odor. Marked prostration follows each exacerbation, and the patient sinks to a lower level of vitality, in which attacks of delirium are not uncommon.

It remains to decide to which class the President's case belonged. It was evidently not a case of traumatic fever, nor could it be classed with the milder form, called simple septicæmia.

From a careful study of the symptoms in connection with the examination of the autopsical lesions, the conclusion seems inevitable that the case was one which, commencing as the milder form of septicæmia, gradually developed into the graver metastatic variety, or that generally understood as chronic pyæmia. It is apparent that the lines of distinction between the latter conditions cannot be clearly drawn in President Garfield's case; but it must be admitted that the weight of evidence is on the side of metastatic septicæmia, clinically and pathologically. In fact, it is safe to assert that the symptoms pointed so directly toward the existence of this condition, that it was a matter of great surprise that more metastatic abscesses were not discovered at the autopsy. The assumption in favor of metastatic septicæmia would be satisfactorily proved by the abscess of the kidney and the multiple abscesses in the parotid, which were within the capsules of the respective organs.

Knowing the facts, as demonstrated by the pathological lesions revealed in the President's case, each surgeon is qualified to judge as to the practicability of making extensive explorations of the wound, and as to the propriety of removing the ball by operation. It is well to consider at the start that the bullet, as such, had no immediate influence upon the progress of the case, and that the real causes of trouble were connected with the conditions of the track, viz., the broken ribs, the

lesions of the spinal column, and the existence of the aneurismal sac. But if the exact location of the missile had been known, and under the supposition that its presence was a source of irritation, the necessary exploration had been made, the probe would have perforated the traumatic aneurism, and the almost instant death of the patient would have been the result. From the position of the wound and the attendant conditions through drainage at the inguinal region was impossible, and its employment as a means of treatment would, in all probability, have added an extra complication.

From my personal examinations of the pathological specimens, and as the result of an extended and careful study of the history of the case, with every opportunity for examination of details, I am convinced that the treatment of the President was judicious and skilful from the time he was first visited by the physicians in charge until his weary struggle for life was at an end.

TREATMENT FOR CERTAIN KINDS OF INCONTINENCE OF URINE IN WOMEN.

BY J. MILNE CHAPMAN, M.B., M.R.C.S.

Mrs. C., æt. 48, frequent and painful micturition, which had lasted 3½ years. When first ill a doctor told her she had inflammation of the bladder and some urethral affection (caruncle?), for both of which he treated her. Sept. 30, 1880, could only retain water half an hour. The pudenda were reddened, also the whole vagina. Urethra somewhat gaping at its outlet. There was considerable pain on rubbing the two walls of the bladder over one another, or on introducing the sound into the viscus. Urine turbid, acid, and contained pus cells, bladder epithelium, and some oxalates. Urethra was dilated by the finger, increasing the bladder's retaining limit to 1½ hours. Nux vomica and uva ursi were given and the vaginitis treated by sedative applications. Effects of the dilatation disappeared in about three weeks, it was then repeated, but soon she relapsed into former condition, minus, however, the pain, and pus in the urine. Urethra examined by endoscope and a slight redness noticed. Iodoform bougies were used. Condition of bladder wall, as seen by the endoscope was normal, and now (Nov. 8) every hour, day and night, she had to empty her bladder. Total quantity of urine 50 ozs., which gave little more than 2 ozs. at each micturition. Sound passed into the bladder 3 inches from external meatus, and could only be pushed half an inch farther, and thus pain was caused. It occurred to me that gradual forcible dilatation of bladder might relieve patient. The bladder was distended with warm 2% carbolic solution, and quantity used measured

4 ozs. Any attempt to inject more caused most intense pain, and the resistance was great as could be felt in compressing the ball of the syringe. From this date bladder was filled to distension daily, injection being stopped when pain became great and resistance reached a high point. The apparatus used was Higginson's syringe attached to an ordinary catheter, care being taken to prevent the access of air to bladder. Each day there was a gradual increase in the amount injected of from a drachm to an ounce. On two or three occasions the fluid as it returned was tinged with blood, but no harm ensued. Dec. 20 she was discharged. Instead of micturating every hour, she had only to get up once or twice during the night. Sixteen ounces could now be injected and less pain was caused than when four ounces was the limit. Two months later, well as when she left hospital.

It will be seen that the woman had a cystitis, with frequency of micturition, which latter remained after the former was cured; that any indication there was for further treatment was attended to either medicinally, topically or by operation, but that still the frequent micturition continued; that the bladder was then found smaller than normal, both by measurement with the sound and by the much more certain method of measuring its capacity, and that this capacity was increased fourfold by what may be called *slow operative dilatation of the bladder*, and that the results were in all respects satisfactory. There has this week presented itself at the Infirmary a case of cystitis, where the bladder capacity is three ounces, and we propose soon to begin dilatation.—*Edinburgh Med. Jour.* June.

VALUE OF EARLY AND REPEATED PARACENTESIS IN ASCITES DUE TO CIRRHOSIS OF LIVER.

BY W. A. DUNCAN, M.D.

Treatment of ascites due to cirrhosis of liver, by early and repeated tapping, does not receive the attention it deserves; nor is it advocated in standard medical works—with, however, two notable exceptions.

Mr. M., æt. 46. Father died of cancer of the stomach, æt. 49; mother from bronchitis æt. 71; one sister of paralysis, æt. 48, and another of consumption, æt. 18. He had had measles, scarlet fever, and whooping cough. Went to sea when ten years old. Served in the Burmese war, where he received seven wounds; besides which, suffered from cholera, dysentery, and slight sunstroke. In 1854, went to the Crimea, and served all through the war, having ague and Crimean fever. In 1857, had another attack of sunstroke whilst in Bombay. In 1862, had a sharp attack of fever and ague. In 1874, he had another sunstroke; after which he left

the sea. Had always been a very moderate drinker, taking on an average, one or two glasses of rum daily. He never had jaundice, piles, or morning sickness. In 1875, had an attack of pleurisy on the left side. During 1876 and 1877, he suffered intensely from neuralgia and sciatica, during which time he took from half a pint to one pint of brandy daily, to enable him to bear the pain.

Present illness began the early part of 1879, with a cough, morning sickness, anorexia, and general debility. About the end of March, he noticed that his belly began to swell; and, on making an examination, fluid was detected in peritoneal cavity. Liver-dulness extended from the sixth-rib to a little below the margin of the ribs. On the left side, the spleen extended down to the level of the umbilicus, and anteriorly to within an inch of the median line. Patient said his spleen had been large since the last attack of ague in 1862. The ascitic fluid gradually accumulated until May 3d, when paracentesis was performed with the usual trocar and canula, and seventeen pints of straw-coloured serum were removed. Previously to the operation, there had been no dyspnoea nor oedema of the legs, and but little discomfort. No bad result followed. May 14. Paracentesis was again performed; this time with Southey's trocar and canula. The fluid continued to flow for eight hours, and amounted to twenty pints. May 24 Was again tapped; and after six and a half hours, sixteen pints had escaped. The fluid did not reaccumulate so rapidly, and tapping was not again had recourse to until August 11, when, after seven hours, fifteen pints were removed. Sept. 11, he was again tapped; and only three pints removed. After the operation, a slight attack of peritonitis ensued, but soon subsided under morphia. Sept. 25, was again tapped, but only one pint was removed, as patient felt very faint. Oct. 3, eight pints were removed in five hours. Had severe pain in back; feet and legs puffy for the first time. Nov. 9, three pints were removed in four hours; 25, six pints in four and a half hours; and Dec. 6, six pints were removed with a large trocar. Much weakness followed, with some peritonitis and a troublesome cough. Some fluid was detected in both pleuræ. Feet and legs were much puffed. Dec. 21, four pints removed in nine hours; Jan. 2, 1880, ten pints in seven hours; 21, eighteen pints in seven and a half hours; Feb. 9, nine pints in eight hours. March 14, eight pints removed in four and a half hours; April 6, six pints in seven hours. April 24, tapping again required; but no result followed insertion of needle in the median line, probably because the peritonitis, which followed some of the previous tappings, had caused adhesions at this part. The needle was reinserted about midway between the median line and the anterior superior spine of the right ilium, when eight pints were drawn off in six hours. From

this time patient began to improve. May 23, three pints removed in five hours. May 26, patient was out of bed, the first time for six months. June 6, three pints removed in four hours. July 31, was sent to the seaside, where he remained two months, and on his return was able to walk to my house and report himself. March 10, 1881, have seen patient and find him still improving; no reaccumulation of ascitic fluid, the only complaint being of troublesome constipation.

REMARKS.—The general treatment has been the absolute withdrawal of alcohol. At first purgative doses of compound jalap-powder, with diuretic pills of mercury, squills and digitalis were tried, but they had no effect on the ascites. After paracentesis was commenced, a saline aperient of the sulphates of soda and magnesia was given every morning, and occasionally ether mixtures, to relieve the flutulent distension, which was at times distressing.

After quoting from Aiken, Bristowe, Niemeyer, Frierichs, Thierfelder, the writer continues:

We see then, that these five eminent authorities consider that paracentesis should only be performed as a *dernier ressort*. The two exceptions to which I alluded are Dr. Murchison and Dr. Roberts.

Dr. Murchison says: "The operation when delayed until the last, is often followed by rapid sinking, with typhoid symptoms. . . . The advantages of early tapping are these. First, by removal of pressure, the establishment of collateral circulation through the more healthy portions of the liver itself, as well as the veins of the abdominal parietes is promoted. Secondly: the functions of important parts, which have been impaired or arrested by the pressure, are restored. Not only are the lungs relieved; but by the removal of pressure from the portal and renal veins, assimilation and the secretion of urine are increased. Thirdly: diuretic and other remedies, which, when the abdomen is full of fluid, have produced no effect, probably from not being absorbed, will often (after paracentesis) act powerfully, and thus retard or prevent the accumulation of fluid in the peritoneum. As soon, therefore, as the abdomen becomes moderately distended with fluid, I would recommend you to lose no time in having recourse to paracentesis. Even should the fluid reaccumulate repeatedly, you need not despair."

Lastly: Dr. Roberts, when speaking of the treatment of dropsy, says: "There is one class of cases in which paracentesis may not uncommonly be performed as a curative measure, as far as the ascites is concerned—namely, when it is dependent on cirrhosis of the liver. In such cases, I have for some years had recourse to repeated paracentesis, as a systematic method of treatment, the fluid being taken away again and again, should it reaccumulate, and the results have been most satisfactory—due care being, of course, exercised in the perform-

mance of the operation, and in the subsequent management."—*Brit. Med. Four.*, June 4.

A METHOD OF CURING HYDROCELE WITHOUT CONFINEMENT OF THE PATIENT.

Dr. T. L. Ogier, of Charleston, S. C. gives the following in the *Am. Med. Bi-Weekly*. Whatever contributes to the relief and comfort of our patients, in however small a matter, and which has not yet come under the notice of the profession, is undoubtedly our duty to make known. Without, therefore claiming credit for a new operation, I will relate the following treatment for the cure of hydrocele.

On the 20th of April, 1864, without drawing off the water of the tumor, I injected, with a hypodermic syringe, about thirty drops of strong compound tincture of iodine, thinking that the dilution of the iodine in the fluid of the hydrocele would stimulate the sac sufficiently and that the next day the water could be drawn off and the surfaces of the vaginal sac be thus allowed to come in contact. To my surprise, the next day, the hydrocele was not half the size, the fluid had been absorbed. Instead, therefore of drawing off the water, on the 23d I repeated the iodine injection, and on the 26th, though the swelling had been still more reduced, I again threw in the iodine. On the 30th, the fluid had disappeared, though the vaginal coverings and the testicle itself were thicker and hung down lower than on the side not implicated. He wore a suspensory bag from the third day after the first injection, and I directed him to continue to wear this, making it a little tighter than he had been wearing it. From the first injection, this patient experienced no pain or inconvenience and did not lose an hour from his work.

He had no return of his disease six months after the operation; the cure was therefore complete.

Encouraged by the success of this operation I have treated successfully eleven other cases, and my friend Dr. I. S. Mitchell, at my suggestion, has treated five cases with like success. I have not tried this in very old hydroceles. I doubt if it would succeed in such. In these cases I have first evacuated the water, and then injected ʒi strong tincture of iodine and left it in the sac, and applied a tight suspensory bandage; the pain and swelling have been severe, but the cures have been eventually good. If, then, this troublesome and not uncommon disease may be cured by the above simple operation, without the patient losing an hour from his ordinary business, as these cases would show, it would be an improvement in the surgical treatment of such cases to adopt this operation, instead of the old plan of tapping and injecting iodine, port wine, sulphate of zinc, etc.

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 Pancreatin 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 marvellous. 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. 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 catarrh has been present. Your Maltpepsyn 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.

NEUSTADT, 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 Hydroleine 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.

MALTOPEPSYN.

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

EXPRESS CHARGES PREPAID.

Pamphlets by G. Overend Drewry, M. D., and H. J. 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,

57 FRONT STREET EAST,

TORONTO.

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

AMPUTATION AT THE HIP-JOINT; NEW MEASURES TO CONTROL HEMORRHAGE.

(*Archiv für Klinische Chirurgie*, Bd. 26, Heft. 4, Berlin).

In his paper, read before the Tenth Surgical Congress, at Berlin, April 9, 1881, Prof. Trendelenburg, of Rostock, referred to the danger of hemorrhage in amputation at the hip-joint, and the difficulty of controlling it. He ascribes the unfavourable results of this operation to the copious loss of blood more than to any other cause.

Esmarch's method cannot be relied upon in this operation. However high the constriction of the member is carried, it is still too low to permit the formation of flaps. Besides, it has a tendency to slip downwards. Compression of the abdominal aorta and the iliac artery is ineffective and not to be trusted in corpulent and unruly patients.

With the view of meeting this difficulty, Prof. Volkmann has introduced a new procedure which improves the chances of recovery. He constricts the limb as high up as possible by Esmarch's bandage, amputates, ligates all vessels, and then proceeds, by an external incision of the entire stump, to remove the remaining portion of the femur from the acetabulum and its muscular connections. Irrespective of the slipping downwards of Esmarch's constrictor, in high thigh amputations, this method leaves a very extensive wound, and eventually a very bulky stump; and these are material objections.

In order to obtain the greatest protection against loss of blood and avoid the objections to Volkmann's operation, Prof. Trendelenburg has adopted the following plan: Following Lisfranc's method, he transfixes the thigh in front of the joint with an arrow-like instrument. This is thirty-eight centimeters long, six millimeters wide and two millimeters in diameter, with its transverse surface oval in shape. The lance-shaped extremity is removable. The "arrow" enters the thigh at the hip-joint, and emerges at the fold of the scrotum, where the point is removed. An elastic band (or tube), held by the "arrow" is then applied in the form of the figure eight (8) in front of the thigh. This compresses the femoral vessels. The anterior flap is then made, and the vessels secured, and the elastic tube and the "arrow" removed. The latter is then inserted behind the joint, the band again applied, and the posterior flap formed in a similar way, after which the femur is disarticulated.

The author has not only tested this method in several cases with signal success, but he has also experimented on cadavers, a continuous stream of coloured liquid being injected into the abdominal aorta, and there was no loss of liquid.—*St. Louis Clin. Record.*

VOLKMANN'S SUBTROCHANTERIC OSTETOMY.

Early in August last I saw, in consultation with Drs. Henry, Gibbons, Jr., Whitwell and Rosenstirn, also a few days later, with Drs. Kivas and Ollino, Hugo L., a boy twelve years of age, who was affected with excessive deformity of the right hip, and excessive atrophy of the leg. According to information given by the parents, the child had first shown signs of suffering when six months of age; the pain came on suddenly on the right side of the pelvis, accompanied by swelling, the thigh being flexed upon the pelvis.

In spite of the best medical skill neither the progress of the disease was arrested nor its consequences averted. A deformity followed which prevented the child from standing alone until very late, and it never was able to walk without the aid of crutches or an apparatus to compensate for the great shortening. It is useless to enumerate the many attempts made to ameliorate this unfortunate condition. In 1874 the child was taken to Paris, and treated in the establishment of Dr. Duval, of Neuilly. Since then no treatment has been followed, care being only taken to provide proper apparatus as the child grew.

Photographs show the form of apparatus lately worn. While it acted as a sufficient support between the superior and middle third of the thigh, it would have been of little use in walking had the patient not been both light and active. The disproportionate development of the other leg showed that the patient used it almost entirely. At the consultation a posterior-superior-iliac dislocation of the femur was found, and the head of the bone could be felt distinctly. There was slight mobility. The upper border of the trochanter was found two and a half inches above the Roser-Nelaton line. The thigh was flexed at an angle of forty-five degrees, in a state of strong adduction, and with a slight degree of interior rotation. In the vertical position there was lordosis of the spine in the lumbar region, and lateral curvature towards the left, and a lifting up of the corresponding half of the pelvis. All these deformities were excessive and very apparent. When standing, the distance between the heel and the ground, with the foot at right angle with the leg, was five and a half inches; with the foot extended, the distance between the end of the toe and the ground was four and a half inches. There was therefore an exaggerated atrophy of the limb. On measuring from the upper border of the trochanter to the external malleolus, there was a difference between the two limbs of one and three-eighths inches. The knees could not be fully extended, and the child was unable to touch the floor with the toes. The apparatus which he wore rested upon the posterior part of the thigh, and

terminated in a steel foot. In order that the foot might rest flat in a shoe, an operation of tenotomy of the tendon Achilles had been performed by Dr. Duval, at Neuilly.

Although there was great deformity, I suggested the Volkmann operation, considering it the best, especially in regard to the future. This operation was accepted by all the consulting surgeons, and was performed on August 8th, 1881, in the presence of Drs. Gibbons, Whitwell, Rivas and Ollino. Chloroform was given by Dr. Ollino, and Mr. Pietro Rossi took charge of the spray and Lister's antiseptic dressing.

Having thoroughly disinfected the skin about the hip joint, a longitudinal incision of two and a half inches in length, was made from the upper edge of the great trochanter, on the posterior and exterior face of the thigh, down to and through the periosteum. This was then cut across, and with the raspatorium, it was detached from the posterior and anterior part of the great trochanter; then with the chisel (as will be described), a cuneiform piece of bone was taken out, which had a base of about one square inch. This was taken from the posterior exterior portion of the femur, there being a strong flexion and only a slight adduction to correct. The division of the bone included three-fourths of its diameter; the remaining fourth was fractured without difficulty, and the leg easily straightened. The wound was washed, and closed by five stitches, after placing within it two short drainage tubes. Lister's dressing was then applied. Extension was made to the limb with a three pound weight at first, but within a week this was gradually increased to eight pounds. The pain was not severe, and ceased entirely after the first day; the temperature was but little above normal, except on the third day, when, from a stoppage in the drainage tube, it arose to 104°. The digestion was good, and the bowels regular. For the first three days the dressing was changed daily, and afterward only every two or three days; the stitches were removed on the seventh day, and both drainage tubes by the tenth. There was no local reaction, no suppuration, and the wound healed by first intention; an immovable silicate of potash bandage was applied on the thirtieth day. The result will be given in a later paper with photograph.—Dr. Devecchi, Turin.—*Western Lancet*.

TREATMENT OF CHOREA.

Dr. William Strange (*British Medical Journal*, vol. ii. 1881, p. 145,) says that the changes must be rung on the so-called nervine tonics, varying them according to the temperament of the child or to the collateral symptoms accompanying the choreic movements. If pallor, palpitations, and loss of weight exist, iron or arsenic, or both, will

be necessary. If, on the contrary, the vascular system be sufficiently full and the mobile element prevail, then the bromides with ammonia, or the succus conii, will be of most avail. Frequently, whatever the condition of the vascular system and of the general nutrition, no good arrives until we have succeeded, by sedatives, in calming the excessive mobility of the nervous system. In these cases Dr. Strange has used the ice-bag to the spine and the ether spray to the nape of the neck, but not with much success. Direct calmatives—digitalis, belladonna, cannabis indica, with the bromides—answer the best.

The nervous symptoms once quieted, iron or arsenic may now be given, and carried to a somewhat higher degree. Some have recommended large doses of arsenic, ten to fifteen minims of Fowler's solution; but Dr. Strange has seldom found that the stomach will tolerate these large doses, and has contented himself with much smaller ones, in combination with iron or zinc.

But, whatever the remedy selected, it will be necessary to continue its administration until it has produced its special physiological effect. Especially is this necessary with the neurotic sedatives. Children bear large doses of belladonna and conium; and Dr. Strange has never found this class of remedies do much good until their full physiological effects (consistent with safety, have been produced.

Dr. Strange used some years ago to treat all his cases of chorea with wine alone, the port wine of the hospital, merely clearing out the primæ viæ, to make sure that trouble was not caused by entozoa or depraved alvine secretions. The amount given was three to six ounces daily, and all the cases got well. After suspending this treatment for some years, he has recently recommended it with good results.

HEPATOMY FOR HYDATIDS.

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

The sixth case of this operation, which I have performed, like the others, has been remarkable for the speedy and complete recovery of the patient.

A. M. S., æt. 7, early in May last, suffering from severe symptoms due to a tumor on the right side, and above the level of the umbilicus, which was clearly cystic, and, in all probability, connected with the liver. It gave great pain, and I diagnosed it to be a hydatid tumor of the liver. The child had always been regarded as delicate. A year ago, her mother noticed that her motions were rather white-coloured. Swelling was noticed in abdomen about November last, and she complained of pain across the back and shoulders. December, 1880, there was a firm tumor just below the ensiform

cartilage, the dulness extending round the side. In February, there were some nodules on the surface of the liver; also tumor was more freely movable.

When admitted, had a tumor about the size of a foetal head, which was extremely tender to the touch. The child was very sick, and appearance warranted interference. Opened the abdomen May 20, making an incision about three inches long, one inch and a half to the left of the umbilicus, the lower end corresponding to the umbilical level. When the cavity was opened, it was perfectly clear that the tumor was situated in the liver, and was a hydatid cyst. Removed from it, by means of an aspirator, about twenty-six ounces of clear fluid, containing a large number of scolices. Then enlarged the aperture in the liver to about one inch and a half, and secured its edges to the edges of the parietal wound by means of a continuous suture, and fastened in a wide, soft, India-rubber drainage tube about six inches long. She went on perfectly well; severe symptoms immediately relieved, and May 26 the mother-cyst came away entire. Drainage-tube removed May 30; and June 2 she left with the wound quite healed, having gained greatly in weight, and having acquired a perfectly healthy appearance. No attempt was made to conduct the case upon Listerian principles, the only dressings used to the wound being red lotion and absorbent wool.—*British Med. Journal.*

TREATMENT OF COMPOUND FRACTURES AND WOUNDS OF JOINTS BY GLYCERINE AND CARBOLIC ACID.

I have thought an account of a few cases that I have treated with the glycerinum acidi carbolici of the British Pharm. without antiseptic spray or any very elaborate precautions, would be of general interest. And although the number of cases is not large, still the fact that they have all got well has produced a strong impression on my mind of the value of this mode of treatment.

A pipe manufacturer of intemperate habits, who had taken to fishing, was engaged in hauling in a net, when he got his leg caught, was thrown down, and found himself unable to rise. I found he had sustained a compound fracture of the tibia, at the junction of the lower and middle thirds, and had lost a large quantity of blood from a small wound caused by the upper fragment of the tibia having been driven through the skin. Bound it up temporarily, to arrest bleeding. After about twelve hours, when bleeding had quite stopped, the temporary dressing was removed, and a pad of lint soaked in collodion applied. This pad remained on two days, when it became partly detached, and free oozing of bloody fluid commenced from the wound. Now applied a pad of four thicknesses

of lint saturated with glycerinum acidi carbolici to the wound, and a few turns of bandage over it, so as to keep it in proper position. The lint became firmly adherent to the wound, and the next day I applied a large pad of four thicknesses of lint soaked in the same way over the original pad, so as to keep it still saturated. On the third day afterwards I cut the edges of the two outer layers of the pad, next the wound, and removed and soaked them with glycerinum acidi carbolici, and then reapplied them, and then the bandage as before. I regard it of much importance not to disturb the layers of lint immediately covering and generally attached to the wound. After treatment had been continued about ten days, a large blister containing dark fluid formed under the pads and showed at their edges. I cautiously tried whether the under pad was still adherent, and finding it was not, I removed it and found that the wound had healed. Left the blister exposed to the air, and it dried up in a few days. The remaining progress of the case in no way differed from that of one of simple fracture, and the man ultimately completely recovered.

The next patient treated in this way was a boy about ten, with compound fracture of the tibia, the upper fragment of the bone having been driven through the skin. The glycerinum acidi carbolici was applied on four thicknesses of lint about two hours after the accident, and covered with cotton-wool, and fresh glycerine and acid was applied to the lint daily, without disturbing the layers next the wound. After about ten days the lint was removed, and the wound found to have healed. A speedy recovery followed. The fracture apparatus used was of the same kind as in the following case.

The next jumped out of a cart while his horse was running away. He sustained a simple fracture of the fibula and compound dislocation of the foot outwards, the lower extremity of the tibia being driven through the skin, the sock, and the elastic of his boot against the ground, and the internal malleolus broken off. When he had been conveyed home the bone was still protruding, and the foot could not be got at until his boot and sock had been cut away. The bone being covered with dirt from the road, was now carefully cleansed, and an attempt to reduce the dislocation was made. We did not, however, succeed in effecting the reduction until a slice of bone had been sawed off the projecting end of the tibia. After the reduction the limb was placed on an iron back splint, with two wooden side splints duly padded and suspended from a cradle, the apparatus being of the kind used at St. Bartholomew's Hospital. About three hours after I syringed out the ankle-joint with a solution of carbolic acid in 39 parts of recently boiled water, and then, after cleaning round the wound, applied a pad of lint of six or

eight thicknesses, saturated with glycerinum acidi carbolicum, taking care that the upper layers were of sufficient size to project some little way beyond the wound, so as to exclude air effectually, in case of the patient becoming restless. This was then secured by a bandage. The next day all the upper layers of lint were removed, soaked as before, and then reapplied, except the three next the wound, which were left undisturbed. Then over the lint I put a large piece of carbolic acid plaster, and secured it with a bandage. This mode of dressing was repeated night and morning for several weeks, during the whole of which time not more than about a tablespoonful of discharge escaped from beneath the pad of lint. This discharge was of a pink color, opaque, and nearly solid. The bowels were confined, and pain and starting relieved with tincture of opium, for about a fortnight. After this the patient, who ate heartily his ordinary diet the whole time, used to sit up in bed and write letters, and keep accounts. After six weeks I gradually reduced the amount of carbolic acid by adding more glycerine, and when the wound was nearly healed used spermaceti ointment. He ultimately made a good recovery, and can walk considerable distances with the aid of two sticks.

The patient was a cabdriver, æt. 50. His horse fell down as he was driving, and while endeavoring to hold him up, he was pulled off his seat and broke his leg. I found a lacerated wound about three inches long, through which the end of the upper half of the tibia was protruding. After the fracture had been set, and the edges of the wound drawn together, except over the seat of fracture, where, in consequence of the swelling of the leg, the skin would not meet without more force being used than appeared desirable, a pad of lint of about four thicknesses was saturated with carbolic acid and glycerine, and lightly bandaged on. The fracture apparatus used consisted of an iron back-splint, with two wooden side-plints, padded and suspended from a cradle, as in the previous case. Over the pad a piece of carbolic acid plaster was placed. The next day a fresh pad of about four thicknesses was soaked as before mentioned, and applied over the previous one, and the plaster over them both. This dressing was repeated night and morning for about a fortnight, after which it was reduced to once a day. The man was on ordinary diet throughout, and there was no constitutional disturbance. About a month after the accident the lint next the wound was for the first time removed, and the wound found to have healed except over the end of the bone, where there was a wound about an inch long, with bare bone exposed. The special treatment was now discontinued and poultices were used. A little later a thin layer of bone came away, and the wound then soon healed, and the man recovered with a useful leg.

The next was a brewer's drayman, a large made

and very fat man, accustomed to the free use of the beverage he supplied. His horses started off while he was in a public house, and when he ran to their heads he was knocked down, and the front wheel of the dray going over the inner side of his knee, turned back a large flap of skin, and made a lacerated wound that extended into the knee-joint. A surgeon was called, who dressed the wound, put in some stitches at suitable points. When I saw him a large pad of four thicknesses of lint, saturated with glycerinum acidi carbolicum, was applied over the wound, and kept saturated by fresh supplies on its outer surface renewed daily. For a week or ten days all went well, and no trouble connected with the joint occurred afterwards, but at the end of that time the lint came off and poultices were used instead, the edges of the skin flap being found to be sloughing, and erysipelas of the leg commencing. The erysipelas followed a severe course, as it did also in several other cases that occurred about the same time, but in the end he recovered and returned to his occupation as drayman.

The next fell from a scaffold 18 feet high, sustaining a severe compound fracture of the lower jaw, while another man falling upon him broke his thigh, and the bone coming through the skin, wounded the internal saphenous vein and caused such copious bleeding that the man appeared in danger of immediate death from loss of blood. A large sponge was bound tightly over the wound, and the bleeding thus arrested. The fracture was then set, a long splint and bandages being used in the ordinary way. The treatment having reached this stage when I first saw the man, who was cold, perspiring profusely, with livid face, and evidently almost dying from loss of blood, I applied the glycerinum acidi carbolicum freely to the bandages over the sponge, and then lightly bound over them four thicknesses of lint saturated with it. The next day I removed the lint, cut slits at short intervals in the bandages, and injected the glycerine through them with a syringe and along the upper edge of the sponge, and then reapplied the pad of lint freshly saturated as before. This treatment was continued for a fortnight without disturbing the sponge, after which the wound was found to have healed. The man's health improved throughout, and he recovered in about the same time as if it had been a simple fracture of the thigh.—Dr. Griffin, in *London Lancet*, Sept.

LACERATION OF THE CERVIX UTERI.—In the *New York Medical Journal and Obstetrical Review* for September, 1881, Dr. Charles Carroll Lee, Surgeon to the New York State Woman's Hospital, indicates the proper limitations of Emmet's operation for laceration of the cervix uteri. Little heed, he remarks, was paid at first to Dr.

Emmet's suggestion of the pathological importance of lacerations of the cervix and of the desirability of treating them by operation in certain classes of cases; but, after Dr. Emmet had, on a subsequent occasion, more fully demonstrated his views, it soon came to pass that the operation of trachelorrhaphy was performed in the most trifling cases, and advised in conditions entirely unsuitable for it. Hence an unjust obloquy was thrown upon it, and in many European countries, England in particular, it is still regarded with disfavour. One of the immediate results that occasionally follow cervical laceration is *post-partum* hæmorrhage, and the author thinks it may fairly be questioned if the puzzling cases in which hæmorrhage goes on, in spite of firm uterine contraction, are not always of this nature. He gives full credit to Dr. Pallen for his observation and teaching in regard to this aspect of the matter, and then passes to a consideration of the conditions that demand the performance of the remote operation, together with those that contra-indicate it. In many cases of notable rents of the cervix there is no indication for operative interference. The obvious or ascertained pathological influence of the laceration—not its extent or size—should be our guide for its treatment. If it presents a cicatrized surface, and if there is no hyperplasia or inflammatory condition of either the neck or the body of the uterus, a surgical operation would be absurd, even though the rent were bilateral and had divided the cervix up to the vaginal insertion. If, on the contrary, the laceration is unilateral only, and comparatively small in area, but with a raw, unhealed surface, and associated with either cervical or corporeal metritis, it is absolutely certain that the inflammation will never get well until the laceration is cured, although the symptoms may be overcome for the time being. Still more pointedly may this be said of extreme cases of bilateral laceration with extensive eversion of the cervical canal, with or without cystic degeneration. A much more limited class of cases is that in which the laceration was healed, leaving the cervix tough and nodular, and the angles of the rent filled with cicatricial tissue, in which nerve filaments are often caught and compressed, causing excessive reflex irritation of the uterus and of the general nervous system. The test of such a case is the sudden pain, like a tooth-ache, which pressure with the finger in the angle of the tear generally gives. In such cases the operation is speedier and more thorough than other measures in destroying the "cicatricial plug," never having failed, in the author's experience, to yield a most satisfactory result. While thus warmly urging trachelorrhaphy in proper cases, Dr. Lee defines no less positively the conditions that forbid its performance. Parametritis is undoubtedly a bar to the operation; and yet, he adds, how often are we asked to oper-

ate or to sanction an operation while the pelvis is still half filled with an inflammatory deposit of lymph! Of the importance of pelvic peritonitis less need be said, partly because opinions differ as to whether this condition can be separated from parametritis, and partly because the objection raised in the former inflammation would lie equally in this case. As inflammatory fixation of the uterus is, however, peculiarly characteristic of pelvic peritonitis, its existence in any form should be deemed an insuperable barrier to the operation. Endometritis and acute trachelitis also contra-indicate it, as well as all conditions of extreme impairment of the general health, except such as may reasonably be presumed to depend upon the laceration itself, or upon the uterine disturbance that is kept up by it.

ANECDOTES OF SKODA.—The *Staatszeitung* quotes several anecdotes about Skoda, some of which are a good index to his character. One day he was invited to dine at Court. After having delivered his lectures and attended to his patients, he repaired thither in his customary well-worn, old-fashioned apparel. "But the Herr Professor might have appeared with a frock-coat," reproachfully intimated the official charged with the reception of the guests. "Well then," said Skoda, "I'll ride home and send my frock-coat here to dine." Upon another occasion, by Ministerial decree, certain changes were to be made in the hospital, the utility of which Skoda denied, in spite of the Burgomaster's opinion to the contrary. "Your Excellency," he said bluntly, "we physicians are the best judges of such things." The angry retort that the government was paying the money and intended exclusively to control it, was met by the argument that the funds belonged no more to the government than to the medical authorities, but that they were the property of the tax-paying multitude, who looked to the opinion of competent persons as to the disposal of them. Skoda, ever since his student days, was in the habit of attiring himself in exceedingly antiquated style. Decades passed by, but the cut of his "inexpressibles" remained the same, in spite of the bantering remarks of his friends. One day, however, to the great surprise and amusement of everyone, the great clinician appeared in an elegant pair of pantaloons, of faultless style. "As a student," he explained, "I lived with a tailor, who rendered me a good many services, and greatly assisted me, so I always remained his customer. The poor man is dead now, and I—have to wear fashionable pantaloons." For a pain in the foot, Skoda employed a salve prescribed by a colleague. Questioned as to the result of the treatment, he remarked: "Where I applied your salve, the pain was arrested; but where I did not, it ceased much sooner."

MARTIN'S RUBBER BANDAGE IN ULCERS.—A patient applied to me July 20 for treatment for a large varicose ulcer on the internal aspect of the right leg. On my proposing to apply a Martin's bandage, he demurred, on the ground that he had tried one formerly—that, owing to the confinement of the perspiration, his leg was in a constant water-bath, and the heat, itching, and pain were unendurable. I had before felt the force of this objection, and have no doubt but that this has been the greatest obstacle to the successful employment of this bandage in a large class of cases. It occurred to me that the desideratum—ventilation—might be attained by perforating the bandage without sacrificing in other respects its usefulness. In pursuance of this plan, I procured an ordinary shoe-punch and riddled the bandage with holes—about nine to the square inch. By punching three or four thicknesses at once, the labour was considerably facilitated. This bandage was applied with entire success. Ventilation is perfect. The leg feels cool, dry and comfortable, and at this date the ulcer has almost entirely healed.—Dr. Lewis in *Med. Times*, Phila.

OCULAR SYMPTOMS IN DIFFERENT DISEASES.—Dr. Gorecki has tabulated his views as follows :

Blepharoptosis, or the falling of the upper eyelid, indicates paralysis, complete or incomplete, of the third pair.

Lagophthalmos, or inability to close completely the palpebral fissure, is a sign of facial hemiplegia, idiopathic or a symptom of cerebral disease.

Strabismus occurring suddenly and accompanied by diplopia is most frequently the result of some cerebral affection.

Xanthelasma (a yellow lamina sometimes met with in the skin) of the eyelids occurs in certain alterations of the liver.

Subconjunctival ecchymoses are frequent in whooping-cough, and may sometimes, at the beginning of the complaint, clear up a difficult diagnosis.

Redness of the conjunctiva, watering of the eye, etc., indicate in the child the outbreak of some eruptive fever, particularly measles. The prognosis is favorable if the tears come when the child cries, but fatal if the secretion of the tears is arrested.

Spots on the cornea are often the indication of a strumous constitution.

Dilatation of the pupil, or mydriasis, indicates excessive fatigue, the existence of intestinal worms, meningitis in the second stage, or a true amaurosis. The dilatation is most frequently connected with atrophy of the optic nerve. It is seen also during an attack of epilepsy, on coming out of chloroform, after belladonna-poisoning, etc.

Unequal dilatation of the two pupils points to the onset of general progressive paralysis.

Contraction of the pupil is one of the early symp-

tom's of *tabes dorsalis*. It is met with also at the beginning of meningitis, in opium-poisoning, and in the first stage of chloral-poisoning.

Deformation of the pupil, particularly after the injection of atropin, indicates an old iritis, in nine cases out of ten, of syphilitic origin, if not depending on some disease of the neighboring parts.

Cataract in subjects under say forty or fifty is frequently of diabetic origin, and constitutes soft cataract.

Finally, the ophthalmoscope enables us to recognize the retinitis of albuminuria in Bright's disease, of simple polyuria, and sometimes in the case of women during pregnancy. Retinal hemorrhages, œdema of the retina, and embolism of its central artery are sometimes met with in organic affections of the heart. Optic neuritis and perineuritis, and atrophy of the disk, are symptoms of syphilis, or of tumors in the neighborhood of the cerebellum or the corpora quadrigemina.—*Gazette des Hôpitaux*; *Glasgow Medical Journal*.

CONSULTATIONS WITH HOMŒOPATHS.—The following extract is from an editorial in the *Medical Times* of Philadelphia, Oct. 8, '81: Upon the other side of the Atlantic the subject of the relations between "homœopaths" and "regulars" in the profession is attracting renewed attention, and some disposition seems to exist towards breaking down the barriers which have so long stood hard and firm between the two camps. Both homœopathy and allopathy are most dangerous errors. These things being so, why cannot the "regular" meet the "homœopath" in consultation? The "regular" can and will meet the "homœopath" just so soon as the latter is ready honestly and fairly to meet the "regular." The scientific physician says, "I believe in no therapeutic dogma; I desire to get all out of science that I can to help me in the cure of diseases. But I recognize that science is yet very imperfect; and from Choctaw or Hottentot, from old woman or young maiden, from homœopath or allopath, from king or peasant, from savant or quack, I will eagerly seize aught which shall aid me in the battle for life." The moment that the "homœopath" takes this ground, that moment he is side by side with the "regular." It is no longer homœopathy or allopathy, but common-sense doctoring. But until the homœopath does this it is impossible for the two physicians to work together. If the homœopath is honest, the regular is yoking himself with one who is maimed and crippled by an adhesion to an old and exploded fallacy; and Paul says most truly, "be not unequally yoked."

If the homœopath is willing to sink his homœopathy, and, in fact, habitually practises something else than homœopathy, no honest man can meet him in consultation without smearing his own self-respect. To gain practice by taking advantage of popular ignorance and prejudice, and to ride into

wealth upon a lie, is what no upright man can do ; and to associate with a man that does this is dishonor.

This, it seems to us, is the whole matter in a nutshell. The general medical profession recognize that neither the doctrine of similars nor that of dissimilars is correct ; and the moment any man comes to this conclusion, and honestly acts thereby, he is part of the regular profession, a peer of any. Until then he must occupy the position he now does.

PUERPERAL CONVULSIONS.—Several cases in which pilocarpin, by mouth and hypodermically, was used in eclampsia, are reported with varying results. Langer asserts that it excites uterine contractions and renders them more powerful, and, in two or three cases, as many physicians report a similar result ; but Kroner used (*Am. Four. Obstet.*) injections of pilocarpin in four cases without any appreciable effect upon the uterus, although the toxic effect of the drug was marked.

The weight of opinion seems to favor chloral in large doses by the rectum. Guyot (France) reports remarkable success, thirteen or fourteen cases being saved. He injected into the rectum from one to four drachms in twenty-four hours. Dr. Goodell believes it the best single remedy. He directs a drachm by rectum, or twenty grains by mouth, repeated as often as may be necessary, and asserts that he has never lost a case. Other writers are equally laudatory of chloral, while none discard chloroform. With regard to the induction of premature labor in eclampsia, there seems to be a growing sentiment in its favor, and successful cases are recorded.

Blood-letting is apparently growing in favor again. Many writers advocate it, or at least speak of it as a too much neglected remedy. Dr. C. C. P. Clark (*Am. Four. Obstet.*) is a strong advocate for the use of morphia in heroic doses. He argues that a woman who bears her pregnancy lightly never has convulsions, hence a prophylaxis consists in removing all irritating conditions. In eclampsia the nervous system is peculiarly tolerant of opiates. Ordinary doses are useless. Inject at once into the arm *a grain and a half of morphia* ; should the paroxysms return any time after two hours, repeat the dose. If in labor, repeat the dose in eight hours, anyway. He says : " This quantity may look large, but I am perfectly confident, after having tried it many times, that it is absolutely safe. I am almost prepared to swear that twice the quantity, not repeated, would do no harm to a patient in a strongly eclamptic condition."—*H. Gibbons, Fr., in Pacific Med. Four.*

INTRA-SPLENIC INJECTIONS OF FOWLER'S SOLUTION IN HYPERTROPHY OF THE SPLEEN.—Prof. Mosler, of Greifswald, has treated a chronic en-

largement of the spleen by means of parenchymatous injections of carbolized water and Fowler's solution. The action of the contractile elements of this organ is first to be stimulated by the application of means designed to affect them directly ; then, for several hours previous to making the injections of Fowler's solution, poultices of ice are to be applied over the splenic region. In Mosler's opinion, parenchymatous injections produce much more marked effects than the internal use of the same remedies.

Certain precautions must be taken. 1. If the splenic tumor is a hard one, it makes no difference whether or not the hemorrhagic diathesis or extreme anæmia coexists. 2. The preliminary precautions above mentioned should be taken. 3. Fowler's solution is the best medicine to use. Mosler reports several cases, in one of which benefit was obtained after half a syringe and then a whole syringe of Fowler's solution had been injected!—*Allg. Med. Cent. Zeit.—Med. Times, Phila.*

PIGEONS AS MESSENGERS FOR PHYSICIANS.— " A physician of Erie, Pennsylvania, is training homing pigeons for use in his practice. Some of his young birds put upon the road to make records for distance have made very good time, viz., 50 miles in 90 minutes, 66 miles in 82 minutes. Homing pigeons are largely used by country physicians both here and abroad. One doctor in Hamilton County, N.Y., uses them constantly in his practice, extending almost over two townships, and considered them an almost invaluable aid. After visiting a patient he sends the necessary prescription to his dispensary by a pigeon ; also any other advice or instruction the case or situation may demand. He frequently also leaves pigeons at places from which he wishes reports of progress to be dispatched at specified times or at certain crises. He says he is enabled to attend to a third more business at least through the time saved to him through the use of pigeons. In critical cases he is able to keep posted by hourly bulletins from the bedside between daylight and nightfall, and he can recall case after case where lives have been saved which must have been lost if he had been obliged to depend upon ordinary means of conveying information.

INFANTILE DIARRHŒA.—In infantile diarrhœa due to indigestion and attended by acidity, the following combination is very efficacious :—

R. Pulv. ipecacuanhæ.....gr. ss.
Pulv. rhei.....gr. ij..
Sodæ bicarb.gr. xii. M.

Div. in chart no. xii et sig.—One powder every four to six hours to an infant one year old.—*Dr. J. Lewis Smith.*

HYDROBROMATE OF IRON IN CHOREA.—A correspondent in the London *Lancet* gives the following case:—An anæmic, badly-nourished girl, æt. 14, was frightened by a dog, and almost immediately afterward developed choreiform movements. At the time of my visit, two days after the onset, the child's contortions were painful to witness; her sleep was disturbed, and it was with difficulty she could convey her food to her mouth. The heart sounds were normal, and there was no history of previous cardiac or rheumatic affections. After attending to her digestive organs, I prescribed syrup of hydrobromate of iron in 20 minim doses. The effect was very marked. The sedative action was speedily apparent, as the convulsive movements became gradually less severe, and the control of the muscles more readily recovered; whilst at the same time the anæmia was yielding to the accompanying iron. The continued use of the drug for about 20 days completely removed the affection.

IODOFORM IN THE VULVITIS OF CHILDREN.—Prof. Parrot applies iodoform by means of a badger's-hair pencil at whatever stage the aphthæ may be in, covering the parts affected with a thick layer of iodoform without previous cleaning, and then applying a little charpie. This dressing is repeated every 24 hours, until amendment takes place, which it usually does very rapidly. Even after the first application it is rare not to find a considerable improvement. The ulcerated parts look as clean as if they had been carefully washed. Their borders sink and their cavities fill up, and when they are not very extensive they are not easily distinguished from the surrounding parts. The changes take place rapidly, and lead to the speedy disappearance of vulvular or perineal breaches of surface.—*Med. and Surg. Reporter.*

PLAGIARISM IN MEDICAL LITERATURE.—The *Mea. Press and Circular* quotes the following as coming from an American surgeon present at the London International Medical Congress: "Few of us pretend to write anything original; we either haven't the time or we haven't the mind. You Europeans leave us nothing to do, and so instead of pretending to take you down a stripe, we take a book that we guess will suit our purpose, make a few foot-notes, and stick another name on the title-page. The book is none the worse for it, and its new author is helped like a lame dog over a tall stile."

LINES ON JENNER.—

"Within this tomb hath found a resting-place
The great physician of the human race,
Immortal Jenner! whose gigantic mind
Brought life and health to more than half mankind.
Let rescued infancy his worth proclaim,
And lisp out blessings on his honoured name;
And radiant beauty drop one grateful tear,
For beauty's truest friend lies buried here."

PAINS IN THE FEET.—In a paper read at the Boston Society of Medical Improvement (*Boston Journal*), Dr. Curtis enumerated the various affections in which *pododynia* or *podalgia*, or painful affection of the feet, may exist independently of all signs of disease of the part itself. These are:

1. *Urethral stricture*, as observed by Luxmoor, Brodie, and many others.

2. *Vesical calculus*. Pitha relates a remarkable case of a patient who was enabled, by the diminution of a sense of burning of the sole of the foot, to indicate precisely the progress of the diminution of the calculus by means of lithotripsy.

3. *Cysto-prostatitis*, or inflammation of the neck of the bladder, in a case met with by Dr. Curtis, the pain in the neck of the bladder was accompanied in corresponding degree with pain in the feet of a similar character.

4. *Cystalgia*, or neuralgia of the neck of the bladder. Pitha is, himself, a well-marked example of the co-existence of the two affections.

5. *Gout*. Under this head, the observations of Paget, Duckworth, and Wier Mitchell, are referred to.

6. *Renal calculus* occasionally gives rise to pain irradiated to the heel.

7. Fournier and others describe this pain as occasionally met with in *syphilis* and gonorrhœa.

8. In *locomotor ataxy* the heel may be the first, or, for a while, the principal seat of the lancinating, or Loring pains, characteristic of the first stages.

9. Prof. Gross describes an obscure form of pain in the feet, under the name *pododynia*, which is met with in certain sedentary classes of artizans, especially tailors.—*Med. and Surg. Reporter.*

NITRE-PAPER IN ASTHMA.—Dr. Murrell (*British Medical Journal*, June, 1881,) bears testimony to the great value of the fumes of nitre-paper, if properly prepared, in many cases of asthma. Pieces of white blotting-paper, six inches square, are saturated in a hot concentrated solution of chlorate and nitrate of potassium. Six of these pieces are laid one over the other, so as to form a thick tablet. Before quite dry, the pieces of paper may be individually sprinkled with Friar's balsam, camphor or some other aromatic. When used, the tablet is to be folded like a book-cover, and placed on its edges on a plate, and then lighted.

PRIMARY CANCER OF THE PANCREAS.—Dr. Kennig reports, in the Petersburg Medical Woch., February 2, a minute history of a case of this rare affection occurring in a woman aged fifty-three.—*Med. News and Abstract.*

The death of Dr. J. G. Holland is announced in our exchanges.

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TORONTO, NOVEMBER 1, 1881.

This Journal has the largest circulation of any Medical Journal in Canada.

OPENING OF THE MEDICAL COLLEGES.

The Canadian Medical Schools began their labors for the session, 1881-82, on the first of last month, with an unusually large attendance in all as compared with former years. Upwards of 130 freshmen have entered the two Medical Schools in Toronto, and of these, Trinity Medical College has the lion's share. In some of the schools the work of the session is commenced by a special introductory lecture, on some subject of general interest. This practice is observed, especially in McGill College, Montreal, and in Trinity Medical College, Toronto. In the former the opening lecture of the session was delivered by Dr. Buller, Prof. of Ophthalmology and Otology. The lecture was of a practical character, and as was to have been expected, he dwelt at considerable length upon the advantage to the general practitioner of a fair knowledge of the essential principles of diseases of the eye and ear. The remarks were timely, as it is a deplorable fact that too little attention is paid by the general student to the study of diseases of these delicate and important organs, and we hope the learned gentleman will be able to excite in the minds of his own students, and medical students generally, a little more interest in the subject which he has the honor to teach in McGill College. In Trinity Medical College the introductory lecture was delivered by Prof. Fulton, in the large theatre of the school, which was filled to overflowing. His lecture consisted of advice to young men commencing the study of medicine, and also a reference to the principles which should

guide those who aspire to become members of the medical profession. He inculcated constant steady work, and diligent care and attention to the minutest details. The times in which we live, he said, demanded an ever-increasing effort to keep pace with the rapid strides of medical science. Never before in the world's history was competition in every calling so fierce as now, never did success in more than a moderate degree demand for its attainment, such a union of physical and intellectual qualities as in the present day. He also pointed out the dangers of attempting too much, of striving to excel in all arts, and advised them to concentrate their energies while at college almost wholly upon medical literature and in attendance upon lectures. In view of the nature of their calling, he counselled early cultivation of the faculty of self-reliance, pointing out to them that they would not always have their books and their teachers by their side, and he who would exercise self-reliance under great responsibility and in trying circumstances must begin early to practice it. He also encouraged punctuality, and the desirability of economizing time, and pointed out what had been accomplished by many great men who never allowed their moments to fall idly to the ground. He then drew a word picture of the student who is continually procrastinating his work from day to day, and from session to session, until disaster overtakes him in his final examination. He also impressed upon them the value of careful observation, and especially clinical observation and close attention to hospital work. He also counselled them to cultivate independence of thought and the exercise of reason and not to become blind followers of this or that authority—but to exercise their reason as well as their memory. In regard to the subjects of study embraced in their course, he alluded especially to the importance of anatomy, the key stone to medical science, and also to that closely allied branch, physiology. The subject of therapeutics—that science whose application to disease, is the ultimate aim of our art—was also brought prominently before the attention of the young student. He then addressed himself more especially to those who were spending their last session in the college, and who will soon be taking their places alongside those who are actively engaged in practice. Among the most important faculties, he said, which a young man commencing

practice can possess are, tact—practical talent—and a good knowledge of human nature; to these may be added decision, presence of mind in all emergencies, perseverance and a happy manner. Upon each of these qualities he dwelt briefly, pointing out by precept and example, what might be accomplished by their cultivation, and what the result of their neglect. He also pointed out that medicine was not a money making profession, although some few successful men acquired, late in life, a sufficient pecuniary recompense for their labours; while on the other hand they would occasionally receive rebuffs and insults for their kind offices from ungrateful patients. He then proceeded to define the difference between legitimate medicine and quackery, by saying that one deals in truth and honesty, the other in fraud and deceit. The honest scientist bears no relation to the designing, ignorant pretender. But as it is sometimes difficult to say in natural history whether a given specimen belongs to the animal or vegetable kingdom, so here in like manner, it is sometimes equally difficult to say to which class the individual belongs. There are many in each army near enough to shake hands, and there are not a few in the regular army who would be more at home under the rebel flag. He alluded to the high compliments paid to the medical profession by Gladstone and other eminent men from time to time, and concluded his remarks with the following extracts from the beautiful peroration in the address delivered by Sir James Paget at the recent Medical Congress.

“Let us always remind ourselves of the nobility of our calling. I dare to claim for it, that among all the sciences, ours, in the pursuit and use of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, are in our researches so combined that, unless by force or wilful wrong, they can hardly be put asunder. And each of them is admirable in its kind. For in every search for truth we not only exercise curiosity and have the delight—the really elemental happiness—of watching the unveiling of a mystery, but on the way to truth, if we look well round us, we

shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is, that in all her works, wonder is harmonized with utility, so is it with our science. In every truth attained there is utility either at hand or among the certainties of the future. And as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth, utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor (great as is the privilege of our calling in that we may be its chief ministers) but that wider charity which is practised in a constant sympathy and gentleness, in patience and self-devotion.

“Let us, then, resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood; and may God help us in our work.”

TRADE MARK LITIGATION.

An interesting suit is now pending in the United States' law courts in relation to the use of the trade mark “Tonga.” This drug first attracted the attention of Drs. Sidney Ringer and William Murrell, of London, as a reputed Fiji island remedy for neuralgia. It was investigated by them and the results of their investigations published for the benefit of science in the London *Lancet*. The statements in regard to the efficacy of the remedy in neuralgia, published by these investigators, created more or less interest in the drug, and a demand sprung up for the article both in England and America. This induced Messrs. Parke, Davis & Co., of Detroit, to send a special agent to the Fiji islands, to procure a supply of the genuine article to meet the demand. This they placed in the hands of the profession throughout the country, donated samples to hospitals and public institutions for trial, and also offered it for sale in the ordinary course of business. At this stage of the proceedings, Messrs. Allen & Hanbury, an English house, came forward and instituted legal proceedings against Parke, Davis & Co., for what they allege is an infringement of their trade mark. It seems that the English firm above-named has registered the name “Tonga,” in Great Britain and the United States, as a trade mark on the

drug tonga and seek to gain an unlimited monopoly of the manufacture and sale of the article by this means. The case is attracting considerable interest among the drug trade in the United States, as it involves a principle which has frequently been passed upon by the ordinary courts, but apparently has never been definitely and specifically settled by the Supreme Court; that is, whether a party has the right to trademark the proper name of an article and thus exclude others from the manufacture of the same article, and the name having by adoption and use become the name of the article, whether others have the right to manufacture and sell the same article under the same name, the article not having been patented. This will affect many of the pharmaceutical preparations for which protection is sought by registering the names as a trade mark. The defendants regard the principle involved in the case as of vital importance to the drug trade and have determined to test it in the highest judicial court in the United States.

There is another matter closely allied to this one, which calls for a passing remark, that is, the practice of some pharmaceutical chemists in recommending their preparations for general use by the public. There can be no doubt that the medical profession is greatly indebted to the pharmaceutical chemists for the introduction of many elegant and useful preparations, and they deserve to profit by their labors and ingenuity, but it is surely not in the interest of either the profession or the public that pharmacists should prescribe them for the public, and thus usurp the place of the regular physician. This, we regret to see, is being done in the daily press by several pharmaceutical chemists, whose preparations bear the imprint of a trade mark. We would warn those pharmaceutical chemists who appeal to the general public to purchase their wares, that the profession will be compelled, in defence of its own privileged rights, and for the good of the community, to abstain from countenancing in any way the preparations so advertised, or prescribing them to their patients. It is not necessary that we should say anything regarding the great injury that is done to the public, by the indiscriminate use of patent or proprietary medicines and pharmaceutical preparations and drugs of all sorts, without the advice and direction of an intelligent physician.

THE GROWTH OF EMPIRICISM.

Within the past few years quackery has made progress to an alarming extent, both at home and abroad. Not only has the sale of patent medicines largely increased, but other types of empiricism of a more serious nature have cropped up, which too often have in connection with them, the names of qualified physicians. We can scarcely pick up a newspaper, religious or secular, which does not contain an advertisement of some secret formula which claims to be a specific for some disease, and to make it appear more plausible, it is usually over the name of the Rev. somebody or the distinguished Dr. some one else. These charlatans claim to have made great discoveries in foreign countries, in which they have found a certain remedy for consumption, rheumatism, liver complaint, cancer, impotency, spermatorrhœa, or some other disease. They send circulars and pamphlets through the mails, in which they frequently describe minutely, certain physiological phenomena, as diseased conditions, and the unsuspecting reader is led to believe that his destruction is inevitable, unless these symptoms are relieved, and as a matter of course, their remedy is necessary to perform the cure. Every physician knows how detrimental to the public welfare such devices are, and how easily the public are duped by the wiles of these charlatans, hence it becomes the duty of every practitioner, as a benefactor of humanity, to endeavor to suppress such practices in every possible manner. No doubt it would be difficult to stop these impositions entirely, but a great deal might be done towards it, if the profession would adopt some definite course, and persist in endeavoring to correct the evil.

We have at least one newspaper in Canada in which a column each week is devoted to prescriptions and advice to the sick. A few weeks ago, a correspondent of this paper complained of a pain under the shoulder-blade, and through the chest. He had "applied mustard plasters without relief." For answer he was assured his disease was neuralgia, and was advised to use hypodermic injections of morphia.

Comment is wholly unnecessary, but we might remark that perhaps the editor has educated his patrons in the use of the hypodermic syringe, and has also concluded on his own account that the

indiscriminate use of morphia can do no harm if it does not benefit.

It is high time the public was taught that there is no secret in the mere prescription which a physician gives, and that he cannot prescribe intelligently without seeing the patient; and also, that patent nostrums are not suitable for the cure of disease. A physician will experience little difficulty in convincing those of average intelligence, that the human system is too delicate to be thus tampered with. The great masses, however, do not stop to consider, but are ready to be carried away by the most flimsy arguments of the charlatan.

HEROIC SURGERY.—Prof. Volkman in his address before the International Congress, mentioned the following cases of heroic surgery, recently and successfully performed. For a large enchondroma in the costal pleura that occupied the left wall of the thorax, Prof. Fischer removed a large piece of the chest-wall and ribs, so that the heart and lungs were exposed, and an opening as large as a child's head was made, and yet the patient was able to be discharged from the hospital after four weeks.

In the case of a large echinococcus of the liver, which in front and at the side was covered with thick layers of liver tissue, and which projected into the thoracic cavity, after resection of the seventh rib, he opened the healthy pleural cavity, which was free from adhesions. The thorax was freely opened, the thinned diaphragm cut into, the echinococcus sac opened, the animal bladder extracted *in toto*, and the patient recovered without complication. A similar operation, with like results, was conducted by Mr. Israel of Berlin. Mr. Hahn, also of Berlin, in two cases of wandering kidney, where the mobility and the discomfort induced thereby had attained an unusually high degree, drew out the organ in question through a large wound in the loin, and sewed it into the same. Both patients recovered and lost their pain. The opening of the joints seems a most innocent performance. Hips and knees are cut open, in order, in a case of luxation, to search for the obstacle which opposes itself to reduction; to suture the ruptured tissues, and in obscure symptoms to clear up the diagnosis *in vivo* by means of autopsy. More than two hundred times, he alone, without in one in-

stance bad results following, had incised, drained, and washed out diseased knee-joints without exciting suppuration.

MEDICAL COLLEGE ANNUAL DINNERS.—During the present month the usual annual dinners of the medical schools in this city will take place. These reunions of past and present students, practitioners, and teachers, are always looked forward to with a good deal of interest, and pleasureable anticipation. It affords an opportunity of coming together and joining in friendly intercourse, and of renewing acquaintances which otherwise might become forgotten or lost entirely. The *British Medical Journal*, in commenting in a recent issue, on the custom in England, says, "the hospital dinners of this session appear to have been very successful, and the habit of coming up to attend the opening meetings of their old medical schools, appears to be growing among practitioners of the country. Nothing could be more agreeable than the reunion in which past students, teachers, present practitioners, and students join in the common act of homage to their Alma Mater, and renew or form new ties of friendship and interdependence based upon community of interest in the hospitals and schools around which centre pleasant and fruitful reminiscences of the past, and large and generous hopes for the future. The hospitals and medical schools are, in the medical profession, what universities are in other professions, and the sentiment of attachment to the old hospital and school in which the days of studentship were passed, is an influence wholly good, and one which it is part of the result of a liberal education, and one of the elements of a high-toned professional life, to cultivate and cherish."

ANOTHER CARD OF THANKS.—In the *Perth Expositor*, of Oct. 25, appears a letter of thanks from one McTavish, of Lombardy, to Dr. ——. for having "cured his son of a running sore on his leg, after no less than seven doctors had failed." We cannot assume for one moment that the Dr. named had aught to do with the insertion of this letter. The author has no doubt inserted the letter, and paid for it as a special advertisement, alongside of Cluthe's Spiral Truss, St. Jacob's Oil, Fowler's Extract of Wild Strawberry, and Burdock Blood Bitters, in order to acknowledge

to the world, at the same time, the doctor's great skill and "McTavish's" unbounded generosity. In paying the doctor for those services which he is so anxious to make public, he says, "he held in his hand a sum of money which he would gladly have paid, but the doctor's charge was fifty dollars less than the sum he held." McTavish! Be generous! Go and pay the doctor that fifty dollars and relieve your conscience. We are certain he is entitled to it, and as much more, or his case is different from that of the majority of his confrères.

DR. THEOPHILUS MACK.

As we go to press we have received the sad intelligence of the death of Dr. Theophilus Mack, of St. Catharines, in the 61st year of his age. Dr. Mack was well known to the profession and public in Canada and the United States, especially through his connection with the mineral springs and Springbank Hotel, which have been the resort of health and pleasure-seekers from all parts of the continent. The deceased was a native of Dublin, Ireland, and emigrated to this country in 1829. He studied medicine in the United States, and graduated in the Geneva Medical College, N. Y., in 1843, and subsequently received the licence from the Upper Canada Medical Board in the same year. He was the founder of the St. Catharines Marine and General Hospital, and School of Training for Nurses. He paid close attention to his professional duties, and had acquired a well-earned reputation for skill and intelligence in his profession. His loss will be sadly felt by a large circle of friends and admirers, besides by many to whom he ministered.

THE PRINTOGRAPH.—This modern invention for the copying of letters, circulars, etc., is a great convenience to the literary and commercial public. We have had one of Pim's Royal printographs in use for some time and find it a most useful, nay almost indispensable article. From one to two hundred legible copies of a letter or circular can be taken from a single original, in a few minutes, by means of this useful invention. There can be but one opinion regarding the utility and value of the printograph.

VACCINATION AS A PREVENTIVE OF HYDROPHOBIA.—A report is going the rounds of the daily press, that a veterinary surgeon, Dr. Galtier, of Lyons, France, has discovered a remedy for rabies. He injected the saliva of a mad dog into the veins of ten sheep, and at the same time placed the saliva of the same dog in contact with the nerves of ten other sheep. The latter all died with every symptom of rabies, while the other ten remained perfectly well. He also ascertained that when the virus of rabies was injected into the veins of sheep it was impossible to produce rabies in them by any subsequent experiments. He claims, therefore, that hydrophobia is purely a disease of the nerves, and that to inject the virus of rabies into the circulation, is a certain protection against the disease, at least in the case of sheep. Although it may seem improbable that protection against hydrophobia can be secured by the method proposed by Dr. Galtier, this is no argument against it. Nothing could seem more improbable than the assertion that to inoculate a person with the cow pox would secure immunity from small-pox; but experience proved that Jenner was right. If Dr. Galtier has really found a sure protection against hydrophobia, he will deserve to rank with Jenner in the gratitude of mankind.

DR. McLEAN'S MALPRACTICE SUIT.—In our last issue we alluded to a suit for malpractice recently instituted against Dr. McLean of Ann Arbor. Dr. McLean denies the plaintiff's allegation *in toto*, and we have his authority for saying that the records of the Supreme Court of Illinois denounce his assailant as a swindler in the plainest terms. The Dr. also has unimpeachable expert evidence to prove that there was nothing unusual or improper in his treatment of the case, nor in the result which followed it.

JOHNSTON'S FLUID BEEF.—This preparation of fluid beef has now been before the public and the profession for several years and is every day growing in public favor. It is not only extensively used in Canada wherever its merits are known, but it is also extensively used in Hospitals and Asylums in Great Britain and the Continent. Several months ago we were shown through Mr. Johnston's establishment in Montreal, and were much interested in the process of manufacture.

Johnston's method is different from the ordinary method. He first makes an extract of beef, similar but superior to that of Liebeg, to which is added the lean of beef in a finely pulverized state. The beef is partially cooked and carefully dried at a certain temperature, and is then reduced to powder by powerful machinery. A certain proportion of this finely powdered beef is then added to the extract before canning. This process of amalgamation is a very tedious one, requiring about four hours to complete it. The powdered beef has to be added slowly so as not to make the fluid lumpy. Johnston's fluid beef has been shown by analysis to contain salts of flesh and moisture, or or beef-tea food, 33.30; albumen, 22; fibrin, 35.50; mineral, 1.70. He is continually in receipt of testimonials as to the value and efficacy of his fluid beef in all classes of cases. We have used it extensively in our practice, and can fully endorse it as a most reliable and valuable liquid food for invalids.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The above-named College held its semi-annual meeting in Quebec, on the 28th of September, Dr. R. P. Howard, President, in the chair. The following Governors were present:—Drs. Austin, Belleau, Bonin, Comé, Campbell, Craik, Gervais, Gingras, Gibson, Hingston, Kennedy, Ladouceur, Lafontaine, Lemieux, Laberge, Lachapelle, Marmette, Marsden, Perrault, Parke, Rinfret, Rotot, R. F. Rinfret, Rodger, Rosseau, Hon. T. Robitaille, Hon. J. J. Ross, Sewell, St. George and Worthington.

After routine, the following motion was adopted,—"That this Board has learned, with deep regret, of the death of Dr. F. A. H. Larue, Professor in Laval University, a gentleman distinguished alike for his medical and scientific attainments, and whose reputation extended not only throughout the entire Dominion, but also to the neighboring Republic. This College, of which he was so long a member, desires to express to his family and relatives its sincere sympathy in their bereavement."

After the transaction of ordinary business, the following graduates received the Licence, on presentation of their diplomas:—Drs. C. N. Barry, A. C. G. Delery, L. G. P. DeBlois, G. Demers, P. A. Gavreau, A. Gibeault, W. L. Gray, G. Huol, J. E. Lemaitre, N. Mercier, G. T. Ross, A. Trudel,

F. N. R. Spendlove, R. H. Wilson. Dr. T. J. Symington, of Camlachie, Ont., obtained the licence after passing a successful examination.

OPERATION FOR STRANGULATED HERNIA.—Mr. Paul Swain, in a paper on this operation, *Brit. Med. Journal*, objects to the usual practice. After the first incision through the skin, a bit of tissue is pinched up with the forceps and nicked with the scalpel, so that a director can be introduced under the tissue which is then divided by the scalpel. But unless the scalpel be very sharp the tissues recede before it, and it is very difficult to keep the deeper incisions as large as the superficial one. The scalpel is also very apt to slip off the director. Mr. Swain uses, in place of the scalpel and director, the blunt curved scissors used for extirpation of the eyeball, and finds that the operation can thus be performed with greater rapidity, neatness and safety.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.—The following officers have been elected for the ensuing year:—*President*, Dr. George Ross; *1st Vice*, Dr. R. A. Kennedy; *2nd do.*, Dr. T. A. Rodgers; *Treasurer*, Dr. W. A. Moison; *Secretary*, Dr. O. C. Edwards; *Council*, Drs. F. W. Campbell, Roddick and Osler.

REMOVALS.—Dr. Morton has removed from Bradford to Toronto. Before leaving he was made the recipient of a silver tea service and a complimentary address at the hands of some of the residents of the former place. Dr. Going, of London, has also removed to this city. We welcome these gentlemen to Toronto.

CREDIT TO WHOM CREDIT, ETC.—The recipe in our last issue for improved tincture of iron was first published in the *Canada Medical and Surgical Journal*, and should have been credited to that journal. We extracted it from a foreign journal, in which it appeared among miscellaneous items, the original source not being mentioned.

PHYSIOLOGICAL TREATMENT OF PNEUMONIA.—In the *N. Y. Medical Record*, Sept. 10th, will be found an article by Dr. Everett, on the physiological treatment of pneumonia by means of the continuous inhalation of cold air at a temperature of 10° to 15° F. The patient's body is at the same time kept at a temperature of 80° to 85° F., and in this way the writer claims that the afflux of blood is changed from the central organs to the periphery.

In winter time the air may be introduced from the outside by an elastic tube attached to an inhaler, and in summer the cold air can be breathed through a refrigerator. He gives several cases in which this treatment proved satisfactory.

SULPHUROUS ACID IN THE TREATMENT OF GONORRHOEA.—Surgeon-Major Wilson contributes an article in the *Lancet* for September, on the above subject. He has treated sixteen cases of gonorrhoea by injections into the urethra of sulphurous acid and water, diluted 1 to 15, three times a day. When there is pain or chordee he uses the injection only once or twice daily. The majority of cases treated were second attacks. The purulent discharge soon become scanty, and in two or three days becomes thin and gleeety. When this watery condition occurs the remedy should only be used once in twenty-four hours. The patient should be kept quiet and placed on a moderate diet. Recovery is rapid and satisfactory.

PUTTNER'S EMULSION OF CODLIVER OIL.—This preparation has now been before the profession for some time, and has been very highly commended by the physicians in the Maritime Provinces; and so far as we can judge of its merits, through a trial of it in several cases, we think its qualities are not at all over-estimated. It is prepared by C. H. Puttner, Ph. M., Professor of Pharmacy, Halifax Medical College, N. S., and the preparation is endorsed by many of the leading physicians in Halifax and other places. We would bespeak for it a thorough trial by the profession of the Dominion, and we feel assured it will not disappoint.

A HOSPITAL AMBULANCE.—Through the private munificence of a lady of this city, a sum sufficient to purchase a Hospital ambulance was recently placed in Dr. O'Reilly's hands. The ambulance was built by Mr. M. Guy, carriage builder of this city, in the most approved style, and will be kept at Bond's livery stables on King Street, ready for use at a moment's notice.

THE VALUE OF BACELLI'S SIGN.—The difficulty of distinguishing before operation, between serous effusion in the chest cavity and empyema is well known. Dr. Bacelli of Rome, maintains, that in a case of pleuritic effusion, if the whispered voice is well conducted and pectoriloquous in character when listened to through the thickness of the fluid, it may be regarded as serous. On the contrary, if the whispered words are ill-conducted,

or inaudible, the fluid will be found to be purulent. Dr. Bacelli is supported in his views by Prof. Semmola of Naples, and Dr. Theophilus Williams, of London, both of whom attach great value to this sign.

APPOINTMENTS.—Dr. T. W. Mills, L.R.C.P., Lon. has been appointed assistant to the chair of Physiology, McGill Medical College, Montreal.

Dr. H. J. Saunders, M.R.C.S., Eng., has been appointed Prof. of Sanitary Science, in the Royal College of Physicians and Surgeons, Kingston.

Dr. J. H. Burns of this city has been appointed on the acting staff of the Toronto General Hospital, *vice* Dr. Canniff resigned.

Dr. Richard Gundry, medical superintendent, Spring Grove Asylum, has been appointed Prof. of Materia Medica, Therapeutics, and Mental diseases, in the College of Physicians and Surgeons of Baltimore.

An error occurred in the heading of the article in last month's issue on "Cold Water Treatment of Scarlatina," by "A. Worthington, M.D., Iroquois." It should have been A. Worthington, M.D., Clinton, Ont.

Books and Pamphlets.

COULSON ON DISEASES OF THE BLADDER AND PROSTATE GLAND. 6th edition. New York: Wm. Wood & Co. Toronto: Willing & Williamson.

This book will be found a valuable repertory of the pathology and treatment of the affections of the above-named important organs. It is our belief that errors of diagnosis, and consequent misadventures in the management of cases of vesical and prostatic troubles, are not uncommon. Within the past summer we had the painful occasion of detecting, in a moribund octogenarian, a largely distended bladder, resulting from a prostatic hypertrophy which had escaped detection, and had caused the patient distressing and protracted suffering. The timely and skilful employment of the catheter would have saved the patient from days and months of unrest and agony.

Whenever an old man is found to be troubled with frequent requirement of micturition, associated with tardiness and triviality of urinal discharge, the condition of the prostate gland should command prompt attention. In the case above instanced it seemed to have been no more dreamed of, than though no such organ existed.

MEDICAL ELECTRICITY. A Practical Treatise on the Application of Electricity to Medicine and Surgery. By Robert J. Bartholow, M.D., Jefferson Medical College. 2vo., pp. 262, Illustrated. Philadelphia: H. C. Lea's Sons. Toronto: Hart & Co.

The author in his preface says, "that there are excellent works on medical electricity is undeniable, but some of them are too voluminous, others too scientific, and not a few wanting both in fulness and accuracy." He has endeavoured to avoid these errors, by preparing one so simple in statement that a student without previous acquaintance with the subject may readily master the essentials; so complete as to embrace the whole subject of medical electricity, and so condensed as to be contained in a moderate compass.

The work is divided into six parts. Part I.—Electro-physics is devoted to a description of the various instruments in use. Part II.—Electro-Physiology treats of the action of electricity on the different structures of the body. Part III.—Consists of an elucidation of electro-tractility and electro-sensibility. Part IV.—embraces a *résumé* of all that is known on the subject of electro-therapeutics, and is the most interesting part of the work. In his opinion one of the popular modes of applying electricity by means of the "electric bath," produces but little effect, so great is the resistance offered by the water to the progress of electricity. Charlatans who apply this method on their ignorant clients, impose upon them by connecting the electrodes with some part of their body. No matter how carefully applied, the electric bath is a very inferior application. General electrization comes in the same category. Part V.—Is devoted to the consideration of Electricity in Surgery, as the use of the galvano-cautery, electrolysis, and also the best forms of apparatus. He also describes Plante's cell for storing up electricity. In Part VI. he discusses thermo-electricity, differential thermometry, &c. The work is upon the whole one which we can heartily endorse in nearly every particular.

A COMPEND OF ANATOMY. By J. B. Roberts, A.M., M.D. Second edition. Revised. Philadelphia: C. C. Roberts & Co. Toronto: Willing & Williamson.

This little work is designed as a short guide to the student in the dissecting-room, and as an aid

in following the lectures on anatomy. It is of convenient size to be carried in the pocket, and is only intended as a ready reference—not to supplant the ordinary text-books on anatomy—and as such it will prove useful. Of the kind, it is a most excellent little work.

THE PHYSICIAN'S VISITING LIST for 1882, by Lindsay & Blakiston: Philadelphia. Thirty-first year of publication.

We have just received from the publishers a copy of this deservedly popular visiting list. It is neat, compact, simple in arrangement, easily carried in the pocket and invaluable to the medical practitioner. It is also a companion which may frequently be consulted with advantage, containing as it does an almanac, Marshall Hall's ready method in asphyxia; poisons and their antidotes; the metric system of weights and measures; a posological table, and table for calculating the period of uterogestation. They are arranged for 25, 50, or 100 patients, weekly.

INDEX CATALOGUE of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. II. Berlioz-Cholas. 4to. pp. 990. Washington: Government Printing Office, 1881. From the Surgeon-General U. S. Army.

We are pleased to receive the second volume of this magnificent work. It is, as far as possible, an index of all the medical literature of the world that is accessible. The nature of the task before the compilers may be gathered from the fact, that two large volumes have been published and they have only reached the letter C. in the alphabetical order.

Births, Marriages and Deaths.

On the 28th of September, J. R. Fraser, M.D., of Metcalfe, Ont., to Ella, third daughter of the late Stuart Evans, Esq., of Montreal, Que.

In Galt, on the 13th ult., of diphtheria, Agnes Cranston Graham, beloved wife of Dr. J. P. Brown, aged 30 years.

On the 19th ult., J. G. Bibaud, M.D., Prof. of Anatomy, Ecole de Medicine, Montreal.

At St. Catharines, Ont., on the 24th ult., Theophilus Mack, M.D., aged 61 years.

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" " CITRAT. 2 grs.	Tonic.	1 to 3	50
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" " VALER. 1 gr.	Tonic, Antispasmodic.	1 to 2	1 00
" " ET QUAS, ET NUC. VOM. { Fer. per Hydrog. 1½ gr. Ext. Quassia, 1 gr. " Nuc. Vom. ½ gr. Pulv. Saponis, ½ gr. }	Tonic, Nerve Stimulant.	1 to 2	75
" " ET QUIN. Cit. 1 gr.	Tonic, Antiperiodic.	1 to 2	75
" " ET STRYCHNIE. 1 three times a day.	Tonic, Antiperiodic.	1 to 2	1 40
" " { Strychnia, 1-60 gr. Ferrum per Hydrog. (Quevenne's) 2 grs. Strych. Cit. 1-50 gr. }	Tonic, Nerve Stimulant.	1 to 2	75
" " ET STRYCHNIE CIT. { Ferrul Cit. 1 gr. Pulv. Gambogias " Aloes Socot. " Zingib. Jam " Saponis }	Tonic, Nerve Stimulant.	1 to 2	75
GAMBOGLE COMP. { Pulv. Gambogias " Aloes Socot. " Zingib. Jam " Saponis }	Active Purgative.	2 to 5	40
GENT. COMP. { Ext. Gentian, ½ gr. Pr. Aloes Soc. 2 grs. Ol. Carut, 1-5 gr. }	Tonic, Purgative.	2 to 4	40
GONORRHOEA, { Pulv. Cubebe, 2 grs. Bals. Copalb. Solid. 1 gr. Ferrul Sulph. ½ gr. Venet. Terebinth 1½ gr. }	Tonic, Alterative to Mucous Membrane.	1 to 3	50
HEPATIC, { Pil. Hydrarg. 3 grs. Ext. Coloc. Comp. 1 gr. " Hyocyan. 1 gr. }	Cholagogue Cathartic.	1 to 2	50
HOOPER (Female Pills) 2½ grs. { Aloes Socot. Ferrul Sulph. Exsic. Ext. Hellebore, Pulv. Myrrh, " Saponis, " Canella, " Zing. Jamaica. }	Emmenagogue.	1 to 3	40
HYDRARGYRI, U. S. P., 3 grs.	Mercurial Purgative.	2 to 3	40
" " 5 grs.	Mercurial Purgative.	1 to 2	50
" " Comp. { Mass. Hydrarg. 1 gr. Pulv. Opii, ½ gr. " Ipecac. ¼ gr. }	Mercurial Alterative.	1 to 2	75
" " Iod. et Opii, { Hydg. Iodid. 1 gr. Pulv. Opii, ½ gr. }	Mercurial Alterative.	1 to 2	75
IODIFORMI ET FERRI { Ferrum per Hydrog., 1½ gr. Iodoform, 1 gr. }	Tonic Alterative.	1 to 2	2
IODIFORM. 1 gr.	Tonic, Alterative.	1 to 2	1 00
IPECAC ET OPII, 3¼ grs. (Pulv. Doveri, U. S. P.)	Anodyne, Soporific.	1 to 3	50
" " 5 grs.	Anodyne, Soporific.	1 to 2	65
IRISIN COMP. { Irisin, ¼ gr. Podophyllin, 1-10 gr. Strychnia, 1-40 gr. }	Cathartic, Nerve Stimulant.	1 to 3	50
LEPTAND. COMP. { Leptandrin, 1 gr. Irisin, 1 gr. Podophyllin, ¼ gr. }	Laxative, Diuretic.	1 to 2	1 00
LEPTANDRIN, 1 gr.	Cathartic.	1	75
LUPULIN, 3 grs.	Anodyne.	2 to 4	40
MORPHIA COMP. { Morph. Sulph. ¼ gr. Tart. Emetic, ¼ gr. Calomel, ¼ gr. }	Anodyne, Febrifuge.	1	1 50
NEURALGIC, { Quinia Sulph. 2 grs. Morphia Sulph. 1-20 gr. Strychnia, 1-30 gr. Acid. Arsenious, 1-20 gr. Ext. Aconiti, ¼ gr. }	Tonic, Alterative, Anodyne.	1 to 3	3 00
NEURALGIC. (Brown-Sequard.) { Ext. Hyocyan. ¼ gr. " Conii, ¼ gr. " Ignat. Am. ¼ gr. " Opii, ¼ gr. " Aconiti, ¼ gr. " Cannab. L. ¼ gr. " Stramon. 1-5 gr. " Bellad. ¼ gr. }	Anodyne.	1	2 00
OPII, U. S. P., 1 gr.	Anodyne	1	50
" " ET CAMPHORÆ, { Pulv. Opii, 1 gr. Camphoræ, 2 grs. }	Anodyne, Nerve Sedative.	1	80
" " ET CAMPHORÆ, ET TANNIN, { Pulv. Opii, ¼ gr. Camphoræ, 1 gr. Acid. Tannic, 2 grs. }	Anodyne, Astringent.	1 to 3	80
" " ET PLUMBI ACET. { Pulv. Opii, ½ gr. Plumbi Acetas, 1½ grs. }	Anodyne, Sedative.	1 to 2	60
PHOSPHORUS COMP. { Phosphorus, 1-100 gr. Ext. Nuc. Vomica, ¼ gr. }	Nerve Tonic.	1 to 4	1 50
PHOSPHORUS, 1-50 gr., 1-25 gr.	Nervine Stimulant.	1 to 2	1 00
PHOSPHORUS, 1-100 gr.	Nervous Stimulant.	1 to 4	1 00
PHOSPHORUS, IRON AND NUX VOM. { Phosphorus, 1-100 gr. Ferrul Carb. (Vallet's) 1 gr. Ext. Nuc. Vom. ¼ gr. }	Nervous Stimulant, Tonic.	1 to 3	1 50
POTASS. BROMID. 1 gr.	Nervous Sedative.	2 to 5	75
" " 5 grs.	Nervous Sedative.	1 to 2	1 25
" " IODID. 2 grs.	Alterative.	1 to 3	85
PODOPHYLLIN COMP. (Eclectic) { Podophyllin, ¼ gr. Leptandrin, 1-16 gr. Juglandin, 1-16 gr. Macrotin, 1-32 gr. Ol. Capsic, }	Purgative.	2 to 4	75
PODOPHYLLIN ET BELLAD. { Podophyllin, ¼ gr. Ext. Bellad., ¼ gr. Ol. Res. Capsic, ¼ gr. Saccharum Lact., 1 gr. }	Stimulating Laxative. Mild	1 to 3	75

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Warner & Co.'s Sugar-Coated Pills.

PER 100

MEDICAL PROPERTIES. Doses. Each

PODOPHYLLIN ET HYDRAJ 3.	{Podophyllin. ¼ gr. Mass. Hydrarg. 2 grs.}	Laxative.	2 to 4	50
ET HYOSCYAMUS.	{Podophyllin. Ext. Hyoscyamus, aa ½ grs.}	Gentle Cathartic	1 to 2	60
PODOPHYLLIN, 1 gr.	.....	Cathartic.	1 to 2	75
QUININE SULPH. ½ gr.	.....	Tonic, Antiperiodic.	1 to 2	80
" " 1 gr.	.....	Tonic, Antiperiodic.	1 to 3	1 40
" " 2 grs.	.....	Tonic, Antiperiodic.	1 to 3	2 75
" " 3 grs.	.....	Tonic, Antiperiodic.	1 to 2	4 00
COMP.	{Quin. Sulph. 1 gr. Ferri Carb. 2 grs.} 1 immediately {Acid. Arsenious, 1-60 gr.} each after each meal.	Tonic, Antiperiodic.	1 to 2	1 75
ET EXT. BELLADON.	{Quinine Sulph. 1 gr. Ext. Belladon, ½ gr.}	Nerve Tonic, Antiperiodic.	1 to 2	1 75
ET FERRI.	{Quin. Sulph. 1 gr. Ferrum per Hydrag. (Quevenne's) 1 gr.}	Tonic, Antiperiodic.	1 to 2	1 75
QUININE ET FERRI, ET STRYCHNINE.	{Quin. Sulph. 1 gr. Ferri Carb. (Vallet's) 2 grs. Strych. Sulph. 1-60 gr.}	Tonic, Antiperiodic.	1 to 2	1 75
QUININE ET FERRI ET STRYCH. PHOS.	{Phos. Quinia, 1 gr. " Iron, 1 gr. " Strychnia, 1-60 gr.}	Tonic, Antiperiodic.	1 to 2	1 75
ET FERRI, Valer, 2 grs.	.....	Tonic, Nerve Sedative.	1 to 2	3 50
QUININE ET FERRI CARB.	{Quinia. 1 gr. Ferri Carb. (Vallet's) 2 grs.}	Tonic, Antiperiodic.	1 to 2	1 75
ET HYDRARG.	{Quin. Sulph. 1 gr. Mass. Hydrarg. 2 grs. Oleo-resin. Piper. Nig. ¼ gr.}	Tonic, Antiperiodic.	1 to 2	1 75
QUINIA, IODOFORM AND IRON	{Iodoform. 1 gr. Ferri Carb. (Vallet's) 2 grs. Quinia Sul. ½ gr.}	Tonic, Alternative.	1 to 2	3 00
QUININE ET STRYCHNINE.	{Quinia Sul. 1 gr. Strychnia, 1-60 gr.}	Tonic, Nerve Stimulant.	1 to 2	1 75
QUINIA, Valerianate, ½ gr.	.....	Tonic, Nervine.	1 to 2	2 00
RHEI ET HYDRARG	{Pulv. Rhei, 4 grs. Mass. Hydrarg. 4 grs. Soda Carb. Exs. 4 grs.}	Cholagogue Cathartic.	2 to 5	80
RHEI, U. S. P.	{Pulv. Rhei, 3 grs. Saponis, 1 gr.}	Gentle Laxative.	1 to 5	75
RHEI COMP. U. S. P.	{Pulv. Rhei, 2 grs. Aloes Socot, 1½ grs. Myrrh, 1 gr. Ol. Menth. Pip. 1 gr.}	Purgative.	2 to 4	75
RHEUMATIC.	{Ext. Coloc. C. 1½ grs. " Colchicid Acet. 1 gr. " Hyoscyam, ½ gr. Hydg. Chlor. Mit. ½ gr.}	Anti-Rheumatic, Purgative.	1 to 3	90
SANTONIN, 1 gr.	.....	Anthelmintic.	1 to 3	1 00
SCILLE COMP. U. S. P.	{Pulv. Scillie, ½ gr. " Zingib. Jamaica, 1 gr. Gum Ammoniac 1 gr. Pulv. Saponis, 1½ gr.}	Expectorant, Diuretic.	1 to 3	50
STOMACHICA. (Lady Webster's Dinner Pills, 3 grs.)	{Aloes Soc. Gum Mastich, 1 gr. Flor. Ross. 1 gr.}	Stimulating Purgative.	1 to 2	50
SYPHILITIC.	{Potass. Iod. 2½ grs. Hyd. Chlor. Corros. 1-40 gr.}	Specific Alternative.	1 to 2	1 00
TRIPLEX.	{Aloes Socot, 2 grs. Mass. Hydrarg, 1 gr. Podophyllin, ¼ gr.}	Purgative.	2 to 4	75
ZINCI VALERIAN, 1 gr.	.....	Antispasmodic.	1 to 3	1 00

GRANULES.

MEDICAL PROPERTIES. Doses. Each

ACID, Arsenious, 1-20, 1-30 and 1-50 grs.	.....	Antiperiodic. Alternative.	1 to 2	40
ACONITIA, 1-60 gr.	.....	Nerve Sedative.	1 to 2	75
ATROPIA, 1-60 gr.	.....	Anodyne.	1 to 2	75
CORROSIVE SUBLIMATE, 1-12, 1-20 and 1-40 grs.	.....	Mercurial Alternative.	1 to 2	40
CAULOPHYLLIN, 1-10 gr.	.....	Emmenagogue.	1 to 4	40
CIMICIFUGIN, 1-10 gr.	.....	Tonic, Nerve Stimulant.	1 to 4	40
DIGITALIN, 1-60 gr.	.....	Arterial Sedative.	1 to 2	75
ELATERIUM. (Clutterbuck's) 1-10 gr.	.....	Diuretic Hydragogue, Cathartic.	1 to 2	95
EXTRACT Belladonna, (Eng.) ¼ gr.	.....	Anodyne.	1 to 3	40
" Ignatia Amara, ¼ gr.	.....	Nerve Sedative.	1 to 2	50
" Cannabis Indica, ¼ gr.	.....	Anodyne.	1 to 4	60
" Hyoscyamus, (Eng.) ¼ gr.	.....	Nerve Stimulant.	1 to 3	40
" Nuc. Vomica, ¼ and ½ gr.	.....	Nerve Stimulant.	1 to 3	40
GELSEMIN ¼ gr.	.....	Arterial Sedative.	1 to 4	50
HYDRASTIN, ½ gr.	.....	Arterial Sedative.	1 to 2	75
HELOININ, 1-10 gr.	.....	Emetic, Diuretic, Cathartic.	1 to 2	50
LEPTANDRIN, ½ gr.	.....	Cathartic.	1 to 4	40
" ¼ gr.	.....	Cathartic.	1 to 4	50
MERCURY, Iodide, ¼ gr.	.....	Alternative.	1 to 4	40
" Red, 1-16 gr.	.....	Alternative.	1 to 4	40
MORPHIA, Acet. ¼ gr.	.....	Anodyne.	1 to 2	75
" Sulphate, 1-10 gr.	.....	Anodyne.	1 to 2	80
" " ½ "	.....	Anodyne.	1 to 2	70
" " 1-6 "	.....	Anodyne.	1 to 2	80
" " ¼ "	.....	Anodyne.	1 to 2	1 00
" Valerianate, ½ "	.....	Anodyne.	1 to 2	1 00
PODOPHYLLIN, 1-10 gr.	.....	Cathartic.	1 to 4	40
" ¼ gr.	.....	Cathartic.	1 to 4	40
" ½ gr.	.....	Cathartic.	1 to 2	50
COMP.	{Podophyllin, ½ gr. Ext. Hyoscyam, ¼ gr. Nuc. Vomica, 1-16 gr.}	Cathartic and Tonic.	1 to 2	75
SILVER, Nitrate, ¼ gr.	.....	Alternative to Mucous Memb'ne.	1 to 4	75
" Iodide, ¼ gr.	Alternative to Mucous Memb'ne.	1 to 4	75
STRYCHNIA, 1-16, 1-20, 1-30, 1-32, 1-40 and 1-60 gr.	Nerve Stimulant, Tonic.	1 to 3	40

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SCOTT'S EMULSION

PURE COD LIVER OIL,

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

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

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

SEE TESTIMONIALS OF PHYSICIANS.

Messrs. SCOTT & BOWNE: I have prescribed your emulsion of Cod Liver Oil with Hypophosphites for the past two years, and found it more agreeable to the stomach, and have better results from its use than from any other preparation of the kind I have tried. Halifax, N.S., Nov. 19, 1880.

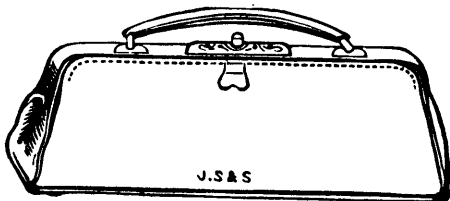
Messrs. SCOTT & BOWNE: Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market. Truro, N.S., Nov. 15, 1880.
 W. M. CAMERON, M.D.
 W. S. MUIR, M.D., L.R.C.P. & S., Ed.

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,
 St. John, N.B. T. J. O. EARLE, M.D.

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. Petricodioc, N.B., Nov. 5, 1880.
 A. H. PECK, M.D., Penn. Med. Co lege.

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The Practitioners' Obstetric Bag



15 inches long, 6 inches high, containing 1 Barnes's Craniotomy Forceps, 1 Barnes's Long Midwifery Forceps, 1 Pair of Perforators, 1 Blunt Hook and Crotchet, 1 Frænum Scissors, 1 Catheter, 4 Stoppered Bottles, 1 Chloroform Drop Bottle, in case.

The whole in Bag of Superior Morocco Leather, or of Black Hide, with Dock and Fittings, engraved and gilt, price, complete..... \$26.00
 Bag, empty..... 6.00
 " lined with Chamois Leather..... 5.75
 " " " and plain lock..... 4.50

IMPROVED CLINICAL THERMOMETER WITH INDESTRUCTIBLE INDICES. LOSS OF INDEX IMPOSSIBLE.



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

PRICE—In Wood Case..... \$2.25
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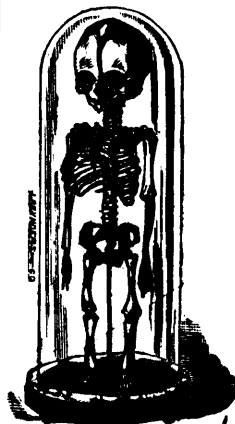
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DR. J. COLLIS BROWNE'S CHLORODYNE. This wonderful remedy was discovered by Dr. J. Collis Browne, and the word Chlorodyne coined by him expressly to designate it. There never has been a remedy so vastly beneficial to suffering humanity, and it is a subject of deep concern to the public that they should not be imposed upon by having imitations pressed upon them on account of cheapness, and as being the same thing. Dr. J. Collis Browne's Chlorodyne is a totally distinct thing from the spurious compounds called Chlorodyne, the use of which only ends in disappointment and failure.

DR. J. COLLIS BROWNE'S CHLORODYNE.—Vice Chancellor Sir W. Page Wood Stated Publicly in Court that Dr. J. Collis Browne was Undoubtedly the Inventor of Chlorodyne, that the whole story of the defendant was deliberately untrue, and he regretted to say it had been sworn to.—See THE TIMES, July 13th, 1864.

DR. J. COLLIS BROWNE'S CHLORODYNE is a Liquid Medicine, which Assuages Pain of Every Kind, affords a calm, refreshing sleep Without Headache, and Invigorates the Nervous System when exhausted.

DR. J. COLLIS BROWNE'S CHLORODYNE is the
GREAT SPECIFIC for
CHOLERA, DYSENTERY
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The General Board of Health, London, Report that it Acts as a Charm, one dose generally sufficient.

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EPILEPSY, SPASMS, COLIC,
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From Symes & Co., Pharmaceutical Chemists, Medical Hall, Simla.—*January 5, 1880.*

To J. T. Davenport, Esq., 33 Great Russell Street, Bloomsbury, London.

"DEAR SIR,—Have the goodness to furnish us with your best quotations for Dr. J. Collis Browne's Chlorodyne, as, being large buyers, we would much prefer doing business with you direct than through the wholesale houses. We embrace this opportunity of congratulating you upon the wide-spread reputation this justly-esteemed medicine has earned for itself, not only in Hindostan, but all over the East. As a remedy of general utility, we much question whether a better is imported into the country, and we shall be glad to hear of its finding a place in every Anglo-Indian home. The other brands, we are happy to say, are now relegated to the native bazaars, and, judging from their sale, we fancy their sojourn there will be but evanescent.

We could multiply instances *ad infinitum* of the extraordinary efficacy of Dr. Collis Browne's Chlorodyne in Diarrhoea and Dysentery, Spasms, Cramps, Neuralgia, the Vomiting of Pregnancy, and as a general sedative, that have occurred under our personal observation during many years. In Choleraic Diarrhoea, and even in the more terrible forms of Cholera itself, we have witnessed its surprisingly controlling power. We have never used any other form of this medicine than Collis Browne's, from a firm conviction that it is decidedly the best, and also from a sense of duty we owe to the profession and the public, as we are of the opinion that

the substitution of any other than Collis Browne's is a deliberate breach of faith on the part of the chemist to prescriber and patient alike.

We are, sir, faithfully yours,
SYMES & CO.,
Members of the Pharm. Society of Great Britain, His Excellency the Viceroy's Chemists.

DR. J. COLLIS BROWNE'S CHLORODYNE is the
Pure Palliative in
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CANCER,
TOOTHACHE,
RHEUMATISM.

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"We have made pretty extensive use of Chlorodyne in our practice lately, and look upon it as an excellent direct Sedative and Anti-Spasmotic. 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 it seems to possess this great advantage over all other Sedatives, that it leaves no unpleasant after effects."

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The IMMENSE SALE of this REMEDY has given rise to many UNSCRUPULOUS IMITATIONS.

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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.

THE 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.

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 AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
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 CHARLES A. DOREMUS, M.D., Ph. D., Lecturer on Practical Chemistry and Toxicology, and Adjunct to the Chair of Chemistry and Toxicology.
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 WILLIAM H. WELCH, M.D., }

FACULTY FOR THE SPRING SESSION.

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 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 Otolgy.

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	80 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	25 00
Dissection (Ticket valid for the following Winter)	10 00

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PROF. AUSTIN FLINT, JR.,
SECRETARY BELLEVUE HOSPITAL MEDICAL COLLEGE.

THE MOST PERFECT NON-ALCOHOLIC BEVERAGE,

VIN-SANTE!

(REGISTERED.)

Taken with meals, it stimulates the appetite and assists digestion. It contains, in the most assimilable forms, **THOSE HYPOPHOSPHITES** which are so valuable for their invigorating, tonic, and restorative properties, combined with iron.

Vin-Sante—Sparkling, grateful, delicious, exhilarating.

Vin-Sante—To Tourists and Travellers a most refreshing and invigorating bev'r'ge

Vin-Sante—The beverage *par excellence* for Balls, Picnics, Banquets, etc.

Vin-Sante—May be mixed, if required, with Wine, Spirits or Beer.

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COPY OF A LETTER

KINDLY WRITTEN TO MR. FELLOWS

By LENNOX BROWNE, F.R.C.S.,

Senior Surgeon to the Central London Throat and Ear Hospital,
Surg. and Aural Surg. Roy. Soc. of Musicians.

Author of "*The Throat and its Diseases*," "*Medical Hints on the Production and Management of the Singing Voice*," "*The Mechanism of Voice, with Atlas*," "*The Mechanism of Hearing, with Atlas*," and others.

36 Weymouth Street, Portland Place,
London W., June 10, 1881.

To JAMES I. FELLOWS.

MY DEAR SIR,—As you are aware, I have long delayed writing to you any word regarding your *Compound Syrup of Hypophosphites*, because, although it came to me most highly recommended by many eminent authorities, I was anxious to thoroughly satisfy myself as to its value by the tests of a sufficient number of cases, and of length of treatment, in the person of my own patients.

Taking it for granted that Hypophosphites are now recognized as most valuable medicinal agents, in the treatment of diseases threatening or assuming a tubercular character, there can be no doubt in my mind that your preparation possesses very many advantages over others of a similar character, as also that its combinations are most skilfully proportioned and therapeutically most useful.

The cases in which I have found "**Fellows' Hypophosphites**" to be of service have been principally as follows :

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6. Several greatly varying forms of phthisis, especially those in which the tubercular manifestations first appearing in the throat, interfere with the digestion and nutrition of the patient.

I have notes of several cases of each of these classes of disease, and of many others in which I have administered your Hypophosphites and having thus a considerable experience of the preparation, I have much pleasure in advocating its use by my professional brethren, with a confident expectation that their experience will be equally gratifying with my own.

Believe me, yours faithfully,

LENNOX BROWNE.

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Many articles have been brought forward and some have been forced into extensive use, as answering the above requirements. But we feel confident that none have ever had the same claims as the one which we now offer.

P A P O M A

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

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

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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.

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

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Physician to German Hospital.

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Yours truly,

JOHN H. PACKARD, M.D.

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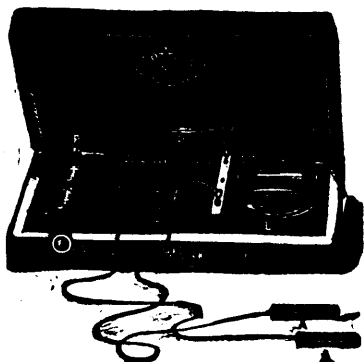
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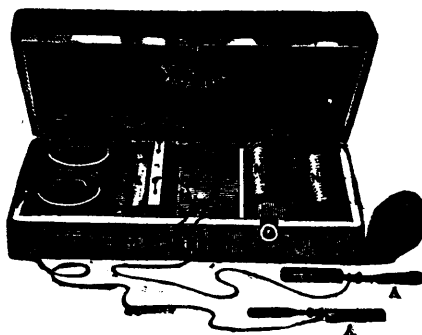
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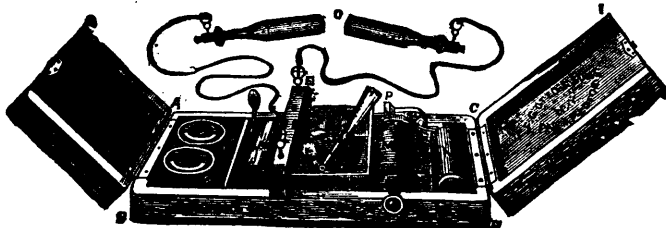
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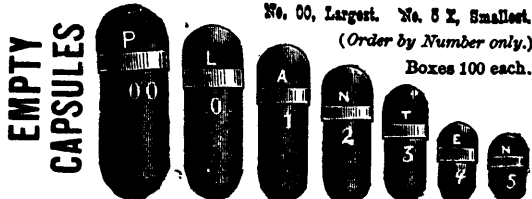
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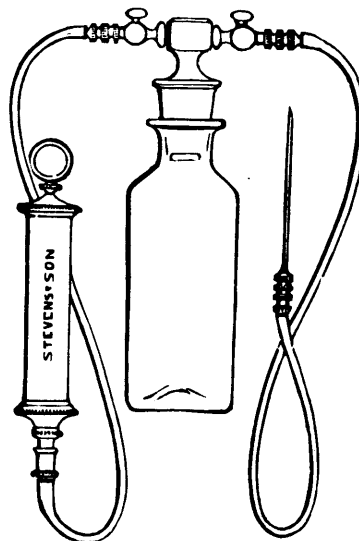
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Signed by { NEWTON SQUIRES, } Chemist
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Recent Introductions to the Materia Medica,

—BY—

PARKE DAVIS & CO.,

Manufacturing Chemists, - - - DETROIT, MICH.

CHEKEN. (*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an *inhalation* in diphtheria, laryngitis, bronchitis, bronchorrhœa, etc.; as an *injection* in gonorrhœa, leucorrhœa, cystitis, etc.; and *internally* as an aid to digestion, to allay cough, to facilitate expectoration and to stimulate the kidneys. It is also an astringent and is said to be of great value in hæmoptysis.

Cheken (known also as Chekan and Chequen), was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M.D., M.R.C.P., Assistant-Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years, and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis**, acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

SIERRA SALVIA. ("MOUNTAIN SAGE.") *Artemisia Frigida.* Fluid extract of the herb. Dose one to two fluid drachms.

DIAPHORETIC AND DIURETIC.

The success which has attended the administration of this drug in "Mountain Fever," has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous centre, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use, the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

PERSEA. (ALLIGATOR PEAR.) Fluid extract of the seeds. Dose 30 to 60 minims. This remedy is now for the first time presented to the profession of this country. It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug both from reports of the natives and personal experience, as a remedy in **intercostal neuralgia**. The following extract from Dr. Froehling's report will give some conception of the nature of this remedy.

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly endorse my opinion of it as above and I cannot but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA. (ERYTHROXYLON COCA.) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **the opium and alcohol habits**. In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

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