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(Index next page.)

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N 11

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Linnacy and Nervous Diseases, Ailments of Women. This veteran establishment—located in a beautiful town of twelve thousand inhabitants, on the Canada and New York express railway, Connecticut River R.R., with gas, public water from mountain streams, free public library, opera house, paved walks, charming scenery, a protected inland location and climate, choice society, and at a distance from New York permitting a visit and return, either way, the same day—has been of late further equipped and improved. Steam heat has been introduced. The proprietor and founder is confident that it is now better suited than ever before to satisfy the eminent physicians who have honored it with their recommendations, as well as the class of invalids to whom comfort or luxury are indispensable. Progressive, selected studies, in certain mental cases a specialty. Original methods in managing and treating alcohol and narcotic habits.

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THIS Private Hospital for the Insane, established in 1864, has still vacancies for a few patients. In no other institution in America are patients treated with greater care and comfort. Apply to

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The Diseases of Females.

J. W. ROSEBRUGH, M.D.,
Of Hamilton, May be consulted

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At the Office of

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on the last Thursday of every month.

McGILL UNIVERSITY, MONTREAL.

FACULTY OF MEDICINE.

FIFTIETH SESSION, 1882-3.

The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to end of the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1828, this School has enjoyed, in an unusual degree, the confidence of the Profession throughout Canada and the neighboring States. One of the distinctive features in the teaching of this School and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model it is chiefly bed-side, and the Student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

Among important changes in the past few years may be mentioned:—The provision for systematic practical instruction in Gynæcology; the thorough re-modelling of the Department of Practical Anatomy on the plan of the best European schools; the establishment of an extensive Physiological Laboratory, with well arranged courses, and the establishment of a Demonstration-course in Morbid Anatomy.

FACULTY.

WILLIAM E. SCOTT, M.D., Professor of Anatomy.	THOMAS G. RODDICK, M.D., Prof. of Clinical Surgery
WILLIAM WRIGHT, M.D., L.R.C.S., Edin., Prof. of Materia Medica and Therapeutics.	WILLIAM GARDNER, M.D., Professor of Medical Jurisprudence and Hygiene.
ROBERT P. HOWARD, M.D., L.R.C.S., Edin., Prof. of the Theory and Practice of Medicine, and Acting Dean.	FRANK BULLER, M.D., M.R.C.S., Eng., Lecturer on Ophthalmology.
DUNCAN C. MCCALLUM, M.D., M.R.C.S., Eng., Prof. of Midwifery and the Diseases of Women and Children.	FRANCIS J. SHEPHERD, M.D., M.R.C.S., Eng., Demonstrator of Anatomy.
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ROBERT CRAIK, M.D., Emeritus Professor.	WILLIAM SUTHERLAND, M.D., L.R.C.P., Lond., Curator of the Museum.
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JOSEPH MORLEY DRAKE, M.D., Emeritus Professor.	GEORGE W. MAJOR, B.A., M.D., Instructor in Laryngology.
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GEORGE ROSS, A.M., M.D., Prof. of Clinical Medicine.	
WILLIAM OSLER, M.D., M.R.C.P., Lond. Professor of the Institutes of Medicine.	

MATRICULATION.—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces must present themselves for the Matriculation Examination of the University, on the first Friday of October, or the last Friday of March.

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the out-door department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the hospital staff.

UNIVERSITY DISPENSARY.—This was established four years ago for the purpose of affording to senior students practical instruction in diseases of women, and has proved very successful. Two other special departments have been added, viz.: diseases of children and diseases of the skin.

CLINICS.—The clinical teaching is conducted in the wards and theatre of the General Hospital, daily, throughout the Session. Ample opportunities are afforded to the Student to investigate the cases, medical and surgical.

THE DISSECTING ROOM is large, well-ventilated and abundantly provided with material. The demonstrators are skilled teachers, trained in the best anatomical schools of Europe, and are in attendance daily from 10 to 12 a.m., and from 8 to 10 p.m.

REQUIREMENTS FOR DEGREE.—Every Candidate must be 21 years of age, must have studied medicine *four years*, one Session being at this School, and must pass the necessary examinations. Graduates in Arts of recognized Universities and students who produce evidence of having *studied a year* with a physician subsequent to passing the Matriculation Examination, can qualify for examination after attendance on three Sessions.

Fees, Arranged According to Years, are as follows:

First Year, \$76; Second Year, \$89; Third Year, \$74; Fourth Year, \$64; Hospital Ticket (six months), \$8; Lying-in-Hospital (six months), \$8; Graduation, \$20.

ALL FEES are payable strictly in advance.

For further information, or Annual Announcement, apply to

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1351 St. Catherine St., Montreal.

TRINITY MEDICAL COLLEGE.

Established 1850.

Incorporated by Act of Parliament.

IN AFFILIATION WITH THE UNIVERSITY OF TRINITY COLLEGE,
(Incorporated by Royal Charter.)

ALSO WITH THE UNIVERSITIES OF TORONTO AND HALIFAX; AND RECOGNIZED BY THE
SEVERAL ROYAL COLLEGES OF PHYSICIANS AND
SURGEONS OF GREAT BRITAIN.

The WINTER SESSION of 1882-83 will commence on MONDAY, OCT. 2d, 1882.

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C. W. COVERNTON, M.D., M.R.C.S., Eng.—133 Jarvis St.

Prof. of Sanitary Science.

FRED. LE M. GRASSETT, M.B., F.R.C.S., Edin.; M.R.C.S., Eng. F.O.S.; Physician to Toronto General Hospital and Burnside Lying-in Hospital.—208 Simcoe St.

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W. T. STUART, M.B., M.D.—44 Lumley St.

Prof. of Practical Chemistry and Toxicology.

CHARLES SHEARD, M.D., M.R.C.S., Eng.; Pathologist to the Toronto General Hospital.—64 Gerrard St. East.

Prof. of Physiology and Histology.

J. FRASER, M.D., L.R.C.S., Edin.; L.R.C.P., London; Physician to Toronto General Hospital.—482 Yonge St.

Demonstrator of Anatomy.

G. S. RYERSON, M.D., L.R.C.P. & S., Edin.; Surgeon to the Mercer Eye and Ear Infirmary, and Toronto General Hospital.—317 Church Street.

Lecturer on the Eye, Ear and Throat.

MATRICULATION.—Students are advised before commencing their medical studies, to pass the Matriculation Examination of the Medical Council of Ontario or Quebec, either of which will be accepted by the University of Trinity College. Students from the Maritime Provinces, Ontario, or the United States, who do not desire to pass the Council Examination, will be admitted to attendance on Lectures, but must present themselves for the Matriculation Examination of Trinity University, on the 2nd Saturday of October or March, or the Matriculation in Toronto University at the usual time. The matriculation of the Universities may be passed at any time before graduation.

REQUIREMENTS FOR DEGREE.—The candidate must be 21 years of age; and (1) must have studied medicine four years, and during that time attended *four winter sessions*; or (2) present a certificate of one year's study with a medical practitioner, and tickets of subsequent attendance upon *three winter sessions*.

HOSPITALS.—The Toronto General Hospital has a very large number of patients in the wards, who are visited daily by the medical officers in attendance. The attendance of out-door patients daily is also very large, and thus abundant opportunities are enjoyed by students, for acquiring a familiar knowledge of Practical Medicine and Surgery, including not merely major operations, but minor Surgery of every kind, ordinary Medical Practice, the treatment of Venereal Diseases, and the Diseases of Women and Children. The Burnside Lying-in Hospital, amalgamated with the Toronto General Hospital, has recently had its staff largely increased, and will afford special and valuable facilities for the study of Practical Midwifery. The large new building, close to the Hospital and School, will be a very convenient for students attending its practice. The Mercer Eye and Ear Infirmary is also amalgamated with the Toronto General Hospital, and affords special facilities for students in this department.

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Agreeable to the Taste and Certain in its Effects.

PHYSICIANS will find this Cathartic supply a want long felt by them. It is effective in small doses, acts without griping, does not occasion nausea, and is less apt to create irritation and congestion than any of the usual Cathartics administered. The combination consists of an Extract prepared from Alcoholized Tinnevelly Senna, Butternut, (*Juglans Cinerea*), Podophyllin, Rochelle Salt, Bicarb. Soda, with Aromatics; using, in addition, Tamarinds to disguise the disagreeable taste and increase the efficiency. We avoid, by our process of treating the Senna, the danger of rendering it inert, as is so often the case with the Fluid Extract and Decotion. The mild, but certain action of the Cathartic makes it specially valuable as a

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DOSE.—As a cathartic, adults should take a tablespoonful at night on going to bed or before breakfast in the morning, unless directed otherwise by the physician. For constipation, where a gentle but regular action is desired, it will be well to take at first one or two teaspoonsful, as it is impossible to lay down any fixed rules for persons suffering from habitual costiveness.

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These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the Syringe.

Syringes Nos. 2, 3 and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

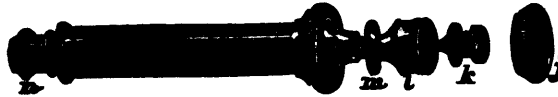
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the Syringe in the usual place, protected by a metal shield.

No. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2 and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, \$3.50. No. 2, \$4.00. Postage, .03.
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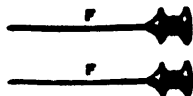


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These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to other Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction, they have no superior.

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| No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut). | | | |



No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in neat case..... \$3.50 .02

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See our other Advertisements in successive numbers of THE LANCET.

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No Oily Emulsions of any kind, not even Cod-Liver Oil itself, can supply the kind of Fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the Saponification, and ultimate Putrefaction, produced by the *Chemical Agents used instead of Pancreatic Juice, so that*

PANCREATIC EMULSION, or MEDICINAL FOOD, is the most reliable form of nutriment for counteracting all tendencies to Phthisis and other wasting Diseases. It presents to the Lacteals, Fat in essentially the same condition for assimilation and absorption as in the vigorous human frame, and the agent of the important change is the natural secretion of the Pancreas.

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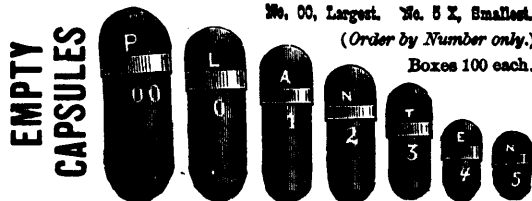
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Known as Reliable 50 years for General Excellence in Manufacture.

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* See note p. 64, Profs. VAN BUREN & KEYES on Urinary Organs.

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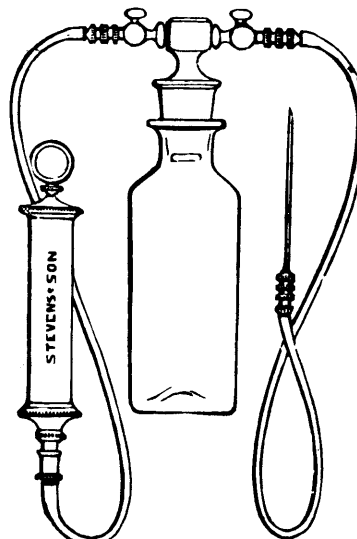
We also have Capsules adapted for giving medicines to Horses or Cattle, 2 Sizes, (Ounce and Half-Ounce), for liquids or solids. Box 10 Capsules, either size, by mail, 50 Cents.

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Two channels into the bottle, one for the fluid to flow in, the other to allow the air to be pumped out.

The fluid can flow uninterruptedly, and the bottle be exhausted at the same time.

The instrument is nickel plated, and put up in a handsome velvet-lined Morocco leather case, with three gilt seamless needles of different sizes.

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Consists of India rubber pump, one needle, the mounts nickel-plated, packed in Mahogany case.

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THE MOST PERFECT NON-ALCOHOLIC BEVERAGE,

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

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

Vin-Sante—Most valuable to Convalescents and Invalids.

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

Vin-Sante—Is put up in Champagne bottles, large and small.

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ALL GUARANTEED FREE FROM ALCOHOL.

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IN IMPERIAL PINTS AND QUARTS.

This is the pure Lime Fruit Juice clarified by subsidence, obtained by light pressure from the carefully selected rip. fruits, grown under European superintendence, on the Olveston Plantations, Montserrat, W. I., the property of the company. Taken with water and sweetened to taste, it makes a most refreshing summer beverage. Lime Fruit Juice is the best remedy known for Scurvy, Scrofula, and all Skin Diseases; also Gout, Rheumatism, and the like, and is most valuable for Dyspepsia, Indigestion, etc.

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an elegantly prepared aerated beverage, possessing a fine aroma, equal to most delicate champagne, and forming a most refreshing non-alcoholic thirst-quencher.

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with either Water, Soda-Water, or Sulis-Water, a most refreshing Summer Beverage.

CAUTION.—Care should be taken to see that the Trade Mark, as above, is on the Capsule as well as Label of each bottle, as there are numerous imitations.

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Trade Mark.



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The **Milk** is cow's milk, condensed in *vacuo* at a low temperature, to the form of a powder, so that, excepting condensation, the properties of the milk remain unchanged, while its freshness is preserved unimpaired.

The **Wheaten Bread Crust** is prepared from the best wheat by a peculiar method, which preserves all the nitrogenous substances, and makes the crust rich in gluten, while, by being baked at a high temperature, the gluten is rendered soluble; and being browned *throughout* to a certain shade, the starch is converted into dextrine, thus removing a very forcible objection made to many farinaceous foods, viz.: Infants cannot digest starch cells; further, the crust is pulverized to an impalpable powder.

The **Sugar** added is cane sugar, not for the purpose of sweetening, as it is already sufficiently sweet from the sugar of milk in the condensation, but a small percentage for the purpose of supplying the carbon requisite, cane sugar being about 98 per cent. pure carbon.

These constituents are then united in such proportions, that by the addition of *water only* (thus doing away with the danger of milk, usually impure and frequently diseased) in the proportion of ten of water to one of the food, it forms a liquid which, chemically analyzed, will be found to be almost *identical with the analysis of Woman's Milk*. Such are the constituents and preparation of **NESTLE'S MILK FOOD**.

The unequalled favor with which Nestle's Milk Food has been received in Europe and America has, as might be expected, resulted in several imitations under the name of *Milk Food*. We request M. D.'s and mothers not to be influenced by their experience of these imitations.

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



THE IMPROVED BODY BRACE.
FIG. 3.
ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.

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

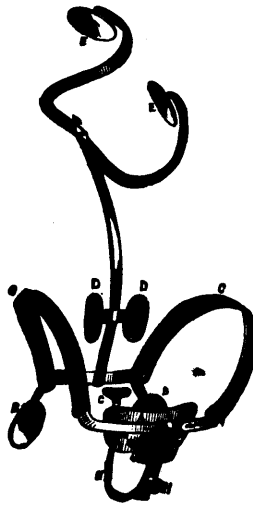


FIG. 8.

THE BANNING

Truss and Brace Company's

SYSTEM

OF

Mechanical Support

Has the unqualified endorsement of over five thousand of the leading medical men of this country and Europe, and has been adopted by them in their practice

PRACTITIONERS

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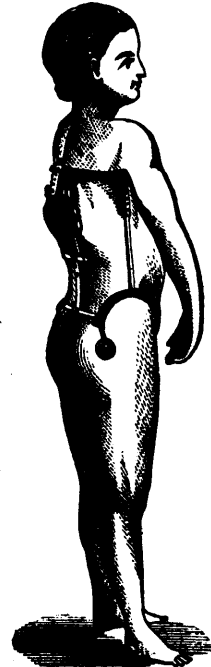
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FIG. 19.



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

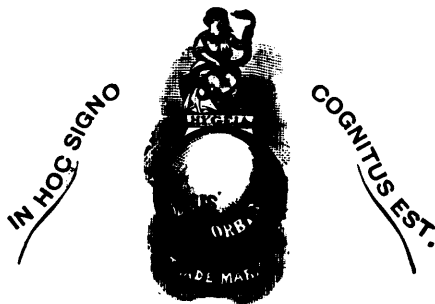
3rd. From each armpit to corresponding tip of hip bone.
4th. Height of person. All measures to be in inches. Measure over the linen, drawing the measure moderately tight.

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Very respectfully,

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

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

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[Warner & Co.]

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

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

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[Warner & Co.]

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

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4.—PIL. PHOSPHORI CUM FERRO.

[Warner & Co.]

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

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

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

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THE CANADA LANCET,

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. XIV. TORONTO, JULY, 1882. No. 11.

Original Communications.

ON THE HYPODERMIC INJECTION OF CYANIDE OF MERCURY IN SYPHILIS OF THE EYE.

BY DR. GALEZOWSKI.

(Translated from *Le Progrès Médical*, by W. GRAHAM,
M.D., Brussels, Ont.).

Syphilis of the eye presents itself under the most varied forms, and with such grave characters, that the most energetic treatment at present known is often powerless to retard the progress of the disease and to prevent the loss of sight. Serious forms of syphilis are observed in every part of the eye. We have Iritis, Irido-cyclitis, Choroiditis with pigmentation in the retina, Optic Neuritis, and Syphilitic papillary Atrophy. Daily experience shows us that all these affections unfortunately resist the most energetic and most varied forms of treatment. It is evident that this want of success is due to the inefficiency of the means employed, to the incomplete absorption of mercury, and probably due to the difficult assimilation of the usual remedies by the fluids and tissues upon which we wish to act. All the medical world to-day is convinced that it is not without importance to prescribe mercury under the form of pills, of the proto-iodide or corrosive sublimate, or to apply it in the form of strong mercurial ointment.

That which concerns us we have shown more than fifteen years ago, in an article communicated to the Academy of Medicine in 1869, that syphilitic choroiditis is not cured by any mercurial preparation, administered through the digestive tract, but that it is cured on the contrary, by the aid of mercurial frictions made upon different parts of the body during two consecutive years. To-day, after fifteen years' experience, we desire to confirm that assertion, at the same time making this reservation,

that in certain varieties of choroiditis this treatment is without efficacy. These mercurial frictions have not any action against syphilitic optic neuritis, no more than against papillary atrophy of the same nature.

In view of so many negative results, we have tried for over two years hypodermic injections of albuminate and peptonate of mercury, but it is our duty to declare that this method has not satisfied us, any more than its predecessors. In fact, these medicines although pushed to very large doses (200 or 300 grammes), have not been able to arrest either disease of the optic nerve or its consequent blindness. How ought we to view this want of success and what are the reasons which prevent the mercurial preparations from acting on the visual organs, when these same preparations check all other syphilitic symptoms, even the most grave? This has led us to an analysis of the question by studying some very interesting cases.

Three years ago we had under our care, with Prof. Fournier, a young man suffering from optic neuritis, with epileptiform symptoms of the most serious character. In the course of the disease, iritis and a syphilitic sarcocele showed themselves. Mercurial frictions and iodide of potassium arrested all the general symptoms, but the optic nerve became atrophied and the sight was completely lost. We have experienced similar failures in papillary atrophy. One could certainly explain this failure by the non-syphilitic cause of papillary atrophy, in admitting which this last affection may only come in a syphilitic by a coincidence. However, these two maladies are met with so frequently together, that it is difficult to see in all those cases only the simple result of chance. For our own part, we have known numbers of cases which show, without doubt, that atrophy is liable to develop itself under the direct influence of syphilis, without which the anti-syphilitic remedies employed would produce very little effect. Therefore since the most energetic treatment has been powerless to check the disease of the optic nerve, it is necessary to ask if the preparations employed in these cases have really a direct action upon the nerves of the eye, and to look for some mercurial preparation more efficacious and more easily absorbed.

The cyanide of mercury has appeared to present some great advantages, and the experiments we have made for over three months have completely

confirmed us in that opinion. This medicine is, as we shall see further on, one of the most powerful which exists to combat, not only the eye symptoms, but all the syphilitic affections of the eye having a cerebral origin. Before administering the cyanide hypodermically in man, we made with M. Despagnet, our clinical assistant, some experiments with animals, with the following results: In making injections of this solution in the dorsal region in rabbits weighing three to four pounds, we have seen paralysis of all the extremities produced, then general anæsthesia, diminution of heart beats, venous stasis in the optic papilla, and anæsthesia of the cornea. At the end of two hours all those symptoms had disappeared and the animal returned to its former state. With an animal younger and weighing only two pounds the same phenomena were produced, but they were followed by cessation of the heart's action and a fatal asphyxia. In forming a basis upon these experiments, we have been already able to draw this very important conclusion: that it is necessary to limit it in man to very small doses of 5 to 10 milligrammes for each injection. From daily experience we have, by the following, amply shown that in effect these doses have a very energetic action upon syphilis, and are very readily borne. In exceeding these doses, on the contrary, they provoke severe colic and diarrhœa. We have already made 234 injections amongst seven patients, and almost all of them have experienced excellent results. Iritis, with condyloma or with phlyctenular keratitis, has been cured after five, eight or ten injections, always in the dose of from 5 to 10 milligrammes. These injections do not leave any nodosity in the cellular tissue of the skin. We have the solution prepared according to Mialhe, in the proportion of 1 milligramme to a drop, making the dose easily calculated.

The four following observations prove the very great rapidity of action of cyanide of mercury in complicated iritis, which had resisted all former treatment, and which presented from the onset symptoms of exceptional gravity. These observations have been gathered by M. Despagnet, who had charge of making the injections.

CASE I. *Right Iritis, with interstitial infiltration of the Cornea—Syphilis. Cured by injection of cyanide of mercury.* M. M., æt. 28, draughtsman; has had, 6 years ago, a blenorrhagia, with

indurated chancre of the urethra, followed by all the secondary symptoms of syphilis.

Dec. 25, 1881. Orbital pains, photophobia, pericorneal injection. For eight days he had applied poultices and cold lotions.

Jan. 2, 1882. He came for consultation; congestion very intense throughout the globe; photophobia; violent pains in front and on the temples. Irregular pupil; cornea infiltrated, whitish in places, the vessels commencing to invade it in certain spots.

Treatment.—Instillation of atropine, and hypodermic injection of cyanide of mercury. The solution contained 1 milligramme of the cyanide per drop. I made the first injection of 5 drops, the second 7, the third 10. After the sixth injection all trace of corneal infiltration had disappeared. There was scarcely any peri-keratic injection. The ciliary pain had completely gone after the third injection. I injected 15 milligrammes without the least accident. No salivation, no nodosity at the site of injection. After the tenth injection the iritis was completely cured. The visual acuity is normal. There remains upon the capsule a small round spot, formed by pigment.

CASE II. *Left Iritis—Condyloma.* S., æt. 44, coachman; syphilis 11 years ago. Came on Jan. 19, 1882, for advice. He is ailing since Dec. 20. Left iritis very pronounced, with adherent pupil below and above. Condyloma upon the external and inferior papillary border.

Treatment.—Five leeches to the temple, instillation of atropine, hypodermic injection of the cyanide of mercury. At the beginning, I injected 1 centigramme of the mercurial salt, and I increased the dose to 2 centigrammes in four days. The fifth day the condyloma had disappeared. After the eighth injection there remained of the iritis only the inferior synechia.

CASE III. Mme. D., æt. 46. Has an affection of the left eye for four years. Towards the end of November, 1881, the right became equally inflamed. She came to the clinic. We recognized in the right eye an iritis with phlyctenular keratitis, and an irido-choroiditis in the left, with papillary obstruction. We proposed for this eye an iridectomy, which was performed on the 23rd December. To the right we applied some leeches and the instillation of atropine. The patient is not rheumatic. She has been married twice, has not had any children. She denies all syphilitic antecedents. Under

the influence of antiphlogistic treatment the iritis seemed to get better, but on the 30th December suffered a relapse. This time the iritis was very much more pronounced. We dropped the atropine in the eye and ordered hypodermic injections of the cyanide. The first injection was 5 milligrammes, gradually increasing the dose to 15. The injections were very well borne, without salivation. No nodules of induration at the point of injection. They were all made in the dorsal region. The iritis was completely cured after the ninth injection, a small inferior synechia remaining. After the fifteenth injection, the patient recognized an improvement in the sight of the left eye. Before the injections, $S=\frac{1}{2}$; after the injections, $S=\frac{1}{4}$.

CASE IV. *Left Iritis, with phlyctenular Keratitis.* Mme. V., æt. 66. Came to the clinic on Dauphin-street, 24th Dec., 1881. For three days an intense inflammation has shown itself in the left eye, and at the same time accompanied by intolerable peri-orbital pains, increased especially at night to such an extent, that the patient has passed nine days consecutively without sleep. She confesses syphilitic antecedents; she is also rheumatic. When we saw her we recognized a well-marked iritis, with all the characteristics of a serious form. We prescribed leeches, atropine, salicylate of soda doses of 2 grammes a day at first and 4 grammes afterwards; no improvement. The condition of the patient became worse; want of appetite was added to insomnia. The eighth day the iris was cloudy and the cornea presented interstitial punctæ. After the complication we stopped the salicylate and prescribed the cyanide of mercury by injection. From the first day the patient was able to take rest, although she had not been able to sleep for a fortnight. After the second, the cephalalgia had completely ceased. The sixth day the iritis was completely cured. At the beginning we injected 5 milligrammes, at the end 1 centigramme of the mercurial salt. Six injections were sufficient to conquer the iritis. The keratitis has been more rebellious. Now she is completely cured. In an abridged form, we give some notes on other patients under treatment.

CASE V. Mme. D., æt. 46; afflicted with double syphilitic irido-choroiditis. After twenty injections, acuity of vision increased one-third.

CASE VI. M. B., æt. 22; attacked with an iritis with interstitial keratitis, and the most violent peri-

orbital neuralgic pains. After a course of eighteen injections the pain ceased, but the keratitis pursued its regular course.

CASE VII. Mme. A., æt. 32; attacked with a double iritis and condyloma. The mixed antiseptic treatment, pills of proto-iodide and mercurial frictions were unable to modify the disease. Cure was obtained after twelve injections of the Cyanide.

CASE VIII. M. G., æt. 50; afflicted for eight months with a double syphilitic retinitis. He has submitted to the mercurial treatment by frictions for six months, without any improvement. Since the month of December last, M. Despagne has made twenty-four injections of 5 to 10 milligrammes of the cyanide per day. The patient bore them well and is now much better. His acuity of vision has increased one-third. The peri-papillary infiltration has very notably diminished.

CASE IX. Mme. X., æt. 57; has had syphilitic symptoms for two years, and since two months has been seized with a severe iritis, with some slight synechia and keratitis. The corrosive sublimate pills which she took at the commencement of her trouble, have not been productive of good. After fifteen injections of from 3 to 5 milligrammes of the cyanide, she is thoroughly cured.

ON ADENOMA OF THE VAULT OF THE PHARYNX.

BY G. S. RYERSON, M.D., L.R.C.P. AND S., EDIN.,

Lecturer on the Eye, Ear and Throat in Trinity Medical College, Toronto; Surgeon to the Mercer Eye and Ear Infirmary.*

Mr. President and Gentlemen,—I am induced to bring this subject to your notice on account of the prevalence of these growths, and because the symptoms are liable to be mistaken for nasal catarrh, and treatment directed to it would thus be unavailing. Also because of the danger incurred by the important functions of voice and hearing by its neglect. As patients suffering from this disease generally do not come to seek advice until the affection is fully established, the symptoms are usually well marked and voice and hearing not infrequently impaired.

The complaint is of frequent droppings into the

* Read before the Ontario Medical Association, June 7th, 1882.

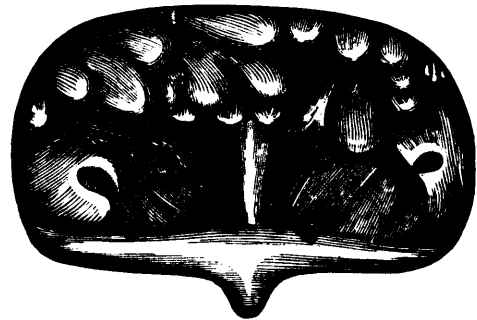
throat and of great discharge in the morning. They say that they are obliged to spend half an hour in clearing the throat before they are able to speak; they often complain also of loss of appetite, heart-burn or acidity due to a catarrhal condition of the mucous membrane of the stomach from involuntarily swallowing decomposing mucus. Owing to obstruction to the posterior nares, the patients are obliged to breathe through the mouth during sleep, hence a dry, parched mouth on awakening; the throat often is red and sore for the same reason. The disturbance of digestion causes a bad taste (coppery) to be complained of. I remember one case where this was the chief ground of complaint and where every kind of digestive tonic had been taken in vain, and where relief was obtained by local treatment to the pharynx. There is a pretty constant feeling of having a cold in the head, a feeling of stuffiness, attended by discharge, which is not however through the nose, but into the mouth. This mucus is thick and stringy, of a yellowish-green color and frequently mixed with blood. Patients are often greatly alarmed on expectorating some pure blood, for these growths bleed easily and violent hawking may cause some hemorrhage.

As a consequence of the alteration in shape and diminution in size of the vault of the pharynx by these growths, the resonance and brilliancy of the voice becomes greatly impaired; the voice becomes what Meyer calls "dead" or flat. The nasal sounds are badly enunciated; tones such as "m" and "n" becoming "b" and "d". To the singing voice, such impairment is fatal. Difficult vocal movements, such as "staccato" or "pianissimo" are impossible. This disease further affects the larynx directly, by causing a pharyngo-laryngeal catarrh by continuity; also by the soft palate carrying the mucus to the tip of the uvula and thence dropping on to the arytenoids and into the larynx.

Another result of the obstruction to nose breathing is deformity of the nose, a drawing in of the alæ, a flattening of the bridge, a narrowing of the sides, or a generally stunted condition of the organ. It also gives to the face a stolid, expressionless look, which is quite characteristic. The chest suffers in some cases in young children; the sternum is projected forward, causing "pigeon breast." Respiration is noisy on exertion, and there is much snoring during sleep. There is also frequently a general arrest of development.

It not unfrequently happens that, on examining patients who present themselves on account of catarrhal deafness, with the rhinoscopic mirror, one finds these growths. They do not cause deafness, as some writers have asserted, by pressure on the Eustachian orifice, but by setting up more or less inflammatory action in the tube by contiguity. This extends to the middle ear, and thus hearing becomes impaired. It is impossible to conceive that such soft, friable bodies could exert pressure on the hard cartilaginous orifice of the tube.

This disease occurs in young adults and children; about equally divided between males and females. Meyer, of Copenhagen, met with 102 cases in eighteen months, after his attention was drawn to the matter; and on examining 2,000 school children, he found 20 with adenoma pharyngis. All of these had the "dead" pronunciation.



On local examination, one finds more or less chronic follicular pharyngitis, withropy, yellowish-green pus descending from behind the palate. With the rhinoscopic mirror, a flattened or more or less pedunculed growth or growths of a pale reddish-grey color are to be seen; they vary in number from a single nodule to numerous lobules, which have been said to resemble a mass of earthworms. To the finger they are soft and friable, though occasionally tough and elastic; they will often be found to fill up the posterior nares to a great extent. When large, even lifting the palate will reveal their presence. It is generally useful to use the finger as well, in examining this part; it gives the most reliable information as to consistency.

Causation.—A cold or variable climate may be justly accused of causing these growths; thus they are more frequently met with in Denmark than in southern Europe. The lymphatic temperament has great influence, especially in young children.

Heredity plays an important part in their production. Lowenberg, of Paris, gives an account of a family in which the mother and four children were affected with these tumors.

Pathology.—The great William Hunter was the first to point out the existence of glandular tissue in the vault of the pharynx. He made some beautiful preparations, which are now in the Hunterian museum in Glasgow. The best description, however, has been given by Luschka. Cohen says, quoting him, "It usually presents in the form of irregular longitudinal prominences, separated by shallower or deeper fissures and distinctly studded with minute whitish follicles, less in size than poppy seeds. A number of round pores are likewise observed, the orifices of venous glands, and in part also depressed follicles. At the lower portion of the middle of the mass there is a large oblong pore the size of a large pin-head, well defined superiorly, which is the orifice of a pouch-like appendix of the vault of the pharynx (bursa pharyngea). According to Lacauchie, as confirmed by Kölliker and Luschka, the adenoid tissue at the vault of the pharynx is a conglobate glandular mass, having the same structure as the tonsils; hence it has been called the pharyngeal tonsil. It is soft and spongy, and so closely incorporated with the cartilaginous tissue uniting the pharynx to the base of the cranium, that it is exceedingly difficult to separate them. The follicles are identical in structure with the solitary follicles of the intestine." The adenomata consists of a hypertrophy of this tissue, with more or less connective-tissue degeneration.

With regard to the *Prognosis*, Lowenberg says, "Unfortunately they do not heal spontaneously, and the sad results of this 'laissez-aller' treatment are not long in showing themselves in a dull aspect, ridiculous enunciation, etc." These tumors grow during early life and remain stationary during youth and adult life; but inasmuch as their presence gives rise to the serious train of symptoms before related, it is highly desirable that they should be removed. The results after extirpation are very satisfactory.

The differential *diagnosis* between these growths and polypus is important. Thus, polypus is found at all ages, whereas adenoma only in infancy and youth. Polypus causes discomfort in the nose, adenoma none. Polypus rarely causes deafness, adenoma generally does. Polypus appears at the

anterior or posterior nares, whereas adenoma is strictly localized to the upper part of the pharynx.

Treatment.—To treat these tumors successfully, nothing but removal will avail. It has been proposed to use various caustic substances for this purpose, but their action is uncertain, and in the case of nitrate of silver, only tends to increase proliferation. The galvano-cautery is more satisfactory and has the advantage that there is little hemorrhage after its use. Jarvis' wire snare, such as modified by Bosworth, also acts well. But the instrument which I prefer is Cohen's cutting spoons. This instrument is introduced behind the velum, and the mass brought away in portions. There is usually some bleeding, but is never serious. In the case of children, it is generally better to give an anæsthetic. The after-treatment consists in painting the part with Acid tannic, gr. xx.; Glycerin, ℥ij.; Aq. ad., ℥j., twice a day. At the same time giving Syr. Hypophos. Co. (Fellows') and Syr. Ferri Iodidi internally.

Dr. Ryerson then showed the case of a young girl, æt. 9, with pedunculated growths in pharynx. She had the oral respiration, stunted nose and expressionless, "gawky" face in a marked degree. Also a young lady with marked deafness, with a large flattened growth.

In the discussion which followed, Dr. Osler, of Montreal, said that he had seen most striking improvement after the removal of these growths. He further stated that Dr. Buller was in the habit of removing them with his finger-nail, also with a curette (probably Mackenzie's).

Dr. Powell, of Edgar, wanted to know if the Eustachian tube was ever injured by the galvano-cautery or forceps.

Dr. Ryerson, in reply, said he thought the finger and curette were only applicable to small and pedunculated growths, and that he had never known the tube to be injured, but that it might be by a careless or inexperienced operator.

CASE OF SUPPRESSION OF URINE FOR THIRTY DAYS.

BY GEO. BRERETON, M.D., C.M., BETHANY, ONT.,
(Fellow of Trinity Medical School).

On the 13th of January, 1882, I was consulted with regard to M. S., an intelligent girl, æt. 11, fair

complexion, average in form ; had scarlet fever at 18 months' old, followed by dropsy of short duration. Two years ago she was troubled with diminution of the urinary secretion, but under treatment recovered in a short time ; with these exceptions she has, up to the present time, enjoyed good health. As I did not see the case at this date, the symptoms as related by her mother were, that she did not pass a sufficient quantity of urine and was pained on micturating ; complained of a weakness over the hypogastric region, increasing to actual pain on lying down ; quantity of urine voided not more than two tablespoonfuls daily ; had been this way for a week, although she ate and drank as well as usual. Prescribed a diuretic mixture, ordered a warm bath morning and evening and gave a Dover's powder to prevent pain on lying down.

On the 18th, five days later, was summoned to see the case. Patient had no desire to micturate, except when bathed ; no change in quantity voided, dull pain over kidneys and right side, pulse 100, temp. 100° F., tongue clean and very red ; urine strongly alkaline, specific gravity normal, contained no trace of albumen ; under the microscope, a few epithelial cells were noticed. Prescribed mineral acids with chalybeates, continued the bathing and applied friction to the skin and a stimulating embrocation over the kidneys and bowels. From this date up to the 27th the patient rapidly improved, but after the 27th, although the treatment was continued, she grew worse, and by the 4th of February was only voiding half an ounce of urine daily. During the period from the 4th of February to the 2nd of March, she only voided from one drachm to half an ounce, irregularly, every third or fourth day, and only evinced a desire to micturate when bathed ; complained of no headache, eye-sight good, tongue clean but very red, appetite fair, better some days than others, average beat of the pulse 110, average temp. 101.5° F., respirations slightly accelerated, bowels regular, the excretions were not liquid, patient drank as freely as when in health, no symptoms of dropsy, slight swelling in the right groin, accompanied with slight pain at intervals. Towards the close of this period, slight dulness was detected over the right lung, on percussion and auscultation, skin keeps dry, rested fairly at nights. During this period the treatment consisted in diuretics, chalybeates, baths, friction to the surface of the body, with counter-irritation

over the kidneys. Iodide of potassium was tried, but could not be borne by the patient.

From the 2nd of March to the 2nd of April, or a period of thirty days, not one single drop of urine was voided. During this time the dulness over the right lung increased ; she expectorated small quantities of blood for two or three days at three different times ; average beat of the pulse 115, average temp. 102° F., bowels continued regular, evacuations were not liquid, took as much fluid into the system as before, no symptoms of dropsy. Patient was closely watched and it was impossible for urine to be voided without knowing it ; no muscular twitchings or uræmic symptoms noticed, rested fairly. Spirits good ; always up during the day, playing through the house, but during the last fortnight of this period she was more disposed to lie and rest. Gradually failing in flesh and strength ; skin harsh, dry and sallow ; never perspired until permanent improvement took place. From the onset of the disease she never vomited ; no calculi were at any time detected.

On the morning of the 2nd of April she passed a pint of normal-looking urine and has continued to urinate regularly since, and has improved both in appearance and strength. The treatment pursued during this period consisted in baths, chalybeates, potashes, hydroleine and dry cupping over the kidneys.

This case is instructive in one respect, and suggestive of a caution in judging of the probable termination, in a protracted case of suppression. So far, I have not discovered more than two well-authenticated cases of suppression, where the patient recovered, when the suppression continued longer than the eighth day. These cases are cited by Dr. Roberts, Physician to the Manchester Infirmary, in his work on Urinary diseases. Nor have I discovered more than two cases of complete suppression or approached completeness, where the patient survived beyond the eleventh day. One of these is recorded by Sir J. Paget. The patient was 73 years of age. The right kidney was atrophied and apparently incapable of secreting urine ; the left was hypertrophied and the ureter blocked by a stone. With the exception of passing a considerable quantity of urine on the fourteenth day, total suppression ensued for twenty-one days, or up to the death of the patient. The second case is recorded by Dr. Rayer. The patient was a man 64

years of age. The ureter of the left kidney was blocked up by a calculus and suppression of urine ensued, which proved fatal in twenty-five days, and during that interval only two ounces of urine were voided by the patient.

[Dr. W. B. Geikie, of Toronto, reported in the CANADA LANCET for October, 1876, a case of "Gastric Ulcer, with entire Suppression of Urine for 30 days," ending in recovery].—Ed. LANCET.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In the April number of the LANCET, in an editorial on the last report of the Registrar-General of Ontario, you conclude by referring to the many inaccuracies and the absurd phraseology in the report; and in the LANCET of June you were good enough to give me not a little credit for work done in connection with the preparation of the reports in the Department. I wish to state that I am in no way responsible for these inaccuracies nor for the ridiculous phraseology indulged in.

The general review of the vital statistics of Ontario, including the whole time since registration first came into force in the Province, which I made up and which is appended to the last annual report, was, after it first left my hands, in the proofs, so transposed and mangled, in the office of the Provincial Secretary, and doubtless for a purpose, that I took an opportunity and much trouble to go over it again and put it as nearly right as I could without having the whole text re-set, for it was in a most ridiculous and shameful state. It is still so much so—so inaccurate in some parts, that I wrote to the Registrar-General, Mr. Hardy, disclaiming all responsibility in regard to the errors in it.

The usual annual reports, in which I felt less interested, and only assisted Mr. Crewe in the compilation of, I did not go over or revise in the proof these last two years, and they went forth as you find them, the text transposed and generally mixed and mutilated (instead of "revised"); this was particularly the case with the last one, which you justly criticized in the LANCET of April.

Yours, etc.,

EDWARD PLAYTER.

May 20, 1882.

[The above was received too late for the June number].—Ed.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The second annual meeting of the above named Association was held in Toronto on the 7th & 8th ult., Dr. Covernton, President, in the chair. A large attendance was present. The minutes of the last meeting were read by Dr. J. E. White, Secretary.

A communication was received from Dr. Powell, Ottawa, suggesting the advisability of establishing a "Mutual Benefit Association." The communication recommended a scale of graduated annual payments, with certain sums to be paid to the families of physicians in case of death. The communication was referred to the committee on papers and business.

A number of new members were then proposed and elected members of the Association.

The President then delivered an able and learned address. After dwelling upon the responsibility resting upon physicians in the exercise of their profession, and cautioning them against being too rash in putting into practice the sparkling novelties in theories that were brought forward, he gave a sketch of the work already done by the Provincial Board of Health. He dwelt upon the importance of Government enquiry into the health of cities, towns, and country, and the regulation of matters concerning the health of the people. He pointed out that equal necessity existed for the isolation of patients suffering from scarlet fever and diphtheria as of those suffering from small-pox, the more especially as there was no such protection as vaccination against the former diseases. No efforts to protect a community against the ravages of infectious diseases would be entirely successful until some public action was taken to instruct the people concerning the initial symptoms as well as the contagiousness of those forms of sickness, and concerning the measures which should at once be adopted for the protection of their own and other children.

It was also necessary that the sanitary authorities, in performing their duties for the isolation of the sick, and in the disinfection of affected houses, should act in a considerate spirit, or the public would withhold their support. He proceeded to impress upon members of the profession the im-

portance of co-operating with the Provincial Board of Health in collecting vital statistics, of reporting to the public health officer every case of infectious disease coming under their notice, and of urging on their several municipalities the establishment of local boards of health and the appointment of local health officers. These local health officers by occasional lectures on the fundamental principles of hygiene could do much for the benefit of their respective communities.

The germ theory of zymotic and other diseases was adverted to, and the necessity of microscopic analysis in discovering the origin and progress of diseases was considered. He then referred to the discoveries made which clearly traced the origin of many of these diseases to the presence in the blood of *bacteria*, whose deadly influence could be lessened by certain preventive methods of treatment, or by inoculation for a mild type of disease. He stated that water was the most usual vehicle for conveying these germs into the human system, and pointed out how careful people should be in the selection of their drinking water.

He next referred to the discoveries of Koch with reference to the *bacilli* of tuberculosis, and the theory of the contagious nature of tubercular phthisis, which was gaining ground among members of the profession. In relation to the disposal of the bodies of persons dying from contagious diseases the lecturer spoke of cremation as destroying all possibility of infection from those bodies. What favour the system may meet with among medical men remains to be seen, but there was little doubt that the public generally would, at least at present, oppose any such method of disposing of the bodies of their relatives.

The President concluded an exhaustive address by warning those present of the great responsibility which rested upon them in regard to the preservation of the public health, and he adjured them not to shrink from the duty which an honourable profession entailed upon them.

Dr. Philip, of Brantford, read a paper on the "Antiseptic Treatment of *Phthisis*." This disease had been treated with marked success by the continuous inhalation of the vapour of carbolic acid or other antiseptic agents. The *British Medical Journal* was quoted as being in favour of such applications to internal suppurating surfaces, as their external use in similar cases had been attended

with such decided benefit. The opinions of Virchow and other eminent German pathologists in relation to tubercles were entirely subversive of the commonly entertained opinions, both in reference to tubercles and tuberculosis pulmonalis. He gave the particulars of a case in which this treatment had been followed by very satisfactory results. He also exhibited Dr. McKenzie's nasoro-respirator and explained its use.

Dr. Worthington, of Clinton, read a paper on the beneficial result of "Cold Applications in Cases of Diphtheria." He reported a number of instances from his private practice, in which the use of cold applications had a most salutary and curative effect. The paper may be epitomized in the following deductions:—1. That diphtheria, like scarlatina, can be treated with less danger of a fatal result by the use of cold applications. 2. That full nourishment and tonics are necessary to counteract the prostrating effects of the disease. 3. That the inflammatory action in the larynx may be best controlled by cold externally to the throat and some atomized liquid inhaled by the patient. And lastly, that the temperature for the safety of the patient must be kept under 103° F. and that this can be best done by cold applications.

Dr. Stewart, of Brucefield, read a paper on a case of "Locomotor Ataxia," in which the sciatic nerve had been stretched, and beneficial results had followed, so far at least as the most painful symptoms were concerned. He exhibited the patient to the Association.

Dr. Avery, delegate from the Michigan State Board of Health was invited to a seat on the platform, as was also Dr. Fenwick of Montreal, President of the Dominion Medical Association. These gentlemen made a few remarks. Drs. Osler, Gardner and Shepherd, of Montreal were elected members of the Association by invitation.

Dr. Curry, Rockwood, read a paper on the "Science of Medicine."

Dr. Temple, of Toronto, read an interesting paper on "Lacerations of the Cervix Uteri, as treated by trachelorrhaphy." He gave the results of six cases, where the operation had been performed either by himself or with his assistance.

Dr. Powell, of Edgar, read a paper on the "Occurrence of Hemorrhage after Tonsillotomy."

Dr. Dupuis, of Kingston, read an able paper on "Dislocation of the Elbow-joint."

Dr. Smith, of Sparta, read a paper on "Alcohol in Disease." He deprecated its use in all cases, and claimed that its effects were invariably deleterious. In cases where stimulants might be considered necessary other agents such as ether, etc., might be used to accomplish the desired end.

Dr. McDonald made some remarks on the use of alcohol in disease, and also the treatment of epilepsy by bromide of zinc and other drugs.

The President, Dr. Covernton, found drop doses of Fowler's solution given with bromide of potassium, prevent the acne which sometimes follows the use of the latter medicine.

Dr. Oldright then read a paper on "Measurements in Surgical Practice."

Dr. Ryerson also read an interesting paper on "Adenoma of the Vault of the Pharynx."

Dr. Playter read an interesting paper on "Some Points in the Vital Statistics of Ontario."

The President said the Ontario Government could not at present give a sufficiently large grant until the public properly appreciated the importance of the question.

Dr. Canniff thought the Dominion Government should give a grant towards the collection of vital statistics, and it had in fact taken a step in this direction.

Dr. Pyne spoke on the question of insufficient remuneration awarded to medical men, and the public lack of recognition of their great services.

The President then extended a general invitation from Dr. O'Rielly to visit the Hospital the following day, after which an adjournment was made until ten o'clock to-morrow.

SECOND DAY.

The Association met at 10.30 a.m., the President in the chair. Dr. Palmer, of Toronto, read an interesting paper on the "Lighting of Public Schools," in which he showed that the sight of pupils might be permanently injured through the defective system of lighting.

Dr. McDonnell, of Brechin, read an excellent paper on "Muriate of Calcium as a Resolvent."

Dr. Holmes, Chatham, read a paper on "Trachelorrhaphy," with more especial reference to Dr. Emmett's treatment of the laceration of the cervix by stitching. Dr. Rosebrugh and others considered the cases of such lacerations more frequent than was generally supposed, as they were often mis-

taken for other complaints. Drs. Mullen, Hamilton; Curry, Rockwood; Clemesha, Port Hope, and others opposed the opinion that those lacerations were of frequent occurrence.

Dr. Ghent, of Priceville, read a paper on the "Specific Treatment of Diphtheria," recommending an application to the diphtheritic patch, by means of a silver tube of bichlorate of soda and sulphur, in proportion of about one to twelve parts, the applications being made every two or four hours, according to the severity of the disease. He also fumigated the room three times a day with sulphurous acid.

Dr. Stalker, of Harwich, questioned the value of the remedy recommended by Dr. Ghent.

Dr. McDonald, Hamilton, found favorable results follow the use of hot fomentations. Drs. Powell, White and others joined in the discussion. Dr. McKelcan also read a paper upon the same disease. He advocated the use of pot. permanganate two or three grains to the ounce of lime water, and given in tea-spoonful doses.

Dr. Riddel read an exhaustive paper on the "Duties of Coroners," referring to many points of interest relating to medical jurisprudence.

The Committee on Nominations reported, recommending the following elections for the year. The report was adopted.

President—Dr. Macdonald, Hamilton. 1st Vice-President, Dr. Stewart, Brucefield. 2nd Vice-President—Dr. D. Clark, Toronto. 3rd Vice-President—Dr. Dupuis, Kingston. 4th Vice-President—Dr. Harrison, Selkirk. General Secretary—Dr. White, Toronto. Treasurer—Dr. J. E. Graham, Toronto. Corresponding Secretaries—Drs. Wm. Graham, Brussels; Burt, Paris; Coburn, Oshawa; McIntosh, Vankleek Hill.

Committee on Credentials—Dr. Beeman, Centreville; Drs. Burns and Pyne, Toronto.

Committee on Public Health—Drs. Playter, Allison, Oldright, and Youmans.

Committee on Legislation—Drs. Spohn, Sloan, G. Wright, Covernton, Mullin and Macfarlane.

Committee on Publication—Drs. Cameron, Burns, and Fulton, with the Secretary and Treasurer.

Committee on By-laws—Drs. A. H. Wright, More, Tanner, Cotton, and Bowlby.

Committee on Medical Ethics—Drs. Ghent, O'Rielly, Carney, C. K. Clarke, and Sinclair.

Committee on Nominations—Drs. Burns, Fulton, Rosebrugh, Yeomans, Hamilton, Stewart.

Dr. Fulton presented the Report of the Committee on Publication, which stated that the Committee had decided to hand over the papers unconditionally to the Toronto medical journals for publication in their columns from time to time during the year; also that 500 copies of the Constitution and By-laws were printed and distributed to the members of the Association.

Dr. Fulton also presented the Report of the Committee on Medicine, Materia Medica and Physiology. The report contained an epitomized account of the progress in medicine during the year, and new remedies introduced and the result of their use.

Dr. Geikie read the report of the delegates to the International Medical Congress in London. The descriptions both of the proceedings at the meeting and the scenes and incidents of the metropolis were extremely interesting and graphic.

Dr. Rosebrugh read the report on Ophthalmology and Otology.

Dr. Riddell read the Report of the Committee on Necrology, which was adopted, as were all the preceding.

After some discussion, on the motion of Dr. Bray, seconded by Dr. Knight, it was decided that Toronto be the next place of meeting of the Association.

The Treasurer's and Secretary's Reports were read and adopted.

Dr. Strange suggested the propriety of publishing the proceedings of the Association in book form, a copy to be given to each member of the Association.

Dr. White, the Secretary, coincided with the views of the last speaker, and stated that the cost of publication would not amount to more than \$150. After some discussion it was decided that the Committee on Publication be instructed to hand the papers over unconditionally to the medical journals for publication from time to time, and such papers as were not published to be returned to the authors on request.

A resolution was passed approving of the action of the Provincial Board of Health of Ontario in co-operating with the National, State and Local Boards of Health in the United States and in the Dominion of Canada in the attempt to prevent

the introduction and spread of smallpox by the inspection and vaccination of emigrants, and the disinfection of their baggage and clothing, and by notification to all boards interested of the entry or proposed entry within their jurisdiction of emigrants suspected of carrying with them the germs of any disease dangerous to the public health.

Dr. Canniff moved "That in the opinion of this Association the formation of a medical library and museum would prove beneficial to the profession of this province, and that the following committee be appointed to consider the feasibility of such a scheme:—Drs. Cameron, Holmes, Fulton, Reed, Davison, Powell, and the mover." Carried.

Dr. D. Clark moved, "That the Secretary, Dr. White, receive a gratuity of \$100 for his valuable services during the past year." Carried.

The President-elect, Dr. McDonald, was then installed and made an appropriate speech, thanking the Association for the honour conferred upon him, and prophesying a brilliant future for the organization.

The thanks of the Association were conveyed to Dr. Covernton, the past President, for the able manner in which he had discharged his duties. A vote of thanks was also awarded to the Medical Council for the use of their hall by the Association, and to the various railways and steamboat lines for courtesies and favours extended to members of the Association. The Association then adjourned to meet again on the first Wednesday in June, 1883.

There was quite a display of surgical instruments and a varied assortment of medicines in the hall, the following being the principal:—Dr. Thomas, representing Hazen Morse, Front-street East, had on exhibition sample bottles of Maltopepsyn and Hydroleine, which were furnished free to doctors, that they might test their value as remedial agents. Maltine and its combinations, manufactured by Reed & Carrick, New York, and Lactopeptine, manufactured by the New York Pharmacal Association, were exhibited by H. P. Gisborne, Canadian representative of the houses referred to. J. Steven's & Son, of Wellington-street, East, exhibited surgical instruments, etc. Potter's Electric Battery and the Student's Union Co-operative Association exhibits also were attractive features. Mr. E. B. Shuttleworth also exhibited samples of new remedies, pharmaceutical preparations and fluid extracts.

ONTARIO MEDICAL COUNCIL.

The regular annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario met at Toronto on the 13th ult. In the absence of the President, Dr. Bergin, the Registrar, Dr. Pyne presided. The minutes of the last meeting were read and confirmed.

Dr. Rosebrugh, of Hamilton, elected as the representative of Victoria College in place of the late Senator Brouse, presented his credentials and took his seat in the Council.

The election of officers was then proceeded with, with the following result:—President, Dr. Bray, Chatham; Vice-President, Dr. Geikie, Toronto; Registrar, Dr. R. A. Pyne; Treasurer, Dr. W. T. Aikins; Solicitor, D'Alton McCarthy, Q.C.

The President referred to the death of Senator Brouse, and on motion of Dr. Geikie, a committee was appointed to draft a suitable resolution in regard thereto.

On motion of Dr. Lavell, the following committee was appointed to strike the Standing Committees for the year:—Drs. Day, Geikie, Logan, Spragge, Edwards and Cranston.

After a brief consultation they reported as follows:—

Committee on Registration—Drs. Bergin, Rosebrugh, J. W. Wright, Vernon, Buchan, Grant.

Rules and Regulations—Drs. Rosebrugh, Husband, J. W. Wright, Spragge, and Grant.

Finance—Drs. Edwards, Allison, McCargow, Day, Henderson, and Douglas.

Printing—Drs. McCammon, Vernon, Burritt, Morden, and Day.

Education—Drs. Lavell, Geikie, McCammon, H. H. Wright, McDonald, Burritt, Logan, Morden, Williams, Burns, Cranston, and Spragge.

A number of petitions were received and referred to the various committees, some of them being from students who had failed to pass the examination in particular subjects. One was from the Mayor and other residents of Amherstburg, asking that a license or permit be granted to Dr. Daniel Pearson, who had been practising for thirty years, and who had previously practiced in the United States for ten years. Dr. Shepherd, of Port Elgin, also applied for registration, as having been a number of years in practice, and having a license from the Quebec Medical Board. A

female practitioner, Mrs. Weston, of Preston, also applied for a license.

A number of cases of prosecution for practicing medicine without a license have taken place during the last year, although no special detective was employed by the Council. Dr. Bray, the President, reported several cases in his district, nearly all of whom had been convicted.

The Registrar read the report of the Board of Examiners.

The meeting then adjourned until ten o'clock tomorrow.

June 14th, 1882.

The Council met at 10 o'clock a.m., the President in the chair.

Dr. Day gave notice of a motion "to define what should be considered residence at elections."

Dr. Lavell gave notice of a by-law providing that the assessment to be levied on each practitioner be \$1, and that the registrar be instructed to send out circulars giving notice of this assessment.

A letter was read from the solicitor of Mr. William Smith, formerly employed as a detective by the Council, stating his claim, and offering to refer it to arbitration.

The Registrar stated the agreement was that Mr. Smith should receive \$1,200 a year, on his producing certificates from magistrates that he had procured convictions to that amount. Certificates had been presented to the amount of \$675, and \$600 had been paid to Smith. Subsequently he had procured convictions to the amount of \$100. The Registrar, however, had discovered that in one case he had acted improperly, which he was advised invalidated the whole claim.

On motion of Dr. H. H. Wright a committee was appointed to investigate the matter.

Dr. Geikie presented the report of the committee appointed to draft a resolution with reference to the death of the late Senator Brouse, and moved its adoption. The following is the resolution:—

"That this Council learned with the sincerest regret the death of their late colleague, the Hon. Senator Brouse, and place on record the very high regard in which he has always been held by his associates. In the death of this gentleman the Council has lost an able associate and the profession of medicine one of its most distinguished members. We hereby tender to his bereaved

family our heartiest sympathy in their bereavement."

Dr. Lavell, in seconding the resolution, spoke feelingly of the loss which the profession and the Council had sustained.

The President mentioned the work which Dr. Brouse had done in the cause of sanitary science, and Dr. H. H. Wright gave a brief account of his career.

The resolution was carried by a standing vote, and was ordered to be engrossed and a copy sent to Dr. Brouse's family.

Dr. Wright presented the report of the Committee appointed to inquire into the claim of Wm. Smith, recommending that it be referred to the solicitor of the Council for further advice.

Dr. Macdonald moved that the Registrar be instructed to prepare a new register. The present one, he remarked, was now seven years old. After some discussion as to what the register should contain, the motion was carried, and Drs. H. H. Wright, Burns, and Geikie were appointed a Committee to assist the Registrar in the work.

The Treasurer, Dr. W. T. Aitkins, presented his annual report, which showed a balance in hand at last meeting of \$2,011.14; assessments, \$793.63; registration fees, \$1,384.75; fines, \$386.14; fees from candidates at professional examinations, \$2,540; total, \$7,015.66. The balance now in bank to the credit of the Council, after deducting all expenditures for the last fiscal year, is \$1,568.31. The Executive Committee which formerly entailed an annual expense of about \$500, had not met during the year, and the services of the detective, employed at a salary of \$1,200 per year, had been dispensed with, notwithstanding which the amount received from fines was in excess of that received last year. An increase in the assessment to provide for the increasing indebtedness of the college was recommended. The Report was referred to the Committee on Finance.

Dr. Day gave notice of motion, that the Treasurer's statement be printed and sent to every registered practitioner in Ontario.

The Council then adjourned.

June 15th, 1882.

The Council met at 10.30 a.m., and after routine went into Committee of the Whole on the report of the Committee appointed to wait upon the

Local Legislature for the purpose of procuring an Act to amend the Ontario Medical Act. The report stated that in consequence of a resolution now standing on the minutes of the proceedings of this Council, and which they believe to have been there by mistake they have been unable to proceed. At the last annual meeting of the Council it was decided to apply to the Local Legislature to have the Ontario Medical Act so amended as to re-adjust the representation of the profession and of the colleges at the Council. At the same meeting an amendment, directing the Committee to get the opinion of the Superior Court Judges upon the Act, was discussed, and, according to the minutes, carried. This resolution annulled the previous motion.

Dr. Day, who presented the report of the Committee, said he was certain that the resolution referred to did not carry.

Dr. Macdonald strongly opposed the report, and the advisability of going before the Legislature for any amendment.

Dr. Burns thought the Council should look at their duty to their constituents, and in this view there were unmistakeable signs of dissatisfaction among the profession on the question of representation.

Dr. Bray supported the report, contending that the present was the time for the profession to make itself felt.

Dr. Williams thought that the Council should be unanimous upon the nature of the changes they wanted.

Dr. Lavell pointed out that the present scheme of representation was the result of a compromise between the colleges and the different branches of the profession. He referred to the difficulty which would arise in classifying the colleges so as to show which should be entitled to representation. He suggested that any committee which might be appointed should report to the Council before taking any action.

Dr. Burritt thought that the Council should not be frightened out of going before the Legislature.

Dr. Geikie thought the Committee should go over the Act clause by clause, and see what amendments are required. The report was adopted.

The report of the Registration Committee, dealing with a number of applications for registration,

was received and adopted. The prayers of the petitioners were not granted.

In reference to the claim of William Smith, a letter was received from the solicitors advising the Council to ask for particulars.

Dr. Allison, seconded by Dr. Burns, moved a resolution having for its object the disposal of the present building in which the Council meets, as it was considered entirely unsuited for its present purposes. It was generally agreed that the building was not a suitable one for a college, and that it could be sold at a considerably higher price than the Council paid for it. A committee, consisting of the city members and Drs. Allison and Macdonald, was appointed with power to sell if they thought advisable, and also to enquire about a site for a new building. The Council then adjourned until 10 a.m. to-morrow.

June 16th, 1882.

The Council met at ten a.m. After routine, Dr. Edwards presented the report of the Finance Committee, which was adopted. The report showed that the arrears of fees due the Council were \$4,954, which are supposed to be collectable. The value of the building is from \$18,000 to \$20,000, and there is a mortgage of \$6,000 upon it. The expenses of the present session amount to \$1,985.

Dr. Macdonald brought before the Council a plan, proposed by Dr. Playter, for collecting disease statistics. It proposed that the Federal Government appoint for the Dominion 144 medical practitioners, to report every week upon the diseases most prevalent, their severity, etc., in their respective districts. Of these, 65 would be allotted to Ontario—one in each county town—and 28 others distributed in other towns and villages in the province. The observers were to be paid the sum of \$25 for filling in the 52 reports of the year. Dr. Macdonald moved and Dr. Burrill seconded a motion approving of the plan, which was carried.

Dr. Lavell presented the report of the Education Committee. Most of the petitions considered by the committee were refused, the principal exception being in the case of Mr. W. F. Peters, who failed by a very few marks in surgical anatomy last year, and had a large margin on other subjects, and who is now living at Michipicoton Island, which is so far from Toronto as to make it impracticable for him to attend the examination.

Several changes were made in the regulations governing the examination of students, the most important of which were a clause allowing candidates who had paid for a professional examination and failed to pass it, to go up for one subsequent examination without further fee; and an instruction to examiners to confine their questions to the text-books in common use, and in referring to diseases, surgical operations, etc., to use the names most commonly in use.

The following board of examiners was appointed:—Anatomy (descriptive), Dr. Fulton, Toronto; Medicine and Pathology, Dr. A. S. Oliver, Kingston; Midwifery, Dr. Burdett, Belleville; Physiology, Dr. Tye, Chatham; Surgery and Surgical Anatomy, Dr. Canniff, Toronto; Chemistry and Toxicology, Dr. Barrett, Toronto; Materia Medica and Botany, Dr. W. W. Dickson, Pembroke; Medical Jurisprudence and Sanitary Science, Dr. Nichol, Brantford Homœopathic examiner, Dr. G. E. Field, Woodstock.

The following were appointed as an Executive Committee:—The President, Vice-President of Council, and Dr. Henderson.

On motion of Dr. Lavell the Registrar was authorized to issue the annual announcement.

The Council then adjourned.

ONTARIO BOARD OF HEALTH.

The Provincial Board of Health met in Toronto on the 6th ult. Present:—Dr. W. Oldright, chairman, and Drs. C. W. Covernton, J. J. Cassidy, J. Rae, Oshawa, and Dr. P. H. Bryce, secretary. The visitors were Dr. John Avery, delegate from the Michigan State Board of Health, and Dr. J. E. White, Secretary of the Ontario Medical Association. The Minutes of the last meeting were read and adopted with slight change. A number of communications were read. One was from Dr. Moorhouse, calling attention to the nuisance caused by gardeners in this city who use, as a fertilizer, liquid night soil. A disease-report scheme was discussed, the object of the scheme being to obtain, if possible, weekly reports from doctors in different parts of Ontario containing first, a list of the cases attended by them, and the diseases treated, and second, the severity of the disease, and third, its prevalence. It was also agreed that a weekly compilation of the reports be made by the

Secretary of the Board, and that he communicate with medical men for the purpose of securing their co-operation in the scheme. The Secretary reported that he had received a quantity of fresh vaccine matter from the National Vaccine Establishment at Washington, to be supplied to provincial medical men at cost price. A diagram was exhibited, showing the effect that ozone—active oxygen—had upon certain diseases, both as to their frequency and severity. It was shown that an excess of ozone in the air decreased the frequency of cases of diarrhoea, while the maximum of cases of pneumonia, diphtheria, and other throat and lung diseases were shown to occur under such atmospheric conditions as showed an excess of ozone. This is entirely different from the opinion generally entertained in reference to diphtheria, which was supposed to be benefited by the presence of active oxygen in the air. The subject of the inspection of emigrants in order to guard against the introduction of smallpox and other contagious diseases was discussed, but was deferred till the next meeting.

It was moved by Dr. Covernton, seconded by Dr. Cassidy, "That it is desirable that a systematic system of sanitary supervision and inspection of public schools be established all over the Province of Ontario, and that efficiently to carry it out a local health officer should be appointed, whose duty should consist in preventing children who have been suffering from infectious diseases from attending school before the infectious period has passed; in visiting the houses of children absent from school in consequence of illness; and in making strict inquiries into the general sanitary condition of the respective families, and to see that through competent persons contagion should be sought out and destroyed in the house in which it originated." Carried.

It was moved by Dr. Cassidy, seconded by Dr. Covernton, "That this Board would express the opinion that the appointment of health officers by municipal councils should be confined to local medical men, who, from their professional training, are alone qualified to perform the work efficiently." Carried.

Selected Articles.

NEPHROTOMY AND NEPHRECTOMY.

BY J. KNOWSLEY THORNTON, M.B., C.M.
Surgeon to the Samaritan Hospital.

The pathological conditions of the kidney which may call for the interference of the surgeon are—calculus in the kidney or ureter; suppuration in the pelvis of the kidney, depending on the presence of calculus, and the obstruction it causes to the escape of the urine (calculus pyelitis); suppuration depending on scrofulous or tubercular disease (pyonephrosis); hydronephrosis, which may arise from several different causes, or be congenital, as I believe was the case in my first successful nephrectomy, performed on a child aged seven (*The Lancet*, June 5, 1880); loose or floating kidney; certain rare forms of cystic disease; and the more solid neoplasms. The surgical procedures which have been or are now employed for the relief of these conditions are—aspiration or tapping, which is of course only palliative; nephrotomy, that is, incision into the kidney; and nephrectomy, or the complete removal of the organ.

Lumbar section is much in favor with some surgeons; and as it is the most suitable operation for the class of cases first named in my list of pathological conditions, we will take it first. I have performed this operation three times, and all the patients have recovered. The first was a case of tubercular suppuration, and the patient derived immense relief from the operation; but a permanent fistula remained, and the other kidney becoming also affected, she eventually died of suppression of urine. The second was a case of one of the rarer forms of cystic disease in connection with the kidney. The cyst was opened and drained antiseptically, and the patient is now in good health. The third is the case of M.D., the young woman on whom I afterwards performed nephrectomy, and who has just gone home quite well. Those of you who were present at the nephrotomy in this case will remember that I made an incision in the right lumbar region, commencing at the centre of the last rib, and carried down somewhat obliquely to about the centre of the crest of the ilium, the outer border of the quadratus lumborum being thus exposed and forming a guide to the deeper parts of the incision. You will also remember how very free the hemorrhage was from a number of small vessels, and how it interfered with a good view of the deeper parts of the wound until it was restrained by pressure forceps. The patient was thin, but still the kidney was reached at some depth, and of course this would be enormously increased in a very stout person. I wish,

then, to direct your attention to the facts that the kidney is readily reached in this situation, but there is small hemorrhage, which may be of moment in a very weak patient; and that the space for examination of the kidney is not very large. The organ is reached at the farthest point from the vessels, and it is impossible to explore the whole course of the ureter.

The question in my case was, Is the suppuration due to calculus or tubercle? The answer was not given by the exploration I was able to make through the loin incision; there might have been a stone in the incision beyond my reach. There were no tubercular growths as in my first case. Had I made my exploration through the abdomen by an operation to be immediately discussed, I should have been able, before cutting into the kidney, to satisfy myself as to whether the obstruction was in the ureter, and in this particular case should have recognized the enormously and irregularly enlarged and hardened ureter as an indication of tubercle, and should have at once proceeded to remove the kidney. As it was, I could not feel certain as to the cause of the suppuration, and so determined to try the effect of free antiseptic drainage. The result was a partial improvement followed by relapse, and a month later I had to perform nephrectomy complicated by the presence of a putrid sinus in the loin. The hectic and exhausted condition of this patient before operation, gives a very fair sample of what one will usually have to face in performing nephrotomy or nephrectomy for suppurating kidney.

In thus calling your attention to the disadvantages of the lumbar incision, I must remind you that in my second case it would have been absolutely impossible to complete the operation through that incision. Some operators have found it necessary to resect a portion of the last rib—a proceeding which must be admitted to add enormously to the risk of nephrectomy. One surgeon has suggested that the rib could be sufficiently pushed or drawn aside; but with either of these aids it would have been absolutely impossible to remove the enormous mass (four pounds seven ounces), especially in such a very stout patient. The only cases in the future in which I would use the lumbar incision, are those in which there is little or no enlargement of the kidney. In short, I would restrict its use to the operation of nephro-lithotomy. The experience of Beck, Butlin, Morris, Haward, and others abundantly proves that there is a great future for this operation, and that when the kidney substance which is cut through in reaching the stone is fairly healthy, there is nothing to fear from the immediate hemorrhage, and but small risk of permanent urinary fistula. The abdominal methods would be quite unsuitable for this procedure, but experience alone can decide which method will be best when there is strong evidence

of calculus pyelitis. My own impression is that whenever the kidney is much distended it will be found that urinary fistula is likely to remain after the removal of the stone through the loin, and that it will become the rule to perform nephrectomy rather than nephro-lithotomy. In any case in which I had commenced with the loin incision, and then decided that it was better to perform nephrectomy, I should certainly complete the operation by that abdominal section which you have seen me use, and which I am now going to describe more in detail, merely using the previous loin wound for drainage, and of course suturing the greater portion of it.

We will now consider nephrectomy by abdominal section. There are two incisions, both of which I have tried. The one is made in the median line, to the left of the umbilicus, and extends for about an equal distance above and below it. By this incision the general peritoneal cavity is fully exposed, and the kidney is most conveniently approached through the inner layer of the meso-colon. It can, of course, be approached through the outer layer, but as the operation proceeds the colon will be constantly in the way of the surgeon; whereas, if through the inner layer, it will, as enucleation proceeds, shrink into its natural position and give no more trouble. When enucleating the right kidney, however, through the inner layer, one is exposed to much greater risk of hemorrhage, as pointed out by Langenbeck at the International Congress, because the vessels to the transverse colon pass chiefly through this inner layer. It might appear that the median incision would give one a more direct approach to the renal vessels; but this is not the case, or at least it is more than counterbalanced by the annoyance caused by the omentum and small intestines. The chief objection to the median incision is, however, the great exposure of the general cavity of the peritoneum and its contents.

The incision advocated by Langenbeck is made outside the rectus abdominis, and it is the one you have seen me use in both these successful cases. Admitting the advantage claimed by Langenbeck, when the right kidney is in question, I go much farther and claim for it such advantages over both the lumbar and median incisions that I believe it will, at no distant date, be *the incision* for nephrectomy, as completely as the median incision is *the incision* for ovariectomy and like operations. The following are its advantages: An almost bloodless incision through the abdominal parieties and peritoneum; a complete command of both kidney and ureter for thorough examination and diagnosis; a comparatively bloodless and safe operation, should complete nephrectomy be decided upon. The fact that the peritoneal cavity is opened is of little moment, for there is no general exposure of its contents, and with the most ordinary care no possibility of any blood or foreign matter passing

among the intestines; it is, in short, quite possible to make it practically an extra-peritoneal operation by having the inner edge of the parietal peritoneum and the inner edge of the incision through the meso-colon held together or temporarily secured by a few sutures. The renal vessels can be reached and secured with ease by merely pushing the finger through the cellular tissue between the peritoneum and the kidney, and this can be done before the kidney is enucleated, and the most important part of the operation is thus performed with comparatively trifling hemorrhage. Of course the amount of difficulty in both reaching the vessels and enucleating the kidney, will vary much according to the amount of adhesion between the peritoneum and capsule, and the kidney and the capsule respectively; but whether this be great or small, I am certain that it is both safer and easier to perform the enucleation with plenty of space, and distinctly seeing all one does, than through a deep and obscure opening like the loin incision. If there is much adhesion the peritoneum is sure to be torn and opened in many places, and there is much less risk when this is done openly and with proper sponging and with the possibility of effectually closing the openings made. Of course, all I say of these operations is said with the full understanding that they are to be performed with the strictest antiseptic precautions, and my recent experience shows that even with putrid pus in the kidney, and with a putrid loin sinus, the operation can still be made aseptic by the free use of tincture of iodine, and with great care in the final steps of enucleation of the kidney.

I have now to mention a proceeding which I believe I have been the first to introduce, and which I consider to be of the greatest consequence to the safety of the patient and the aseptic performance of the operation. I refer to the fixing of the bladder-end of the ureter outside the abdominal incision, so that the septic material it is certain to contain is not left deep in the recesses of the wound. I tie it as firmly as possible with strong silk and cut it off so as to leave only just enough stump to pass a pin through and keep it from slipping into the wound. I clean this stump well with iodine and pack it round with a little cotton squeezed out of tincture of iodine. By this method I have been able, in both cases you have seen, to avoid putrefaction in the early stages of the case; that is, until the peritoneum is well sealed. I think that the question of drainage in each of these operations must be decided at the time for each individual case. Whenever there is a loin opening, as in my first case, I should certainly use it, passing an india-rubber tube right through from the abdominal incision (as I did in that case), so that the wound could be at once flushed and washed out if any septic symptom appeared. In any case in which I felt sure of asepsis,

I should not drain, as I am sure the peritoneal surfaces about the wound would rapidly remove (absorb) fluid effused, as was the case in my little girl, and in the last case you have seen.

To sum up, then, I would recommend that the lumbar incision be only used for cases in which there is a strong suspicion that a calculus is present, and that the operation will end in nephrolithotomy; and I should be disposed, in any case in which I had commenced by the lumbar incision, and then found it necessary to complete the nephrectomy, to do so by Langenbeck's incision, utilizing a portion of the already made lumbar incision for drainage, and closing the remainder. I would in all other cases, such as neoplasm of kidney, hydronephrosis, pyonephrosis, and floating kidney, operate by abdominal section, making the incision along the outer border of the rectus abdominis instead of in the median line.—*Medical Times and Gazette*.

MARTIN'S BANDAGE IN THE TREATMENT OF FRACTURE OF THE PATELLA.

Dr. Byrd, of Quincy, Ill., gives in the *Med. and Surg. Reporter*, the following history of a case:—

January 9th, 1882, I was called to see Henry Meyer, an athletic labourer, aged 28 years, who was said to have received a sprain of the knee. When I saw him, I found that, while out hunting, his foot had slipped, and in his endeavor to regain his equilibrium, the right patella was fractured at the junction of the middle and lower third. The fragments were separated sufficiently to admit the thumb being placed between them. There was considerable effusion into the joint, with great pain. Not being able to get a leather or shellac-cloth splint at the time, I took an inch-thick pine board, that would extend from the sub-gluteal fold to below the heel, and so shaped it that it was about as wide as the greatest diameter of the leg, except just opposite the joint, where I made projections, so that the bandage, passing around the limb and splint, would exert traction upon the fragments in such a manner as to draw them together (see the cut in Dr. Hamilton's "Fractures and Dislocations," sixth edition, p. 523) and not slip. The splint was well padded, so as to fit the limb comfortably, and the bandage was applied as on page quoted above; "a roller, made of unglazed cotton cloth, is then turned around the leg and splint to within about three inches of the knee, and another from the upper end of the splint, over the splint and thigh, to within three inches of the knee. While an assistant approximates the fragments with his fingers, the surgeon makes two or three turns with a third roller around the limb

HYDROLEINE OR HYDRATED OIL AS A THERAPEUTIC AGENT IN WASTING DISEASES.

By W. H. BENTLEY, M.D., LL.D.,
VALLEY OAK, KY.

From *New Remedies*, September, 1881.

In October, 1880, I read an advertisement of Hydroleine in some medical journal. The formula being given, I was somewhat favorably impressed, and procured two pamphlets: One on "The Digestion and Assimilation of Fats in the Human Body," and the other on "The Effects of Hydrated Oil in Consumption and Wasting Diseases." They are ably written, and afforded an interesting study. Their doctrines are so reasonable, that I got up faith enough to have my druggist order a sufficient supply to thoroughly test the merits of the preparation.

I was ready to catch at anything to take the place of cod-liver oil. In my hands it has proved an utter and abominable failure in ninety-five per cent. of all my cases in which I have prescribed it since I have been engaged in country practice, and it never benefitted more than forty per cent. of my city patients.

The inland people, who seldom eat fish, can rarely digest cod-liver oil. Almost every week I am consulted by some victim of the *cod oil mania*, who has swallowed the contents of from one to twenty-five bottles, and who has been growing leaner, paler and weaker all the while, until from a state of only slight indisposition, these patients have become mere "living skeletons." Nearly all complain of rancid eructations, and an unbearable fishy taste in their mouth, from one dose to another. They not only fail to digest the cod oil, but this failure overloads the digestive organs to such an extent that digestion and assimilation of all food becomes an impossibility, the patient languishes and pines and finally dies of *literal starvation*. In the comparatively small number with whom I have found cod-liver oil to agree, it has proved very gratifying in its results. In my practice, by far the largest number receiving benefit from it have been children. Those who have, previous to their illness, been accustomed, to some extent, to a "fish diet," will be more likely to digest the oil, and more notably so in cold climates. Still the innumerable efforts that have been made in the shape of "pure cod-liver oil," "palatable cod-liver oil," "cod-liver oil with pepsin," "cod-liver oil with pancreatin," "cod-liver oil emulsions," etc., and so on, *ad infinitum*, attest the fact that the great *desideratum* after all is to render cod-liver oil capable of retention by the stomach, and digestible when it is retained.

As Hydroleine is partially digested oil, and this partial digestion is brought about by a combination of factors suggested by actual physiological experiments, these facts commend it to my confidence, and a trial of the preparation in seven typical cases convinces me that it possesses

a high degree of merit, and I feel that it is a duty incumbent upon me to call the attention of my medical brethren to the subject.

The first case in which I prescribed it was that of a married lady 28 years of age, a blonde, and the mother of four children, the eldest 9 and the youngest 1 year old. From the birth of this last child she dated her illness, for she made a tardy convalescence, remaining unable to walk for a month. Soon after she began to grow weaker, and soon resumed her bed, which she had not left to any extent since, not at any time being able to sit up longer than fifteen or twenty minutes. During all this time she was under charge of a skillful physician. He had tried many remedies to check the rapid emaciation; among these were several different brands of malt extract, cod-liver oil, and various mixtures of the oil. None of the oils and their mixtures agreed with her. In March, I was called and prescribed Hydroleine, a bottle of which I delivered at the time, directing her to commence with teaspoonful doses, to be gradually increased to twice the amount. It agreed with her finely, and by the time the first bottle was used she was greatly improved. She procured and used two additional bottles, and, at this writing, June 15th, is considered well.

The above case was one of general and persisting emaciation, unaccompanied by any cough or perceptible thoracic trouble. The ensuing case was one of diagnosed

TUBERCULAR PHTHISIS.

The patient a married lady, *æt.* 32, had been married about 14 years, and was the mother of six children, the youngest two years of age. Several of her sisters had died of the above mentioned disease. Her medical adviser prescribed cod-liver oil, and she had taken a full dozen bottles with plenty of whiskey. The oil had not been digested, although it had been retained by the stomach. Her cough had grown constantly worse, and she grew rapidly weaker, week by week. I prescribed Hydroleine for her, and she commenced to take it in April, about the 15th. It agreed with her finely. She rapidly gained weight and strength, her cough was relieved and has now nearly ceased. She has used nearly four bottles, and continues to use it, though apparently well.

I have prescribed it in three other cases, in two of which the results have been equally gratifying, but in the other case it produced nausea and greasy eructations.

From these trials I am led to think quite favorably of the hydrated oil, and I am led to believe that although it may not agree with all, it will be found of great and permanent benefit to a very large per cent. of consumption and other "wasting" diseases, and that it is destined, at no distant day, to very largely supplant the undigested oils.

HAZEN MORSE, 57 Front Street East,
TORONTO,
SOLE AGENT FOR CANADA.

TUBERCULOSIS RESULTING FROM DEFICIENT NUTRITION.

(From *The Medical Record*, New York.)

Various as are the opinions regarding the treatment of consumption, all writers concur in the belief that whatever measure is adopted, the strength of the patient must be husbanded with the greatest care, and the most efficient means employed to supply the system with that element which the symptoms indicate as being required to keep up the vitality while such course of treatment is being pursued as is considered suitable. The most striking indication of the presence of this dreadful disease is rapid loss of weight. The patient himself, prone as he is to disregard, premonitory warnings of this insidious malady, cannot but observe an extraordinary difference in the appearance of his form, as first the face, then the trunk and, lastly, the limbs become soft and flabby, and the once well-fitting garments hang loosely about him, his flesh seeming to melt away, so rapid is the change.

EMACIATION.

A natural course of reasoning as to the cause and effect of emaciation under these circumstances has developed the fact that the abnormal consumption of the tissues is the result of nature's efforts to supply the waste, through the blood from the fatty tissues of the body with the requisite amount of material whose oxidation is the source of heat and nerve force, the natural supply, through the assimilation of food, having failed in consequence of an unhealthy condition of the pancreatic secretions causing an insufficient supply of chyle, or a failure on the part of the lacteal tubes, through fever or some cause, to absorb sufficient nutriment.

TUBERCLE.

As the attack upon the tissues of the body progresses, not only fatty tissue is absorbed into the circulation from unnatural sources, causing loss of strength, but particles of albuminoid tissue are carried by the blood and being deposited in channels where the system has no provision for throwing them off, form desquamations centres of disease which, in their turn, throw off infectious matter to be absorbed into the general system. The immense extent of delicate mucous surface in the respiratory passages of the lungs exposed to the contents of the minute blood-vessels which permeate their entire texture, offers the greatest and most susceptible field for the reposition of a large amount of this effete albuminoid tissue. This deposit forms the tubercle whose establishment in the lung is the beginning of that train of circumstances which characterizes the progress of that fatal malady—consumption. Thus it is seen that tuberculosis is either due to the defective action of the pancreatic juice on the fatty elements of the food, or to the non-absorption of the chyle into the blood.

ASSIMILATION OF FATS.

Fatty matter, when introduced to the stomach, undergoes little change by the action of the gastric juice, but passes, together with

the chyme or digested fibrinous and albuminous matter, to the duodenum, where it comes into contract with the pancreatic juice, and is thereby transformed into chyle, which is a very delicate saponaceous emulsion or suspension of the oleaginous portion of fat. It is when in *this condition only* that fat is capable of absorption by the lacteals, thence passing directly to the venous blood which is supplied to the lungs through the right cavity of the heart; the lungs then absorb from that blood the hydrocarbons or fatty portion, and return the nitrogenous portion to the heart, to form the globulin of arterial blood before passing into the circulation.

This function of partly saponifying and partly emulsifying fats is enjoyed by no other secretion of the alimentary canal but the pancreatic juice, unless we take into consideration the action of the saliva, which is somewhat of that nature; but as the food in most instances is subjected to the action of the saliva in the mouth for so short a time, this feature in the economy is almost inappreciable.

TREATMENT.

The close relations of non-assimilations of the fatty elements of food to wasting diseases, and especially to consumption, is understood; and reason would indicate that if by any artificial means the absorption of fat could be assisted by supplying, as chyle, a proper amount of oleaginous or fatty matter, a nutritive progress would be established which would modify the unhealthy action of the pancreas, and not only relieve the body from the depleting effects of the disorder, but afford an opportunity for treatment and recovery. With the assistance of a thorough knowledge of the chemical process which fat undergoes from the time of its introduction into the duodenum to absorption, a preparation has been introduced and extensively used by the profession in England with highly successful results, indicated by the very flattering commendations of it from many physicians who, having given the treatment of pulmonary disorders their special attention, are peculiarly qualified to attest its efficacy.

HYDROLEINE.

This preparation, to which the distinctive name of hydroleine (hydrated oil) has been given, is not a simple emulsion of cod-liver oil, but a permanent and perfect saponaceous emulsion of oil, in combination with pancreatin soluble in water, the saponification producing a cream like preparation, possessing all the necessary qualities of chyle, including extreme delicacy and solubility, whereby a ready and perfect assimilation is afforded.

FORMULA OF HYDROLEINE.

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

Pure oil	80 m (drops)
Distilled water	35 "
Soluble pancreatin.....	5 grains.
Soda	½ "
Boric acid	¼ "
Hyocholeic acid	1-20 "

Dose.—Two teaspoonfuls alone, or mixed with twice the quantity of soft water, wine or whiskey, to be taken thrice daily with meals.

The use of the so-called emulsions of cod-liver oil during the extremely sensitive condition of the digestive organs always accompanying consumption does not usually afford beneficial results. Those of the profession in this country who have under their care cases of consumption, diabetes, chlorosis, Bright's disease, hysteria, and, in short, any disease where a loss of appetite is followed by a rapid breaking down of the tissues of the body in its effort to support the combustion supplying animal heat, are urged to give this preparation a trial. It is supplied, by the agent for Canada, Hazen Morse, No 57 Front Street East, Toronto, who will forward literature relating to the subject upon application.

That many of the diseases from which mankind suffer during infant and adult life are caused by malnutrition, there can be no doubt; and the extent to which non-assimilation of the life-giving properties of food interferes with recovery from severe illness, baffling the best directed efforts of the physician, points the necessity for an agent or combination of agents sufficiently potent to replace the deficient principle and aid nature in renewing the degenerated tissues.

Realizing this need, the science of chemistry produced pepsine. Richard Tuson, F. C. S. Professor of Chemistry, London, England, in the *Lancet* Aug. 13, 1870, speaks of this remedy as follows: "Since the introduction of Corvisart and Boudault's poudre nutritive into medicine, in the year 1854, Pepsine, obtained from the stomach of the pig, calf or sheep, in a state of greater or less impurity has been extensively prescribed in Dyspepsia and certain other affections. According to the testimony of some authorities of high standing, long experience in the use of this agent fully justifies Corvisart's predictions relative to its therapeutic value, which were based on physiological reasoning.

There are other authorities who express doubts as to the efficacy of Pepsine. This difference of opinion undoubtedly arises from the circumstance that pharmacutists supply medical men with various preparations, all bearing the same specific name of Pepsine, but differing very considerably in their digestive powers and other qualities. In fact, I find those who speak favorably of its employment in the treatment of disease have prescribed that prepared by the best makers, while those who express a doubtful opinion have been in the habit of prescribing those varieties or makes, which the experiments of myself and others have proved to be practically without any digestive activity, *i. e.* worthless. Under these circumstances it is *absolutely* necessary for the practitioner to be certain of the *make* of Pepsine he uses. *Pure* Pepsine, thoroughly triturated with finely powered sugar of milk (saccharated pepsine) will undoubtedly produce the best results.

Experience in diseases of the stomach, dyspepsia, etc. has demonstrated in many cases, the lack of other agents required to promote a healthy digestion beside Pepsine, namely Pancreatine and Diastase or veg. Ptyalin. Pancreatine the active principle of the sweet-bread or pancreas possesses the wonderful power of emulsifying the fats and oils of food, rendering them easily assimilated by the system not affected by pepsine in the slightest degree. Diastase or veg Ptyalin, as obtained from malted barley in the *dry* extract of malt, represents the saliva, and has the remarkable property of converting the insoluble starchy portions of food into the soluble glucose, thus rendering the indigestible and innutritious article starch into the nutritive and easily assimilated food glucose.

The value of these different ingredients and the difficulty of procuring them of the right quality led Hazen Morse, 57 Front Street East, Toronto, to experiment with various combinations during seven years' employment in the manufacture of Pepsine on a large scale and with the assistance of several prominent physicians he was finally enabled to present to the profession the following formula.

Saccharated Pepsine.....	10	Grains.
" Pancreatine.....	5	"
Acid Lactophosphate of Lime	5	"
Exsiccated Extract of Malt equal to one teaspoonful of Liquid Extract of Malt	10	"

Said formula has been registered at Ottawa under the distinctive name Maltopepsyn, thus giving the physician a guarantee of always procuring the same standard preparation and preventing their being imposed upon by imitations of inferior quality, and at the same time putting it at as low a figure (fifty cents for 1½ ozs.) as possible for such a formula to be compounded from the ingredients of the *best* possible manufacture.

Maltopepsyn has digestive power ten times greater than the best Pepsine in the market, as it digests Fibrin and Caseine, emulsifies the fat of food taken into the stomach, thus rendering it assimilable, converts starch into glucose, in fact it combines all the agents that act upon food, from mastication to its conversion into chyle, digesting all aliment use by mankind while Pepsine acts only on plastic food. Maltopepsyn also combines with the above the nutritive qualities of Extract of Malt, and the brain and nerve strengthening powers of the Acid Phosphates.

It has been found that a free acid, like Hydrochloric, does not combine well with a Saccharated Mixture, and renders it liable to decomposition, I therefore do not use it in my formula. It can be easily prescribed in solution, (say 20 drops of acid to 4 ounces of water) one half-ounce with each dose, in cases where its use is indicated.

For infants, however, Maltopepsyn will be found to yield the most satisfactory results, and the acid should be dispensed with. The necessity for the absence of acid which would tend to produce harmful results, will be recognized, when it is considered that even the slight acidity of most cow's milk, when used as food for infants, is sufficient to disagree with them.

With regard to the proper time for its administration, as before or after taking of food, opinions vary, but reason would suggest that about half an hour before eating will afford the ferment a sufficient time to combine with the existing condition of the stomach, and produce the most natural effect upon the food.

OPINIONS OF MEDICAL MEN.

46 St. Joseph St., TORONTO, Aug. 19, 1881.

I have tried both Maltpepsyn and Hydroleine in a large number of cases and have found very great benefit from their use. Maltpepsyn is one of the best remedies of its kind that I have ever prescribed when artificial aid is required for digestion. Hydroleine I have found to be one of the best, if not *the* best of its class. It is readily taken, is easily assimilated, does not produce nausea or disgust, and nourishes the body to a very marked degree. In all wasting diseases I have found it to be most satisfactory. I would strongly recommend both of these preparations to my professional brethren.

JAS. H. RICHARDSON, M.D.,
M.R.C.S., England.

MONTREAL, Sept. 7, 1881.

Dear Sir.—I have given a very fair trial to your preparations Maltpepsyn and Hydroleine. I found Hydroleine invaluable in all wasting diseases, where cod liver oil and other tonics are generally employed, and especially in treating some cases of chronic diseases of the skin.

Maltpepsyn has been used successfully in two cases of Dyspepsia.

Yours truly,
GASPARD ARCHAMBAULT, M.D.,
Physician to the Hotel Dieu and Professor of
Dermatology at the Medical and Surgical
School.

MONTREAL, Sept. 12, 1881.

Dear Sir.—I think I have employed Hydroleine since its first introduction here, and it has given far more satisfaction in my hands than any other Cod Liver Oil preparation, in cases of emaciation with cough and threatened consumption its use has invariably been followed by benefit and in many cases results have been truly remarkable. Increase in weight, improved secretions and better spirits usually follows its proper administration. In chronic diarrhoea I have found it very serviceable and for many convalescents it is invaluable.

Yours truly, W. B. BURLAND, M.D.

MONTREAL, Sept. 28, 1881.

Dear Sir.—I have used Hydroleine very freely and find it a very good tonic in all wasting diseases, principally those of the pulmonary organs.

Yours truly,
P. G. MOUNT, M.D.

Physician to the Reformatory Jail, Montreal.

690 Dorchester Street, MONTREAL, Sep. 29, 1881.

Sir.—I have much pleasure in adding my own to the mass of testimony you have already acquired in favor of Hydroleine, with the results of which I have never been disappointed. Its administration has frequently been attended with an increase in the patient's weight far out of proportion to the quantity of oil taken.

Yours truly,
A. LAPHORN SMITH, M.D.
M.R.C.S., England, F.O.S. Lond.,
Physician Montreal Dispensary.

531 Wellington Street, MONTREAL, Sep. 19, 1881.

Dear Sir.—What I have seen of Hydroleine is certainly to its advantage. In the first place you do not, as is done to my knowledge in other preparations, endeavor to cover up deficiencies of the oil by adding strong aromatic oils to the mixture, and again, I consider the formula more likely to secure a finer emulsion by reducing the size of the globules than is possible under other methods.

Yours truly,
CASEY A. WOOD, M.D.

MONTREAL, Sept. 7, 1881.

Dear Sir.—I have much pleasure in testifying to the excellence of your Maltpepsyn in cases of indigestion and the diarrhoea and the vomiting of children. Beyond question it is the most successful remedy we possess in the above class of cases, particularly so in young children, doing away entirely with the very objectionable habit of administering very powerful astringents, including opium. Your preparation in these cases is prompt in its action and above all harmless.

Yours very truly,
JOHN T. FINNIE, M.D.

MONTREAL, Sept. 19, 1881.

Dear Sir.—Having occasion to prescribe Maltpepsyn often, it is with the greatest pleasure that I inform you of its entire satisfaction to the relief and cure of all those troubles which accompany dyspepsia, gastralgia, pyrosis and flatulency; it has also cured costiveness. In all these complaints I am well pleased with the use of this wonderful remedy.

Yours very truly,
J. C. DANSEREAU, M.D.

126 Bleury St., MONTREAL, Sept. 12, 1881.

Dear Sir.—I have used Maltpepsyn in a great number of cases with beneficial results and think that it is a very valuable preparation.

Yours truly,
R. A. KENNEDY, M.D.

NEW DURHAM, ONT, Oct. 1, 1881.

Dear Sir.—I prescribed Hydroleine to a patient afflicted with tuberculosis. She is wonderfully emaciated; nevertheless, from the use of the one bottle she has gained 1½ lbs., her cough has become less frequent, and she expressed a great desire to continue the use of the remedy. I write you for 4 (four) bottles to be sent immediately.

Yours very respectfully,
A. McCURDY, M.D.

UPPER BEDFORD, QUE., Sept. 28, 1881.

Dear Sir.—For the past 12 months I have used Hydroleine (Hydrated Oil) in *all* my cases presenting either a scrofulous or tubercular diathesis, and have found it answered better than any other preparation of cod liver oil. Notably with children (of all ages) do I find its *particular value*.

In suitable cases your Maltpepsyn has never failed me, and in certain cases of long standing dyspepsia, its use I found indispensable.

Yours truly,
DAVID A. HART, M.D.

and splint, close above the knee ; after which the roller descends below the knee, and an equal number of circular turns are made close below the lower fragment of the patella ; and finally, a succession of oblique and circular turns are made above and below the fragments, which turns are to approach each other in front until the whole of the patella is covered, the last turns being again circular. The dressing now being completed, the rollers are carefully stitched to the cover of the splint, through its whole length, on both sides, and the limb is left supported in the elevated position by a suspending apparatus, or by some other mode which will insure its maintenance." I quote the above for the reader to understand that all Dr. Hamilton's details were carried out, with the exception of the substitution of a pine board for a splint, instead of shellac cloth. This treatment was kept up for a week, but the effusion and swelling not diminishing, I applied a Martin's rubber bandage, instead of the cotton one, from the ankle to the gluteal fold, expecting to get absorption of the effused fluid, and also by the constant elastic pressure to overcome any tendency to spasms in the quadriceps muscle. I had intended to remove the fluid from within the joint, with the aspirator, before applying the bandage, but having removed the bandage from another patient just before calling to see this one, and not having the aspirator with me, I concluded to apply the bandage, as I had it with me, and if necessary aspirate the next day. When I came to see him the next day the swelling had subsided so much, and he was feeling so comfortable, that I decided not to aspirate. From this time on he made a speedy recovery. At the end of nine weeks I let him go upon his crutches, and to-day he walks well on the limb, although there is yet considerable stiffness of the joint. The union is so intimate that it is with the greatest difficulty that the site of the fracture can be made out.

I do not know but that the board splint could be replaced, with advantage to the patient, by one of shellac or plaster-of-paris, allowing the patient to go upon his crutches at once, applied to the posterior half of the leg, as suggested by Dr. Hamilton. The shellac, on account of its weight, would, of course, be the best. In using the india-rubber bandage it should be taken off at least once a day, and the limb washed, to clean off accumulated epithelial scales and perspiration ; the bandage should then be washed dry and re-applied. There can be but little doubt that a great deal if not the whole of the displacement of the fragments is owing to the effusion within the joint, and it would be a good and safe practice to aspire before applying the bandage ; for my views in regard to aspiration of joints I refer the reader to the Baltimore *Independent Practitioner* for Sept., 1820, or to a very valuable paper by Dr. Wm. Judkins, of Cincinnati, O., published in the N. Y. *Med. Record*, April 8, 1882.

PROFESSOR BILLROTH AND PIROGOFF'S ILLNESS.

Much difference of opinion and discussion has occurred in medical circles over the illness of the recently deceased famous Russian surgeon, Pirogoff. The discussion has arisen from the difference in opinion of Prof. Billroth and the attendant Russian surgeons. Prof. Billroth has recently written a letter to Dr. Wywodzow, in St. Petersburg, who had sent a portion of the tumor, from which Pirogoff suffered, to Vienna. I make a few abstracts from his letter

"More than two-thirds of the sections taken from the tumor consist of a small-celled, vessel-rich, fibro-sarcomatous tissue ; upon one periphery of the section, there are, however, very distinct epithelial structures, and in one corner is a bit of exquisite epithelial-carcinoma with epithelial pearls ; the latter are apparently somewhat horny and possess a peculiar bright-brownish color ; whether this color was originally so, or perhaps has arisen from the employment of Peru balsam which I recommended to Pirogoff, I am not able to decide.

"From this discovery, it appears that my views of the case, as well as those of my Russian colleagues, were correct. When Pirogoff consulted me in Vienna, I had the impression that the disease had originally acted as a chronic inflammatory process in the alveolus of the last upper left molar tooth ; this tooth became loose and fell out. Then the chronic inflammatory, new formation grew forth, and took on gradually the character of an infiltrated sarcomatous epulis, as I have more frequently noticed in old people. In this stage, I saw Pirogoff. The regular tumor was free from epithelium ; the surface appeared to be granulating well, were tolerably firm, and bore no traces of destruction. The epithelium was not entirely destroyed in these places, but grew here and there, as it followed several islands of cicatricial tissue. In consequence, this epithelial growth had taken on a more proliferating and destructive character ; in this manner it resulted in the partial development of a genuine epithelial carcinoma. I should like to place the progress of carcinoma formation in parallelism with lupus and other chronic ulcers. The swollen lymphatic glands, which, as I hear, appeared later behind the angle of the lower jaw, were certainly the carcinoma of infection.

"However interesting and instructive the result of microscopic investigations in such cases may be, and however the etiology of the progress of the tumor may be anatomically illustrated, yet the diagnosis of carcinoma in the present case determined me not to operate.

"A man seventy years old, although still of most buoyant spirit, yet bearing in himself all signs of bodily marasmus, with cataract in both eyes, etc., had no prospect of surviving such an operation as

one would have been obliged to make, only to remain for a short time free from a recurrence of the disease. Yes, I declare to you, that if such a patient was both vigorous and twenty years younger than Pirogoff was, I would not operate upon him. My experience as a surgeon, now of thirty years' duration, has taught me that sarcomata and carcinomata, beginning entirely behind the upper jaw, are never capable of radical removal by operative procedure, even if one operates with some probability of his patient surviving the operation. Behind the upper jaw an operator is so hindered, partly technically, partly anatomically, that a clean extirpation is impossible, although he may be dealing with a very exceptional case of entirely encapsuled tumor.

"I am no longer the unterrified, bold operator as you knew me in Zürich. I lay before myself now, always, the question, Would you permit this operation to be performed upon yourself if you were in the patient's position? Then, one comes, in the course of years, to a certain resignation. With every year which fate yet gives me, shall I become more and more affected by bad results in our art."

"I should have blamed the surgeon who would have attempted an operation upon Pirogoff. So far as I myself was concerned, I knew I could accomplish no favorable result in his case; so I attempted, through encouragement, to lift up the psychical depression of the patient, and talk him over to patience, in order to deceive him as to the significance of his suffering. That is, indeed, all we are able to do in such cases. It is really perfectly natural that my views conflicted with those of my distinguished Russian colleagues, yet I have acted as, according to my experience, I held it my duty.

"If you wish to publish this letter I have no objections. I have withdrawn for ever from the literary stage at the command of surgery, and confine myself, in word and deed, to my students and patients, so long as it may yet be permitted me to work. With friendliest greetings,

"Your most obedient servant,

"DR. H. BILLROTH."

—(*Med. News Correspondent*).

MYOPIA IN FRANCE.—It is stated in the report of the committee, which was appointed some time ago by the French Government to inquire into the prevalence of short-sightedness amongst the youths at the great Government schools in France, that the cause of the infirmity is to be found in the fact that the school books are printed in type which is too finely cut, and further, that the custom of printing upon white paper is still more hurtful. They recommend, therefore, that the authorities should consider the advisability of substituting thicker characters in the books, and also printing in white letters upon tinted paper.—*Brit. Med. Journal*.

RIP VAN WINKLE, M.D.

[As *apropos* of some of the characters occasionally to be met with at Medical Association meetings, we republish the following humorous poem, written by Oliver Wendell Holmes, M.D., LL.D., and recited by him as an after-dinner prescription, at the Massachusetts Medical Society, several years ago.]—Ed. LANCET.

CANTO FIRST.

Old Rip Van Winkle had a grandson, Rip,
Of the paternal block a genuine chip;
A lazy, sleepy, curious kind of chap;
He, like his grandsire, took a mighty nap,
Whereof the story I propose to tell
In two brief cantos, if you listen well.

The times were hard when Rip to manhood grew;
They always will be when there's work to do;
He tried at farming—found it rather slow—
And then at teaching—what he didn't know;
Then took to hanging round the tavern bars,
To frequent toddies and long-nine cigars;
Till Dame Van Winkle, out of patience, vexed
With preaching homilies, having for their text
A mop, a broomstick—ought that might avail
To point a moral or adorn a tale,
Exclaimed—"I have it! Now then Mr. V.!
He's good for somethiug—make him an M. D.!"

The die was cast; the youngster was content;
They packed his shirts and stockings, and he went.
How hard he studied it were vain to tell—
He drowsed through Wistar, nodded every Bell,
Slept sound with Cooper, snored aloud on Good;
Heard heaps of lectures—doubtless understood—
A constant listner, for he did not fail
To carve his name on every bench and rail.
Months grew to years; at last he counted three;
And Rip Van Winkle found himself M. D.
Illustrious title! in a gilded frame
He set the sheepskin with his Latin name!
RIPUM VAN WINKLUM, QUEM WE—SCIMUS—know
IDONEUM ESSE—to do so and so;
He hired an office; soon its walls displayed
His new diploma and his stock in trade,
A mighty arsenal to subdue disease
Of various names, whereof I mention these:

Lancets and bougies, great and little squirt,
Rhubarb and Senna, Snakeroot, Thoroughwort,
Ant. Tart., Vin., Colch., Pil. Colocynth. and Black Drop,
Tinctures of Opium, Gentian, Henbane, Hop,
Pulv. Ipecacuanhæ, which for lack
Of breath to utter, men call Ipecac,
Camphor and Kino, Turpentine, Tolu,
Cubebs, "Copeevy," Vitriol—white and blue,
Fennel and Flaxseed, Slippery Elm and Squill,
And roots of Sassafras and "Sarsap'ril,"
Brandy—for colics—Pinkroot, death on worms—
Valerian, calmer of hysterical squirms,
Musk, Assafoetida, the resinous gum
Named from its odor—well, it does smell some—
Jalap, that works not wisely, but too well,
Ten pounds of bark and six of Calomel.

For outward griefs he had an ample store,
Some twenty jars and gallipots, or more;
Ceratum simplex—housewives oft compile
The same at home, and call it "wax and ile;"
Unguentum Resinosum—change its name,
The "drawing salve" of many an ancient dame;
Argenti Nitras, also Spanish flies,
Whose virtue makes the water-bladders rise—
(Some say that spread upon a toper's skin
They draw no water, only rum or gin)—

Leeches, sweet vermin ! don't they charm the sick ?
 And Sticking-plaster—how it hates to stick !
Emplastrum Ferri—ditto *Picis*, Pitch ;
 Washes and Powders, Brimstone for the—which,
Scabies or *Psora*, is thy chosen name
 Since Hahnemann's goosequill scratch'd thee into fame,
 Proved thee the source of every nameless ill,
 Whose sole specific is a moonshine pill,
 Till saucy science, with a quiet grin,
 Held up the *Acarus*, crawling on a pin ?
 —Mountains have labored and have brought forth mice :
 The Dutchman's theory hatched a brood of—twice
 I've well nigh said them—words unfitting quite
 For these fair precincts and for ears polite.
 The surest foot may chance at last to slip,
 And so at length it proved with Dr. Rip.
 One full sized bottle stood upon the shelf
 Which held the medicine he took himself ;
 Whate'er the reason, it must be confessed
 He filled that bottle oftener than the rest ;
 What drug it held I don't presume to know—
 The gilded label said "Elixir Pro."

One day the Doctor found the bottle full,
 And, being thirsty, took a vigorous pull,
 Put back the "Elixir" where 'twas always found,
 And had old Dobbin saddled and brought round.
 —You know these old-time rhubarb-colored nags
 That carried Doctors and their saddle-bags ;
 Sagacious beasts ! they stopped at every place
 Where blinds were shut—knew every patient's case—
 Looked up and thought—the baby's in a fit—
That won't last long—he'll soon be through with it ;
 But shook their heads before the knocked door
 Where some old lady told the story o'er
 Whose endless stream of tribulation flows
 For gastric griefs and peristaltic woes.

What jack o'lantern led him from his way,
 And where it led him, it were hard to say ;
 Enough that wandering many a weary mile
 Through paths the mountain sheep trod single file,
 O'ercome by feelings such as patients know
 Who dose too freely with "Elixir Pro,"
 He tumbld—dismounted, slightly in a heap,
 And lay, promiscuous, lapped in balmy sleep.

Night followed night, and day succeeded day,
 But snoring still the slumbering Doctor lay.
 Poor Dobbin, starving, thought upon his stall,
 And straggled homeward, saddle-bags and all ;
 The village people hunted all around,
 But Rip was missing—never could be found.
 "Drowned," they guessed ;—for more than half a year
 The pouts and eels *did* taste uncommon queer ;
 Some said of apple-brandy—other some
 Found a strong flavor of New England rum.

—Why can't a fellow hear the fine things said
 About a fellow when a fellow's dead ?
 The best of doctors—so the press declared—
 A public blessing while his life was spared,
 True to his country, bounteous to the poor,
 In all things temperate, sober, just and pure ;
 The best of husbands ! echoed Mrs. Van,
 And set her cap to catch another man.

—So ends this Canto—if it's *quantum suff.*,
 We'll just stop here and say we've had enough,
 And leave poor Rip to sleep for thirty years ;
 I'll grind the organ—if you'll lend your ears
 To hear my second Canto after that
 We'll send around the monkey with the hat.

CANTO SECOND.

So thirty years had past—but not a word
 In all that time of Rip was ever heard ;
 The world wagged on—it never does go back—
 The widow Van was now the widow Mac—
 France was an Empire—Andrew J. was dead,
 And Abraham L. was reigning in his stead,
 Four murderous years had passed in savage strife,
 Yet still the rebel held his bloody knife.
 At last one morning—who forgets the day
 When the black cloud of war dissolved away ;
 The joyous tidings spread o'er land and sea,
 Rebellion done for ! Grant has captured Lee !
 Up every flagstaff sprang the Stars and Stripes—
 Out rushed the Extras wild with mammoth types—
 Down went the laborer's hod, the schoolboy's book—
 "Hooraw !" he cried—"the rebel army's took !"
 Ah ! what a time ! the folks all mad with joy :
 Each fond, pale mother thinking of her boy ;
 Old gray-haired fathers meeting—Have you heard ?
 And then a choke—and not another word ;
 Sisters all smiling—maidens, not less dear,
 In trembling poise between a smile and tear ;
 Poor Bridget thinking how she'll stuff the plums
 In that big cake for Johnny when he comes ;
 Cripples afoot—rheumatics on the jump,
 Old girls so loving they could hug the pump,
 Guns going bang ! from every fort and ship—
 They banged so loud at last they wakened Rip.

I spare the picture, how a man appears
 Who's been asleep a score or two of years ;
 You all have seen it to perfection done
 By Joe Van Wink—I mean Rip Jefferson.
 Well, so it was—old Rip at last came back,
 Claimed his old wife—the present widow Mac—
 Had his old sign regilded, and began
 To practice physic on the same old plan.

Some weeks went by—it was not long to wait—
 And "please to call" grew frequent on the slate.
 He had, in fact, an ancient mildewed air,
 A long grey beard, a plenteous lack of hair—
 The musty look that always recommends
 Your good old Doctor to his ailing friends.
 —Talk of your science ! after all is said
 There's nothing like a bald and shiny head—
 Age lends the graces that are sure to please,
 Folks wont their Doctors mouldy, like their cheese.

So Rip began to look at people's tongues
 And thump their briskets (called it "sound their lungs"),
 Brushed up his knowledge smartly as he could,
 Read in old Cullen and in Doctor Good.
 The town was healthy ; for a month or two
 He gave the sexton very little work to do.

About the time dogday heats begin,
 Measles and mumps and mulligrubs sets in ;
 With autumn evenings dysentery came,
 And dusky typhoid lit his smouldering flame ;
 The blacksmith ailed—the carpenter was down,
 And half the children sickened in the town.
 The sexton's face grew shorter than before—
 The sexton's wife a brand new bonnet wore—
 Things looked quite serious—Death had got a grip
 On old and young, in spite of Dr. Rip.

And now the Squire was taken with a chill—
 Wife gave "hot drops"—at night an Indian pill ;
 Next morning, feverish—bedtime, getting worse,
 Out of his head—began to rave and curse ;
 The Doctor sent for—double quick he came :
Ant. Tart. gran. duo, and repeat the same

If no *et calera*. Third day—nothing new ;
Percussed his thorax—set him cussing, too—
Lung-fever threatening—something of the sort—
Out with the lancet—let him bleed—a quart—
Ten leeches next—then blister to his side ;
Ten grains of calomel—just then he died.

The Deacon next required the Doctor's care—
Took cold by sitting in a draft of air—
Pains in the back, but what the matter is
Not quite so clear—wife calls it "rheumatiz."
Rubs back with flannel—gives him something hot—
"Ah !" says the Deacon, "that goes *nigh* the spot."
Next day a *rigor*—run, my little man,
And say the Deacon sends for Dr. Van.
The Doctor came—percussion as before,
Thumping and banging till his ribs were sore—
"Right side the flattest"—then more vigorous raps—
Fever—that's certain—pleurisy, perhaps.
A quart of blood will ease the pain, no doubt,
Ten leeches next will help to suck it out,
Then clap a blister on the painful part—
But first two grains of *Antimonium Tart.*
Last, with a dose of cleansing calomel
Unload the portal system—that sounds well !

But when the self-same remedies were tried,
As all the village knew, the Squire had died ;
The neighbors hinted—"this will never do,
He's killed the Squire—he'll kill the Deacon too."

—Now when a doctor's patients are perplexed,
A *consultation* comes in order next—
You know what that is ? In a certain place
Meet certain doctors to discuss a case
And other matters, such as weather, crops,
Potatoes, pumpkins, lager beer and hops.
For what's the use ?—there's little to be said,
Nine times in ten your man's as good as dead—
At best a talk (the secret to disclose)
Where three men guess and *sometimes* one man knows.

The counsel summoned came without delay—
Young Doctor Green and shrewd old Doctor Gray—
They heard the story—"Bleed !" says Doctor Green,
"That's downright murder ! cut his throat, you mean !
Leeches ! the reptiles ! Why, for pity's sake,
Not try an adder or a rattlesnake ?
Blisters ! Why bless you, they're against the law—
It's rank assault and battery if they draw !
Tartrate of Antimony ! shade of Luke,
Stomachs turn pale at thought of such rebuke !
The portal system ! What's the man about ?
Unload your nonsense ! Calomel's played out !
You've been asleep—you'd better sleep away
Till some one calls you"—

"Stop !" says Doctor Gray—
"The story is you slept for thirty years ;
With brother Green, I own that it appears,
You must have slumbered most amazing sound ;
But sleep once more till thirty years come round,
You'll find the lancet in its honored place,
Leeches and blisters rescued from disgrace,
Your drugs redeemed from fashion's passing scorn,
And counted safe to give to babes unborn."

Poor sleepy Rip, M. M. S. S., M. D.,
A puzzled, serious, saddened man was he ;
Home from the Deacon's house he plodded slow,
And filled one bumper of "Elixir Pro."
"Good bye," he faltered, *Mrs. Van*, my dear !
I'm going to sleep, but wake me once a year ;

I don't like bleaching in the frost and dew,
I'll take the barn, if all the same to you.
Just once a year—remember, no mistake !
Cry 'Rip Van Winkle ! time for you to wake !
Watch for the week in May when lilacs blow,
For then the Doctors meet, and I must go."

—Just once a year the Doctor's worthy dame
Goes to the barn and shouts her husband's name.
"Come, Rip Van Winkle !" (giving him a shake)
Lilacs in blossom ! 'tis the month of May—
The Doctors' meeting is this blessed day,
And come what will, you know I heard you swear
You'd never miss it, but be always there !"

And so it is, as every year comes round
Old Rip Van Winkle here is always found.
You'll quickly know him by his mildewed air
The hayseed sprinkled through his scanty hair,
The lichens growing on his rusty suit—
I've seen a toadstool sprouting on his boot—
—Who says I lie ? Does any man presume—
Toadstool ? No matter—call it a mushroom.
Where is his seat ? He moves it every year ;
But look, you'll find him—he is always here—
Perhaps you'll track him by a whiff you know—
A certain flavor of "Elixir Pro."

Now, then, I give you—as you seem to think
We can drink healths without a drop to drink—
Health to the mighty sleeper—long live he !
Our brother Rip, M. M. S. S., M. D. !

COMPLETE PROCIDENTIA OF THE GRAVID UTERUS.

Dr. Shimoner (*Med. and Surg. Reporter*) reports the following case :—

A lady, about thirty-four years of age, primipara, enjoyed fair health before pregnancy ; was married two years ago. I first saw her on the 27th of September last, on account of inability to micturate, complaining of much pain in the abdomen, and unable to keep the erect posture. Upon examination I discovered an enlargement of the abdomen. Proceeding to draw off her urine, I, to my great surprise, felt a large tumor between her thighs, which, upon closer inspection, proved to be the pregnant uterus prolapsed. It protruded about six inches, was about two inches across the os, and about five inches at the fundus. With little difficulty I replaced it, in about ten minutes, after which she got up and passed considerable water, without any difficulty, and felt well till the uterus again prolapsed. From that time up to her labor I replaced the womb five times ; at one time it prolapsed down to the knees, carrying down the vagina and bladder. I tried to keep her in bed, but she would get up, in spite of all I would say ; would do her housework, running up and down a flight of stairs.

[Dr. Ross, of this city, reported a similar case in a recent number of the *Canadian Journal Medical Science*.]

MALIGNANT DISEASE VERSUS SYPHILIS.—Dr. Patterson, of Glasgow, (*British Medical Journal*), writes as follows regarding Malignant Diseases vs. Syphilis:—Every surgeon, I am sure, reads with pleasure and profit anything from the pen of Mr. Jonathan Hutchinson. In the *Journal* of March 4th he refers to the clinical differences in character of malignant disease, according to its seat. Referring to certain cases of cancer of the skin of the trunk, it is stated that "In all, the ulceration progressed slowly during many years, caused but little pain, and produced no gland disease." Further on: "The disease of which I speak is most intractable, and, as far as I have observed, recurs immediately after removal." Reference is next made to an interesting case, in which Mr. Hutchinson twice removed the ulcer by the knife, and three or four times by caustic, but without benefit. "As soon as the sore was nearly healed, it recurred."

May a provincial surgeon be permitted to give a case in many respects parallel? Some years ago, a man aged 45, suffering from epithelial cancer of the scrotum, sent for an eminent surgeon, for the purpose of having it removed. The operation was well performed. No one who saw the case had the slightest misgiving regarding its nature, but, as a formal matter, the diseased structure was handed to a practised microscopist in the neighbourhood, who stated that it was epithelioma, without doubt. When nearly healed, it recurred, and was removed again, only to begin to spread when almost completely well. A third time it was taken away, with a like result. At the fourth operation, the testicle, which now appeared to be implicated superficially, was removed. When cicatrization was all but perfect, the surgeon left town for his holidays, and shortly afterwards the patient's medical attendant requested me to perform the fifth operation, as the disease was spreading again. Having the history of the case before me, in a hopeless, half-hearted sort of way I cleared away the diseased tissues as carefully and completely as possible with the knife, and watched the healing process with much interest. Matters progressed very favourably until the healing line was reached, when once more the ulceration began. Such conduct in a chimney-sweeper's cancer appeared to me unique. I saw that operating again was useless, and I stood pondering at the bedside, my eyes rested on the shining bald head of the patient. As a random shot, the question was put as to when his hair first came out. He said his hair began to fall soon after he joined the service, more than twenty years ago. The answer gave the clue. Iodide of potassium was prescribed, when the wound rapidly and perfectly healed, and has so remained.

Last year a lady, aged 60, came to consult me regarding an ulcer on the left side of her nose. She had been recommended by her medical at-

tendant, whose card she brought, to see me regarding removal by operation. The sore, she said, began about two years ago, as a small scab or flattened wart, and continued to increase in size slowly and without pain since that time. The ulcer was now about five-eighths of an inch in length by half an inch in breadth, throwing out little discharge, and surrounded by an elevated, clear, glistening border. As she was accompanied by a friend, few questions were asked, and I simply stated that it might be prudent to defer operative interference in the meantime. The patient was given a prescription for tertiary syphilis, requested to use the medicine for six weeks, and then return. She did so, and the sore was completely healed. This was apparently a small rodent ulcer, with a syphilitic origin. We are, probably, yet far from thoroughly understanding the multifarious ramifications of syphilis.

QUININE IN THE TREATMENT OF CHOLERA INFANTUM.—The mortality reports among infants and young children are, in most parts of the country, greatly swelled during the summer months; and the greatest factor in producing this increase is what is commonly known as cholera infantum. Most parts of the country are particularly subject to it, while few localities enjoy an absolute immunity from it. With these facts so well known to the profession at large, comes the surprising statement of Dr. Otis F. Manson, of Richmond, Va., (*Transactions of the Medical Society of Virginia*, 1881): that he has not lost a case of cholera infantum since 1846. While attending a case of the disease at that time in a six months old child, he conceived the idea that it was caused by malaria; and venturing to give quinine, was gratified to obtain almost immediate relief in an apparently hopeless case. Since that time he has rescued large numbers of children suffering from this rapidly fatal disease, by the same means. He considers it a variety of malarial fever, and unhesitatingly says that the general adoption of his method will greatly diminish its mortality. Being called to a patient early, he administers from one-third to one-half a grain of calomel, with a few grains of sugar, on the tongue every half hour or hour, until the presence of bile in the alvine evacuations is evident. Gastric irritability, cold extremities, and heat about the head are to be met respectively by sinapisms, warm pediluvia, and cold applications. For delirium, coma, and convulsions the careful use of the cold douche is advised. Cold water, powdered ice, cool lime-water and milk, etc., are given to allay thirst; and small enemata of laudanum are resorted to, to control excessive vomiting and purging. Along with all this comes the main feature of the treatment, the administration of quinine, which is to be postponed until late at night unless the case is urgent. If called to a case

in the evening he waits until midnight and then gives to a child six months old and under, one grain of quinine every three or four hours until the pulse and temperature begin to fall. For a child one year old two grains are to be given. After the fever has subsided, the quinine, for the day, is to be suspended to commence again at midnight. Opium may be mixed with the minute doses of calomel, which should be continued until bile is clearly evident in the stools.

In the same volume of "Transactions" the same author, in his exhaustive paper on "The Physiological and Therapeutic Action of the Sulphate of Quinine," says:—"In cholera infantum I have witnessed the most beneficial effects from the employment of the sulphate of quinine. I was first led to use it in this fatal malady from observing the unequal distribution of animal heat to be discerned in the majority of cases, the strong tendency to congestion of the brain in the worst grades of the affection, and its simultaneous appearance and disappearance with malarial fever, etc. Given in sedative doses, I have not only seen these symptoms promptly removed, but also have generally observed the vomiting and purging to cease. I have seen it rescue cases in the last stages of the malady, when the extremities were cold and the patient in profound coma. Did the limits of this paper admit, I could relate almost miraculous recoveries from the use of the remedy in this disease, in apparently hopeless conditions. In cholera infantum I usually prescribe it in doses of one to three grains (carefully watching its effects lest sedative action might transcend the desirable degree) and repeating the doses every two or three hours, according to circumstances. In the chronic diarrhoea following attacks of cholera infantum, I usually employ it in small doses in combination with tannin and subnitrate of bismuth."—*Obstetric Gazette*.

THE PHYSIOLOGICAL ACTION OF BLOOD-LETTING.—The unquestionable effect of local depletion in relieving some forms of inflammation appears to have been confirmed and explained by the recent researches of Dr. Genzmer, of Halle *Centr. f. d. Med. Wiss.*, April 1, 1882). This observer has found that when inflammation has been set up in the web of the frog's foot in the usual way—say by means of a hot wire or by caustics—and the process is watched under the microscope, it is possible to remove the stasis, to empty the blocked vessels, and so far to relieve the inflammation by applying a leech to the limb of the animal between the lesion and the heart. The actual phenomena attending the resolution of the inflammatory process prove, however, to be the very opposite of what might have been expected. Instead of producing anæmia of the affected area, leeching leads to hyperæmia of the part by drawing the blood from the blocked vessels, and allowing a full and

rapid stream to flow once more through them. Thus the leucocytes, clinging to the walls previous to diapedesis, are swept away in the blood-current; and one of the elements of inflammation is rapidly removed. But the abstraction of blood causes more than simple resolution. It is manifest that the free influx of blood into the inflamed area—that is, the hyperæmia—must restore the nutrition of the part, the reduction of which constitutes another of the factors of inflammation. Whether or not the leucocytes which may have already escaped from the circulation into the tissues pass back into the vessels, Dr. Genzmer is unable to say. Results similar in kind, but less marked in degree, followed scarification, instead of leeching, between the inflammatory focus and the heart. Distant venesection produced a decidedly less distinct influence. The results of these observations are decidedly valuable, but their importance must not be exaggerated. In the first place, as Dr. Genzmer remarks, they account for the effect of leeching *above* the seat of inflammation, not *at* or *over* it; secondly, they cannot be said to apply to venesection in visceral inflammations; and, thirdly, they do not explain the action of leeching or of venesection in the cases where these measures are clinically practised with most success—for example, in cardiac distress or in uræmia. It is possible that the anti-phlogistic action of a poultice in inflammation may be the same as the local effect of leeching which has just been described, namely, the reduction of stasis, and the promotion of a free flow of blood through the damaged tissues.—*Med. Times and Gazette*, May 13, 1882.

A NEW VESICANT.—Dr. José Armengue, of Barcelona, has lately brought to the notice of the profession a new vesicant, which in many respects would appear to be far superior to cantharides. The new material is derived from the *Cenas afer*, a coleopterous insect, which at certain seasons of the year appears in enormous quantities in many parts of Spain. From experiments which Professor Armengue has instituted on his own person, and on that of several medical students, he is led to claim for the *Cenas afer* as a vesicant the following advantages over cantharides: it is cheaper; it acts without appreciable pain; it is equally powerful; and it does not, so far as his experiments have yet shown, affect the genito-urinary system. If its non-inflammatory action can be established by further experiment, it is probable that the *Cenas afer* will be a valuable addition to the materia medica.—*Brit. Med. Journal*.

LEMONADE IRON.—The following prescription is recommended by Wm. Godell:

R. Tincturæ Ferri Chloridi, . . . fʒiv.
Acidi Phosphorici diluti, . . . fʒvj.
Spiritus Limonis, fʒij.
Syrupum, ad fʒvi.—M.
Sig. A dessertspoonful, in water, after meals.

NEW METHOD OF CURING HYDROCELE.—(Escher. in *Centralblatt für Chirurgie*).—This new method of treatment consists in the introduction of a bougie into the sac after the latter has been punctured and evacuated in the usual manner. In the case of children or young persons the bougie (1-10th inch in diameter) is introduced to a depth of four or six inches, and remains in the sac from one to 12 hours. In adults the bougie may be passed in to a depth of 12 inches, and be retained 24 or even 30 hours. When reaction has thus been ensured, the bougie is removed, and the inflammation treated by rest, compresses, etc., according to the degree of its severity. This new method has been tried in 250 cases. It is said never to have yet failed to cure, and that recurrence is rare.—*Edin. Med. Fl.*

BORACIC ACID IN OTORRHŒA.—Dr. Charles D. Turnbull (*Medical and Surgical Reporter*, May 13, 1882,) claims that boracic acid, well powdered and "bolted," filled into the meatus, previously carefully cleaned through the speculum, and packed layer upon layer by gradually withdrawing the speculum till it reaches the mouth of the meatus, is almost a specific for otorrhœa, as he has cured every case of the hundreds he has treated and kept records of for the past three years. If the discharge ceases and leaves a hardened mass of discharge and powder filling the meatus, it must not be removed by force or syringing, but must be softened by instillation of warm fluid cosmoline. As the mass softens it may be delicately picked loose or blown out of the meatus by the rubber bag of a Politzer's air douche.—*Med. Review.*

An Irishwoman, needing some silk and some tape, sent her husband for them. The silk was shown, but the buyer thought the price too great. The clerk explained that all silk goods were dear, owing to some disease at this time prevailing among the silk-worms. The tape was next examined, and Mr. Irishman thought that a little stiff, too, as to price. "And, indade, sir," says he, "is there likewise a dezase prevalin' among the tape-worms?"

ROGERS ON ETHNOLOGY.—The poet Rogers, often related, post-prandially, the following anecdote: "An Englishman and a Frenchman fought a duel in a darkened room. The Englishman, unwilling to take the life of his antagonist, generously fired up the chimney, and—*brought down his antagonist.*" "When," said he, "I relate this anecdote in Paris, I make the *Englishman* go up the chimney."

THE LAW OF LIFE.—The law of life in a complex animal organism is local autonomy, with universal sufferage; the individual cell being the citizen of a federal republic; the various departments being distributed among the different viscera, its senate and legislature in the nervous centres, the council of which is under the dome that crowns the grand structure.—*O. W. Holmes.*

A SCIENTIFIC SMUGGLER.—The Berlin *Montagsblatt* tells this story: In 1805 Humboldt and Guy Lussac were in Paris, engaged in experiments on the compression of air. The two scientists found themselves in need of a large number of glass tubes. These were exceedingly dear in France at the time, and the rate of import was something alarming. Humboldt sent to Germany for the needed articles, and gave directions that the manufacturer should seal up the tubes at both ends, and put a label upon each tube with the words *Deutsche Luft* ("German air"). The air of Germany was an article upon which there was no duty, and the tubes were passed by the custom officers without any demand, and arrived free of duty in the hands of the two experimenters.—*Boston Four. of Chem.*

SUBCUTANEOUS INJECTION OF ETHER IN PNEUMONIA.—From experience of 14 cases Dr. Barth (*Lyon Méd.*) strongly advocates the subcutaneous injection of about one gramme of ether in adynamic pneumonia. Almost instantly respiration becomes easier, pulse gains in strength and fulness, while the color of the face becomes more natural. In two or three minutes the ethereal odor is noticed in the breath, showing that the volatile liquid has reached the air passages. It is necessary to use the injection at least twice a day, and in severe cases four doses may be thus administered in 24 hours without inconvenience. Dr. Barth has not exceeded this dose, nor has he experienced any trouble from the punctures in the way of serious irritation.—*Glasgow Med. Jour.*, April.

CEREBRAL LESIONS IN SYPHILIS.—Dr. McCall Anderson exhibited before the Glasgow Pathological and Clinical Society a man, aged forty-nine. Twenty-four years ago the patient had syphilis. About fourteen years ago, after an attack of rheumatic fever, the patient had an attack of paralysis on both sides of the body—less severe, however, on the right than on the left. His recovery was speedy but never complete, slight rigidity remaining on the right side and some numbness on the left. These symptoms were aggravated after a second paralytic seizure about two years ago, and only began to disappear when the patient was put on antisyphilitic treatment. At the commencement of the first attack there was temporary unconsciousness. For the last three years there had also been a marked tendency to sweating on the left side of the face. Dr. Anderson's diagnosis was a lesion of the motor tract of the brain of the left side, and of the sensory tract of the right side, the degeneration descending to the lateral columns of the cord. The only treatment employed was the inunction of mercurial ointment, which rapidly produced such an amelioration of symptoms that the patient left the hospital.—*British Medical Journal.*

"DIGITATED STOCKINGS."—We are inclined to think that digitated stockings—that is, stockings with a stall for each toe—would conduce much for comfort, and spare many persons who now suffer from the development of soft corns between the toes, a serious trouble. They would also prove more cleanly than the stockings in common use, because they would naturally absorb and remove the acrid moisture which accumulates between the toes, and which is the general cause of offensive odors from the feet. They will, moreover, give the foot better play, allowing its phalanges greater freedom of action. And, lastly, a well-fitted digitated sock or stocking will remove a mass of material from the toe of the boot, and at the same time give increased breadth and space for expansion across the base of the toes. The new stockings, supposing them to be well cut and fitted, possess many advantages.—*The Lancet*.

THE ABORTIVE TREATMENT OF BUBOES.—Dr. M. K. Taylor, Assistant-Surgeon, United States Army, describes (*American Journal of Medical Sciences*) a very successful method of treating buboes, adopted by himself. When the glands have reached a moderately large size, he freezes the surface with ether, seizes the gland between the fingers and injects about twenty minims of a carbolic acid solution (gr. iv. to ℥j.). Pain and soreness leave very soon, and the patients are generally able to resume work within three or four days. Dr. Taylor has tested his method on as many as 150 cases. He has used it successfully also in non-specific enlargement of cervical glands.

SUCCESSFUL GASTROTOMY FOR CANCER OF THE ŒSOPHAGUS.—At the April meeting of the Medical Society of London, Mr. T. Bryant reported a case of an old gentleman, 65 years of age, who had been sick for several months with cancerous stricture of the œsophagus, and unable to swallow anything but milk, in whom gastrotomy was successfully performed on the plan of Mr. House. In the operation, which he divides into two stages, he prefers to puncture the stomach with a small tenotome, making an aperture only large enough to admit a No. 10 catheter. He recommended the performance of the operation as soon as there is difficulty in swallowing solid food, as it retards the progress of the disease and saves much misery to the patient.—*Lancet*.

THE SAFEST ANÆSTHETIC KNOWN.—Dr. Richardson says that Methyline bichloride, ten fluid drachms, and absolute methylic alcohol, six fluid drachms, constitute the safest known anæsthetic when the methylic alcohol is absolutely pure.—*Lancet*.

IODIDE OF POTASSIUM IN FRONTAL HEADACHE.—The London *Medical Times and Gazette* says: Dr. Haley states, in the *Australian Medical Journal* for August, that for some time past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage. The morbid condition here described is so very common that we would invite the experience of any gentleman who may see fit to give this remedy a trial.—*Am. Med. Digest*.

THERAPEUTICS OF ANÆMIA.—In his Gulstonian Lectures upon Anæmia, Dr. Sidney Copeland showed that iron acted with great rapidity in enriching the blood corpuscles. He has found arsenic in some instances more efficacious than iron, and as a hematonic ranks it next to that metal. Phosphorus has been given with benefit in a case of idiopathic anemia. Quinia, strychnia, and the mineral acids were of value as aids to iron. Manganese is a dead failure. Oxygen increases appetite and assimilation, but is not a hematonic directly. Transfusion, as a last resort, must be used in pernicious anemia, before the patient is very far gone. He thought well of the use of defibrinated blood by the rectum systematically.—*Louisville Medical News*.

THE USES OF NITRATE OF SILVER.—Dr. Chas. K. Mills, speaking of nitrate of silver (*Philadelphia Medical Times*), said that in nervous disorders he had found it one of the most useful remedies. In posterior spinal sclerosis, it ranked next to iodide of potassium. In chorea he had given it also with apparent success; and sometimes it seemed to be of use in sclerosis of the lateral columns. In epilepsy it was not so good as the bromides, or as the zinc salts with belladonna.—*Med. Record*.

THE SIZES OF FAMOUS HEADS.—In *Nature*, Mr. Tuckett gives the following as the sizes of hats worn by certain distinguished men: Lord Chelmsford, 6½ full; Dean Stanley, 6¾; Lord Beaconsfield, 7; the Prince of Wales, 7 full; Charles Dickens, 7⅝; Lord Selborne, ⅞; John Bright, 7⅞; Earl Russell, 7¼; Lord Macaulay, 7⅝; Mr. Gladstone, 7⅝; Mr. Thackeray, 7⅝; Louis Philippe, 7¾; M. Julien, 7¾, Archbishop of York, 8 full.

THE CANADA LANCET.

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

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

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DISEASE REGISTRATION.

It is believed by the profession generally that the public would be greatly benefited by the establishment for the Dominion of a system of disease registration, and the necessity for such a system has on several occasions been urged upon the Federal Government. On this continent but little has yet been done, nor even attempted, in the way of reporting and registering diseases. In Michigan and Massachusetts plans have been put into practice for this purpose, in connection with the State boards of health, and though the methods of collecting are yet very imperfect, it is believed that eventually great benefits will result.

It is very well known that the reporting and registering of deaths alone, however perfect, though very essential and indeed indispensable, does not furnish a reliable index of the state of the public health, nor the amount or proportion of disease usually prevailing, either as regards the entire country, or, especially, different localities; as diseases, and even the same epidemic, may be much more fatal in some localities than in others, and at certain seasons than at others. In order that sanitary work may be more effectually carried out, it is absolutely necessary to know, as accurately as possible, the state of public health in a locality, and not alone the number of deaths, the causes of these, etc. Regarding the approach and spread of epidemics, obviously much more may be learned, and at a much earlier day (which is of the very first importance), by means of a system for reporting and registering diseases, than by the registration of

deaths only, which do not take place for some time, long or short according to the nature of the disease, after the appearance or breaking out of the epidemic.

Doubtless, vastly more may be learned, too, concerning the effects of prevailing winds on the spread of diseases, and of the effects of atmospheric conditions and changes upon the public health (through the remote or secondary consequences of prevailing insanitary conditions) by means of a system such as we are alluding to, than by the registration of deaths. In Great Britain some valuable observations have recently been made bearing upon the spread of diphtheria through the conveyance of the contagion to localities many miles distant, by means of the wind. In connection with a system of disease registration, much knowledge regarding all the various and now possibly unthought of methods of the spread of such diseases might be obtained. The advantages to be derived from such a system are so great and obvious that little need be said on this point.

Two or three years ago, as our readers are aware, an attempt was made in Ontario to carry into practice a system for learning the condition of the public health, by soliciting medical practitioners in various localities to furnish weekly reports. But it is hardly to be expected that gratuitous reporting such as then attempted will, for any length of time, yield much, if any, practical good. The reports of diseases in Michigan and Massachusetts are made gratuitously by medical men who agree to do the work; but out of over a hundred voluntary reporters in various sections of Michigan, only between fifty and sixty reports on an average are received weekly by the State board of health. These, though furnishing considerable information, cannot be very satisfactory, as it is very desirable, indeed indispensable, to anything like good practical results, to have a report from every section of country every week. We believe it will not be possible to secure these without some reasonable remuneration for the work done, and it is confidently expected that the Dominion Government will shortly provide a sufficient sum for carrying into practice some plan for the collection of disease statistics.

At the meeting of the Ontario Medical Association, a plan was brought forward by Dr. Playter,

which appears very feasible, and was favorably received. It is, briefly, as follows:—It contemplates the appointment by the Federal Government of 144 observers in different parts of the Dominion, from among medical practitioners of several years' standing and experience, who shall make regular weekly reports of the prevailing diseases in their respective localities. The number of observers suggested will be in the proportion of about one to every 30,000 inhabitants in each Province. Each observer is to be provided with blank forms and addressed envelopes, and shall make a weekly report of the diseases coming under his notice, for which he shall receive from the Government a sum of not less than \$25 for the 52 weekly reports. The blank forms proposed, which are somewhat similar to those now in use by the Michigan State Board of Health, are so arranged as to be very readily filled up. The form gives in a printed column, the names of the ordinary prevailing acute diseases, and in opposite columns spaces for registering the number of cases coming under the notice of the observer, the order of prevalence, increase or decrease, severity, etc. The filling up of these blanks need not occupy more than a few minutes' time at the end of every week. As the advantages of these reports become more generally known and appreciated, the remuneration, and also the number of observers might be increased. The total cost of the proposed reports would be about \$3,600 per annum.

Of the 65 observers which, under the proposed arrangement, would be allotted to Ontario, one might be appointed in each of the 37 county towns, the remaining 28 equally distributed in the surrounding villages. The same arrangement might also obtain in the other Provinces.

The reports from the different observers throughout the Dominion would be carefully studied and compiled at the central office in Ottawa and the results published weekly in a bulletin, with or without other sanitary information, and distributed throughout the Dominion to physicians, health officers and the press.

Since writing the above, we observe that Dr. Playter's plan has been approved of by the Ontario Medical Council, at the late session, and a resolution passed endorsing it.

AMERICAN MEDICAL ASSOCIATION.

The thirty-third annual meeting of the American Medical Association was held in St. Paul, Minn., June 6th, 7th, 8th, and 9th, 1882. Dr. P. O. Hooper, the Vice-President, occupied the chair in the absence of the distinguished President, Dr. J. J. Woodward, on account of sickness. The meeting was largely attended, upwards of nine hundred members having registered their names. Considerable interest was manifested with reference to the probable action of the Association towards the delegates from the New York State Medical Society, in consequence of the Society having adopted a code which permits consultation with homœopaths, and this matter was one of the earliest to come up for adjudication. Protests against their admission were forwarded by several medical societies in different parts of the Union. These protests were referred to the Judicial Council, which reported at an early stage against the admission of the New York State Delegates. The report was adopted without any discussion, and the matter dropped. The Code of the New York State Medical Society allows the utmost freedom to its members to consult with all *legally qualified* practitioners, and we believe that, notwithstanding the action of the Association, the time is not far distant when other societies will do likewise. We believe that Homœopathy should neither be persecuted nor recognized, but simply let alone. It owes its success largely to the martyrdom it has enjoyed at the hands of the regular profession, therefore let us cease giving it any further excuse for being a martyr. Let it alone, and it will sooner or later drop its distinctive title and merge into the general profession. We do not see that granting permission to consult with homœopaths in diagnosis, surgery, and operative midwifery in any way countenances homœopathy, while, on the other hand, refusing to enter a sick chamber until the homœopath is ordered out, smacks very much of persecution, and the public so regard it. We have great respect for majorities, but majorities are not always right, and so we regard the action of the American Medical Association. The address on medicine was delivered by Dr. Oosterlony, of Louisville, who took for his subject the "Progress of Medical Science." The address on surgery was by Dr. W. A. Byrd, of Quincy, Ill., in which he restricted him-

self to the consideration of "Excision of the Intestinal Canal where Covered with Peritoneum," and the address on obstetrics by Dr. H. O. Marcy, of Boston, on the subject of "Uterine Fibroids." Dr. Marcy's lecture was illustrated by microscopic preparations thrown on a screen by the solar microscope. The papers read in the sections were not quite up to the average in scientific value; they were also few in number, and the topics presented did not elicit interesting discussion. The question of establishing a weekly medical journal, instead of a bulky volume of transactions, was again up for discussion, and a board of trustees was appointed with instructions to ascertain whether or not the profession will give sufficient pecuniary support to maintain a weekly journal. Two thousand subscriptions will have to be guaranteed before the committee can enter upon arrangements for its publication. The editor's salary is to be \$6,000, including salary of assistants. The journal is to be entitled "The Journal of the American Medical Association," and the subscription price to non-members of the Association \$6 per annum.

The social element of the Association was, as usual, one of the grand features of the meeting, and the Committee of Arrangements deserve great credit for the admirable manner in which they discharged their duties. Dr. John L. Atlee, of Lancaster, Pa., was chosen President, and Cleveland was selected as the next place of meeting on the first Tuesday in June, 1883.

THE ONTARIO MEDICAL COUNCIL.

This representative body held its annual meeting on the 13th ult. and following days, the minutes and proceedings of which will be found in another column. The members of the Council are to be congratulated upon one of the most agreeable and successful meetings ever held by that body. One of the local papers stated that the present meeting was "distinguished for the urbanity and courteous deference to each other which should always distinguish the deliberations of gentlemen, not a single circumstance having transpired to mar the harmony of the proceedings from the commencement until the close of the session." We are very much pleased, both for the sake of the profession and the Council, to be able to fully en-

dorse the above statement, and at the same time to express the hope that the bitterness and strife which formerly characterized the proceedings of this body, may never be witnessed again. The various committees did their work quietly, and the general sessions of the Council were conducted in a most business-like manner. The adoption of the Intermediate High School examination, with Latin included, in lieu of the matriculation examination, has been found to work well; and although an effort was made to induce the Council to return to the yearly examination of students, which created so much difficulty and confusion formerly, the proposer did not find a seconder on the Education Committee. The present arrangement, of a primary and final examination, works well, and has both simplicity and efficiency to recommend it to the good sense of the majority. Considerable expense was saved the Council last year by dispensing with the services of the Executive Committee, and the same plan is to be continued. The President, Vice President, and Dr. Henderson, of Strathroy, were appointed as an Executive Committee for the current year, but they are not to be called together unless some unforeseen circumstance should arise. Although it was recommended to increase the annual assessment, the Council has wisely refrained from doing so, at least for the present. It is confidently expected that the Local Government will yet see its way clear to give a grant in aid of a building fund, museum, and library, and, if so, there will be no occasion to increase the annual assessment above the present sum of \$1.00.

THE ONTARIO MEDICAL ASSOCIATION.

The second annual meeting of this young and vigorous medical society took place in Toronto on the 7th and 8th ult., and was well attended. Dr. C. W. Covernton presided with his usual ability and courtesy. He delivered a very able and interesting address, abstracts of which will be found in another column. A large number of interesting and valuable papers were read, and discussed—the whole of the time of the Association, morning, afternoon and evening, being taken up with the reading of papers and reports in the various departments of medicine. The very large attendance

both last year and this, shows in a most unmistakable manner the wisdom of establishing the Association. The wonder now is that it was not organized long ago. The papers read at the meeting will be published from time to time in the medical journals during the year, and will no doubt be duly appreciated by the profession generally. Although we have no particular fault to find with the papers read before the Association, we hope to see an improvement in their quantity and quality from year to year. What is wanted is the individual experience of members themselves in their various modes of procedure, and not what they may glean from authorities.

The decision of the Association to continue to hold its meetings in Toronto was a wise one, and will tend greatly to the advancement of the interests of the Association. This city is most centrally situated, and is within easy reach of all parts of the Province. The complaint of the want of a proper hall in which to meet, is one which can be easily remedied in future. We are pleased to observe that the Ontario Medical Council has taken steps to dispose of the present unsuitable building, and erect one worthy of the college in some other part of the city—where a suitable plot of ground can be obtained for the purpose. In the meantime a suitable hall will be provided for the meetings of the Association and every attention given to the comfort of members who may honor us with their presence.

Dr. Avery, of Lansing, Mich., was present as a delegate from the Michigan State Board of Health, and gave a very interesting account of the work they are doing in reference to public health in that State. He was invited to take a seat upon the platform, as was also Dr. Fenwick, of Montreal, President of the Dominion Medical Association. Dr. Fenwick entirely disclaimed any feeling of jealousy regarding the success of this Association, or the entertainment of any idea that it would intrench upon the domain of the Dominion Association, as some had feared. On the contrary, he hoped that each Province would establish a similar Association, which remark was warmly applauded by the meeting.

Dr. McDonald, of Hamilton, was elected President, and the next annual meeting will take place in Toronto, on the first Wednesday in June, 1883.

GEORGE W. CAMPBELL, M.D. LL.D.

It is our painful duty to announce the death of Dr. Geo. W. Campbell, Dean of the Medical Faculty of McGill College, Montreal, which took place in Edinburgh on the 30th of May last. The deceased was born in Scotland in 1810, and early entered upon his medical studies, which he pursued in the University of Glasgow and also in Dublin. After taking his degree with distinction, he sailed for the New World in May, 1833, and settled in Montreal, with the growth and development of which he has ever since been identified. He was one of the founders of the Medical School, which subsequently became the medical faculty of McGill University, and his influence went far toward raising it to its present position. He has been for many years a director of the Bank of Montreal, and latterly its Vice-President, also a director of the Montreal Telegraph Company, and of the City Gas Company. He was for many years on the attending staff of the General Hospital, and was the first physician who became a member of the internal Board of Management, and contributed liberally to this and many other charities. The degree of LL.D. was conferred upon him by McGill College. He leaves one son, Dr. Lorne Campbell, and five daughters. The son is following his father's profession, and accompanied him in his present trip to Scotland, to complete his medical studies there, and was with him when he died. Two of his daughters are married, one in Edinburgh and one in Marseilles.

COLLEGE OF PHYSICIANS AND SURGEONS, QUE.—The semi-annual meeting of this college was held in Montreal, on the 10th of May, the president, Dr. Howard, in the chair. After routine, the president announced that at the recent session of the Legislature the college had obtained amendments to the Act with reference to the penal clauses. The tariff passed last year had been abolished, but the college had power to establish another. The following gentlemen were reported as having passed the matriculation examination in medicine:—Messrs. A. Letourneau, H. E. Choquette, A. Rolland, O. Ostigny, C. Collet, J. L. Duffett, T. Charon, C. Pilon, F. Marquis, J. Laberge, L. J. H. Roy, A.

Poole, A. Boucher, A. Foucher de St. Maurice, A. Cheval, A. F. Schmidt, W. Henault, H. Dauth, A. Bernard, J. B. Gibson, H. Roy, E. McKay, A. Delisle, J. Rodier, A. N. Worthington, C. Rochon, L. J. N. Delorme. Twenty-one candidates were rejected. The right of Dr. Keyes, of Georgeville, Que., to register under an Eclectic diploma granted in 1868 by the Province of Ontario was discussed, and legal opinions affirming the right were submitted. The case was deferred. The detective officer, M. Lamirande, presented his report for the past six months, which showed that he had taken out twenty-two actions; eleven were successful, four were dismissed and seven were still pending. He had also collected a considerable amount of arrears of annual assessments. The committee appointed to investigate the charges against Dr. A. M. Ross, suggested the insertion of a clause in the Medical Act to the following effect:—"Any registered member of the medical profession who shall have been convicted of any felony in any court of law, or who shall have been guilty of infamous or disgraceful conduct in any professional respect, shall be liable to have his name erased from the register, etc., and the Provincial Board shall cause enquiry to be made, and upon proof of such conduct, shall cause the name of such person to be erased from the register." The following committee was appointed to draft a new tariff of fees:—Drs. Lemieux and Parke, of Quebec; Lachapelle and F. W. Campbell, of Montreal; Prevost, of St. Jerome; Ladouceur, of Sorel, and Worthington, of Sherbrooke. The following gentlemen, graduates of the respective colleges, received the license as members of the college:—

McGill University.—A. A. Henderson, William Stephen, A. D. Struthers, H. W. Thornton, A. H. Dunlop, R. H. Klock, W. G. Duncan, W. B. Burland, R. C. McCorkill.

Bishop's College.—W. J. Prendergast, N. C. Smillie, J. L. Foley, W. D. M. Bell.

Victoria College.—F. St. Jacques, J. Bte. LeRoy, J. H. Gauthier, F. P. Vanier, S. K. Kelly, J. Bte. Maillet, A. Snyck, H. Manseau, N. Dubeau.

Laval University.—A. Marois, A. Marcoux, A. C. Hamel, I. Cormier, J. Cuerrier, O. Maillet.

Dr. Larocque, Health Officer of Montreal, called attention to the Public Health Bill, now before Parliament. A resolution endorsing it was passed, and the college adjourned.

ONTARIO MEDICAL ASSOCIATION.—Dr. Macdonald, of Hamilton, President of the Ontario Medical Association, has made the following nominations to the temporary committees for this year:—

Surgery, Pathology, and Anatomy—Drs. Canniff, Oldright, Strange, Toronto; Powell, Edgar, Groves, Fergus; Philip, Brantford; Worthington, Clinton; Eckroyd, Mount Forest; Hunt, Clarksburg; Leslie, Hamilton; and Taylor, Goderich.

Medicine, Materia Medica, and Physiology—Drs. Hamilton and Clemesha, Port Hope; Mullin and Wallace, Hamilton; Fulton, Cameron, and H. H. Wright, Toronto; Gillies, Teeswater; Clark, Oshawa; McKay, Woodstock; Winskel, Brantford; McDonell, Brechin; Metcalf, Kingston; and Morton, Wellesley.

Obstetrics, Gynecology, and Jurisprudence—Drs. Rosebrugh, Hamilton; Bray, Chatham; Burritt, Peterboro'; Yeomans, Mount Forest; Battersby, Port Dover; Bowlby, Berlin; Hall, Meaford; Dunlap, Loughboro'; Hillary, Aurora; Gardiner, London; Holmes, Chatham; Trimble, Queenstown; Black, Uxbridge; Thorburn, Macdonald, Ross, sr., Pyne, sr., and Temple, Toronto.

Ophthalmology and Otolaryngology—Drs. Reeve and Palmer, Toronto; Bonnar, Albion; Baugh, Hamilton; Ryerson and Rosebrugh, Toronto.

Necrology—Drs. Woolverton, Hamilton; Ghent, Priceville; Knight, Tamworth; Gunn, Durham; Kitchen, St. George; Riddel, Toronto; McTavish, Staffa; James, Burgessville; and Day, of Trenton.

Audit—Drs. G. Wright, Robinson, and Lett, Toronto; Tucker, Orono; Curry, Rockwood; Mackelcan, Hamilton; Secord, Bright; and Bruce Smith, of Sparta.

Papers and Business—Drs. Workman, Sweetnam, Machell, W. B. Geikie, McPhedran, Zimmerman, and King, of Toronto; Inksetter, Dundas; Mullin, Hamilton; Allan, Harriston; Monroe, Dominionville; Stalker, Harwich; and Magill, of Oshawa.

Committee on Arrangements—Drs. Bascom, Uxbridge; Robinson, Markham; Buchan, J. Ross, jr., McFarlane, Pyne, jr., Duncan, Smith, Nevitt, Bryce, Wagner, and McCullough, of Toronto.

HYDROLEINE AND MALTOPEPSYN.—We have pleasure in calling the attention of the profession to the above preparations, introduced by the proprietor Mr. Hazen Morse. These remedies are of the best possible quality, and will be strictly maintained at the highest standard. The many testimonials regarding both articles, from leading practitioners, are a sufficient guarantee of their great value. Without making any invidious comparisons regarding other manufacturers' preparations, or their mode of doing business, the proprietor desires to present his remedies to the profession, and let each physician judge for himself of their merits. He also wishes it to be distinctly understood that these preparations will be kept strictly in the hands of the profession. As the hot weather is now approaching, we would call special attention to the value of maltopepsyn as a digestive in the treatment of diarrhoea from indigestion, cholera infantum, &c., &c. We are glad Mr. Morse has met with the decided success he has, and heartily wish him a continuance of the same.

THE STARR MEDALS TORONTO UNIVERSITY.—At a recent meeting of Convocation Mr. Houston presented the report of the committee appointed to enquire into and report upon the mode of awarding what are known as the Star Medals in the Faculty of Medicine. The report submitted that the present method was not in accordance with the intentions of Dr. Starr, whose bequest is the foundation of the prizes. The report, therefore, recommended for this and other reasons, a complete change in the conditions of competition for these medals, recommending (1) that the medals should be awarded as the result of post-graduate competition; (2) that the conditions of competition should be framed with a view to promote original investigation on the part of the competitors; (3) that Starr Medal work should be accepted as a substitute for the thesis for the degree of Doctor of Medicine.

TO GRADUATES OF BELLEVUE MEDICAL COLLEGE.—A second decennial revision of the Catalogue of Alumni of this College is being prepared for publication, and we are requested to ask that all graduates send their present address, at once, on a postal card, to the Historian of the Alumni Association, Bellevue Hospital Medical College, New York.

NEW OPERATION FOR UTERINE DISPLACEMENTS.—Dr. Adams, (*Glasgow Medical Journal*, June, 1882,) describes a new operation for uterine displacements. It consists in exposing the extremities of the round ligaments of the uterus where they lie covered only by the skin and areolar tissue at the pubes, drawing upon them so as to lift the uterus, and then securing the ligaments so as to cause them to form a new attachment to the pubes. The same operation suggested itself at about the same time to Dr. Wm. Alexander, of Liverpool, England, and the latter has successfully treated four cases, the details of which are published in the *Medical Times and Gazette*, April, 1882. The new operation has received the endorsement of Profs. Cleland, Leishman and others, and is likely to become a recognized operation for certain forms of displacement of the uterus.

APPOINTMENTS.—Dr. J. Robinson has been appointed Assistant-Physician to the Toronto Lunatic Asylum. Dr. W. E. Winskel, of Brantford, has been appointed Assistant-Surgeon to the "Brant" Battalion, "Dufferin Rifles," vice Dr. W. T. Harris, promoted. R. Dawson, B.A., M.D., of Montreal, has been appointed Surgeon to a section of the Canadian Pacific Railway. Dr. Girdwood, of Montreal, has been appointed Surgeon of the Eastern Division of the Canadian Pacific Railway. Dr. J. W. Cameron has been appointed House Surgeon of the Women's Hospital, Montreal. Dr. Leprohon, Spanish Vice-Consul, Montreal, has been created a Chevalier of the Order of Charles III. Drs. Jas. F. Bell and E. R. Woods have been appointed Assistant-Physicians to the Toronto General Hospital.

MEDICAL MEMBERS OF PARLIAMENT.—The following are the names, so far as obtained, of the medical men who have been elected to the House of Commons in the recent contest:—Sir Charles Tupper; Drs. Orton, Wilson, Bergin, Hickey, Landerkin, Ferguson (Welland), Platt, Ferguson, (Leeds), Sproule and Springer, Ont.; Lesage, Blanchet, DeSt. George, Fortin, Grandbois and Rinfret, Que.; Cameron and Forbes, N. S.; McIntyre and Robertson, P. E. I.

Dr. Jas. E. Robertson, P. McLaren, and J. F. Gillies have been elected to the Local Legislature of Prince Edward Island.

SUPERINTENDENTS OF INSANE ASYLUMS.—The Association of Superintendents of Insane Asylums held its thirty-third annual session in Cincinnati, on the 30th of May and following days. In the absence of the President, Dr. C. A. Walker, the Vice-President, Dr. J. H. Callender, presided. There was a large attendance of members present, and a number of interesting and valuable papers were read and discussed. Dr. R. M. Bucke, of the London Asylum, ably represented the Canadian section of the Association. He also read a paper on the "Growth of the Intellect."

A TORONTONIAN'S GRADUATING ESSAY.—Dr. James W. Bell, of Toronto, has recently published a pamphlet entitled "Thoughts on Emigration," written in Germany, to obtain the degree of Doctor of Philosophy, in which he was successful. Dr. Bell, who has spent the last four or five years on the Continent, will return to Canada in a few weeks. The pamphlet examines the sources, directions, kinds, and causes of emigration, as well as its social, political, and economical effects upon the individuals and nations concerned.

SYSTEM OF GYNÆCOLOGY BY AMERICAN AUTHORS.—A work bearing the above title is now in course of preparation in the United States, and we have been requested by Dr. Janvrin, of 191 Madison Ave., New York, who is writing the "History and Statistics" of the subject, to bring it under the notice of our readers. All who wish the history of their cases published should send him the reports before the 1st Sept. prox. Blank forms, containing lists of the questions referred to, will be sent to any address. All communications should be addressed as above.

NOTICE.—Medical practitioners in Ontario, whose names do not appear on the Medical Register are requested to send their names and post-office addresses to Dr. P. H. Bryce, Secretary of the Provincial Board of Health, Toronto, in order that they may receive documents published by the Board.

OBITUARIES.—Dr. John Brown, LL.D., of Edinburgh, well known as the author of "Rab and his Friends," died on the 11th of May, at the age of 72 years. Sir John Rose Cormack, M.D., F.R.C.P., died on the 13th of May, at his residence in Paris, aged 67 years.

WESTERN HOSPITAL, MONTREAL.—The "Woman's Hospital" of Montreal, has become amalgamated with the "Western Hospital," under the name of the "Woman's Department of the Western Hospital." The medical staff of the Western Hospital is as follows:—Consulting Surgeon, Dr. Hingston; Consulting Physicians, Drs. David, Kollmyer, and Simpson; Acting Staff, Drs. F. W. Campbell, Kennedy, Wilkins, Perrigo, McConnell, Wood, Armstrong, Cameron and Proudfoot.

SIGN OF CANCER OF THE BREAST.—Mr. Nunn, of the Middlesex Hospital, London, in his recently published work on cancer of the breast, says that the entire breast is displaced. A line drawn from one nipple to the other will be found not to be horizontal but inclined towards the unaffected side, or in other words, the nipple of the affected side will be found *elevated* above the true horizontal line of natural symmetry.

IRON WITH MERCURY.—In his "Aids to Rational Therapeutics," Fothergill says, by giving iron along with mercury, full doses of the latter may be given to very broken down subjects without fear. His own individual experience has been that while he uses mercury very freely in syphilis, no case of salivation or other mercurial trouble has occurred since iron has been systematically given with the mercury.

We have received from Dr. Oldright a letter disclaiming that he "carried about a petition for signatures" on behalf of his appointment as Chairman of the Ontario Board of Health. It was too late for this issue, which was set up earlier than usual, but will appear in our next.

CHRONIC BRONCHITIS.—The following will be found very valuable in chronic bronchitis especially in old people:

R Amm. carb. ℥j.
Spts. Æth. Nit.
Syr. Scillæ aa ℥ss.
Tr. Camph. Co. ℥iij.
Infus. Senega ad. ℥viiij.

M.

Sig. A tablespoonful every four hours.

CORONER.—Dr. W. J. Passmore, of Conestogo, has been appointed coroner for the County of Waterloo.

Books and Pamphlets.

ELEMENTS OF PHARMACY, MATERIA MEDICA, AND THERAPEUTICS. By Wm. Whitla, M.D., Queen's University, Belfast. With lithographs and woodcuts. London: Henry Renshaw, 366 Strand.

The work of Dr. Whitla is a most excellent elementary treatise on these subjects, and well adapted for the use of students commencing the study of materia medica. The work is divided into three separate parts, viz.: I. Pharmacy; II. Materia Medica; and III. Therapeutics; and the drugs are arranged alphabetically. It is, therefore, exceedingly convenient for ready reference by the student. The important subject of pharmacy is treated in a most practical, instructive, and attractive manner. In short, the whole work shows evidence on the part of the author of those special qualifications which eminently fit him as a teacher. The work has been most favorably received by the medical press in England. We have no hesitation in recommending it to students commencing the study of this exhaustive and exhausting subject.

THE INCIDENTAL EFFECTS OF DRUGS. A Pharmacological and Clinical Handbook, by Dr. L. Lewin, Assistant at the Pharmacological Institute of the University of Berlin. Translated by W. T. Alexander, M.D. New York: Wm. Wood & Co.

This little work has been most favorably received both at home and abroad. The position and reputation of the author are a sufficient guarantee of the value of the work. In reference to the above we have received a notice from G. S. Davis, Publisher, of Detroit, that he has also under contract an edition of this valuable work, which shall contain all the additions and alterations which are to appear in the new German edition.

A STUDY OF THE TUMORS OF THE BLADDER, with original contributions and drawings, by Alex. D. Stein, M.D., Surgeon to Charity Hospital, etc. New York: William Wood & Co. Toronto: Hart & Co.

The attention of the author was drawn to this subject by the fact of his having four cases of tumor of the bladder under his observation. With this personal experience as a basis, he began the study of the literature of the subject of tumors of the bladder, and the monograph before us is the outcome of this labor. The work is as complete as possible in every practical detail bearing on the

nature, symptomatology, diagnosis and treatment of tumors of the bladder. A number of illustrations add to the interest of the subject.

HEALTH AND HEALTHY HOMES IN CANADA. A short work on Domestic and Public Hygiene. By R. Sproule, M.D., Peterboro, Ont.

In this little *brochure* before us the author has endeavoured to draw attention to the hygienic condition of the people with a view to sanitary improvement. The work will no doubt prove of value to those for whom it is intended, if they can only be prevailed upon to read up on the subject. In the absence of popular works on the subject of hygiene this book will fill a gap, which it is to be regretted has too long remained unfilled. We congratulate Dr. Sproule upon his effort to supply the public with a concise and practical work on the subject.

THE POPULAR SCIENCE MONTHLY for July, 1882. New York: D. Appleton & Co.

The number for July gives a collection of articles, nearly every one of which is a treatise in itself on some topic of public interest. Among some of the subjects may be mentioned, "Plant-cells and their Contents," by Prof. McBride, of Iowa; "Physiology of Exercise," by DuBois-Raymond; "Ethics of Vivisection," by Dr. Samuel Wilks; "Protoplasm," by Dr. Francis M. White; "The Mechanics of Intermittent Springs," "Relation of Music to Mental Progress," "The Jews in Europe," etc., etc., all of them interesting topics.

THE ORIENTAL CASKET—Edited by Emerson Bennett, and published by J. Lum Smith, 912 Arch Street, Philadelphia, \$2.00 per annum.

The above interesting monthly Magazine is devoted to poetry, tales, sketches, essays, wit, wisdom and humor from the world of literature, science and art. It will be supplied, with the "Canada Lancet," for \$4 50 per annum, in advance.

Births, Marriages and Deaths.

On the 20th June, Dr. W. R. D. Sutherland, of Winnipeg, to Nellie, second daughter of Dr. Richardson, Toronto.

On the 23rd of May, Dr. Maxwell, of Bear River, N. S., in the 37th year of his age.

On the 10th ult., Dr. James McIlmurray, of Toronto, aged 82 years.

At Coldstream, on the 12th ult., Dr. H. W. Lloyd, formerly of London, Ont., aged 31 years.

WARNER & CO.'S PHOSPHORUS PILLS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

℞ Phosphori, 1-50 gr.; Ferri Redacti, 1 gr.; Quiniæ Sulph., $\frac{1}{4}$ gr.; Strychnina, 1-50 gr.

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

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

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

℞ Phosphori, 1-50 gr.; Quiniæ Sulph., 1 gr.; Ext. Nucis Vom., $\frac{1}{4}$ gr.

DOSE.—One or two pills may be given to an adult twice or three times a day, at meals; to children, from 8 to 12 years of age, one pill, two or three times a day,

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

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

WARNER & CO.'S PHOSPHORUS PILLS.

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

R Phosphori, 1.50 gr.; Quiniæ Sulph., $\frac{1}{2}$ gr.; Pulv. Digitalis, $\frac{1}{2}$ gr.; Pulv. Opii, $\frac{1}{4}$ gr.; Pulv. Ipecac., $\frac{1}{4}$ gr.

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

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

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

R Phosphori, 1.50 gr.; Pulv. Digitalis, 1 gr.; Ext. Hyoscyami, 1 gr.

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

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

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

R Phosphori, 1.50 gr.; Pulv. Digitalis, 1 gr.; Ferri Redacti, 1 gr.

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

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

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

R Phosphori, 1.50 gr.; Ext. Cannabis Ind., $\frac{1}{4}$ gr.

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

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

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

R Phosphori, 1.50 gr.; Morphicæ Sulph., 1.12 gr.; Zinc. Valer., 1 gr.

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

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

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

R Phosphori, 1.50 gr.; Ext. Aloes Aquosæ, $\frac{1}{2}$ gr.; Ext. Nucis Vomicae, $\frac{1}{2}$ gr.

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

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

BE CAREFUL TO SPECIFY WARNER & CO. WHEN PRESCRIBING.

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, Anemia 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 gra. of the Hypophosphite of Lime, and 3 gra. of the Hypophosphite of Soda to a fluid ounce.

SEE TESTIMONIALS OF PHYSICIANS.

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

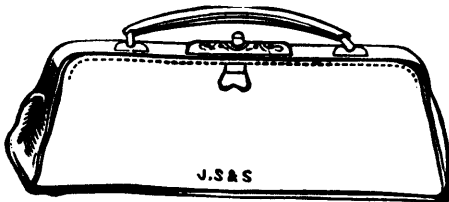
Messrs. SCOTT & BOWNE: Gentlemen—After three years experience, I consider your Emulsion one of the very best in the market. W. M. CAMERON, M.D.
 Truro, N.S., Nov. 15, 1880.

Messrs. SCOTT & BOWNE: I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anemia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach, are some of its greatest merits. W. S. MUIR, M.D., L.R.C.P. & S., Ed.
 I have the honor to be, yours truly,
 T. J. O. EARLE, M.D.

St. John, N.B.
Messrs. SCOTT & BOWNE: I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient. A. H. PECK, M.D., Penn. Med. Co lege.

SCOTT & BOWNE, Manufacturing Chemists, New York.

The Practitioners' Obstetric Bag



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

The whole in Bag of Superior Morocco Leather, or of Black Hide, with Lock and Fittings, engraved and gilt, price, complete..... \$26.00
 Bags, empty..... \$4.50, \$5.50 6.00

IMPROVED CLINICAL THERMOMETER WITH INDESTRUCTIBLE INDICES.

LOSS OF INDEX IMPOSSIBLE.



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

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

PRICE—In Wood Case..... \$2.25
In Plated Case..... 2.50
Ordinary Registering Thermometers..... 1.50
Patent Magnifying or Lens Front 3.00 & 3.25

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J. STEVENS & SON,
 Surgical Instrument Makers.
GOWER STREET, 40 Wellington St. E.
London, Eng. Toronto, Ont.

See advertisement on another page.

John Reynders & Co.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,

Manufacturers and Importers of

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AND

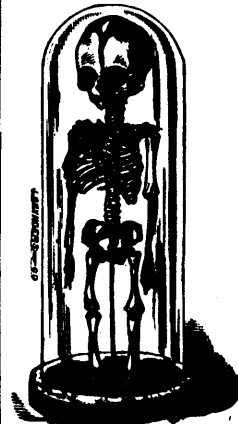
Orthopaedical Instruments,

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

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Dr. J. Collis Browne's

ORIGINAL AND ONLY GENUINE

CHLORODYNE.

COUGHS,
COLDS,
ASTHMA,
BRONCHITIS.

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 DIARRHOEA.

The General Board of Health, London, Report that it Acts as a Charm, one dose generally sufficient.

Dr. Gibbon, Army Medical Staff, Calcutta, states:—"Two Doses Completely Cured Me of Diarrhoea."

DR. J. COLLIS BROWNE'S CHLORODYNE rapidly cuts short all attacks of EPILEPSY, SPASMS, COLIC, PALPITATION, HYSTERIA

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

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

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THE REGULAR SESSION will begin on Wednesday, September 20, 1882, and end about the middle of March, 1883. 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 regular courses of lectures is required for graduation.

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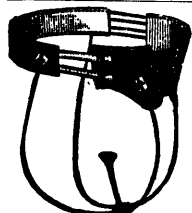
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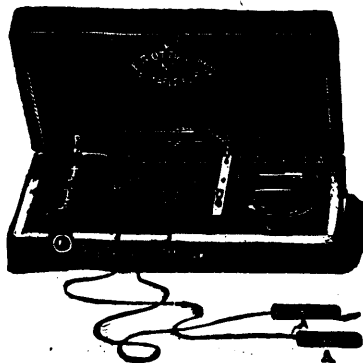
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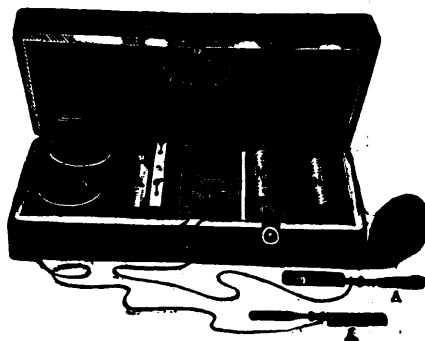
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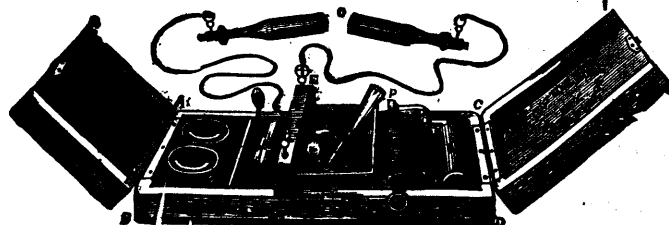


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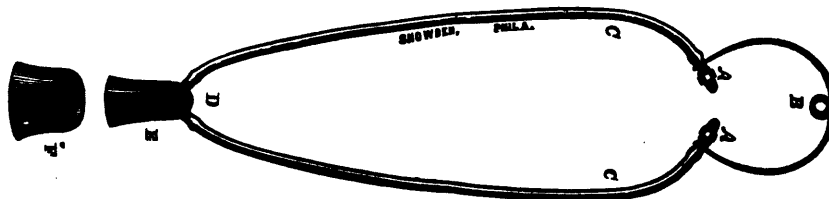
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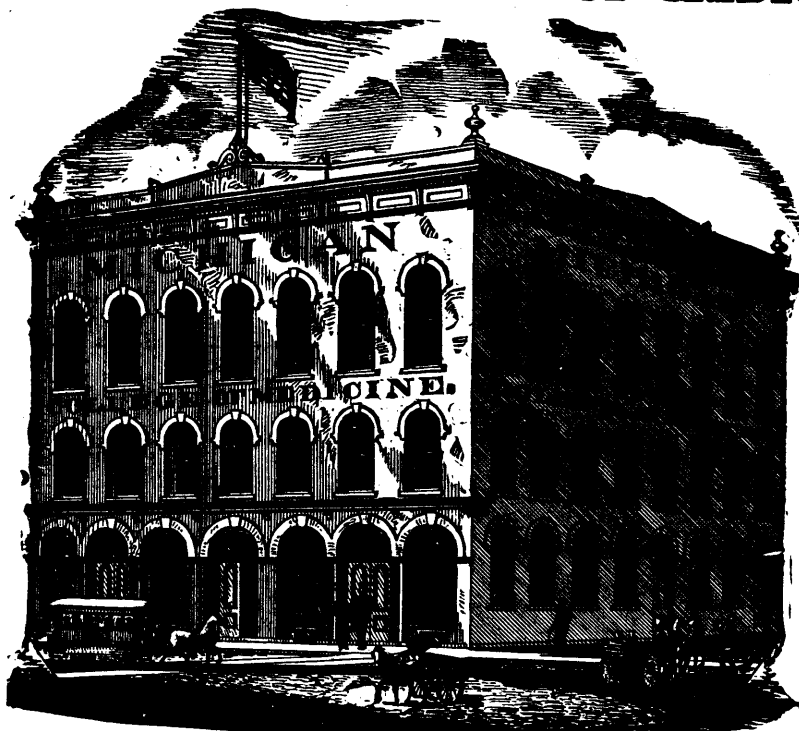
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