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THE CANADA LANCET.

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

Vol. VII.
No. 11.

TORONTO, JULY 1, 1875.

{ Price 30 Cents.
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CINCHO-QUININE.

CINCHO-QUININE holds ALL the important constituents of *Peruvian Bark* in their alkaloid condition. It contains no sulphate of cinchonine or sulphate of quinine, but cinchonine, quinine, quinidine, etc., without acid combinations. It is now nearly four years since it was placed in the hands of physicians for trial, and the verdict in its favor is decisive.

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Dr. J. A. PERKINS, of Chestertown Md., under date of Feb. 10, 1872, writes as follows:—"I have used your preparation of Cincho-Quinine during the past summer in a malarious district. I find it entirely reliable as a substitute for the sulphate of quinine. It produces less unpleasant effects on the head, and is much better borne by the stomach. In the cases of children, I have found it to be a very desirable remedy, on account of the much less unpleasant taste. I use it satisfactorily in all cases as a substitute for the sulphate."

I have used one and a-half ounces of the Cincho-Quinine, and I think very favorably of its effects. In a case of intermittent fever (the patient from Tennessee), I found it to operate as well and as promptly as sulphate of quinine, without any unpleasant head symptoms. In no case have I discovered any unpleasant cerebral disturbance, as is often found in the use of the quinine.—J. M. ALDRICH, M.D., Fall River, Mass.

I have used several ounces of Cincho-Quinine with the most complete success. I prefer it to the sulphate of quinine in intermittents, especially with children. I can strongly recommend it to the profession generally.—J. H. FERR, M.D., Perry, Iowa.

The Cincho-Quinine which I have used gave entire satisfaction. It has all the advantages which you claim for it, and doubtless it will in time supersede the use of sulphate of quinine entirely.—SAMUEL W. COONS, M.D., Madison, Ala.



I have used Cincho-Quinine in eight or ten cases, and have reason to think well of the results. I give it as I do the sulphate, 10 grains in five doses during the intermission, and 5 grains one or two hours before a paroxysm is due, and continue to give 5 grains once a-week for three weeks. I shall continue to use it, and wish you to send me one ounce by mail.—J. C. DOWNING, M.D., Wapping Falls, New York

After further continued trial of the Cincho-Quinine, I can safely say that it is a most excellent remedy. The absence of cinchonism in its use, its comparatively pleasant taste, its cheapness, with its fully equal tonic and anti-periodic qualities, make it an article which must soon be indispensable in the list of remedies of every intelligent physician.—S. A. BUTTERFIELD, M.D., Indianapolis, Ind.

I have been using the Cincho-Quinine in my practice in intermittents and remittents, and I think well of its I believe it to be quite equal to the sulphate, with all the advantages which you claim for it.—J. C. ROSS, M.D., Lincoln, Ill.

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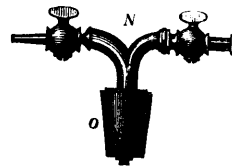
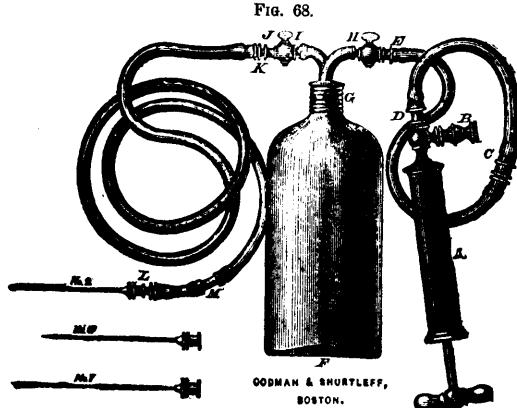


Fig. 69. The Stopper and Cocks supplied with Apparatus No. 2.

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 The chair will be taken at 10 a.m.

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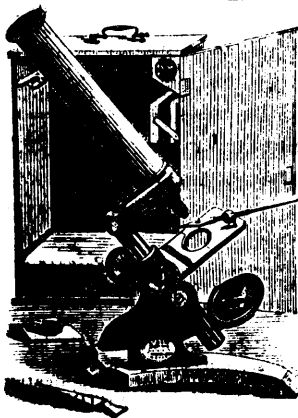
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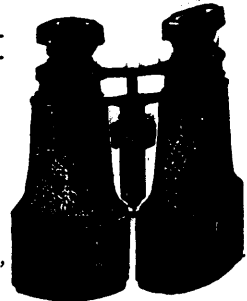


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Original Communications.

RELATION BETWEEN INSANITY AND DYSPEPSIA.

BY WM. KERR, M.D., GALT, ONT.

The following cases are narrated to illustrate the close connexion which often exists between Insanity and Dyspepsia. The latter is, perhaps, more frequently met with in the non-anguish parts of Canada than any other complaint. A sensation of weight and discomfort in the stomach after eating, heartburn, acidity and flatulence are of common occurrence, sometimes belching up of food, sometimes vomiting, or sometimes pyrosis, and there is generally more or less constipation. Depending upon the state of the stomach there are also affections of remote parts; some individuals are troubled with coldness of the feet, which no ordinary covering removes, and very many have attacks of headache, for which the only permanent remedy is the cure of dyspepsia, and its accompanying constipation. Greatly impaired sleep is more or less present in not a few, and insanity in a still smaller proportion. In the insane it is often difficult to discover the presence of dyspepsia, partly in some instances from the unreliability of the patient's answers, and partly from the attention of relatives being directed to the more distressing malady, the affection of the mind. Where insanity is so closely connected with dyspepsia as to be curable only by curing the latter, dyspepsia may have previously existed for a long time, or only for a short period, the symptoms may have been numerous or few, but in this variety of insanity there is one symptom always present, I believe, namely, sleeplessness.

The cases were written while I was investigating the power of the newly constructed combinations of digitalis and squill.* The only conclusion I

* Digitalis or squill, stramonium, dulcamara, sium lin-care, cicuta maculata, and conio-selinum Canadense.

wish to be drawn is, that what has been done may be done again, but I hazard no conjecture as to the proportion of patients who will be found to be thus curable.

In the case mentioned in the July number of this Journal, the patient, for about twelve years, had had dyspepsia not differing in its symptoms from many other instances; he had acidity, flatulence and constipation; by and by headache and impaired sleep; if vomiting occurred at all, it was on rare occasions, but his mind began to yield, and his memory failed so that he became incapable of fulfilling his duty as an accountant in a public office. Years after, when I first saw him, he answered my queries correctly, but as soon as possible slunk away into an adjoining room. The only distinctly insane symptom was his refusal to go out of doors, because he said every person whom he met on the street looked at and talked about him.

I gave the digitalis combination in the form for chronic complaints, viz., stramonium reduced to a half proportion to avoid excessive thirst, which the long continued use of the medicine would otherwise occasion, and digitalis increased to a full proportion, the small number of doses daily allowing this increase. The form of administration was that of pills; to a portion of these aloes was added, so as to have about one grain of this drug in each pill.* Usually two such were required daily to keep the bowels properly open, and other two without aloes to contribute in removing dyspepsia and promoting sleep. The bowels were rapidly brought into a better state, and digestion and with it appetite improved. I was soon gratified to learn that headache was much lessened, that he slept better at night, and that during the day he often lay down in bed and slept. In the course of a year he was quite well, though for a long period he took medicine more or less regularly.

My next patient was a woman aged 32, insane for sixteen years. Insanity was stamped upon her countenance, and she was often very wild, leaping and vociferating in the apartment into which she was locked. There were symptoms of indigestion; I therefore gave the same prescription as in the last. Looking at the case as hopeless I did not visit her for perhaps a month, when I learned that she was much calmer, and sleeping better. Gradually she

* When patients cannot be prevailed on to swallow pills the medicine may be given in the form of tincture.

improved so much as to give assistance in taking care of the children of the family, and in preparing the meals. This tranquil state continued for two or three months, when without any assignable cause a relapse took place, and insanity became as intense as formerly. No benefit was derived from either the digitalis or squill combination; eight years afterwards she died unimproved in an asylum.

Sixteen years ago I was consulted by a gentleman who had long laboured under dyspepsia, which several eminent medical men had failed to relieve. For a considerable time greater benefit was obtained from the digitalis or squill combinations than from any medicine he had previously tried, and sanguine hope was entertained of an ultimate cure. Residing at some distance I did not see him often, but learned that the medicine was failing to relieve as formerly, and finally that it had altogether ceased to do good. Some years after this deep melancholy came on, which his medical man in vain endeavoured to remove by change of scene, but which found a termination in suicide.

31st March, 1859.—Mrs. A., aged 26, was confined four months ago, and had a good recovery, but about six weeks after caught cold, which brought on illness, and a few days thereafter she became insane. Sometimes she was boisterous, at other times depressed, and once she attempted to drown herself. She had flatulence, but her attendants were unaware of any other symptom of dyspepsia, and no reliance could be placed on her own answers. Bowels confined; sleep short and broken. Her father died in an asylum, having been insane for several years, and others of her relations have been insane. Medicine directed to be given as in the first case.

10th April.—Improvement appears to have commenced. Is less unhappy, sleeps better, and gives less trouble during the night, bowels regular.

20th April.—Is decidedly improving. Sleeps well at night, and goes to bed for a short time during the afternoon to enjoy additional sleep. Appetite is becoming good. Recovery went on steadily, and by the middle of May she was well in every respect. She now informed me that for several years previously to her illness she had been more or less troubled with flatulence, acid or bitter eructations, vomiting, pain in the stomach, and headache; she was also pale and slender.

November.—She is now ruddy and muscular.

For twelve weeks or thereby after last report she continued to take medicine, that without aloe sufficing for all purposes.

April 1866.—Has had no return of insanity, though she has had several children. Her husband met with a great reverse of fortune, and in 1873, after giving birth to a baby, in another part of the country, she again became insane, and died in this state soon afterwards.

Aug. 24th, 1859.—Mrs. T., aged 34, the mother of nine children. The last confinement occurred ten weeks ago, preceded for a considerable time by much flatulence, and immediately followed by sleeplessness, which in a week terminated in insanity. During the first month she was outrageous, but for the last five weeks has been generally merely talkative, only occasionally vociferating and threatening violence. The average amount of sleep, night and day inclusive, is only four hours; she consequently disturbs the household greatly, and requires to be constantly watched. Bowels constipated; appetite capricious and trifling; has occasional palpitation of the heart. Her mother and a maternal uncle died insane, and she has a brother in a lunatic asylum. Medicine directed to be given as in the preceding cases.

Sept. 8th.—Three or four nights after last report began to sleep better, now sleeps about nine hours in every twenty-four, and digestion is much improved. Is calmer, and often converses apparently rationally. For the last eight days the combination without aloe has been adequate.

Sept. 16th.—Is considerably better in every respect. Falls asleep a few minutes after going to bed, and usually sleeps ten hours in every twenty-four. Appetite and digestion good; eats four meals daily, two of these consisting in part of animal food. Though still giving utterance to a great deal of nonsense is quiet in her behaviour, and never attempts as formerly to injure those around her; is likewise more careful not to injure herself, and takes some interest in her children. It is remarked that before improvement commenced, though at times when excited and outrageous, exerting almost superhuman strength, lividity of the skin was readily produced by a firm grasp of the hand, or a slight fall, that now, when certainly possessing more real strength, a much greater injury is necessary to discolour the skin.

Sept. 31.—Is greatly improved; converses sen-

sibly; attended church last Sabbath. This patient resided at a considerable distance from me, and my attendance closed with the last report. Sometime after I was sorry to learn that, in consequence of a sudden domestic affliction, she had become insane, and been removed to a lunatic asylum, where she slowly recovered.

Sept. 14th, 1859.—Mrs. F., aged 45. In Feby. last her brother, who had been for some years insane, committed suicide. This event produced a severe mental shock, and caused her sleep to become broken and unrefreshing. In June flatulence came on to great extent, accompanied with acidity and heartburn, without giddiness or headache. In the beginning of July her mind became affected. She bemoaned her fate as a sinner hopelessly lost, but never alluded to her brother. Sleep, which had been previously broken, now became more so, four hours sleep in twenty-four being the usual amount. Ideal noises often cause her to start up and get out of bed, and for the last fortnight she has scarcely slept at all, walking about the house and crying piteously. From fear of some terrible impending calamity she clings to her husband, whom she will not allow to leave her apartment for a single instant. She has spoken about taking the life of one of her children, but apparently without any fixed intention of doing so. She dislikes seeing any person except of her own family, and cannot be persuaded to go out, because, she says, people look at and talk about her; on this account, on her way from her house to my residence, she wished to get out of the carriage, and make her escape to the woods. Her appetite is capricious, sometimes she scarcely eats at all, but on other days takes her food pretty well, though afterwards acknowledging indigestion. Bowels constipated. Has been under the care of two medical men, but without benefit. Medicine to be given as in the preceding cases.

Oct. 4th.—Sleeps considerably better, takes her meals regularly, and appetite has now become so keen that she often eats between meals. If the unhappy thoughts she formerly had still exist, they certainly do not affect her to nearly the same extent, as she seldom speaks of them, and is able to engage in conversation not directly connected with herself. Says that she is less timid than when I first saw her three weeks ago, and for the last two days has allowed her husband to attend to his du-

ties out of doors. Has lately of her own accord confined herself to bed, possibly from diminished excitement and from exhaustion produced by long continued previous sleeplessness. Has still much acidity.

Oct. 18th.—For the last week her appetite has declined, acidity is greater, and she has not enjoyed so long or refreshing sleep. The cause of this seems to be increasing constipation, which twelve grains daily of the combination with aloes do not overcome. Looking upon absolute confinement to bed for the last few weeks as the cause of increased constipation, I advised her to sit in another room part of each day, to make her food more aperient, and to take ale daily that she may acquire more vigor.

Nov. 14th.—Has followed my instructions respecting ale; has been able to get up daily and walk about the house; her bowels are open and acidity is gone. Converses freely and enjoys visits from friends. Says, that while insane no person could have persuaded her of the unreality of her hallucinations, because she believed herself to be the better informed; had also optical illusions, her apartment often appearing unlike what it really is. Mentions that till lately her flesh was so tender that she could scarcely bear the weight of her arms resting upon her body in bed. When I first saw her an unpleasant odour, peculiar to lunatics, was exhaled from her body, this has long since ceased.

Nov. 28th.—She is quite well in every respect, but continues to take the medicine with and without aloes in reduced doses. As winter approached greater precautions were taken to guard against cold.

In April, 1867, Mrs. F. again became insane, apparently in consequence of the death of a favourite niece, insanity, as on the last occasion, being preceded by dyspepsia. At first her mind was not much affected; before I saw her (July 23d) she had been very unhappy, and almost sleepless, that is, often not sleeping one hour in twenty-four. Has acidity and flatulence, and there is a strong tendency to constipation. Her husband remarks of the present and former illness, that it is vain to attempt to persuade her that she is mistaken, indeed that argument makes her more confused and unhappy. An enema was given to remove considerable constipation, and the digitalis combination with and without aloes directed to be given as in the former illness.

Aug. 20th.—A marked improvement in the amount of sleep immediately followed the adoption of these measures, and she now usually sleeps about six hours out of twenty-four. Fifteen grains of the digitalis combination, with three grains of aloes, have been given daily, which, together with an aperient diet, chiefly of Indian meal, have kept her bowels regular. For a fortnight following last report could not take food more nutritious than thin gruel; appetite is not yet keen, but acidity is seldom felt, though there is still flatulence. One night, apparently in consequence of medicine having been omitted, she slept worse, and next morning was more unhappy. Four weeks ago, on the day succeeding my first visit, she made an attempt to take away her life, but has since become less distressed, and now converses on ordinary topics with scarcely an allusion to anything painful or exciting, and when she does so manifests little unhappiness. For the last four weeks she has been given daily. To promote appetite per-sesquinitrate of iron is to be taken three times a day about an hour before meals.

Aug. 27th.—Appetite has rapidly improved, and is more than trebled since I first saw her, so that she often eats between meals. Flatulence has ceased, and a slight increase of constipation has been easily obviated by an increase of the laxative. Sleep is sounder and longer, generally eight or nine hours in twenty-four. Two nights after commencing iron, a lamp, which for two months had been kept burning during the night in her bed-room, on account of some undefined fear, she permitted to be extinguished. Formerly she declined seeing acquaintances, she now invites them into her apartment, and converses on ordinary topics without fear or unhappiness. She once mentioned the attempt she had made to take away her life, and said that had she not been prevented she would have committed suicide.

Sept. 16th.—Is well in every respect. Unhappiness is gone; is cheerful and converses freely; sleeps all night; appetite and digestion excellent; only a small quantity of medicine is now necessary. For a considerable time before and sometime after my first visit had much thirst, and required frequent draughts of water by night as well as by day to assuage it; this diminished as she became stronger, and ceased entirely soon after she began to take per-sesquinitrate of iron, to which she and her hus-

band attribute a considerable acceleration of the cure; they also express their conviction that when I first visited her in July, she was worse both mentally and bodily than at any time during her first illness eight years ago.

In 1871, four years after the illness now described, she again became insane. Her husband speedily came to me for medicine, but from the experience he had gained took charge of her himself—though the insanity was as great as at any time formerly. Besides the digitalis combination, with and without aloes, I advised hydrate of chloral at bed-time as long as sleep was impaired. She had a good recovery, and I believe remains well.

5th Sept., 1859.—J— M—, aged 36. Enjoyed good health till three months ago, when in consequence of exposure to cold while perspiring, flatulence, heartburn, and acidity came on to a great extent, soon after, headache, nearly total sleeplessness and confusion of mind. These symptoms remain nearly unchanged. Often scarcely sleeps all night, and says that he is frightened he knows not for what. Bowels rather confined. Complains of numbness of limbs taking place from slight pressure. Medicine to be given as to the others.

Sept. 16th.—Sleeps about eight hours every night, and is never frightened as formerly; less dyspepsia; appetite somewhat improved; headache and disposition to numbness of limbs lessened. Bowels open.

Sept. 30th.—Sleeps well; has no mental agitation; but has still a good deal of acidity.

July, 1863.—A young woman insane for three months. Insanity characterised by great talkativeness, consisting of disjointed nonsense, without any prevailing topic; there is likewise inability to answer, or attend to the simplest question. Sleep very short and broken, and being much awake she greatly disturbs the household by her vociferations; dyspepsia known to be present; appetite trifling. Insanity not hereditary. She was brought manacled in a carriage from her residence, about fifty miles distant, and during the night she stayed here disturbed the inmates of the tavern greatly by her vociferations. Medicine prescribed as in former cases. On the tenth day after commencing its use her parents observed some improvement; on the fifteenth her nurse could venture to leave her for short periods, and at night could extinguish the lamp and go to bed. By the end of the sixth week

her reason was restored. To ensure sound sleep, good digestion, and a proper state of the bowels, the daily use of the medicine was continued for a few months.

April, 1874.—Continues well, no return of insanity. Has been married for eight years, and has several children.

May 1st, 1869.—Mr. J—, aged 50. For ten years has had symptoms of dyspepsia, chiefly much flatulence, and a sense of weight and uneasiness after eating. Coldness of the feet was generally present. Often had headache, and sleep, though not curtailed, was unrefreshing. For the last few years the symptoms of dyspepsia have been more aggravated, and few articles of food could be eaten with impunity. Exacerbations of dyspepsia began to be accompanied by melancholy which he could not shake off. He exchanged his business, that of a shoemaker, for a hawker of books, but change of scene and employment did not cheer him. Failing in his object, and fatigued by the weight he necessarily carried, he returned to his original occupation, haunted as formerly by ever present gloomy thoughts. Sixteen weeks ago he entered the pulpit of the chapel he was accustomed to attend, and harangued the congregation on prophecies, which he alleged related to himself. He has since gradually got worse, so that for the last six weeks a member of the family has found it necessary to be with him night and day; during this time he has not taken off his clothes except to change them, lying down at night on a sofa, and seldom sleeping longer than two to four hours, rarely six in twenty-four; the remainder of the time being spent in deep melancholy, often pacing backwards and forwards, and declaring himself to be a sinner hopelessly lost. In this state, for two continuous nights and days, he never lay and scarcely ever sat down. Nevertheless he is able to talk about his bodily ailments with great composure, and apparently with accuracy; almost the whole preceding statement, confirmed, however, by others, having been received from himself. Insanity not hereditary. Previously to yesterday he lived in his own house in another town, and was attended by a medical gentleman there; he has come here to place himself under my care, and resides with a married daughter. I ordered the digitalis combination, with and without aloes, as in other cases, but as he says he is not constipated, possibly the former will be only occasionally required. His

food to be as nutritious as he can digest, and a small quantity of ale to be taken under the control of his daughter. As in the cases of all the other patients argument and contradiction are to be avoided, his hallucinations gently soothed, and care taken to remove everything with which he could injure himself or others.

May 18th.—For the last nine days has slept about eight hours every night, and though he does not admit that he is happier, yet those around him remark that his expression of countenance is less anxious, and that he now speaks of his bodily ailments, which formerly he did not do. Nine days ago his pulse having fallen from 72 to 60, I changed from the digitalis to the squill combination.

May 23rd.—To-day his wife, after three weeks separation, visited him, and expresses herself much surprised at the improvement which has taken place. Before he was placed under my care, he was so engrossed with his own unhappy thoughts, that he might often be spoken to four or five times before he answered, when even only a monosyllable was required; he now answers readily, and enters into conversation not connected with his complaints. At that time he could not be induced to give any assistance in household matters, now he attends a good deal to the baby, splits wood for the kitchen stove, and carries water from the well. Though digestion is materially improved, he is still injured by an error in diet, and if to get rid of the uncomfortable flatulence the dose of aperient happens to be rather powerful, he is evidently weakened, that night the amount of sleep is lessened, and the mental affection aggravated. Cold produces a similar effect; last week, on a bitterly cold day for the season, he was so unhappy as to be unable to converse or give assistance in the household.

May 26th.—His wife remarks that she is sensible of daily improvement. Formerly gloomy thoughts were ever present, now he can for the most part converse tranquilly, gloom being of short duration, coming on instantaneously, and going off as suddenly. Since he came under my care an attendant has only twice been required to watch or sit up with him at night, and as an evidence of the decline of dyspepsia his feet have ceased to be unnaturally cold.

April, 1875.—For several years he has wrought in a machine factory, and is well in all respects.

In the preceding cases dyspepsia was the first

departure from health, bye and bye was attended by broken and unrefreshing sleep, and lastly, at a period more or less remote, the patient became insane; insanity in these is, therefore, to be regarded in the light of a symptom of dyspepsia added to those already existing. Why it comes on in some cases and not in others does not, I apprehend, always admit of a satisfactory explanation; hereditary predisposition is the cause possibly in some instances, but not in all. Frequently patients have dyspepsia and headache or impaired sleep for many years without the slightest threatening of insanity, which fortunately occurs in only a small proportion of dyspeptics. The medicine I have recommended seems to owe its efficiency partly to its power in curing dyspepsia, partly to its soothing and soporific effect, and partly to its gently aperient property; the patient falls asleep as in health, if awakened at anytime shows no appearance of narcotism, and if allowed to sleep awakes refreshed. In cases of great sleeplessness without insanity, a laxative operating rather severely, or on the other hand constipation, cause the patient to be more sleepless, so it is in insanity. I know of no means so well adapted for keeping the bowels uniformly in proper order; there is no griping, no squeamishness, constipation is not a sequence, nature is merely aided, and the patient as a rule unconscious of having taken medicine; * likewise its prolonged use is not injurious.

In the many years which have elapsed since this investigation commenced, I have seen a considerable number of cases of dyspepsia, and these have, in most instances, been cured by the digitalis or squill combinations. Besides symptoms closely connected with the stomach, coldness of the feet, want of sleep,† and headache were removed. I have met with patients who had suffered from dyspepsia and headache for twenty years relieved of these almost at once, requiring, however, to continue the medicine for months or longer to effect a perfect cure.

It does not, therefore, seem strange that where

* For sleepless crying babes, who generally are constipated, I find no medicine equal to the squill combination, the addition of aloes being seldom necessary. Dr. Campbell, Seaforth, (C. Lancet, Sept., 1874), makes the same remark.

† Dr. Alysworth, Collingwood, speaking of the use of the digitalis combination in diseases of the mucous membrane, says, "I am so well satisfied with its action, that I use it without opium in preference to other hypnotics, prescribing it ten times for once that I give any of the other remedies, as opium, morphine, chloral, &c."

all these symptoms exist, with the single addition of the mental affection, a cure should also be comparatively easy, and the digitalis or squill combinations the needed remedy.

Referring to the cases it will be seen that patients wildly insane, requiring to be watched and waited on night and day for weeks previously, were soon so soothed, that in a fortnight little or no watching was required, and in six or eight weeks were cured, their only nurses being members of their own families; several had been certified as proper patients for an asylum, and only waited a vacancy, but the recoveries were so rapid that when a vacancy occurred the relatives did not avail themselves of it. That the treatment presented no serious difficulties is evident from the fact that the reports, which coincide with the visits, indicate that I did not visit any one who lived at a distance from Galt more than four times, and one I saw only once.

Where dyspepsia does not co-exist, it is not reasonable to expect that a medicine which seems essentially to owe its efficacy to its power of healing the mucous membrane of the stomach, and thereby curing dyspepsia, should be useful where this membrane is not affected. Years ago in a case of puerperal insanity without dyspepsia, the disease was distinctly aggravated by the squill and iodide of potassium combinations given in succession, and it became pretty evident that stramonium was the hurtful ingredient. This, as is mentioned in the number of this Journal for July 1874, led to the formation of the strychnia combination. In Feb. 1872 I was consulted respecting a sister of Mrs. A. (case 4th) who soon after the birth of her first child became insane. A month after I visited her. There was no dyspepsia, and sufficient sleep was obtained from chloral. I gave in addition three pills of the strychnia combination daily, ($\frac{1}{8}$ gr. of Str. in each) which did not in any respect disagree, and in six weeks she was quite well. In Nov. 1872 I was consulted by letter respecting an elderly lady whose mind had been failing for several years, and was now quite gone, often for instance insisting that she was from home, when she was sitting in her own house surrounded by her own family. Four or five medical men had visited her without benefit. She slept well, and digestion was not affected. On these grounds I sent the strychnia combination, at first with a small quantity of aloes, but in a short time without. I was soon happy to hear of improvement,

and by the spring of 1873 she was reported as well. The reader will say with myself that a far greater number of cases are required to prove the efficacy of the strychnia combination, and the cases to which it is adapted.

Excepting the two cases now mentioned my experience has happened to be confined to those where insanity arose from, or was connected with dyspepsia, and the cases mostly of a few months previous duration, as it is obvious that beyond this period most families would feel themselves under the necessity of sending the patient to an asylum. Besides the woman insane for sixteen years, in whom a lucid interval followed the administration of the digitalis and squill combinations, I was consulted by letter respecting a lady ten years insane; considerable improvement took place, but notwithstanding the unintermitted use of the medicine, insanity again increased. I have since thought that possibly these failures, as well as that of the dyspeptic (case 3rd) arose from a change having taken place similar to that in the gardener (See this Journal for Sept. 1873 and July 1874.) where a medicine which had manifested very great power, a year after in an attack of the same disease showed no power whatever, and that possibly the strychnine combinations might then have succeeded. I have stated the readiness with which dyspeptic headache of long standing usually yields, the same cannot be said of long continued insanity, possibly from the diminished quantity of phosphates in the brain or other causes. I trust however that I have shown that when in recent cases, insanity and dyspepsia co-exist, the latter I apprehend standing in the relation of cause to the former, the cure is neither difficult nor tedious. In the preceding pages I have not ventured to estimate the proportion which cases of insanity arising from dyspepsia bear on the whole, but, since these were placed in the hands of the Editor, Dr. Lett of the London Lunatic Asylum, (*Canada Lancet*, June 1875.) whose extensive experience entitles him to form an opinion, says that with few exceptions, if I do not misinterpret his meaning, mania and melancholia arise from an exhausted state of the brain, caused by sleeplessness and indigestion; that the ordinary narcotics are nearly valueless; and their prolonged use hurtful; also that purgatives and blisters are injurious. I am glad to be able to suggest a remedy, the prolonged use of which is not injurious, strengthening not weakening the system,

by promoting sound and refreshing sleep, by improving digestion, and at the same time gently keeping the bowels open without causing griping or uneasiness.

THE ONTARIO MEDICAL ACT.

BY W. ALLISON, M.D., BOWMANVILLE.

At a meeting of the Medical Association of West Durham and South Ontario—held in Oshawa 1st June—Dr. Allison, of Bowmanville, read the following paper, which the society, by a unanimous vote, requested should be sent to the LANCET for publication.

MR. PRESIDENT AND GENTLEMEN,—At the last Meeting of this Association I was appointed to read a paper on "The Medical Profession, and the Laws Relating Thereto." If I understand the purport of the motion made, I think I was to give my own views on the Medical Act, and some of the amendments that would require to be made. Be that as it may, my peculiar position in reference to that Act, and the fact of my being a candidate for medical honours, render it rather a difficult matter to confine myself altogether to that particular point. With your permission I shall have to branch off into a short description of the means for carrying the present Act into successful operation, and the amendments to that Act that are demanded by the profession generally. I did not come here to-day to instruct any body, or to prove that I know more than my neighbours. My sole object being to comply with a respectful request made to me by this Association, to give my own views on the present state and future prospects of the laws relating to the profession to which we have the honour to belong.

There are many anomalies in the medical profession which would altogether be out of place even to allude to. There are, however, many things to which it may be interesting to give a passing notice, such as the past history of the laws relating to medicine and surgery. You are all aware that the laws enacted at various times in the Province of Ontario—formerly called Upper Canada, were of a multifarious character—some of which were supposed to be perfect, and could not well be amended. For instance, we had the old

Medical Board, of which I was a member for many years; as you must know, it was principally an Examining Board—it had its day and generation. Next came Dr. Parker's Act, which was also supposed to be a perfect luxury in its way, and could scarcely be improved upon. Then came Dr. McGill's Act. We hailed that, in its turn, as a boon, which was in perfect harmony with the spirit of the times, and was thought to be a step in the right direction.

Then Dr. Baxter stepped forward to receive the unqualified applause of the medical fraternity—who also hailed his Act as one approaching nearer to perfection than any of its predecessors.

But, alas! that, in its turn, is doomed to the destructive process that it will inevitably undergo, as soon as it is ready for the crucible. Allow me to say this much for the present Act, that we all feel happy in our recognition of the many advantages secured to us in the passage of that Bill. There are principles embodied therein which we all acknowledge, and with gratitude appreciate; but with all due respect to the parties who framed the Bill and got the Act passed, another amendment is again loudly called for. It is well-known that the present Act contains a clause whereby an annual assessment can be levied on the whole profession in the Province of Ontario. That clause which was in the Bill that was rejected, had my opposition. It was unusual in its character and without precedent; and to make it more preposterous, I learned that the members of the Legislature actually refused to insert any penal clause whatever. I then thought if we were to receive nothing in return for the money we paid, neither in the shape of protection to the public against quacks, nor anything else, I began to see that it was arrant folly for us to pay an annual assessment and receive no value for the money advanced. When the subject was under consideration by the Council, Dr. Coburn, our representative, very wisely considered that it would be well to have the opinion of his constituents thereon.

He accordingly called several meetings, with the view of getting the opinion of the profession upon so extraordinary a subject. I attended one of the meetings which was held in Orono, where everything therewith connected received a full and free ventilation. The gentlemen present seemed quite alive to the importance of giving every attention to

the one point—whether we should go on as usual, and try to earn our bread by the sweat of the brow without any assessment, or to be assessed and get nothing in return for our pains.

Those who favoured the assessment paid considerable attention to the advantages that might have been gained, by inserting a clause in the Bill, providing for every contingency that might arise in carrying out a provision of that description, adducing many arguments in support of the views thus expressed. I held an opposite opinion and gave my reasons for the stand thus taken. A resolution was moved and carried, that the assessment clause should be upheld and embodied in the Act, to which I dissented, and I believe was the only one present who voted against the motion; but, as you are aware, that Bill was thrown out by the Legislature. Again another Bill was submitted to Parliament by Dr. Baxter and carried. The present Act contains the same assessment clause in a modified and less objectionable form, with a penal clause added, which enables us to give our support to a law to which we were justly entitled, and one so productive of benefit to the public at large. Let me remark further, that although we have got what never should have been withheld, it will still be necessary to have the present Act further amended, by making more ample provision for prosecutions against quackery and other violations of the statute. The present law gives power to prosecute for illegally practising medicine for hire, gain, or hope of reward; but, in addition to that, we have illegal vendors of nostrums and itinerant quacks, who practise their deceptions in open day, in the very face of our constituted authorities, and the latter, as an invariable rule, take no notice of such infractions of law and morality.

In my opinion the law should be so amended, that these itinerant vagabonds should be dealt with by a magistrate's warrant, instead of a summons, in the same manner as the infraction of any other statute, where the parties are not known. By issuing a summons as the law requires at present, the party implicated has plenty of time to make his exit, and is able at once to elude the vigilance of the informant. On the other hand, were a warrant to be applied for, and instantly acted upon, the law would be better vindicated and justice better administered.

In reference to cases where the party is a per-

manent resident, and who is accused of the infringement of the medical statute, and where a summons would be applied for, the action might be laid anywhere in the neighbourhood where the party lived; but the law should be such that the prosecutors may be enabled to change the *venue* to a neighbouring town or village. It is a well-known fact, that when prosecutions have taken place where the offender resided, he invariably had the sympathy of the surrounding neighbourhood, and the magistracy, generally speaking, partook of the same infection; and as a religious rule of duty, in the most of instances the case was dismissed as one *not proven*. You will also perceive that the Act does not provide for a public prosecutor. Any person may be the informant; but you will agree with me in thinking that very few medical men would be likely to assume the ungracious task of taking upon themselves the revolting duty of becoming informants. Were a public prosecutor to be appointed, whose duty it would be to take cognizance of every infraction of the Medical Act, upon being duly notified by any person aggrieved, and the prosecution carried on in the name of the Medical Council, and the expenses attendant thereon borne by that body, I am persuaded that much of the evil complained of would cease to exist.

Who the prosecutor should be, and what his profession—whether the chief constable of every town, or the county attorney, or a practising lawyer—I am not prepared to say. The advice of the Medical Associations formed throughout the Province would require, I think, to be taken thereon. Another amendment to the Medical Act, at the present time, is loudly called for, and that is in regard to the bringing of actions for malpractice. It is well-known that any person of a litigious disposition, actuated by avarice, may bring an action when he pleases against his medical attendant, without reference to any limitation of time. In instances are frequent where actions have been brought many years after convalescence has taken place, and the poor unfortunate medico notified in the most polite manner that his presence is required in a court of justice, there to be victimized, and to answer for a crime of which he never thought himself guilty. The case is tried, and you all know what the result generally is. If the time was limited for the bringing of actions, and available witnesses could be subpoenaed in the interest

of the medical attendant at once, instead of waiting for an indefinite period, where exculpatory evidence would be difficult to secure, we would have fewer verdicts in favour of the plaintiff and fewer cases tried in Court. It is also my unqualified opinion, that in all cases tried for malpractice, there should be a certain number of jurors taken from the medical profession, which number should form part of the jury, and the case then tried in the usual manner. The thing is supremely ridiculous for a medical man to be tried in a case of alleged malpractice, when the jury is composed of men who know nothing about the nature of what they are sworn to try. Here I give you a gentle hint—that medical men are not considered favourites in a Court of Law. A medical man or two upon the jury would be able to explain to his fellow-jurors the nature of the case, and justice thereon be better administered.

There is another amendment that ought to be embodied either in the Medical Act or the Criminal Law Procedure Act, that is, the payment of medical witnesses in criminal cases. It is a hardship of some magnitude for a medical man in active practice to be compelled to attend and give evidence in a Court of Law, and receive little or nothing for services thus rendered.

I am informed that one of the Ministers of the Crown has it in contemplation to embody that reform in some special Act at next meeting of Parliament. Be that as it may, we will not dispute about the right or the manner of how our fees are to be paid, or from what source, so long as we get the one thing needful.

In reference to the subject of tariff, I have purposely avoided saying anything about it, as we have that item in our own hands, and it can be dealt with by the Medical Associations.

The last thing I shall deal with is that of the Board of Medical Examiners. It seems to have been the custom of the Council to have so many Examiners appointed from among the members of the Board, and a certain number from among the medical practitioners outside that body. Latterly it seems they have all been appointed from among the members of the Council. There is, to my knowledge, a wide spread dissatisfaction among the members of the profession, at the monopoly that exists in the Council regarding the manner in which the Board of Examiners is appointed. The law does not contemplate that the Examin-

ers, as a necessity, shall be members of the Council. It provides that the Board shall be composed of one member from each of the four teaching bodies now existing in Ontario, and one from every school of medicine which may hereafter be organized in connection with any University or College, which is empowered by law to grant medical or surgical diplomas, and a number not exceeding five members to be chosen from among those members of the profession who are unconnected with any of the above teaching bodies.

My opinion on that point is, that the honours should be divided, and the members of the profession outside the Council should be invited in rotation to a seat at the Board of Medical Examiners, and the monopoly that exists in the Council should be instantly abolished. By appointing Examiners outside the Board, confidence would be better established between the Council and the profession generally. There are many medical men practising their calling in obscure and remote parts of the country who are well qualified for the office and who would feel proud of being recognized by the Council as fit and proper persons for Examiners. Were the Council to look around and see the good they might accomplish, by appointing such members of our profession to the Board of Examiners, that alone would go far to add lustre to their other duties, thereby giving a greater amount of satisfaction to the profession as a whole, than is done by continuing the present unpopular system. To earn a living by the medical profession is no bed of roses—*medico vivere est miseri vivere*. If we can do anything at any time to promote each other's happiness it should be done at once. These then are some of the improvements I would wish to see carried out. There may be defects in what I have at the present time advanced, but one thing I feel inclined to state, that in the elucidation of my views before this Association, all the remarks I have made are my own.

DR. KERR'S REMEDY FOR DYSENTERY.

BY A. WORTHINGTON, M.D. CLINTON ONT.

The time is near when we may expect to meet with cases of dysentery either as an epidemic or in a sporadic form and as the treatment of that disease and the severer forms of diarrhoea is un-

certain and, unsatisfactory it is but natural that we should turn our attention to any remedy the composition of which is given, which promises to benefit our patients in a greater degree. Sporadic cases occur every season, but it is not often seen in an epidemic form in temperate latitudes and in an elevated country. It did however sweep the northern portions of the county of Huron in the autumn of 1867 in a fearful manner taking in one instance all the children—four—from one family. This epidemic seemed most severe in the lower portions, bordering swampy land, and the most skilful treatment seemed to have only the effect of conducting the disease to a safe termination in some cases, and these prolonged to four and five weeks. In view of such a contingency it becomes the unquestionable duty of every medical man into whose hands lives are intrusted, to avail himself of any remedy that will cut short the disease and save the patient, if such a remedy can be found. My attention was called to "Dr. Wm. Kerr's remedy for Dysentery," by seeing his article on that subject in the August number of the CANADA LANCET for 1873. I immediately sent for and determined to give it a fair trial. The result has been so satisfactory to me that I would not be without it if I could get it, and I am induced to submit the few severe cases which have come under my notice, through the columns of your Journal, to the profession, feeling confident that any medical man disposed to give Dr. Kerr's remedy a trial, will seldom be disappointed. On the 23rd. Aug. 1873 Wm. I. and wife came two miles with their child eight months old; she had had dysentery for two weeks, and from seven to ten motions daily with a great deal of pain and tenesmus; stools were sometimes all blood and more or less blood in every one; prostration seemed great and from all I could judge she had not long to live. I put up twelve 1 gr. powders of Kerr's squill combination (squills, stramonium, dulcamara, sium lineare, cicuta maculata, and conio-selinum canadense), with directions to give one every third hour till she was more comfortable, and then every fourth hour, giving her one in my office before the parents left. I learned from the father about a fortnight after that the little one began to improve at once and in a week was nearly well; they had no further trouble and I gave no more medicine.

Mrs. B. C. brought her child fourteen months old to my office on the 26th Aug. 1874 and stated

that her boy had been taken two days before with a very bad diarrhoea and high fever with ten or twelve motions daily, great pain and straining accompanying each motion. The stools to use the mother's words were "like grass ground up." Gave eight r gr. powders of Kerr's squill combination and directed her to give one every third hour. 28th the child began to improve after taking the second powder. The fever began to subside and is now gone. The stools became less frequent and more natural and the pain and tenesmus gone, had but one stool last night and one this morning. Gave no more medicine. The child was again in his usual health in a few days.

G. B. Male; aged 30; came to my office on the 4th of Oct. 1873 and said he was passing nothing but blood and had a good deal of pain and tenesmus at stool. Gave him six powders composed each, of Kerr's digitalis combination* grs. vi, Plv opii gr iss ; one to be taken every fourth hour till better. Saw my patient two days after and he said he had taken but two of the powders and was quite well again and at his work.

On Oct. 13th 1873 I was called in consultation with Dr. Campbell of Seaforth to a case of his, Mrs. R. G. who had been recently confined. Her labor was followed by a violent attack of colliquative diarrhoea which had for over a week resisted all the known remedies. Under this and a mild attack of bronchitis she seemed to be gradually sinking beyond any hope of recovery. She had a very large, dark brown offensive stool while I was present. I advised the administration of six grain doses of Kerr's digitalis combination with opium one grain, one to be given every fourth hour. Dr. C. told me afterwards, that he had to increase the dose of the combination to get the desired effect. Improvement was manifest, after she had taken two or three powders; she made an excellent recovery. Dr. Campbell had none of Dr. Kerr's combination or he told me he should have used it.

W. W. consulted me in connection with Dr. Stewart of Brucefield in Oct. 1874 in reference to his child, a little girl about 4 years of age, and generally delicate. She had been attacked with diarrhoea over two months before, which had become chronic and nothing seemed to be of any avail to check it. I was then out of Dr. Kerr's

combination but sent at once for it and gave some to Dr. Stewart under whose judicious management she soon got quite well.

It will be noticed that I have only mentioned two cases where the discharges were dysenteric. Quite a number of mild cases came under my care which I did not think necessary to put into my case book, all of which yielded readily to either the digitalis or squill mixture with or without opium. The first case of diarrhoea mentioned I did not doubt would have ended in dysentery.

The case of Mrs. G. was the worst one of colliquative diarrhoea, I ever saw and Dr. C. told me that prior to the administration of Dr. Kerr's remedy nothing he had done appeared to check the disease, and when I saw her there was every appearance that she must soon sink under the frequent and exhausting discharges. I have frequently used Dr. Kerr's remedy in the diarrhoea of phthisis with the same uniform good effect. It appears to me to exercise a control over the abnormal action of the bowels beyond anything else I ever saw or used.

NOTES FROM PRACTICE.

BY H. B. EVANS, M.R.C.S., ENG., KINGSTON.

PARAPHYMOSIS.—In a case of paraphymosis occurring in a young patient, æt. 7 , not amenable to the ordinary treatment, on account of his violence, 20 grains of [chloral hydrate were given; during the sleep that followed chloroform was administered, the turgid glans punctured freely with a lancet and bleeding promoted by warm fomentations. In twenty minutes ice was applied; contraction of the glans took place, and reduction effected with the greatest ease.

ERYSIPELAS AND EEVER.—Recognizing the beneficial influence of inunction in eruptive fevers generally, I was led to apply the same treatment in erysipelas, intermitted with fomentations of warm soft water. Lately I saw a plethoric young man suffering intensely from this disease in the head and neck. The regulation nitrate of silver was there in a *thin black line*, to stop the onward march of the enemy, and the indispensable heating, drying, tincture of iodine to constrict the capillaries, according to the theory of the humorists, was there also, to

* Same as the squill combination except that digitalis is substituted for squills.

heighten the color of this beautiful picture. Immediate relief, and the remission of the most urgent symptoms took place on application of the above simple treatment.

I recollect a case of typhoid fever which recovered almost against hope, in which, after all active symptoms had abated, the patient seemed as if he would disappoint our expectations at last. The tongue was clean, and the pulse, under the circumstances, natural; the appetite not bad, but the skin kept dry and scurfy. Warm sponge bathing was recommended, and followed with only temporary benefit. Inunction of fresh lard was then applied twice a day; under its use the skin became soft, pliable and moist, followed by rapid recovery.

HEMORRHOIDS.—A case of external hemorrhoids presented itself, tumid, vascular and ulcerated, with all the usual symptoms of that painful disease. Any operative proceeding in which the knife was to act a part, was strongly objected to, but relief was earnestly implored. Congelation of the protruding part was effected by the application of pounded ice and salt in a muslin rag, and the insertion of a conical icicle into the rectum. Fuming nitric acid was immediately applied with the usual precaution; violent reaction took place, which resulted in sphacelus, separation of the diseased and dead parts, and a perfect cure.

WARMTH IN PYREXIA.—Every intelligent practitioner must recognize the therapeutical effects of the prolonged, steady and regular application of cold in pyrexia. Did it ever occur to any one that the same systematic use of warmth would have a similarly beneficial effect? In infantile pneumonia we are content perhaps to order the warm bath, once in twenty-four or thirty-six hours, little thinking how fast and fatal the stages of this disease succeed one another. In the first, that of engorgement, a warm bath in a hot room, given every two hours will generally cut short the disease, by promoting an equilization of the circulation, and relieving the congestion on which it depends. If your little patient is fearful of the water, throw a sheet over the tub, and let him gently down into it, supporting him in your arms, and he will resign himself quietly to the bath, and will be much relieved and comforted by it.

CHLOROSIS.—In the treatment of chlorosis I have found great benefit from the administration of purgatives before commencing with a ferruginous and tonic course of medicine. They remove effete matters and prepare the system for what is to follow.

SUMMARY OF ONE THOUSAND CONSECUTIVE OBSTETRICAL CASES IN PRACTICE.

BY FIFE, FOWLER, M.D., F.R.C.P.S., KINGSTON.

The following summary is presented in the hope that it may prove of interest to the profession at large, and that in conjunction with papers of a like character it may add somewhat to the knowledge of this department of medical science. This summary does not require many explanatory remarks. Attention will no doubt be directed to the mortality of children in the breech, footling and turning cases, which must be admitted to be large, particularly so when compared with lists furnished by those who advocate turning in preference to the use of the forceps; but to the author of this paper, head-last cases have always appeared fraught with dangers to the child, dangers which in the majority of cases cannot be avoided. It is also to be remarked with reference to the cases of undue retention of the placenta that they almost all occurred in cases in which no skilled assistance was at hand during the birth of the child, and the case of longest duration occurred on a part of an island which was not very accessible. Regret has to be expressed that no reliable statistics could be furnished bearing on the mortality of females in childbed:

Of 1016 children born, 533 were boys and 483 girls. 120 boys and 117 girls were born between 12 noon and 6 p.m.; 120 boys and 101 girls were born between 6 p.m. and midnight; 148 boys and 124 girls were born between midnight and 6 a.m.; 145 boys and 141 girls were born between 6 a.m. and 12 noon.

Among these were 16 twin cases, comprising 16 boys and 16 girls. In 6 cases both children were boys; in 6 cases both children were girls; in 10 cases both children were born alive; in 2 cases both children were born dead; in 4 cases 1 born alive.

The presentation was natural with respect to both first and second child in 4 cases; but in one of these cases the first child had to be delivered by instrumental means, (craniotomy having been per-

formed), and the second child by turning, and in another of these cases the forceps had to be employed.

Amongst the twin cases there were 6 breech presentations, viz.: 3 of the first child, 1 of the second, and 1 of both children; 4 of these were boys and 2 girls.

There were 5 footling cases—4 in the case of the second child, and 1 of the first; 3 of these were girls, and 2 boys.

There were three cases where the second child was born with face to pubis.

There were in these twin cases 2 children born, each having one hand along the side of the head, and one having both hands in this position, and one case was complicated with partial placenta prævia.

In the thousand cases there were 23 cases of breech presentation (12 boys and 11 girls); of these there were born dead, 5 boys and 7 girls.

There were 13 cases of foot presentation (9 boys and 4 girls); of these there were born dead 4 girls and 3 boys.

Arm presentation, 4 cases (2 boys and 2 girls); 1st case, both arms found in vagina (embryotomy); 2nd case, born alive after turning; 3rd case, born dead after turning; 4th case, born dead after turning (complicated with prolapse of cord).

One case of shoulder presentation; born alive after turning; 23 cases of face to pubis; 2 cases of brow presentation; 5 cases where one or both hands were along the side of the head; 3 cases of partial placenta prævia.

There were 212 cases where labour was easy and lasted less than three hours; 105 of them were boys and 107 girls.

There were 97 cases where labour was tedious, lasting more than 18 hours; 56 boys and 41 girls comprised these cases. In these tedious labours the os was rigid and slow in dilating in 46 cases; membranes ruptured early in 17 cases; outlet narrow in 14 cases; cord short or round the neck in 10 cases; child large in 9 cases; os retroverted in 7 cases; membranes rigid in 3 cases; face to pubis in 3 cases, upper strait narrow in 1 case; hand alongside head in one case; inertia of uterus in 1 case.

Premature births; 27 cases (17 boys 10 girls); 15 cases at 7 months; 10 cases at 8 months; 1 case at 6 months; three cases of twins.

Still-born children, 48 cases (28 boys, 20 girls); where children showed evidence of having died in utero, 13 cases; born dead after breech presentation, 12 cases; born dead after foot presentation, 7 cases; born dead after funis presentation, 5 cases; when born prematurely, 7 cases; in cases of twins, 8 cases; after placenta prævia, 1 case; after convulsions and use of forceps, 1 case.

Operative cases. The forceps were used in 19 cases (13 boys and 6 girls); of these 14 were born alive and 4 dead.

In the forceps cases there was found to be narrowness of the outlet in six cases; tedious labour 5 cases; inertia of uterus in 3 cases; convulsions in 2 cases; face to pubis and large child in 2 cases; partial placenta prævia in 1 case.

Craniotomy was performed in three cases, and embryotomy was performed in 1 case. Turning was performed in 4 cases; of these three children were born dead.

Ante-partum hemorrhage occurred in 10 cases; accidental hemorrhage in 6 cases; and unavoidable (placenta prævia) in 4 cases.

Post-partum hemorrhage occurred in 24 cases; after quick labour with inertia in 16 cases; adherent or retained placenta in 5 cases; hemorrhage was concealed in 4 cases; after tedious labour in 1 case; after mental excitement in 1 case; after hour glass contraction in 1 case; only one of these cases proved fatal. In this case before assistance arrived the woman had been dead half an hour, the placenta was blocking up the vagina and the uterus was distended.

Puerperal convulsions; 2 cases, both occurring before delivery, the forceps were used in both cases followed by recovery.

Undue retention of placenta; from inertia of uterus 9 cases; os contracted round placenta 7 cases; placenta adherent 5 cases; in uterus, free but os contracted, 4 cases.

Length of time retained; 1 hour, 9 cases; 2 to 4 hours, 8 cases; 5 to 9 hours, 5 cases; 12 hours, 1 case; 14 hours, 1 case; 72 hours, 1 case.

Abnormal condition of children when born; acephalous children, 2 cases; where arm had been amputated in utero leaving a good stump, 1 case; spina bifida, 1 case; hare lip, 1 case; cleft palate 1 case.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In a paper on "Abortion," read before the "Western and St. Clair Medical Association," and published in the CANADA LANCET of the 1st inst., the writer animadverts "upon some extraordinary statements sworn to in a recent murder trial in this Province," that: "aloes has no tendency to produce abortion; not a medical man under the sun can produce abortion with safety; in nine cases out of ten, the medicine will kill the woman; and if instruments were used the most disastrous results would follow." While I must admit that I am the author of "statements," which might appear "extraordinary," "startling," and even "exaggerated" to those, who, regardless of the reputation they injure, are willing to accept as literal facts, the hur-

ried jottings of the occasional correspondent, upon a subject, that to him is like Greek to the Choctaw Indian—and from such data, hold up to scorn and contempt a medical confrère, whose chief misfortune was, that he could not prevent his utterances, on a certain memorable occasion, being most villainously reported; yet I will not admit that I could read the above extracts, and bring to bear upon them one-tenth part of the diagnostic skill, which any experienced medical man ordinarily exhibits at the bed-side, and declare them to be authentic. How absurd to say unqualifiedly that: “aloes has no tendency to produce abortion,” when a sudden shock or even a distended rectum will cause some women to abort; yet a favorite prescription of Burns for the constipation of pregnancy was hyoseyamus and aloes. Then, what connection exists between “medical man” in the second extract, and “medicine” of the third, although they evidently refer to the same subject? But the last extract, standing alone without its context, and made applicable to the general subject treated of, looks like a foul eschar daguerreotyped and commented upon to damage the professional reputation of a Canadian graduate. What I did say, was this: “In a woman not predisposed to abortion, aloes would not produce it; not a medicine under the sun would produce abortion with safety to the mother; in nine cases out of ten, the woman would die. But where there was a predisposition, aloes might, just as jumping out of bed or riding over a rough road might accomplish it.” My remarks were intended to apply to cases of abortion in the early months of pregnancy, as it is generally understood by the profession, and not to cases of premature labor, when the fœtus becomes viable; for it is well known that frequently in women a predisposition to abortion is acquired in the later months of pregnancy, exacting from the medical attendant a more careful selection and administration of drugs, and from the friends a more scrupulous attention to their needs and caprices. I endeavored by my evidence to establish before the court, the general inefficiency of all medicines in producing abortion, and the extreme hazard of their use with that intent. That aloes acts specially on the rectum, and that the rectum is in close contiguity to the uterus, is no proof that it possess abortive tendencies. It would have to be given in sufficient doses to produce colitis or a general shock to the system, be-

fore such an undesirable result could be brought about. But De La Motte informs us that “he has seen the most energetic evacuants produce gastritis, enteritis, peritonitis, and death itself, without abortion following as a consequence.” Indeed so well established are the proofs of the insufficiency of medicines to induce abortion, except under peculiar conditions, that I have yet to see an authoritative exponent of a contrary opinion. The application of my evidence was to this effect, that it was most unlikely that a medical man of experience and skill, as Dr. Sparham was well known to be, would use medicines at all, to accomplish what every medical tyro could not fail to know was attended with much risk. While if he did prescribe a medicine, which might be tortured to possess abortive tendencies, it would be even less likely, if his intent were criminal, that he would combine it with two other medicines that must modify and control its peculiar action. I declared to the court that the fact of Dr. Sparham’s prescribing iron, myrrh and aloes was sufficient proof to me that he had no intention of inducing abortion, when he recommended their use, as the effect of these in combination would be preventive, rather than productive of it. The last extract, upon which the author of the article referred to, comments so severely, viz.: “if instruments were used the most disastrous results would follow,” is neither true in letter nor in spirit. The Crown Prosecutor was questioning me as to the probable results of an attempt at abortion by instruments upon a woman scarcely two months advanced in utero-gestation, before the ovum had lost that intimate connection with the womb, which so characteristically marks its early growth. In such a case, I remarked, “if instruments were used the most disastrous results might follow.” My evidence upon this point was intended to make the fact patent to all, that no well-read medical man, irrespective of criminal intent or not, would think of using instruments to produce abortion at a period of pregnancy when the ovum and its membranous envelope had not fully occupied the uterine cavity. The danger arising from the use of instruments was, in my opinion, in an inverse ratio, greater, the further removed from “full term,” the attempt was made. In fact, I declared my belief that it was extremely hazardous to attempt an abortion with instruments, under any circumstance, before the close of the third

month, and that Dr. Sparham, an educated practitioner of twenty years experience, must have been aware of the fact as well as myself. Hence, it was to the last degree improbable that he would run the risk of killing the woman rather than wait, (upon the supposition of criminal design,) until the operation could be performed with very much less danger. The probabilities were altogether in favor of the prisoner. I have taken the liberty, sir, of occupying a portion of your space, in order that those who have read the strictures which appeared in your last issue upon a part of my evidence may have, to that extent, the opportunity of reading my explanation and justification. Possibly on a future occasion I may review the whole case now so celebrated and so interesting, in a medico-legal point of view. That I was placed in a position, in the performance of my duty in the witness box, exposed to the envenomed shafts of stern rebuke and ridicule, and that the author of the article referred to, lacked that charity towards a brother "that thinketh no evil," is not "*mea culpa*."

Yours, &c.,

M. K. CHURCH, M.D., C.M.,

Merrickville, June 7th, 1875.

To the Editor of the CANADA LANCET.

SIR,—In your last month's issue you published a letter from J. H. Halsted, containing many mis-statements, and charging a certain Dr. with a "gross violation of ethics." I will, as briefly as possible, state what occurred. On the night of the 10th of May I was in the neighborhood of J. N's. residence (about ten miles from here) attending a woman in her confinement, and there met the wife of J. N. for the first time, and was not even aware that her husband had a broken leg, so could not have asked questions about him. In the course of conversation she said something about his leg, dwelling on the fact of his having so much pain, and saying she did not think it was "set right." I did not take much notice of her story, but told her that it was not unusual to have considerable pain, and that likely the leg would come all right, or the Dr. would not have left it so. The subject then dropped, but she referred to it several times through the night, blaming the Dr., &c., as usual. I said nothing that any man could consider as the slightest breach of etiquette. I was starting for home in

the morning when she asked me to go and see her husband's leg. I refused but she persisted, saying she did not think the leg was "right;" that Dr. Halsted had given up the case for two weeks, and that if I did not come she would get some one else. At last I reluctantly consented to go. I examined the limb and re-applied the bandages, pasteboard &c., with plenty of padding underneath. They were also extended so as to take in both knee and ankle. I did not "pocket ten dollars." I did not "think of the good job for myself," and I am certain I did not think of putting an obstruction in the Dr's. way. I will now leave you and your readers to judge where the "gross violation of ethics" comes in. Thanking the Dr. for withholding my name, I will just inform you that the person connected with this disgraceful affair is

Yours truly,

T. G. TAMBLYN.

Garafraxa, June 19th, 1875.

INDIA-RUBBER TUBING AS A SUBSTITUTE FOR ESMARCH'S BANDAGE.

To the Editor of the CANADA LANCET.

SIR,—Allow me space in your valuable Journal to refer briefly to a case of operation for necrosis of the tibia, in a lad 13 years of age, in which india-rubber tubing was used successfully as a substitute for Prof. Esmarch's bandage for controlling the hemorrhage. The case was under the care of Drs. Walmsley and Lutz, of Elmira, and I was invited to assist at the operation. Not having any proper appliance or rubber band, some stout India-rubber tubing was used in its stead, and with very satisfactory results. The entire-shaft of the bone was necrosed, from the tubercle to the internal malleolus. The portion of bone which forms the broad shallow groove for the lodgment of the tendons of the tibialis posticus and flexor longus digitorum was also implicated. In making the incision through the soft parts, and removing the sequestrum, the sponge was not required; in fact there was not an ounce of blood lost during the whole time of the operation. At last accounts healthy granulation was going on, and the patient was progressing favourably.

Yours truly,

W. O'DELL ROBINSON.

St. Jacobs, June 11th, 1875.

Selected Articles.

CHLORAL HYDRATE IN STRYCHINA POISONING.

The following case is reported by the physician to the Glasgow Royal Infirmary; P. G.,— a butcher, aged thirty-nine, while in a desponding state, occasioned by the loss of money, went into a chemist's shop in High-street, Glasgow, on March 12th, and bought two sixpenny packets of "Gibson's vermin-killer." Afterwards he adjourned to the private room of a public house in the same street, and ordered a glass of whisky and a bottle of ginger ale. He emptied the contents of the packets into a tumbler, dissolved them with whisky. Observing, on finishing some grounds remaining in the tumbler, he put in more ginger ale, and left a pretty clean glass. This was about 11.30 A.M. Having done this he went across the street to the shop of a neighbouring butcher, and, complaining to him of feeling giddy, desired to sit down. Shortly afterwards he had what the people of the shop imagined to be a kind of fit, which lasted a few seconds. On recovering from this he told what he had done, but his statement was not believed. He had a succession of fits, as they were termed, and an emetic of hot water and sulphate of zinc was given at one P.M. an hour and a half after taking the poison. Only partial vomiting ensued. The fits becoming worse, he was taken to the Royal Infirmary at 3.30 P.M., and placed in a side room. His condition on admission was as follows:—His body was covered with a clammy sweat, and the expression of his face was suggestive of the most painful and intense anxiety. His pulse was quick and full, from 110 to 120 in the minute. The slightest movement in the room made him start, and the gentlest touch on the hand, arm, or body at once threw him into a violent spasm. His body then became bent, his head and feet forming the extremities of the arch. His eyes were large and prominent, rolling about from side to side, while the pupils were normal in appearance. His nostrils were twitching and dilated, and froth mixed with blood escaped from his mouth. His lower jaw was protruded, and drawn back with a loud cracking sound. His arms were extended, and his hands firmly clenched.

These alarming phenomena, lasting for about half a minute, were followed by an interval of comparative calm, during which the patient could answer questions. The slightest elevation of the tone of voice or movement of the bed-clothes at once reproduced them. The spasms on admission occurred every ten minutes, and increased in severity and frequency until the specific treatment employed had its effect.

Treatment.—On admission, the house-physician passed with difficulty, the stomach-pump. As might be supposed, considering the interval that had elapsed from his taking food, nothing was withdrawn but some sour watery fluid, probably the water which had been given to him previous to his admission to the hospital. Shortly afterwards, one drachm of the syrup of hydrate of chloral, strength 10 grs. to the drachm, was given to him. This was at 4.50 P.M. Twenty minutes after, the dose was repeated. Very little effect seemed to be produced; and at 5.30 P.M. two drachms were given. Immediately afterwards there was a severe and prolonged spasm, succeeded by a flaccid state of the muscular system, hurried respiration, quickened pulse, and drooping eyelids—phenomena which indicate the effect of chloral. The patient now answered questions readily, expressed great anxiety as to his recovery, and, using a very characteristic simile from his occupation, said the pain he endured all down his back was "just as if he was being boned." I allowed an interval of half an hour to elapse before giving him another drachm of chloral, during which he had four spasms, but their intensity and severity were diminished. After the administration of this dose, though the muscular twitching continued at varying intervals, and could be aroused by touching the skin yet the acute and prolonged spasms were not evoked. At 7 P.M. another drachm of chloral was taken, and again at 9.30 P.M. At 2 A.M. the report states that he had dozed occasionally, but started up at the slightest movement in the room. At 3.15 A.M. the patient was restless, but with no spasms; pulse 118, of good quality; he was perspiring freely. At 9 A.M. he complained of pain over the bladder. He could not pass urine although anxious to do so. He had not voided urine since 11 A.M. on the previous day. Catheter passed and ninety ounces of amber-colored urine taken away.

During the next two days patient complained of pain in his back, as if he had been well whipped. His diet consisted of milk and ice, and in four days he had completely recovered, and said if he did wish to die he would choose a less painful death than "Gibson's vermin-killer."

Two packets (6*d.*) of the vermin-killer were analysed. Dissolved in an excess of alcohol, and filtered and evaporated to dryness, the characteristic reactions of strychnia were given with bichromate of potash, peroxide of manganese, nitric acid, &c. It was found that each packet contained fully two grains of strychnia. That recovery should have followed such a dose seems almost incredible; and in my opinion, and in that of others who witnessed the case, was entirely due to the action of the hydrate of chloral. It may be mentioned, to account for the slowness of the action of the poison, that the man took it after a most substantial breakfast of ham and eggs &c., and in addition he was a

most powerful, healthy man, weighing fully 15st., and 4ft. 11in. in height. In order still more fully to test the strength of the vermin-killer and the efficacy of the hydrate of chloral, the following experiments were made by Dr. Renton and myself, in presence of the students.

1. To a rabbit the powder—a threepenny one—(containing a grain of the poison), dissolved in alcohol, was given by the mouth, or rather attempted to be forced into it. Allowing that probably one-half of it was spilled through the struggling of the animal, death ensued in ten minutes after one spasm.

2. Another threepenny powder was filtered as described, and found to contain fully one grain of poison. This was again dissolved in alcohol. The solution now measured forty minims. Five minims were injected hypodermically; and immediately afterwards followed by twenty minims of the syrup of hydrate of chloral and continued as rapidly as the syringe could be filled, until in all one drachm was injected. Though slight twitching was observed, no fatal effect ensued, the animal sank into a tranquil sleep, every muscle flaccid, and ultimately recovered.

3. To show if the quantity injected was really poisonous, five minims were injected into another rabbit. After an interval of eight minutes the ears of the animal commenced to twitch, and two minutes afterwards was followed by a severe and apparently fatal spasm. While thus struggling, as quickly as possible one drachm of the syrup of hydrate of chloral was injected, with the result of the diminution shortly of the spasm, and the recovery of the rabbit.

4. On the following morning both rabbits were apparently well, and could take food. On attempting, however, to move the one on which the experiment No. 3 was made it was found that it was paralysed from the middle of the spine downwards. It was unable to move its hind legs. Eight minims of the same solution were injected, and death ensued in five minutes. The same injection was sufficient to kill the other one in four minutes.

Remarks.—These experiments amply confirm what was pointed out by Dr. Bennett's committee of the antagonism between strychnia and hydrate of chloral in the lower animals, and it is most satisfactory to know that an otherwise fatal dose of strychnia can be obviated by the administration of chloral in the human subject. That the man would otherwise have died was most evident—that he survived seemed almost miraculous, and was solely due to the action of the chloral. This fact should be carefully considered in the treatment of tetanus.

—*The Lancet.*

A FRENCH VIEW OF AMERICAN DIPSO-MANIAC ASYLUMS.

With the increase of intemperance in France, there have arisen attempts to restrict it, and M. L. Simonin records, for the benefit of his countrymen, his experience of the system in force in the Dipsomaniac Asylum in Ward Island, New York. As to the necessity for such measures in the United States there can unhappily be no question. In Maine, where the Legislature has shown itself so keenly alive to the prevalence of the vice, there were in 1873 as many as 18,000 inebriates out of a population of 630,000. Restrictive enactment has merely driven the drunkard to ingenious devices for gratifying his propensity; and, according to medical statistics, the cases of delirium tremens have been quadrupled in Main since its celebrated Liquor Law. The "bold bacchanal" is now a hero to be admired in New York, where the "four-bottle man" is looked upon as his prototype used to be during the Regency in England; while so general has the tipping habit become that physicians trace to it not only the general frequency of apoplexy, but those epidemics of sun-stroke which have prevailed in some large American towns these last few summers. Our readers already know of the establishment of the Dipsomaniac Asylum in Ward Island in 1864; how provision was made in it for accomodating all classes, rich and poor; how the inmates are divided into two classes, the voluntary and the penal; and how the first of these is subdivided into three groups, who pay for aliment 14 or 8 or 3 dollars a week, according to the scale of the three classes of hotels. The 14 dollar inmate may live luxuriously, everything being provided except intoxicating liquor. He may have a private room, and live with his wife, where she has been courageous enough (the thing has happened) to share his seclusion. The voluntary patients arrive in all conditions—helplessly drunk, or in a state of delirium tremens, or under the coercion of friends; and their first day of entire abstinence is generally one of extreme prostration. So low are they sometimes that the physician allows a little spirit in the form of punch or rum-omelette, and gradually reduces them to a non-alcoholic diet. In spite of every effort to amuse them, they look unutterable listless and *ennuyé*. All self-respect is gone, and they bear the scrutiny of visitors unabashed and unconcerned. Billiards, books, splendid promenades, have no attractions for them, and they often try to escape. This they sometimes effect; but are easily brought back from the nearest bar. In 1871, out of 1718 patients 109 escaped. The non-voluntary inmates are more contented, because they are made to do work; but even they try to get out. M. Simonin found that the system had failed to satisfy its promoters, some of whom, accordingly, wanted to give it up; but it was argued that

it had not got a fair trial, and so the Ward Island Asylum is still in operation. The women have now been separated from the men, and occupy a special establishment in Randal Island. One practical objection to both institutions is that they do not pay. The yearly expense for the Ward Island Asylum is 40 per cent. in excess of the income from the voluntary patients. All these facts, M. Simonin thinks, must be considered before the adoption of the system in France. He is sceptical as to the permanence of the drunkard's cure, and hardly knows a case in which the habit has been conquered, except by that effort of will which can be put forth as well at home as in a dipsomaniac asylum.—*Cor. Lancet.*

ON A NEW AND EFFECTUAL METHOD OF ADMINISTERING CHLORAL AND BROMIDE OF POTASSIUM IN DISEASES OF WOMEN.

BY G. DE GORREQUER GRIFFITH, L.R.C.P.LOND.

Mrs. M., aged 26, gave birth at her full time to a healthy male child, on Sunday, July 19th, 1874, being attended for me by Mr. Smith. The labor—primipara—was natural, and was completed within thirteen hours; but towards the close of it, the soft parts offered great resistance, which, however, was overcome by patient waiting, and without any manual interference, or any rupture of the perinæum. Every thing went on well till the night of Saturday, July 25th, when it was necessary to draw off the urine, as none had been passed for twelve hours. In four hours, she was again seen; she had become restless, complained of not being able to sleep, and had a pulse fast and quick, but full and strong; she was feverish, and I therefore prescribed for her a diaphoretic aperient, which acted effectually. As she had not slept much the previous night, and was still restless, I gave her a sedative of opium and chloral, and had the vagina well washed out by means of warm water with Higginson's syringe.

On Monday, July 27th, acute puerperal mania declared itself unmistakably. She refused all kinds of food, as well as her medicine; would not allow the urine to be drawn off, nor the syringe to be used, and became very violent. Under these circumstances, I had to put her under chloroform, in order to do for her all that was necessary, and to procure her some sleep.

Tuesday, July 28th.—She was put under chloroform three different times, and had done for her as on the previous day. I gave her subcutaneous injection of morphia, using one-third of a grain only. The chloroform acted quickly, very little being sufficient to anæsthetize her; it did not occasion sick-

ness, nor any other bad symptom; but it did not assuage the delirium, which returned with the accession of consciousness. In the evening, while she was under the influence of the chloroform, I gave her a subcutaneous injection of morphia (one grain), which had the effect of prolonging the soporific influences of the former drug, and of producing great contraction of the pupil. The discharge from the uterus and vagina being somewhat offensive, the syringe was used every four hours, Condyl's red fluid being added to the warm water. The child was removed the very first day the maniacal symptoms declared themselves, and the breast-pump was used to get rid of the milk.

Wednesday, July 29th.—Chloroform was given at 9 a.m.; the patient was fed by the bowel; the urine was drawn off; a vaginal injection of warm water and Condyl's fluid was given. At 1 p.m., chloroform was again given, in the same dose as in the morning, one grain of morphia being now injected subcutaneously. At 4 p.m., Dr. Cumberbatch and I met in consultation, and agreed to continue the administration of nutriment by the bowel; adding, however, to the egg and milk, half a wine-glass of pale brandy; and, as the morphia injections had not relieved the delirium, and had begun to aid in drying the tongue and mouth, and to induce other morphia symptoms, we decided to use an injection into the rectum of bromide of potassium one-drachm, chloral half a drachm, mixed with the egg, milk, and brandy; and to repeat the drugs, if necessary, every four hours. Accordingly, at 5 p.m., I put her again under chloroform, and injected into the bowel the nutriments, having the medicines previously mixed. She slept for about six hours. At half-past 11 p.m., as she was awake, restless, and violent, we gave her chloroform, and the enema, as at 5 p.m. She slept nearly the whole night soundly, awaking at intervals, but only for a short time, when she raved, muttering incoherently, and then again falling asleep. On July 30th, chloroform was administered, and the nutrient enemata; but, as she was drowsy and quiet, the bromide and chloral were laid aside all this day. On the 31st, in the afternoon, the bromide and chloral were again given her in one of the nutrient enemata, which she had regularly every four or five hours.

Saturday, August 1st.—She being quiet, having lapsed into a state of imbecility, and taken some nourishment by the mouth, as well as allowing the egg, milk, and brandy to be given her by the rectum, the chloral and bromide were discontinued; and I am happy to learn that, in the asylum, whether she was moved, she is convalescing.

The difficulties in this case can hardly be estimated, unless they had been witnessed, so strong was the patient and so violent; and it would have been impossible to feed her, or, indeed, do anything for her, without great violence, had chloroform not

been administered. As, however, the effects of this speedily passed off, little ulterior good might have been wrought, but from the chloral and bromide, the sedative and good effects of which were quickly manifest each time they were used, acting apparently more rapidly than when taken into the stomach; nor was there any diarrhoea, or other irritant effect produced on the bowel.

In very many cases, this mode of giving chloral is, I consider, the best; since it does not nauseate, nor does it sicken, nor give that unpleasant taste in the mouth which remains long with some patients, nor does it occasion the burning in the mouth, throat, and stomach, of which many patients complain, a sensation which may be prevented in the rectum by beating up the drug with a raw egg, a little warm milk being added to further the solution. One great advantage is that the gastric nerves are not affected, as they are when the medicine is taken by the mouth; in which latter case they seem completely deadened, or, as it were, narcotised, a result which tends to impair the appetite.

Since my experience in this case, I have used the chloral in half-drachm doses, with a lady suffering the agonies of gall-stones, and in whom the stomach was so constantly irritable that no medicine could be retained; chloroform inhalation to narcotism, morphia by subcutaneous injection, and every conceivable remedy, had been tried to allay pain, and procure rest and sleep, but had all failed. In ten to fifteen minutes after the rectal injection of chloral, pain was assuaged, and in half an hour sleep was procured. I have in this manner also used it when menstrual pain and sickness could perhaps have been relieved in no other way; also in cases of uterine and ovarian irritation, where pain, such as we have in those affections, varied from the mildest to the severest states. In irritable rectum, also, I have found it most efficacious, and have just commenced to use it as a vaginal suppository. In uterine, ovarian, and rectal cases, it is an especially valuable agent, inasmuch as it is brought into immediate contact with the affected nerves, and acts upon them directly, deadening any hyperæsthetic conditions, and relieving pain.

I have recently (end of April) seen the patient who was the sufferer from puerperal mania, and find her perfectly well in body, mind and intellect, quick and vivacious, with no trace of imbecility remaining. The patient suffering from gall stones, who had been for so long a time a sufferer without any relief, till the chloral was administered by the rectum, has remained quite well.—*British Med. Journal*.

VALUE OF VACCINATION.—The following vaccination statistics have been compiled from the books of the Montreal General Hospital. During the past twelve months, fifty-five unvaccinated persons were admitted into the small-pox wards.

All of them except five have had the confluent form of the disease—*i. e.*, the serious form; and out of the fifty-five who were admitted, twenty eight died, showing a mortality in the unvaccinated of over 50 per cent. On the other hand, among those who had been once vaccinated and had two good marks on the arm, there were only four deaths. Only seven had more than two good marks, and those seven had the mildest form of the disease, and made a rapid recovery. Only two cases were admitted during the last twelve months who had been successfully revaccinated; and in them the disease was so mild that they might have been permitted, except as a precautionary measure, to follow their ordinary avocations. Thus, in the unvaccinated, the mortality was over 50 per cent.; among those who had been properly vaccinated in their infancy, but who had neglected to be revaccinated, there were only four deaths; while only two cases had been admitted where revaccination had been successfully performed, and they were of the mildest description.—*British Med. Journal*.

TINCTURE OF CAPSICUM IN THE TREATMENT OF "TIPLING."—A correspondent of *Land and Water* throws out some suggestion to alleviate, if not cure, "tipping in private life." He says: Of course, as a rule, moral means, such as persuading or frightening the patient are futile. Dr. Ringer, in an able article in the *British Medical Journal* in 1874, advocated the use of capsicum, "given in doses of the tincture (ten drops), or the powder, twenty grains to be taken before meals, or whenever depression or craving for alcohol arises." It also induces sleep in early stages of delirium tremens. It obviates the morning vomiting, removes the sinking at the pit of the stomach, the intense craving for stimulants, and promotes appetite and digestion. This treatment I have tried with great success in several cases, and in one in particular, that of a young man, whom no one by any means in their power could possibly keep from tipping. Shut up the spirits, he had a key made on the quiet, while his wife was away for a day—of course he sent her. Take away his money, he would "tipple" on credit. He came under my care for bronchitis. I soon heard of propensity, and tried Dr. Ringer's treatment. I began by giving him five drops of the tincture in a little syrup of orange-peel, and some orange bitters, and increased the dose of capsicum to twelve drops. He rapidly improved, and at the end of a month he was quite another man. He was no longer to be seen in a half muddled state, hanging about the low cabarets and taverns by himself, but every day walking out with his wife, and taking an interest in all that was going on. He left here for England about three months afterwards, and I have since heard that he still takes to his bottle (the capsicum bottle) whenever he feels inclined to indulge in the other sort of "tincture." Another case was that

of a lady, over forty years of age, but not so successful as one above cited. Of course, it is a great thing to wrap up the capsicum in a convenient vehicle, and the above suggested to me by M. Dutertre, the well-known pharmacist of our town, is, I think, as good a form as any.—*British Med. Journal.*

STRAIN AND OVER-ACTION OF THE HEART.

Dr. J. M. Da Costa, Professor of the Practice of Medicine in Jefferson's Medical College, Philadelphia, having been invited by the trustees of the Tonar Lectures to deliver an address, selected for his subject that of Strain and Over-action of the Heart. The number of cases of heart disease, unconnected with any history of rheumatism, gout, or renal mischief, that are met with in practice, imparts an interest to the subject. Some researches into the frequency and causes of heart disease in the United States' army, conducted under the auspices of the Surgeon-General's office, formed the starting-point of several of the conclusions which the lecturer advances. Discarding the ordinary and well-known sources of cardiac disease, Dr. Da Costa addresses himself to the consideration of a cause but little appreciated and to some scarcely known—the production of disease of the heart by strain and over-action. While there is a close connexion, at times nearly an identity, between the two, for the purpose of convenience the lecturer limits the idea of strain, unless the contrary is stated, to an acute strain—an injury by sudden, violent effort; and regards over-action, over-exertion, or over-work—for these terms may be employed almost synonymously—as a persistent excitement and derangement produced by less rapidly acting causes. Passing by those cases in which a rupture of the fatty or otherwise diseased muscular walls of the heart follows a strain, he adverts to those breaks and tears in the valvular apparatus and great vessels which clearly seem to be the result of a sudden disturbance. A person, for instance, is seized, after unusual exertion, with pain in the heart, and a distinct murmur is recognized, and followed sooner or later by the phenomena of valvular disease, varying, of course as this or that valve has been the one damaged. The aortic and mitral valves suffer most frequently from injury of this kind; but the same thing may happen to the tricuspid. A segment of the mitral valve has often been observed torn from its attachment. The patient will sometimes speak very positively about his impression of something having given way in the chest, and he shortly after feels severe pain. These attacks of pain, paroxysmal in character, attended with palpitation, embarrassed

breathing, and other manifestations of cardiac distress, are of course apt to recur and increase in severity. Most practitioners will be able to recall to their recollection occasional cases with a medical history of this kind; and two or three examples within our own experience may be taken as samples. The first is that of a previously healthy and robust man under forty years of age, who affected athletic exercises. One day, whilst undergoing violent exertion, he felt a sudden uneasiness in the chest, which caused him to desist. Shortly afterwards, whilst quietly smoking a pipe, he gave a violent sneeze, and became then and there sensible of a peculiar sensation and sound attending the action of his heart. The sound was sufficiently loud to be audible to his companions; and, on subsequent examination, a loud humming murmur, generated apparently at the aortic opening, could be heard there and over the course of all the larger arteries. He passed from observation, but we ascertained that he died of symptoms connected with this cardiac mischief a few years afterwards. In the second case, a perfectly healthy, but not very muscular man, some thirty years of age, formed part of a boat's crew on an occasion of considerable excitement. Stimulated by the exertions, he put forth every effort, and continued rowing until, in his words, he was "dead beat" and was removed from the boat in a fainting condition. He suffered much pain in the chest at the time, and expectorated a small quantity of blood. Shortly afterwards he was admitted into the hospital, and ultimately died with the physical signs of extensive cardiac disease. A post-mortem examination revealed a small aneurism of the aorta, with an opening of communication between it and the pulmonary artery. The third case occurred in the person of an officer of fine physique, who was energetic and skilful in most athletic exercises. He traced the origin of a loud valvular murmur, followed by dilation and hypertrophy of the heart, to his habits in this respect. Embolism of the main artery of one lower extremity formed a subsequent complication in this case, but, owing to the establishment of a free collateral circulation, he perfectly regained the use of his limb.

Dr. Da Costa briefly adverts to a question that has been much debated, and happens to possess an annual interest with us—viz., the influence of rowing in producing heart disease. His experience amounts to this: that if there is any tendency to irritable heart or to any cardiac affection it is aggravated by rowing; but that this exercise is otherwise beneficial, provided it be not too steadily followed.

We are persuaded that lesions of the coats of the large vessels in soldiers, which sooner or later lead to aneurism, are, in reality, due to an acute process of an inflammatory nature, and often unconnected with atheroma, and that this last con-

dition is frequently itself the product of an allied but more chronic process of the same kind, as pointed out by Dr. Moxon and Dr. Lawson.

In the class of cases just alluded to, the result was attributable to muscular strain or violent muscular exertion. But the same result, Dr. Da Costa is certain, may happen from extraordinary mental emotion or shock; and he gives some striking instances in proof of the correctness of his conviction, one occurring in the troublesome times of the late civil war. In some of these cases no structural imperfection likely to cause the break is discoverable; but in confirmation of the idea that there may be a slight alteration—under ordinary circumstances innocuous, but becoming serious under strain—Dr. Da Costa refers to his having occasionally discovered in post-mortem examinations very slight fissures in the valves, just sufficient to have produced a rent under any strain, or severe and sudden abnormal working of the organ. Dr. Da Costa next proceeds to the consideration of those cases of functional excitement of the heart from continued over-action and over-work. There is, first, the "irritable heart," so well known to military surgeons—a condition often engendered in recruits and young soldiers by the combined action of several factors present in a soldier's life. The same malady may, however, be encountered in civil life—among the causes of which the use, or rather abuse, of tobacco, alcohol, tea, &c., may be reckoned; but hard exercise—such as mountain climbing—great mental emotion; malaria, or the occurrence of certain specific febrile diseases, typhoid and typhus, and occasionally yellow fever—in all of which there may ensue a granular degeneration of the muscular fibres,—may lead to the same result.

The lecturer conceives, and no doubt correctly, that the origin of these affections is connected with a perverted innervation; and he proceeds to expound the clinical facts by the light of the latest physiological researches into the opposing influence exerted by the pneumogastric and sympathetic nerves on the heart's action. From the perverted innervation, moreover, comes altered nutrition; and thus heart disease may grow out of heart disorder.

Speaking of the effects of occupation, Dr. Da Costa refers to the influence of excessive expiratory efforts in producing affections of the heart or its great vessels; and he illustrates this by a table showing the prevalence of cardiac disorders among glass-blowers. He thinks that dancing, when excessively indulged in, frequently leads to great irritability of the heart, as indicated by the occurrence of functional disturbance of the organ among girls at the end of a winter season. It may be shortly stated that, as regards the effect on the circulation, all active, even violent, exercise is only injurious when too steadily persevered in; and that it is the

intermitting which protects, and explains the reason why those exercises and pastimes are less productive of cardiac affection than the hurrying and impeding of the circulation, occasioned less palpably, but more constantly by certain occupations.—*The Lancet*.

SUDDEN DEATH AFTER PARACENTESIS THORACIS.

An instructive case exemplifying a possible danger from the operation of paracentesis thoracis has been recorded by Dr. Ernest Legendre in a recent number of the *Gazette des Hôpitaux*. The patient was a farmer who, when first seen, presented signs of considerable effusion into the left pleura, following acute pleurisy fifteen days before. After a week had been spent in attempting to promote absorption by means of blisters, diuretics, &c., paracentesis was performed by means of Dieulafoy's aspirator, and three litres of pink turbid fluid withdrawn. The operation lasted half an hour, was accompanied by slight cough, but was followed by marked relief. Resonance returned over the chest. In a very short time dyspnoea recurred; there was copious outpouring of secretion into the air-passages and cyanosis, death occurring from asphyxia within the space of five minutes. Dr. Legendre thought the fatal issue to be due to rapid bronchial secretion, and to the inability of the lung to expand fully from its being compressed or bound down by false membrane. Another explanation proffered was that it was an example of excessive "albuminous expectoration" to which attention has been recently directed. Dr. Legendre adds that "for two years I have performed twenty paracentesis by means of the aspirator for serous or purulent effusions without the least accident, and, fully confident of the operation, I had declared that immediate relief and speedy cure would follow its performance. In spite of the reddish tint and turbidity of the fluid, which was present from the first aspiration contrary to my expectation, I did not expect so rapid a death. It is this unlooked-for event that has determined me to publish this observation, deeming it to be of use to my young *confreres*, and to prevent them from compromising their reputation by affirming, as I did in this case, that marked relief and certain cure would follow. It will be always prudent to make reservations."—*The Lancet*.

There is much reason to fear that the use of chloral hydrate is becoming indiscriminate and mischievous. Medical men everywhere would do well to strongly discountenance its consumption except under professional advice. Even in the most experienced hands it has proved fatal, and it

may be remembered that twenty grains once given by a well-known physician—now dead—as a hypnotic produced a sleep from which there was no awakening. An inquest was held at Redhill last week on the body of a lady, when the verdict of "Died from an overdose of chloral" was given. She appears to have taken the drug regularly for a long time, receiving supplies from a local chemist. Mr. F. B. Hallowes, who made a post-mortem examination of the body, concluded that she must have died from an overdose, although there was unmistakable evidence of diseased heart and lungs.—*Ibid.*

STATISTICS OF A HUNDRED CASES OF OPERATIONS FOR STONE.—Sir Henry Thompson has given us a brief record of his last hundred cases of operation on the *adult*, excluding all cases below 22 years of age, of which there happened to be one. There are in the list only four cases below 50, sixty-five cases being above 60, and the mean age of the entire list of cases being not less than 63½ years. The first operation of this series was done shortly before Christmas of 1872, and the record presents all his work in this direction for two years and a quarter, the case of the Emperor Napoleon being the third of the series. Ninety-six were adult males, and four were adult females. Of the ninety-six males eighty-seven were operated on by lithotripsy, and nine by lateral lithotomy.

The mean age of the eighty-seven operated on by lithotripsy was 63½ years, the oldest being 83, the youngest 21, but only four were below 50 years.

The mean age of the nine operated on by lithotomy was 63½ years also, their ages being also between 36 and 79. Among the eighty-seven operated on by lithotripsy were four deaths; the ages were 65, 66, and 81. Among the nine operated on by lithotomy were two deaths, viz., at 61 and 63. Thus it is observed that there was a total of six deaths in ninety-six patients, by the two operations, with a mean age of 63½. In this series allusion is made to what may be termed an extraordinary run of luck. It was a succession of fifty-one elderly cases without a single death, these cases having a mean age of 64 years. The author states that he hopes soon to publish his experiences in an unbroken series of 500 cases in the adult male, beside the cases of women and children.—*The Lancet*, April 3, 1875 (*Med. Record*.)

SUCCESSFUL CÆSAREAN SECTION IN A CASE OF UTERINE FIBROIDS.—Dr. Cazin has had occasion to practise the Cæsarean operation in a case of uterine fibroids, and has had the good fortune to save the mother and child. He operated on a woman, aged thirty-nine, in whom, towards the sixth month of pregnancy, fibroid tumors were recognized in the posterior and inferior wall of the uterus. Labor set in the seventh month; after four days of pain the

membranes ruptured, and a hand escaped, the child being still alive; but as it could not be extracted, either by forceps or by version, recourse was had to the Cæsarean operation. The most minute precautions were taken; there were hemorrhage and syncope, inertia of the uterus, distention of the belly to such a degree that it became necessary to puncture the bowel to give exit to the gas; there was vesical paralysis, and an abscess formed between the uterus and the abdominal wall. In spite of these complications the patient got well, and the child, baptized Cæsar, thrived. It has since been ascertained that the fibroids are diminishing in size.—*Gaz. Méd. de Paris*.

GASTROTOMY FOR STRICTURE OF THE OESOPHAGUS.—According to the *Lancet* of March 27th, there was at that time in St. Thomas's Hospital a man upon whom Mr. Sidney Jones had performed the operation of gastrotomy. Three weeks had then elapsed and the fistulous opening was complete. All the sutures had been removed and the patient was sitting up. His pulse was 80, temperature normal, and he showed no bad symptoms so far as the gastrotomy was concerned. Fuller details of the case are promised.—*Med. Record*.

DR. ALFRED N. BEACH, Member of Assembly from New York city, has introduced in Assembly an act to amend chapter four hundred and thirty-six of the laws of 1874, entitled "An Act to Regulate the Practice of Medicine and Surgery in the State of New York," passed May 11, 1874. Dr. Beach's amendment does not differ very markedly from the one published by us a short time since, being somewhat shorter but having the same general features.

TREATMENT OF POST PARTUM HEMORRHAGE.—The original procedure, as recommended by Barnes, was: "Mix in a deep basin four (4) ounces of the strong liquor ferri perchloridi (Br. P.) with twelve ounces of water. Exhaust the air from the syringe; then pass the delivery tube into the uterus, so that its end touch the fundus; then pump gently and slowly; and the styptic fluid will thus bathe the whole inner surface of the uterus."

CASE OF INVERSIO UTERI OF TWO YEARS' STANDING (*N. Y. Med. Journal* April).—Dr. B. F. Dawson reports a case of this kind, resulting from improper traction on the cord and placenta after labor, and lasting undiagnosed for nearly two years. Repeated attempts at manual reduction under ether, with injections of warm water between times, finally resulted successfully, and the patient returned to her home in the country six days later.

Henry Thompson, in consequence of the pressure of private practice, has resigned his post of Surgeon to University College Hospital, and his professorship of Clinical Surgery in the college.

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AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 805 Broadway, New York, and BALLIERE, TINDALL & COX, 20 King William street, Strand, London, England

TORONTO, JULY 1, 1875.

TRANSMISSIBLE DISEASE, ATAVISM, &c.

Statistics reveal of late years a melancholy increase of Insanity, Epilepsy, Idiocy, Phthisis, and Scrofulosis. Whence this frequency? The answer, we think, is easily found. Marriage within the prohibited degrees of consanguinity specified from the 7th to the 17th verse, inclusive, of 18th Leviticus, and marriage contracted with individuals either themselves cachectic, or descended from parents of a bad habit of body. Temperament and the character of constitution termed Diathesis is well known to be transmitted from parent to child. Dr. Aitken, on this subject, writes:—"Another remarkable feature in the pathology of constitutional disease requires special attention, viz., that the transmission of the hereditary tendency may fail to be expressed in the children of a family liable to diseases known to be so transmitted, and yet the tendency may appear in the grand-children. The tendency is thus expressed in alternate generations—the law of *atavism*, as it has been called. The tendency thus failing to appear in one generation, may lie dormant, and at last burst forth in some collateral branch of the family tree, thus proving that tendencies not obviously expressed by the parent may nevertheless be transmitted by him. A person therefore, cannot be considered free from the inheritance of constitutional maladies simply because his parents may not have suffered from any of them." Hence the great difficulty of guarding against the danger of procreating children liable to be infected with a blood virus, as it can hardly be expected that young people contemplating marriage will, previous to the consummation,

extend their inquiries of hereditary proclivity to three generations. Whilst therefore the cause of the increased prevalence of these distressing family afflictions is obvious, the remedy is practically unattainable, so far, at least, as the stamping out is concerned. It is possible, however, that through the press, general, as well as medical, an interest might be awakened on the subject, with the desirable result of a greater degree of caution in entering into the married state than is usually exercised.

Among the most formidable of all inherited diseases may be considered epilepsy, not only by the violence of its symptoms when it presents itself under the form of those horrible convulsions, the sight of which inspires the bystanders as much with terror as pity, but still more by its incurability, and certainty in time to glide into either confirmed insanity, or idiocy, in those cases where the cerebral irritation leads either into excesses of venery or onanism. On this subject, Trousseau, in his "*Clinique Medicale*," thus expresses himself. "If there are epileptics who, notwithstanding this disease with which they have been more or less frequently attacked, preserve even to the end of a long life, not only the plenitude of reasoning power, but also unimpaired knowledge, and like those great geniuses, whose names have been transmitted by history, endowed with a superior intelligence, which enables them to rise above the level of ordinary men, the examples which may be cited are altogether too exceptional to invalidate in the least the general rule." The more generally, although at the inception of the disease, and when the fits occur at long intervals, the patients may be in the possession of all their faculties, possessed even of a marvellous aptitude for quick conception, and for perceiving subjects from the most brilliant and poetic aspect, yet, remarks M. Morel, in his "*Traité de Maladies Mentales*," in proportion as the fits are multiplied, in proportion to the progress of the disease the intellectual faculties are weakened, lost, and finish by complete extinction in madness."

In support of the proposition of hereditary transmission, we will cite a few cases from the works of Jules Fabret, Trousseau, Morel, Nott, Simpson, and others. A gentleman æt. eighty-eight, at the age of sixty-four, fell into a state of melancholia, of which he is completely cured. He has had three children, two sons and a daughter. The eldest son is of a melancholy temperament, other-

wise perfectly rational. The younger son was attacked with locomotor ataxy and died mad. His son, at present aged thirty, has remained up to the present time sane, but married four years ago and has an idiot son. The daughter, eccentric, and of weak mind, had two children, the eldest died insane and paralytic, the second is nearly an idiot. This octogenarian gentleman had a sister who became mad at the age of thirty, leaving a son and daughter. The son has been colour blind from childhood, and is at present epileptic. The daughter died amaurotic and insane, leaving a son who has already had evidences of perturbed mind. (Trousseau's Clinique, Vol. 2.) Not only will hereditary transmission leap over one generation that it has completely spared, but there are instances recorded by the most reliable authors, of individuals born of a second marriage contracted by a woman perfectly healthy, with a man equally healthy, affected with the same disease that the children the issue of the first marriage laboured under a disease with which the first husband was affected. Dr. Ogilvie relates the case of a woman of Aberdeen, twice married, who had children by both husbands. All the children were scrofulous, as had been the first husband of their mother, although both she and the second husband were entirely exempt from the disease. Dr. Nott, in his work "Types of Mankind," speaks of negroes who, after having had children by a white man, continued to produce mulattoes with a negro husband. The late Sir James Simpson, of Edinburgh, relates the case of a young woman, born of white parents, but who had a mulatto brother, born before the marriage, who displayed unmistakable marks of black blood. Of the evils resulting from marriages of consanguinity we have space only for a short summary; sterility, frequent abortions, children dying in infancy in a much larger proportion than those under other conditions, children of a lymphatic and scrofulous diathesis, children born with physical and intellectual infirmities etc. Twenty-seven fruitful marriages of relatives reported by Dr. Bemiss, of Louisville, have produced two blind children, and six others with different infirmities of vision. Dr. Liebrich estimates that nearly one-half of the individuals affected with pigmentary retinitis are the issue of marriage of relations. In fifty-nine patients retinitis concurred eighteen times with deaf-mutism,

twice with idiocy. Of these eighteen deaf and dumb, nine were born of marriages with cousins, and the same relation occurred in the case of the two idiots. Dr. Boudin considers that the proportion of deaf and dumb from birth, increases with the degree of consanguinity of the parents, and that it is of all others the most frequent melancholy result of a union with relatives.

DR. DOBELL'S ANNUAL REPORTS ON DISEASES OF THE CHEST.—We have just received the prospectus of the above named report. The work will be published towards the close of the present year, and will form a complete annual report on chest disease. Although the department selected is the widest and most important in medicine, it will be practicable, by keeping within its boundaries, to produce such a complete *précis* of all important work as shall give the reader the whole pith of the original papers, treatises, etc., etc. Thus these Reports, when collected from year to year, will constitute a most comprehensive, concise, and reliable book of reference on chest disease, and will enable the medical practitioner readily to compare the works of different authors, instead of relying upon those of any one, and to see at a glance the latest improvements in treatment; while to the scientific student they will present an epitome of modern discovery and research.

Authors are requested to send abstracts of such parts of their works as refer to chest disease to Dr. Dobell, 84 Harley Street, to whom all letters, books, etc., should be addressed.

These Reports will be sent by post to subscribers of five shillings per annum (a larger price being charged to non-subscribers). Subscriptions will not become due till the Report of the year is ready; but intending subscribers are requested to send their names and addresses as early as possible in the following form: "I request that you will enter my name as a subscriber to Dr. Dobell's Annual Reports on Chest Disease" to Lewis's Medical and Scientific Library, 136 Gower Street, London, W.C.

ACTION AND SOUNDS OF THE HEART.—Dr. Paton of Brucefield, Ontario, has written an article on the above subject, published in the May number of the *N. Y. Medical Journal*, based on a

series of original experiments on the heart of the Alligator Terrapin, or American Turtle. He says, that both the English and French Physicians are still proceeding on false and erroneous data respecting the action and sounds of the heart. His experiments have led him to the conclusion, that the second sound of the heart, is *not* due, as is commonly taught, to the closure of the semilunar valves, but to the contraction of the auricles, and propulsion of the blood through the auriculo-ventricular orifices, and that the first sound is due to the contraction of the ventricles and reaction of the aorta, the closure of the semilunar valves, terminating the second sound.

INTRA-UTERINE APPLICATION OF MEDICINES.

The series of discussions which have been held with respect to Dr. Barnes's method of arresting post-partum hemorrhage by means of perchloride of iron have taught one thing, namely, that the uterus cannot always tolerate irritant applications. Useful as the perchloride of iron undoubtedly is in the class of cases to which it is adapted—and, according to Dr. Barnes, it is more especially applicable where defective muscular power and exhausted nervous energy together prevent the physiological contraction of the uterus after delivery—experience has shown that the use of this styptic is not without a certain amount of risk of danger.

It is the same with carbolic acid applied to the mucous membrane of the uterus. This agent has been put to a great variety of uses, and among the rest it has been sufficiently tested as an intra-uterine application. Its employment as an antiseptic has been known to give rise to hysteritis. While it is thus attended with danger from its irritant action, carbolic acid is not to be relied on to combat septicæmia. Injections of simple warm water with the view of removing clots and washing away the decomposing debris of coagula, are more efficient in removing the cause and are less risky.

There has been a good deal of boldness displayed by obstetric physicians of late in dealing with the mucous membrane of the uterus. Starting with iodine paint and nitrate of silver solutions, they have in succession employed the strongest of

escharotics and most powerful of irritants. Fuming nitric acid, the acid nitrate of mercury, chromic acid, the potential and the actual cautery have been resorted to. Experience, however, which corrects the tendency to run to extremes, forbids the too great confidence that has been placed on the safe action of very powerful agents within the cavity of the uterus.

PRELIMINARY MEDICAL EDUCATION.

In Ontario we have begun to flatter ourselves that the question of medical education has been settled, or that, at all events, it is in process of settlement on a basis that in its experimental tests has given so far very encouraging results. Our system, so well known to all our home readers, may be summarized as consisting of two essentials: first, ascertaining by preliminary examination that the candidate for medical instruction has received a sufficient general and literary education; second, testing the value of his professional attainments when his college courses are completed by examination in all the specified subjects. On the limited scale of the Provincial sphere, this system is applicable, and is, no doubt, adequate to attain the end in view. But it is a question whether the plan could be made national in character. It may be questioned, for example, whether the same system could be made to apply over the whole of the United States, or over the whole of the Dominion of Canada. If it cannot, and if it should still prove to be the best attainable system of advancing the status of the profession of medicine by improving and elevating the scale of medical education, then the system must remain essentially Provincial in character. The work must be done by Provinces and by States and not by any national or federal organization.

Undeniably, however, there is a desire in Canada and also in the United States for the institution of a national system, which shall place a definite stamp and value upon the attainments of medical men, and elevate the standard of medical education.

As a step towards the realization of such a scheme, President Bowling of the American Medical Association, has suggested that the work should begin by elevating the standard of prelimin-

ary education. He has thrown out the idea, that it shall be regarded as derogatory to the character of any physician in any part of the United States, to take under his care as a student of medicine any one who cannot exhibit evidence of having taken a degree in a regularly-chartered college, or a certificate of qualification necessary to become a student of medicine, from a board of examiners appointed for that purpose by the American Medical Association. He thinks that medical education *per se* will take care of itself, the emulation of the schools being altogether sufficient for the maintenance of its great interest; and that it is the preliminary education of those who would enter the profession that must be looked to.

Dr. Bowling's plan is, in effect, a return to first and general principles. In the olden times and in Europe at the present day, a Doctor's degree implies the possession of a high standard of classical and mathematical attainments. In Great Britain, the Medical Council has settled the standard of preliminary education by instituting examinations in specified subjects comprising moderate attainments in classics and mathematics, the acquisition of French or German, and a test of the common English education of the candidate. A similar matriculation examination has been instituted by the Council of the College of Physicians and Surgeons of Ontario. It is, however below the Standard of the Arts degree of the respectable Colleges and Universities. The Canadian Universities, while not exacting the high classical training of the European Universities in the candidate for medical honors, have at least done themselves credit by seeking to encourage a high standard of literary attainment in the medical practitioner. This has been done principally by giving facilities to the medical student for attending the Arts classes, and by shortening the period of medical study one year in the case of possessors of an Arts degree. Such a trained student, who has in fact already become acquainted with the Natural Sciences collateral to medicine, very properly enjoys the immunity of a three years course of professional study instead of one of four years. It is a point that now may be fairly agitated in Ontario and in all the older Provinces of Canada, whether a collegiate course of Arts ought not to be exacted as preliminary to the medical courses or as essential to an academical degree in

medicine. Dr. Bowling's proposition is sufficiently suggestive for us in this respect.

We have an opinion, however, that as regards the low general standard of medical education in the United States, that the only remedy for the evil is the exaction of a longer period of professional study. In our mind two years is too short a period in which to acquire the necessary medical knowledge for qualification to practice, while it is simply preposterous to reduce this time to one year as has been done in some American colleges.

THE "GLOBE" ON THE WAR PATH.

The *Globe* is never happier, apparently, than when attacking the regular branch of the medical profession, or singing the praises of the Homœopaths, Hydropaths, and itinerants of every description. In our last issue we took occasion to criticise rather sharply the action of the Council, in reference to the appointment of the examining board, and to characterize some of the late examinations as a farce, compared with those instituted by the Council in former years, when the examiners were appointed from the profession outside of the Council. Upon the strength of this the *Globe* makes an attack upon the Medical Act, or "medical monopoly," as it is pleased to style it, as if the fault lay with the Act. It would be about as rational to find fault with the Constitution because the Government of the day happened to be guilty of some dereliction of duty. We were not criticising the Act; we have no particular fault to find with it. Even the Homœopaths have come to regard it as fair, to all parties and necessary for the protection of the public against quackery, and are about to cast in their lot again with the general profession and help on what everybody considers a useful piece of legislation, except the editor of the *Globe* and a few others. There are times when it may be considered necessary to speak out, even if what one has to say is not palatable, and may give our enemies a handle which they are not slow to make use of; and we cannot say that we regret the course the *Globe* has taken in this matter, as it will have the effect of bringing public opinion to bear upon the Council, and help to remedy the defects we were criticising. The Act, during the short time it has been in operation, has already done great service to the country by promo-

ting a higher order of medical education, and preventing the spread of quackery. It is because we recognize the central examining board as the most essential feature in the act, that we are anxious it should not dwindle into a farce, and we feel confident the error in the appointment of examiners will not be repeated. Nothing can be more absurd or farther from the truth than to say that the Statute was enacted "to make people employ medical advisers in whom they may happen to have no faith," and, "to shut up every avenue to medical science and discovery not followed according to a certain curriculum." The people are allowed the utmost freedom to employ whatever system of medication they choose, the law merely steps in to prevent them from being tampered with by ignorant pretenders to medical skill. Neither is it true to say that "its effect was to put the whole management and control of the medical education of the country into the hands of a sect." The sects are united and have united control and management of the medical education of the country, and pray where else would you put it—into the hands of the members of the 3rd estate, or the 4th estate? We quite agree with the *Globe* in the sentiment that "if there is to be a central examining board as an essential to the practice of medicine it certainly ought to be one acting with independent authority, and amenable only to those who represent the whole body of the people," except that we maintain that it should be amenable only to those who represent the whole body of the profession. This is the principle we are contending for, and which was set at naught by the action of the Council in constituting itself the examining board, responsible to no other tribunal. We do not want a Government board, as hinted by the *Globe*; that would be a retrograde step. We have too vivid a recollection of the corrupt doings of the old Government medical board ever to wish to see another similarly constituted body.

But the final suggestion of the *Globe* is, for simplicity, the crowning one of all, viz.: "that each school or sect should be encouraged to set up the highest possible standard of medical culture and education," and this is to be done by "abolishing the Medical Act," and returning, we presume, to the old state of affairs that existed several years ago when the schools were vying with each other as to the number of graduates each could turn out. A

fine way of encouraging a high standard of medical education. We can assure the *Globe* that we have no intention of abolishing the Ontario Medical Act, far otherwise; we shall endeavor to correct the defects there may be in the Act itself or its working, even if we do occasionally appear to expose ourselves to the shafts of our enemies.

POSITION OF CANADIAN AND BRITISH GRADUATES.—A correspondent asks us what position graduates of standard medical schools in Canada and England, (who try to act honorably and consistently with other members of the profession), will occupy when not members of the Ontario Medical Board, if public prosecutors are appointed? This is a question we cannot definitely answer, as it depends entirely upon the action of the Council. We are glad, however that the question has been again brought up for discussion. We have all along maintained that Canadian graduates who pass an extra year or two in addition to the curriculum laid down by the Council and the colleges in Canada, by attending the hospitals in London and Edinburgh, and passing a second examination in a British institution, should have some consideration shown them—that in short they should be admitted to registration in Canada without further examination or fee, other than the ordinary registration fee. The last clause in section 22, of the Ontario Medical Act was inserted for the express purpose of admitting to registration such persons as we refer to, without the form of an examination; but the Council, although knowing it was optional with it, had not the liberality to give those candidates the benefit of this provision. Even a remission of the examination fee, would be a boon to some of these young men who have spent large sums of money in pursuing their studies abroad. We trust that the new Council will deal with the matter in a liberal spirit, and confer an act of justice upon a most deserving class of men.

TR. FERRI FOR NASAL POLYPI.—Dr. Bird, in the *Philadelphia Medical Times*, speaks very highly of the muriated tincture of iron in the treatment of nasal polypi. The iron in full strength is applied by a camel's hair brush to the polypi nearest the external nares; when these come away it is injected diluted to one-half or one-third, and

retained in contact with those further on for a minute or two twice a day. In a few days they disappear, never to return again. He has had several opportunities of testing the efficacy of this treatment and always with success.

EPISTAXIS CURED BY PRESSURE ON THE FACIAL ARTERIES.—Dr. Robinson (*Med. Record N. Y.*,) succeeded in arresting epistaxis when styptics had proved ineffectual, by compression of the facial arteries. The arteries were compressed upon the superior maxillary bones near the alæ of the nose by means of two small pads of lint, sewn at the proper distance apart, to a piece of tape. The pads were placed over the vessel, the tape passed across the cheek and over the ears and tied tightly behind the occipital bone.

THE AMERICAN MEDICAL ASSOCIATION. — A writer in the *Louisville Courier Journal* thus remarks on the pleasing social aspects of the late meeting:—"A more affable, good-natured, and really jovial assemblage in their personal intercourse could hardly have been brought together. It seemed to be a national reunion of very particular friends, all delighted to see one another. Of late years Louisville has entertained many conventions—religious, political, agricultural, scientific and otherwise—yet none have shown such an array of positively good-looking and well-conditioned gentlemen. Seated in the hall, they form a very decorous, attentive and appreciative body; their manner of conducting the proceedings being characterized by a deliberation and tip-toe method that is a natural sequence to their professional calling."

RETROVERSION OF THE UTERUS.—Dr. Aveling (*Obstetrical Journal*) tells the following:—The postural treatment of retroversion consists in lying or reclining upon the sides or, still better, upon the face. Prostration also is an admirable attitude. A remarkable anecdote in support of this is told of a lady suffering from retroversion, who made her complaint a subject of prayer, and was surprised to find it answered only while she was upon her knees, all pain ceased during the devotional act; that is, when she unconsciously adopted the proper postular treatment.

NEW MATERIAL FOR FIXED DRESSINGS.—Dr. R. J. Lewis, of Phila. (*Am. Prac.*) recommends glue and oxide of zinc, as the one dressing which fulfils all requirements; being cleanly in its application, drying with sufficient rapidity, removable without difficulty, exceedingly light, and withal very cheap. The material is ordinary glue, with which oxide of zinc has been incorporated at the time of using it, in order to cause it to harden rapidly. Several pieces of flannel, old blankets or worn out underclothing answering the purpose admirably, are selected and cut to the requisite size. One of these is laid around the limb, and the two edges are tightly stitched together along the anterior surface, allowing the edge to project above the seam; then the melted glue with oxide of zinc is painted upon this with a brush. The dressing may be strengthened by an additional layer of flannel or blanket saturated with the glue and oxide of zinc, and made to adhere to the underlying layer. A third or even a fourth layer may be thus applied, if it is deemed necessary, and the limb supported until the dressing dries, which requires from four to eight hours. The stitches of the seam on the front of the limb having been cut with scissors, the edges of this elastic case are sprung apart, and the dressing removed. The edges are then trimmed smooth and a number of eyelets inserted, in order that the case may be laced like a shoe, and the degree of pressure regulated. The fixed fracture-apparatus is exceedingly light, is made from material almost everywhere obtainable, and is much cheaper than the silicate dressing. Another advantage is its elasticity which permits its removal without endangering the splint, for it can be pulled apart, and immediately sprung into place around the limb to which it has been moulded. By a little care and dexterity in stitching on the layers of flannel, the surgeon can readily shape the dressing so that both the leg and the foot are completely encased.

LOCAL TREATMENT OF DIPHTHERIA.—Dr. J. Lewis Smith (*New York Medical Record*) recommends the following local application to the fauces every three hours in case of diphtheria. To five drops of carbolic acid are added two drachms of persulphate of iron and one ounce of glycerine. A brush is used in making the application, as less painful, and less liable to produce bleeding. This application, in his hands, has been more satisfactory than any other.

RESULT OF THE ELECTIONS.—The following are the names of the newly-elected members of the Medical Council of the College of Physicians and Surgeons of Ontario:—Territorial Representatives; Dr. Edwards, Strathroy, Western and St. Clair; Dr. Hyde, Stratford, Malahide and Tecumseth; Dr. Wm. Clarke, Guelph, Saugeen and Brock; Dr. D. Clarke, Princeton, Gore and Thames; Dr. Henwood, Brantford, Erie and Niagara; Dr. Macdonald, Hamilton, Burlington and Home; Dr. James Ross, Toronto, Midland and York; Dr. Allison, Bowmanville, King's and Queen's; Dr. J. Dewar, Port Hope, Newcastle and Trent; Dr. Irwin, Wolf Island, Quinte and Cataraqui; Dr. Grant, Ottawa, Bathurst and Rideau; Dr. Brouse, Prescott, St. Lawrence and Eastern. Collegiate Representatives; Dr. McLaughlin, Enniskillen, University of Toronto; Dr. Berryman, Yorkville, University Victoria College; Dr. Alex. Bethune, Glanford, University Queen's College; Dr. Hodder, Toronto, University Trinity College; Dr. Aikins, Toronto, Toronto School of Medicine; Dr. Lavell, Kingston, Royal College of Physicians and Surgeons, Kingston; Dr. Lynn, Ottawa, University of Ottawa. Representatives at Large; Dr. A. Carson, Whitby; Dr. Cornell, Toledo, Dr. Morrison, Forest; Dr. Muir, Merrickville; Dr. Bogart, Carlton Place. Homœopathic Representatives; Dr. D. Campbell, Toronto; Dr. Logan, Ottawa; Dr. Vernon, Hamilton; Dr. Morden, London; Dr. Henderson, Strathroy.

CANADIAN MEDICAL ASSOCIATION.—The Canadian Medical Association meets this year at Halifax, N.S., on Wednesday, the 4th of August. We have just received a circular from Dr. Malloch, of Hamilton, the local secretary, calling our attention to the time of meeting, and suggesting that the medical societies in different parts of the country should lose no time in appointing delegates to attend the meeting. The general secretary, Dr. David, of Montreal will doubtless make arrangements with the railway and steamboat companies for the journey at reduced fares. A large and influential delegation is expected from the American Medical Association. It is to be hoped that every effort will be put forth to make this year's meeting an entire success.

CENTENNIAL MEDICAL COMMISSION.—The medical men in Philadelphia intend that the profession shall be represented in the national celebration

which takes place in that city next year. A medical commission has been organized with Prof. Gross as President, and Dr. Atkinson as Secretary, and arrangements have been made to hold an "International Medical Congress" early in September, 1876, in Philadelphia, at which discourses will be given on medical progress in the United States. The Congress will consist of delegates, native and foreign, representing the various medical societies in America, Europe, British Dominions, &c., &c. It is intended as far as possible to make the meeting truly representative in its character.

THE MEETING OF THE MEDICAL COUNCIL.—The meeting of the newly-elected Medical Council will take place in the Council Chamber of the Court House, Toronto, on Tuesday the 13th inst., at 2 o'clock p.m.

TORONTO ASYLUM APPOINTMENT.—Dr. Charles Gowan has been appointed to the office of Medical Superintendent of the Toronto Lunatic Asylum. He was formerly Assistant-Superintendent of the Worcester Asylum, Eng., and has also served before in two other asylums. The Dr. stands high in estimation in England as an authority on the subject of insanity and his appointment will, we have no doubt, give general satisfaction. Dr. Metcalf of Windsor, at one time assistant to Dr. Workman, has been appointed Assistant Superintendent in the room of Dr. Benjamin Workman who has also resigned.

John Kirkpatrick, of the Victoria School of Medicine, successfully passed the examination before the Royal College of Surgeons, Eng., on the 13th of May last.

APPOINTMENTS.—C. E. S. Taylor, Esq., M.D., L.C.P.S., of Dundas, to be an Associate Coroner for the County of Wentworth.

John Bentley Esq., M.D., of Newmarket, to be an Associate Coroner for the County of York.

John Easton, Esq., M.D., of Prescott, to be an Associate Coroner for the united Counties of Leeds and Grenville.

Henry Turner, Esq., M.D., to be Surgeon, 3rd Provisional Regt. of Cavalry—Durham and Northumberland.

Thomas B. Bentley, Esq., M.D., to be Surgeon, Ottawa Field Battery of Artillery.

D. A. Carmichael, Esq., M.D., to be assistant Surgeon, Ottawa Brigade of Garrison Artillery.

A. M. Lynd, Esq., M.D., to be Assistant Surgeon, Simcoe Battalion of Infantry.

R. A. McDonald, Esq., M.D., to be Assistant Surgeon, Stormont and Glengarry Battalion of Infantry, *Vice* Dr. Faulkner resigned.

Dr. Deguise has been appointed general visiting Inspector for the Port of Quebec.

Dr. Carson, of Whitby, has been appointed collector of Customs for Whitby Harbor.

Books and Pamphlets.

A MANUAL OF DIET IN HEALTH AND DISEASE, by Thomas King Chambers, M.D., F.R.C.S. London, Eng. Philadelphia: H. C. Lea, Toronto: Hart and Rawlinson.

The author divides the work into three parts, the first embracing general dietetics, the second, special dietetics of health, and the third, special dietetics of disease. In the latter part, many very good hints are given, and valuable suggestions regarding the diet suitable to various diseases, as, for example, in gout, rheumatism, diabetes, scrofula, consumption, constipation, &c. Reference is also made in some instances to the medical treatment of certain diseases. In the treatment of constipation the author deprecates strong purgation, and states that two or three grains of aloes and myrrh-pill, every night, will, in a week, produce all the effects of strong purgation, and permanently, instead of for a time. The dietetic management of certain nerve disorders, as hysteria and delirium tremens, are also alluded to in the concluding chapters. The work is almost entirely free from technicalities, and is, therefore, as suitable to the public as the profession.

SECOND ANNUAL REPORT OF THE SECRETARY OF THE BOARD OF HEALTH, OF THE STATE OF MICHIGAN, FOR THE YEAR ENDING SEPT. 30TH, 1874.—by H. B. Baker, Lansing, Mich.

LECTURES ON DISEASES OF THE RESPIRATORY ORGANS, HEART AND LUNGS, by Alfred L. Loomis, M.D., Prof. of Pathology and Practical Medicine in the University of New York; New York, Wm. Wood & Co.: Toronto, Willing & Williamson.

The success which the author's work on "Physical Diagnosis" met with, is a sufficient guarantee that the present volume will be received with favour by the profession in the United States and Canada. The work consists of lectures delivered in the medical department of the University of New York, phonographically reported by Dr. Carpenter. The style is simple, intelligible, and very concise, and the matter well arranged for

ready reference. It is the intention of the author to publish a similar form of lectures on other important subjects connected with practical medicine. The work is replete with valuable practical information on the subjects embraced.

ANNUAL REPORT OF CHARITY, FEVER AND SMALL POX HOSPITALS, Blackwell's Island, New York, for the year ending December 31, 1874; by D. H. Kitchen, M.D., Chief of Staff.

THE PRESENT STATUS OF ELECTRICITY IN MEDICINE; by W. T. Hutchinson, A.M., M.D., Providence, R. I.

MEDICAL ADDRESSES, by Benjamin Eddy Cotting, A.M., M.D., Harv; Boston: David Clapp & Son, 1875.

THE HISTORY OF THE PHILADELPHIA SCHOOL OF ANATOMY AND ITS RELATIONS TO MEDICAL TEACHING; by William W. Keen, M.D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy. Philadelphia: J. B. Lippincott & Co.

ICHTHYOSIS OF THE TONGUE AND VULVA; by Robert F. Weir, M.D., Surgeon to Roosevelt Hospital, Etc. New York: D. Appleton & Co.

REPORT TO THE STATE BOARD OF HEALTH ON CEREBRO-SPINAL MENINGITIS; by Henry B. Baker, M.D., Secretary of the Board. Lansing, Mich.

REFLEX NEURALGIA, ASSOCIATED WITH URETHRAL CONTRACTIONS AND A RARE FORM OF URINARY SINUS, (Illustrated); by F. N. Otis, M.D., Prof. of Genito-Urinary Diseases, Col. of Physicians, and Surgeons, New York. D. Appleton & Co. New York.

Births, Marriages and Deaths.

* * * *The charge for notice of Births, Marriages and Deaths, is fifty cents, which should be forwarded in postage stamps, with the communication.*

On the 17th May, at New Dundee, the wife of J. H. Webb, Esq., M.D. of a daughter.

At the Palace, St. Michael's, on the 22nd inst., Norman Bethune, M.D., F.R.C.S., Edin., Professor of Surgery, Trinity College, to Helen Mary Winer, second daughter of the late John King, M.D., of this city.

At Brantford on the 21st ult., Letitia, beloved wife of W. H. Stratford, M.D., in the 52nd year of her age.

COLLEGE OF PHYSICIANS AND SURGEONS.

Corner of Twenty-third Street and Fourth Avenue, New York.

SIXTY-NINTH SESSION, 1875-76.

FACULTY OF MEDICINE.

ALONZO CLARK, M.D., President and Professor of Pathology and Practical Medicine.	FRANCIS DELAFIELD, M.D., Adjunct Lecturer on Pathology and Practical Medicine.
WILLARD PARKER, M.D., Professor of Clinical Surgery.	JOHN G. CURTIS, M.D., Adjunct Lecturer on Physiology and Hygiene.
JOHN C. DALTON, M.D., Professor of Physiology and Hygiene.	WILLIAM DETMOLD, M.D., Professor Emeritus of Military and Clinical Surgery.
SAMUEL ST. JOHN, M.D., Professor of Chemistry and Medical Jurisprudence.	WILLIAM H. DRAPER, M.D., Clinical Professor of Diseases of the Skin.
THOMAS M. MARKOE, M.D., Professor of Surgery.	CORNELIUS R. AGNEW, M.D. Clinical Professor of Diseases of the Eye and Ear.
T. GAILLARD THOMAS, M.D., Professor of obstetrics and the Diseases of Women and Children.	ABRAHAM JACOBI, M.D. Clinical Professor of Diseases of Children.
JOHN T. METCALFE, M.D., Professor Emeritus of Clinical Medicine.	FESSENDEN N. OTIS, M.D., Clinical Professor of Venereal Diseases.
HENRY B. SANDS, M.D., Professor of Anatomy.	EDWARD C. SEGUIN, M.D., Clinical Professor of Diseases of the Mind and Nervous System.
JAMES W. McLANE, M.D., Adjunct Professor of Obstetrics and the Diseases of Women and Children.	CHARLES MCBURNEY, M.D., Demonstrator of Anatomy.
THOMAS T. SABINE, M.D., Adjunct Professor of Anatomy.	CHARLES KELSEY, M.D., Assistant Demonstrator.
CHARLES F. CHANDLER, Ph.D., Adjunct Professor of Chemistry.	
EDWARD CURTIS, M.D., Professor of Materia Medica and Therapeutics.	

IN THE PLAN OF INSTRUCTION adopted in this Institution, Clinical Teaching constitutes an important and prominent feature, all the practical subjects treated of in the Didactic Course being fully illustrated at the bedside. In the furtherance of this object, the extensive Hospitals of New York, of which the Bellevue Hospital, the Charity Hospital, Blackwell's Island, the Roosevelt Hospital, the Manhattan Eye and Ear Hospital, and the New York Eye and Ear Infirmary are the largest and most efficient, furnish ample fields for instruction and study. To all of these the Faculty of the College resort for the purposes of practical instruction, Cliniques being held daily in one or more of them. Besides the Clinical Lectures given at the Hospitals, there are nine Cliniques each week at the College Building, viz.:

Surgical Clinique, by Prof. PARKER, every Monday at 12 M.	Surgical Clinique by Prof. DETMOLD, every Wednesday at 3 P.M.
Clinique for Diseases of Skin, by Prof. DRAPER, every Monday at 3 P.M.	Medical Clinique, by Prof. CLARK, every Thursday at 12 M.
Ophthalmic Clinique, by Prof. AGNEW, every Tuesday at 3 P.M.	Venereal Clinique, by Prof. OTIS, every Thursday at 3 P.M.
Clinique for Diseases of Children, by Prof. JACOBI, every Wednesday at 1½ P.M.	Female Clinique, by Prof. THOMAS, every Friday at 3 P.M.
	Clinique for Nervous Diseases, by Prof. SEGUIN, every Saturday at 3 P.M.

SUMMER SESSION.

FACULTY.

JAMES L. LITTLE, M.D., Lecturer on Operative Surgery and Surgical Dressings.	FRANCIS DELAFIELD, M.D., Lecturer on Pathological Anatomy.
GEORGE G. WHEELLOCK, M.D., Lecturer on Physical Diagnosis.	ROBERT F. WEIR, M.D., Lecturer on Diseases of the Male Pelvic Organs.
A. BRAYTON BALL, M.D., Lecturer on Diseases of the Kidneys.	JOHN G. CURTIS, M.D., Lecturer on Injuries and Diseases of the Blood-vessels.

The Summer Session of 1875 will commence on Monday, March 15th, and will continue until the middle of June. Two Didactic Lectures will be given daily during this course, and the College Cliniques held as usual. Instruction in Practical Chemistry will be given in the Laboratory under the supervision of Professor ST. JOHN, with the aid of competent assistants to those who wish to make themselves personally familiar with the more important manipulations in chemical analysis. Instruction will also be given in Physical Diagnosis, and obstetrical cases furnished to the class. No additional charge will be made, for the above, to students who take the General Ticket for the Summer Session. Certificates of attendance on this course will be counted as time spent in the study of medicine under the direction of a practitioner. Matriculation Fee, \$5; valid for the year. General Ticket to all the Lectures, \$30. For each separate ticket \$5.

REGULAR SESSION.

The Regular Course of Lectures for the Session of 1875-76 will commence on Friday, the first day of October, 1875, and will continue until the following March. This course will consist of from five to six Daily Lectures in the various departments of Medicine and Surgery, both elementary and practical, together with Daily Clinical Lectures delivered both at the College and at the larger Hospitals.

Matriculation Fee, \$5; Fees for the full Course of Lectures by all the Professors, \$140; for each separate ticket, \$20; ticket of the Demonstrator of Anatomy, \$10; Graduation Fee, \$30.

The Tickets are to be taken at the beginning of the Session. Students who have attended two full courses in this College, or who, having attended one full course in some regularly established medical school, shall *subsequently* attend one full course in this College, are admitted to a third course of lectures on paying the matriculation fee only. Graduates of this school are admitted without fee. Graduates of other regular schools, who have been in practice three years, and *Theological Students*, are admitted on general ticket by paying the matriculation fee. Recent Graduates of other regular schools, and students who have already attended two full Courses of Lectures, are admitted to this College on payment of the matriculation fee and \$70. Students are requested on their arrival in this city, to call at the College and register their names with the Clerk, Mr. Boag, who will give them all necessary information and aid them in obtaining board.

For the Annual Catalogue, and further information, address the Secretary of the Faculty, THOMAS T. SABINE, M.D., College of Physicians and Surgeons, corner of 23rd Street and 4th Avenue, New York.

BELLEVUE HOSPITAL MEDICAL COLLEGE.

CITY OF NEW YORK.
SESSION OF 1875-'76.

THE PRELIMINARY AUTUMNAL TERM for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. THE REGULAR SESSION will commence on Wednesday, September 28th, 1875, and end about the 1st of March, 1876.

Faculty :

- ISAAC E. TAYLOR, M.D.,
Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of the College.
- JAMES R. WOOD, M.D., LL.D.,
Emeritus Prof. of Surgery.
- AUSTIN FLINT, M.D.,
Prof. of Principles and Practice of Medicine and Clinical Medicine.
- FRANK H. HAMILTON, M.D., LL.D.,
Prof. of Practice of Surgery with Operations and Clinical Surgery.
- LEWIS A. SAYRE, M.D.,
Prof. of Orthopedic Surgery and Clinical Surgery
- ALEXANDER B. MOTT, M.D.,
Prof. of Clinical and Operative Surgery.
- W. H. VAN BUREN, M.D.,
Prof. of Principles of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
- FORDYCE BARKER, M.D.,
Prof. of Clinical Midwifery and Diseases of Women
- WILLIAM T. LUSK, M.D.,
Prof. of Obstetrics, Diseases of Women, Diseases of Infancy, and Clinical Midwifery.
- EDMUND R. PEASLEE, M.D., LL.D.,
Prof. of Gynecology.
- EDWARD G. JANEWAY, M.D.,
Lecturer on Materia Medica and Therapeutics, and Clinical Medicine.
- AUSTIN FLINT, JR., M.D.,
Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
- ALPHEUS B. CROSBY, M.D.,
Prof. of General, Descriptive and Surgical Anatomy.
- R. OGDEN DOREMUS, M.D., LL.D.
Professor of Chemistry and Toxicology.
- PROFESSORS OF SPECIAL DEPARTMENTS, ETC.
- HENRY D. NOYES, M.D.
Professor of Ophthalmology and Otology.
- JOHN P. GRAY, M.D.
Professor of Psychological Medicine and Medical Jurisprudence.
- EDWARD L. KEYES, M.D.
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
- EDWARD G. JANEWAY, M.D.
Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College,
Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

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

In cases convalescing from adynamic fevers, in all conditions of depraved nutrition from indigestion and mal-assimilation of food, in nervous prostration from mental and physical exertion, dissipation or bad habits, in chlorotic or anemic women, and in the strumous diathesis in adults and children, —it is a combination of great reliability and efficacy, and it may be taken for a protracted period without becoming repugnant to the patient.

When Strychnine is indicated the officinal solution of the Pharmacopoeia may be added, each fluid drachm making the 64th of a grain to a half fluid ounce of the Elixir,—a valuable combination in dyspepsia with constipation and headaches. this compound is prepared with great care, and will be maintained of standard purity and strength. Prepared by

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Oct., 1873. No. 21 North Sixth St., Philadelphia.

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This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy Livers, of the Cod only, without the aid of any chemicals, by the simplest process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly de-

void of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. Parker, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference." Prof. Hays, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

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Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia.—This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each table-spoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

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"The chlorides of sodium and magnesium and bromide of magnesium which the bitter water of Friedrichshall contains, places it amongst the most efficacious in Europe, and I regard this spring as a real treasure, whose great value must be recognized by all who have experienced its salutary and beneficial effects."

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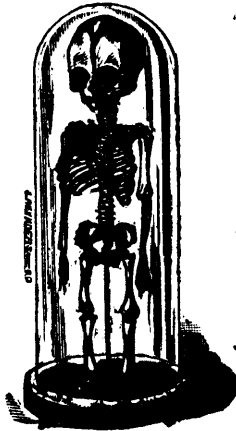
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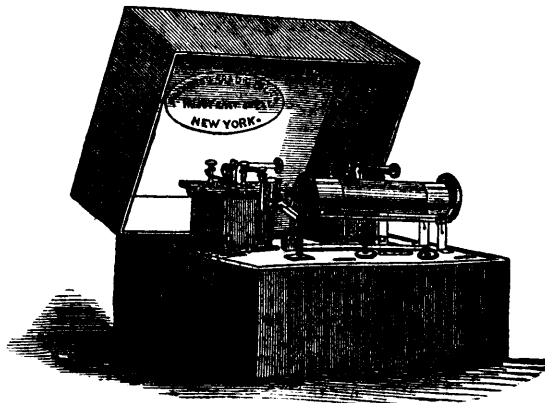
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WM. A. HAMMOND, M.D.,
Prof. of Diseases of the Mind and Nervous System.
STEPHEN SMITH, M.D.,
Prof. of Orthopedic Surgery and Surgical Jurisprudence.

MONTROSE A. Pallen, M.D.,
Prof. of Gynaecology.
FANEUIL D. WEISSE, M.D.,
Prof. of Surgical Anatomy.
HENRY G. PIFFARD, M.D.,
Clinical Professor of Dermatology.

THE COLLEGIATE YEAR is divided into two Sessions—a regular Winter Session, and a Spring Session. The latter is auxiliary to the former, and the design of the Faculty is to furnish instruction to medical students throughout the year. Attendance on the regular Winter Session is all that is demanded of the candidates for graduation. Those who attend the other session receive a CERTIFICATE OF HONOR, as having pursued voluntarily a fuller course than usual.

THE SPRING SESSION is principally of a practical and clinical character, and affords particular facilities to students who have already taken one course in schools where such practical advantages exist to a less extent. The course consists also partly of lectures and examinations on the subjects necessary for graduating in medicine, conducted by the Professors of the regular Faculty and their assistants. These examinations will be addressed to both first and second course students. For the purpose of making the visits to the wards of the Hospitals as available as possible, the class is divided into sections. One division at a time is instructed in Practice, Diagnosis, Prescription, and Treatment of Patients. The course begins early in March, and continues till the middle of May, when the SUMMER COMMENCEMENT is held. During the Summer the College Clinics are kept open.

THE PRELIMINARY WINTER SESSION commences September 1, 1875, and continues till the opening of the regular session. It is conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION occupies four and a half months—commencing on September 29th, and continuing till the middle of February. The system of instruction embraces a thorough Didactic and Clinical Course, the lectures being illustrated by two clinics each day. One of these daily clinics will be held either in Bellevue or the Charity Hospital. The location of the College building affords the greatest facilities for Hospital Clinics. It is opposite the gate of Bellevue Hospital, on Twenty-sixth street, and in close proximity to the ferry to Charity Hospital on Blackwell's Island, while the Department of Out-door Medical Charity, and the Hospital Post-mortem Rooms are across the street. The students of the University Medical College will be furnished with admission tickets to these establishments free of charge. The Professors of the practical chairs are connected with one or both of these Hospitals. Besides the Hospital clinics, there are eight clinics each week in the College building.

THE POST GRADUATE COURSE is to consist of lectures delivered by the Professors of the several departments in the College building during the regular Winter Session, illustrated by clinics held both in Hospitals and at the College. After an attendance of one Session on these lectures, any candidate who is already a graduate of a recognised Medical College can obtain a Diploma Certificate, countersigned by the Chancellor of the University and the Dean of the Faculty of the Medical Department, and by four or more Professors of the Post Graduate Course, to the effect that the candidate has passed an examination by them in their respective branches of special medical instruction. The fee for the Diploma Certificate is \$30.

The Faculty desires to call attention particularly to the opportunities for dissection. Subjects are abundant, and are furnished free of charge, and the Professor of Anatomy spends several hours each day in demonstration in the dissecting-room.

FEES FOR THE WINTER COURSE.

For course of Lectures	\$140 00
Matriculation	5 00
Demonstrator's fee, including material for dissection	10 00
Graduation Fee.....	30 00

FEES FOR THE SPRING COURSE.

Students who have attended the Winter Course will be admitted free of charge. Those who have not attended the Winter Course will be required to pay the Matriculation Fee and \$30; and, should they decide to become pupils for the Winter, the \$30 thus paid will be deducted from the price of the Winter tickets. For the purpose of assisting meritorious individuals, the Faculty will receive a few beneficiaries, each of whom will be required to pay \$43 per annum and the Matriculation Fee.

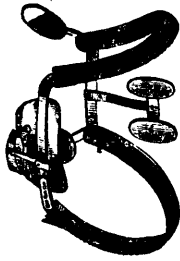
For further particulars and circulars, address the Dean.

Prof. CHAS. INSLEE PARDEE, M.D.,
University Medical College, 410 East 26th St., New York City.

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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.

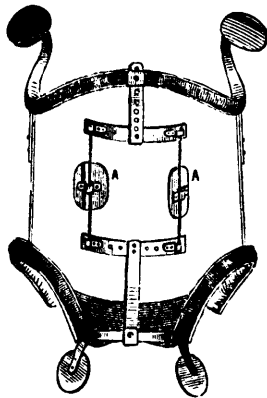
Abdominal and Spinal Shoulder and Lung Brace.



Fig. 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.

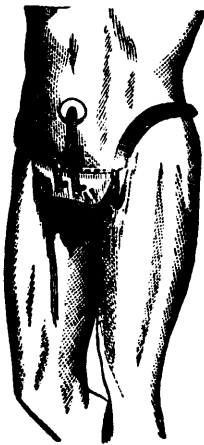
Fig. No. 13.

Improved Revolving SPINAL PROP.



Unrivalled in the treatment of Angular Curvature, gives no pain, restrains no motion, and makes no show through the Dress.

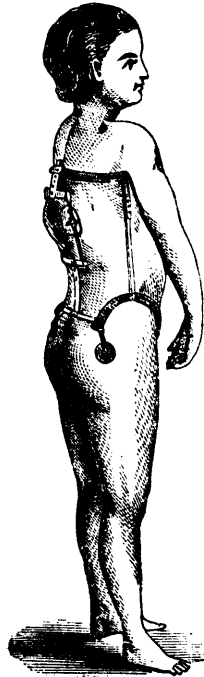
Fig. No. 12.



The above cut represents BANNING'S NON-FRICTION SELF-ADJUSTING BRACE TRUSS, applied for the retention of inguinal, femoral and umbilical hernia. Acts upon the principle of removing visceral weight from hernial openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

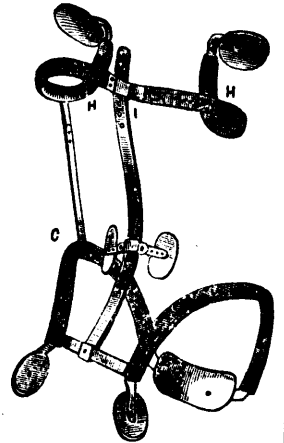
SPINAL PROP APPLIED.



How to measure for any of these appliances.
1st Around the body, two inches below the tips of hip bones.
2d Around the chest, close under the arms.

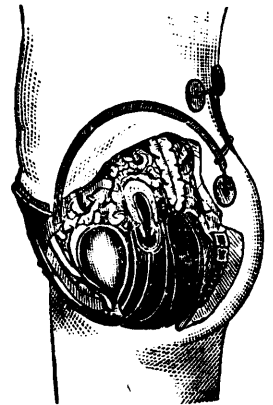
3d From each armpit to corresponding tip of hip bone.
4th Height of person. All measures to be in inches.
Measure over the linen, drawing tape measure moderately tight.

Fig. No. 14. Improved Centripetal SPINAL LEVER.



For lateral curvature of the spine. The general action is to reverse the body's weight, and so deprive gravity of its depressing force.

Fig. No. 7.



The above cut represents THE IMPROVED ABDOMINAL SUPPORTER, removing visceral weight, and correcting the trunical bearings, while its attachment, BANNING'S IMPROVED BIFURCATED UTERINE ELEVATOR, in supporting the vaginal cul de sac on each side, thus, while elongating the vagina, restoring the diseased or overtaxed uterus (without touching it) to its normal position.

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