

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

# THE CANADA LANCET.

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

Vol. VIII }  
No. 7. }

TORONTO, MARCH 1, 1876.

Price 30 Cents.  
\$3 per Annum

CONTENTS.—(Index next page.)

## CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal. It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quindia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direct analysis I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are contained the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

As it is found *Quindia*, which is believed to be a more anti-periodic than *Quinine*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1. It exerts the full therapeutic influence of *Sulphate of Quinine*, in the same doses, without oppressing the stomach, creating nausea, or producing febrile distress, as the *Sulphate of Quinine* frequently does, and it produces much less constitutional disturbance.

2. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive or delicate woman or child.

3. It is less costly; the price will fluctuate with the rise and fall of barks; but will always be much less than the *Sulphate of Quinine*.

4. It meets indications not met by that Salt.

Middleburg, Pa.,

April 13, 1875.

Gentlemen. I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store. I have used *Quinine* in such cases as are generally recommended by the profession. In the last four or five years I have used frequently your CINCHO-QUININE in place of *Quinine*, and I have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily *quinized* by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the sulphate, and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus no time.

W. E. SCHEMCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZE, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the sulphate.

G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.

We will send a sample package, for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce on receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred dollars and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists,**  
(SUCCESSORS TO JAMES R. NICHOLS & Co.)  
BOSTON, MASS.

INDEX TO CONTENTS

<b>Original Communications.</b>		A Story from Journalism.....	206
Retrospect of the Past Year—By J. A. Grant, M.D., F.R.C.S., Ottawa.....	191	Spina Bifida, Treatment of.....	207
Cases Illustrating Lister's Anti-Septic Treatment in Surgery.—By A. H. Chandler, M.D., Dorchester, N.B.....	194	Coto Bark, Therapeutic Action of.....	208
On some Practical Points in the Management of the Diseases of the Eye commonly met with by the General Practitioner.—By A. M. Rosebrugh, M.D., Surgeon to the Toronto Eye and Ear Infirmary.....	197	Depaul in Brazil.....	209
Amputation Through the Elbow Joint.—By V. A. Brown, M.D., L.R.C.S., Eng., London, Ont.....	200	Uterine Fibroid, Diagnosis of.....	209
		Albuminuria in Pregnancy, Treatment.....	210
		Lead Colic, Treatment in Paris Hospitals.....	210
		Hypopyon Ulcer, Treatment of.....	211
		Rheumatism, Ammonia in.....	211
		Chronic Dysentery, Local Treatment.....	211
		Medicated Ice.....	211
		Medical News and Items.....	212
<b>Correspondence.</b>		<b>Editorial.</b>	
Diphtheria Proving Fatal After Apparent Convalescence.....	201	Aid to Medical Colleges.....	213
Accidental Hemorrhage—Death.....	201	The Medical Council Yearly Examinations.....	214
Lack of Professional Esprit-de-Corps.....	221	Physician's Prescriptions.....	214
<b>Reports of Societies.</b>		Actual Caution.....	215
Western and St. Clair Medical Association.....	202	Disinfectants.....	215
North Riding of Bruce.....	222	The McConnell Case.....	216
<b>Selected Articles.</b>		Iodoform.....	217
Tracheotomy in a Child Two Years Old.....	203	Notes and Comments.....	220
Scarlet Fever, Early Diagnosis.....	203	Books and Pamphlets.....	220
Typhoid Fever, Milk in Treatment.....	204	New Instruments.....	222
Dr. Warburg's Tincture.....	204	Births, Marriages and Deaths.....	222

# MÖLLER'S PUREST NORWEGIAN COD-LIVER OIL.



DR. BESCHE, Physician in ordinary to H. M. the King of Sweden and Norway, says: "It is the very best ever prepared for medicinal purposes."  
 ABBOTTS SMITH, M.D., M.R.C.P., North London Consumption Hospital, says: "It is more easily assimilated and is productive of more immediate benefit than the other kinds of oil are."  
 DR. RUDDOCKE, M.D., L.R.C.P., M.R.C.S., says: "We are glad to be able to give our emphatic recommendation to so pure a preparation."  
 J. MARION SIMS, M.D., New York, says: "I have prescribed it almost daily, and have every reason to be perfectly satisfied with it."  
 DR. L. A. SAYRE, New York, says: "Moller, of Christiania, prepares an Oil which is perfectly pure, and in every respect all that can be wished."  
 N. B. SANDS, M.D., New York, says: "It is remarkably free from impurities."

W. H. Schieffelin & Co., NEW YORK.  
 Sole Agents for United States and Canada.

## MICROSCOPES.

JAMES W. QUEEN & CO.,

924 Chestnut-St., PHILADELPHIA.

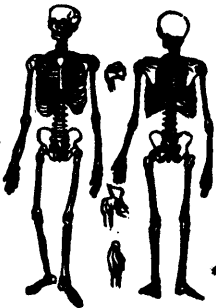
KEEP constantly in stock, the most complete assortment of MICROSCOPES and ACCESSORIES to be found in any house in the WORLD. In addition to their own Manufactures, they have always on hand Stands and Objectives by Powell & Lealand, Ross, Crouch, Hartnach, Nachett, etc., etc.; and being the exclusive Agents, for the United States, of Messrs. R. & J. BECK of London, keep in stock all the productions of these most eminent manufacturers. Also, over

10,000 PREPARED OBJECTS:  
 IN EVERY DEPARTMENT OF THE SCIENCES.

An illustrated and priced catalogue, of 118 pages, will be mailed to any address on receipt of Ten Cents. Address as above.

## Anatomical Models and Osteological Preparations.

### SKELETONS, SKULLS, MICROSCOPIC PREPARATIONS.



Special attention is hereby called to the fact, that we can supply a number of MEDICAL WORKS and CHARTS, either American, English or French Publications, at second-hand, at greatly reduced prices.

ORDERS FOR THE IMPORTATION OF BOOKS TAKEN.

Letters will be promptly answered and catalogues sent. Address

BERENDSOHN BROS., 202 William Street, New York.

# WILLING & WILLIAMSON'S NEW MEDICAL WORKS.

---

- PAGET.—Clinical Lectures and Essays, by Sir. James Paget, Bart. Edited by Howard Marsh, F.R.C.S.  
\$5.00.
- WAGNER.—Manual of General Pathology. For the use of students and practitioners of Medicine. By Ernest Wagner, M.D., \$5.50.
- BILLROTH.—General Surgical Pathology and Therapeutics, in fifty lectures. A text book for students and physicians. Translated and revised from the sixth German edition; by Chas. E. Hackley, M.D., \$5.00.
- HOSPITAL PLANS.—Five essays relating to the construction, organization, and management of Hospitals. Contributed for the use of the Julius Hopkin's Hospital of Baltimore, \$6.00.
- VAN BUREN & KEYES.—Diseases of the genito-urinary organs, with Syphilis. With engravings and cases, \$5.00.
- SEGUIN.—Medical Thermometry and Human Temperature. By E. Sequin, M.D., \$3.50.
- SALTER.—Dental Pathology and Surgery. By J. A. Salter, M.B., F.R.S., \$4.50.
- TAYLOR.—Syphilitic lesions of the osseous system in infants and young children. By R. W. Taylor, M.D., \$2.50.
- LORING.—Determination of the refraction of the eye, by means of the ophthalmoscope, 50c. net.
- LOOMIS.—Lectures on the respiratory organs, heart and kidneys. By A. L. Loomis, M.D., \$5.00.
- RINGER.—A handbook of Therapeutics. By Sydney Ringer, M.D., 4th ed. \$4.25.

WILLING & WILLIAMSON

12 King Street East, Toronto

# CODMAN & SHURTLEFF'S

APPARATUS FOR

## Atomization of Liquids for Inhalation, Local Anæsthesia, &c.

BY the Atomizer, any medicated liquid may be converted into the finest spray. In this state it may be inhaled into the smallest air-cells, thus opening a new era in the treatment of all diseases of the throat and lungs. (Fig. 15).

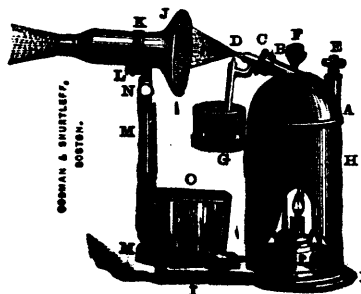


Fig. 15. The complete Steam Atomizer.

It consists of the sphere-shaped brass boiler A, steam outlet tube B, with packing box C, formed to receive rubber packing through which the atomizing tube D passes, steam tight, and by means of which tubes, of various sizes, may be tightly held against any force of steam, by screwing down the cover while the packing is warm; the safety-valve E, capable of graduation to high or low pressure by the spring or screw in its top, the non-conducting handle, by which the boiler may be lifted while hot, the medicament cup and cup-holder G, the support H, iron base I, the glass face-shield J, with oval mouth-piece connected by the elastic band K with the cradle L, whose slotted staff passes into a slot in the shield-stand M M, where it may be fixed at any height or angle required by the milled screw N.

The waste cup, medicament cup and lamp are held in their places in such a manner that they cannot fall out when the apparatus is carried or used over a bed or otherwise.

All its joints are hard soldered. It cannot be injured by exhaustion of water, or any attainable pressure of steam. It does not throw sprits of hot water, to frighten or scald the patient. Is compact and portable, occupies space of one-sixth cubic foot only, can be carried from place to place without removing the atomizing tube or the water, can be unpacked and repacked without loss of time. Will render the best of service for many years, and is cheap in the best sense of the word. Price \$6; brass parts, nickel plated, additional, \$2.50. Neatly made, strong black walnut box, with convenient handle, additional \$2.50.

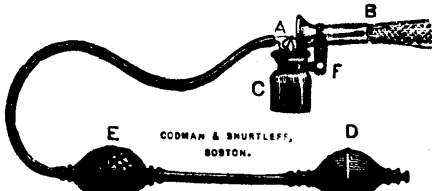


Fig. 5. Shurtleff's Atomizing Apparatus.  
Pat. March 24, 1868.

The most desirable hand apparatus. Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat and work perfectly in all positions. The bulbs are adapted to all the tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction and Inhalation. Price \$4.00. Each of the above Apparatus is supplied with two carefully made annealed glass atomizing tubes, and accompanied with directions for use.

Every steam Apparatus is tested with steam, at very high pressure. Each apparatus is carefully packed for transportation, and warranted perfect. Also.

HAND BALL APPARATUS, (Fig. 5, without shield) with two glass tubes. \$3 50

THE BOSTON ATOMIZER with two glass Atomizing tubes. 2 50

TREMONT GLASS ATOMIZING TUBES, to fit any of our Apparatus, warranted perfect. 2 00

PERFUME ATOMIZER, nickel plated, for toilet use	1 50
SILVER SPRAY	1 50
NICKEL PLATED TUBES, for Local Anæsthesia and for Inhalation	75c. to 2 00
RHIGOLENE, for Local Anæsthesia, best quality, packed	1 00
NASAL DOUCHE, for treating diseases of the Nasal Cavity, eight different varieties, each with two nozzles packed	\$1.20, 1.50, 2.00, 2.50 and 3 50

N.B.—To save collection expenses, funds should be sent with the order, either in form of draft, post-office order, or registered letter. For complete illustrated price-list of Apparatus, Tubes, &c., see pamphlet.

Will send by mail (post-paid), on application, a pamphlet containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," with formulae of those successfully employed. Also, an article by Dr. L. W. Thudichum, M.R.C.P., on "A New Mode of Treating Diseases of the Nasal Cavity," with his formulae. Also an illustrated description of the best Apparatus for the above purposes, and for producing Local Anæsthesia by Atomization of Rhigolene.

Instruments made to order, Sharpened, Polished, and Repaired.  
An Illustrated Catalogue of Surgical and Atomizing Instruments sent by mail, postpaid, on application.

**CODMAN & SHURTLEFF,**

Makers and Importers of Surgical and Dental Instruments,  
13 and 15 TREMONT STREET, BOSTON.

H. J. ROSE, corner Queen and Yonge Streets, Toronto, Agent for the Instruments, also the Pamphlet mentioned.

## Mrs. Pearson's Abdominal Supporter.

PATENTED OCTOBER, 1870.

THE attention of the Medical profession is called to the great benefit that has been derived by those who have found it necessary to use the Abdominal Supporter. Its great use has been to those who are suffering from partial Proclivitas Uteri, Ante, or Retroversion of the Uterus, and in Leucorrhœa, depending on those defects: by removing the cause, it quickly cures the discharges. It is also of marked service to persons suffering from a lax, or pendulous state of the abdominal walls, and during pregnancy, it furnishes the much needed support to the Abdomen. A perineal pad can also be attached to the Supporter when required.

The following gentlemen, having tested its value in their practice, kindly allow reference to them as to its excellence and efficiency:—

- E. M. Hodder, M.D., F.R.C.S. E.; Toronto.
- N. Bethune, M.D., F.R.C.S., Ed.; Toronto.
- Augustus Jukes, M.B., St. Catharines.
- Dr. Rowand (M.D., Edin.); Quebec.
- W. W. Ogden, M.B., Toronto.
- J. Mackelcan, M.R.C.S. E.; Hamilton.
- Dr. Henry J. Ridley, Hamilton.
- M. Lavell, M.D., Kingston.
- H. Blackstock, M.D., Hillsdale.

- D. McIntosh, M.D., Edin.; Hamilton.
- Edwin Henwood, M.D., Hamilton.
- Uzziel Ogden, M.D., Toronto.
- H. H. Wright, M.D., Toronto.
- Dr. G. L. Mackelcan, Hamilton.
- Dr. McDonald, Hamilton.
- Edwin Goodman, M.B., St. Catharines.
- J. Fulton, M.D., M.R.C.S. E.; Toronto.
- M. Hillary, M.R.C.S. Irel'd., Toronto.

Price, from \$7 to \$10. Please send measurement around largest part of the hips.

MRS. J. E. PEARSON, Box 770, or 132 Adelaide St. West, Toronto.

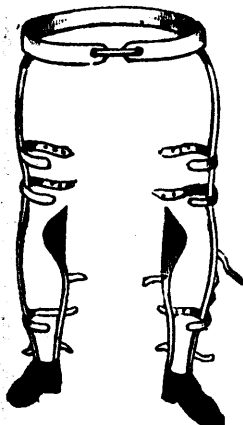
# F. G. OTTO & SONS,

(SUCCESSORS TO OTTO & REYNDERS.)

MANUFACTURERS AND IMPORTERS OF  
**SURGICAL**

AND

**ORTHOPÆDICAL INSTRUMENTS,**



Trusses, Abdominal Sup-  
porters, Shoulder Braces.

Stockings for Varicose Veins,  
Crutches, Skeletons,

Anatomical Preparations,  
Electric Machines, Ear  
Trumpets,

Apparatus for Inhalation,

FINE CUTLERY, &c.

(Apparatus for Bow-legs.)

No. 64 CHATHAM STREET, NEW YORK.

Repairing neatly done.

# JOSEPH DAVIDS & CO.

## CHEMISTS & DRUGGISTS,

Wholesale and Retail Dealers in

**DRUGS, CHEMICALS, TRUSSES,**

**SURGICAL APPLIANCES, &c., &c.**

PROPRIETOR OF DAVIDS' MOTH-PROOF LINEN  
BAGS.

QUEEN'S OWN BOUQUET.

171 KING-STREET EAST, TORONTO.

# DR. RHODE'S MEDICAL HOME.

FOR the Treatment of Paralysis, Deformities,  
Spinal and Nervous Diseases, Epilepsy,  
Convulsions, Hysteria, and all diseases of the  
Brain, No. 298, Shawmut Avenue, Boston, Mass.  
Office hours from 8 to 11 A.M., and from 2 to 5  
P.M. Branch of the Institute, 108, Kendall street,  
Boston. Prices of Board and Treatment at the  
Branch Institute, from \$40 to \$60 a month.  
Office hours at 108, Kendall street, from 11  
A.M. to 2 P.M., and from 5 P.M. to 8 o'clock P.M.

GEORGE W. RHODES, M. D.,

*Medical Director.*

# J. H. GEMRIG,

MANUFACTURER OF  
**SURGICAL**

AND

**ORTHOPÆDICAL INSTRUMENTS,**

109 SOUTH EIGHTH STREET, PHILADELPHIA.

Aspirators, Axilla Thermometers, Hypodermic Syringes,  
Nelaton's Catheters, Plaited Satin Sewing Silk for  
Surgical purposes, Hawksley's Metallic  
Stethoscopes, Elastic Stockings,  
Apparatus for Club Foot,  
Bow Legs, Spine  
Diseases, &c.

Illustrated Catalogue and Price List sent on application

ESTABLISHED 1836.

NEW YORK.

# H. PLANTEN & SON, MEDICINAL CAPSULES

OF ALL KINDS. ALSO,

Empty Capsules (5 sizes), for the easy administration of  
nauseous medicinal preparations.

List and Samples sent on application. Sold by all Druggists.

# THE CENTRAL PHARMACY.

# J. WRIGHT & CO.,

## Chemists and Druggists,

Corner of Queen and Elizabeth Streets, Toronto.

HAVE on hand the following new remedies which will  
be sent to any address in all quantities,

Cincho-Quinine, Mono-Bromide Camphor,  
Guarana, Jaborandi.  
Croton-Chloral Hydrate, Salicylic Acid,  
&c., &c., &c.

Special attention given to Physicians' prescriptions for  
Office use, such as Elixirs, Fluid Extracts,  
Pills, Syrups, etc.

\* \* \* \* \* Sugar Coated Pills are more soluble than Gelatine or Compressed Pills.—Prof. Remington's paper read before American Pharmaceutical Association, Boston, 1875.

# WARNER & CO'S PHOSPHORUS PILLS.

PHOSPHORUS is an important constituent of the animal economy, particularly of the brain and nervous system, and is regarded as a valuable remedy for the following diseases:

## Lapse of Memory, Impotency, Softening of the Brain, Loss of Nerve Power, Phthisis, Paralysis and Neuralgia.

*The Pilular form has been deemed the most desirable for the administration of Phosphorus.* It is in a perfect state of subdivision, as it is incorporated with the material while in solution, and is not extinguished by oxidation.

*This method of preparing Phosphorus has been discovered and brought to perfection by us, and is thus presented in its elementary state, free from repulsive qualities, which have so long militated against the use of this potent and valuable remedy.* This is a matter requiring the notice of the physician, and under all circumstances the administration of Phosphorus should be guarded with the greatest care, and a perfect preparation only used.

Its use in the above named complaints, is supported by no less authority than Prof. Delpach, Prof. Fisher, to Berlin, Dr. Eames, (in the *Dublin Journal*), Dr. Burgess, and Dr. Hammond, of New York. The special treatment indicated in these cases is: 1st. Complete rest of mind, especially abstention from all occupations resembling that upon which the mind has been overworked; 2nd. The encouragement of any new hobby or study not in itself painful, which the patient might select; 3rd. Tranquility to the senses, which expressly give in these cases incorrect impressions, putting only those objects before them calculated to soothe the mind; 4th. A very nourishing diet, especially of shell-fish; 5th. *The internal administration of Phosphorus in Pilular form, prepared by WILLIAM R. WARNER & CO.*

### ☛ PILLS SENT BY MAIL ON RECEIPT OF LIST OF PRICES. ☛

	Price per 100.
Pil Phosphori, 1-100 gr. in each,	\$1 00
Pil Phosphori, 1-50 " " " " " " " " " " " "	1 00
Pil Phosphori, 1-25 " " " " " " " " " " " "	1 00
Pil Phosphori Comp.	2 00
Phosphorus, 1-100 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	2 00
Pil Phosphori et Nucis Vomicae,	2 00
Phosphorus, 1-50 gr. Ext. Nuc. Vomicae, $\frac{1}{2}$ gr.	2 00
Pil Phosphori, et Ferri et Nuc. Vom.	2 90
Phosphorus, 1-100 gr. Ferri Charb. (Vallet) 1 gr. Ext. Nuc. Vom., $\frac{1}{2}$ gr.	2 90
Pil Phosphori, et Ferri et Quinia,	2 90
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr. Quinia Sulph., 1 gr.	2 90
Pil Phosphori et Ferri et Nuc. Vom. et Quinia,	2 90
Phosphorus, 1-100 gr. Ferri Carb. (Vallet) 1 gr.	2 90
Ext. Nuc. Vom., $\frac{1}{2}$ gr. Quinia Sulph., 1 gr.	2 90

Treatise on "PHOSPHORUS; Its claims as a therapeutic agent."

Furnished on application. Address,

**WILLIAM R. WARNER & CO., Manufacturing Chemists,**  
No. 1228 Market St., Philadelphia.

Warner & Co's. Standard Preparations for sale by

ELLIOT & CO., Wholesale Druggists,

TORONTO, CANADA.

## HARVARD UNIVERSITY.

MEDICAL DEPARTMENT—BOSTON, MASS.

*Ninety-Second Annual Announcement, 1875-76.*

## FACULTY OF MEDICINE:

CHARLES W. ELIOT, LL.D., President.  
 CALVIN ELLIS, M.D., Prof. of Clinical Medicine, Dean.  
 JOHN B. S. JACKSON, M.D., Prof. of Pathol. Anatomy.  
 OLIVER W. HOLMES, M.D., Professor of Anatomy.  
 HENRY J. BIGELOW, M.D., Professor of Surgery.  
 JOHN E. TYLER, M.D., Professor of Mental Diseases.  
 CHARLES E. BUCKINGHAM, M.D., Professor of Obstetrics  
 and Medical Jurisprudence.  
 FRANCIS MINOT, M.D., Hersey Professor of the Theory  
 and Practice of Medicine.  
 JOHN P. REYNOLDS, M.D., Instructor in Obstetrics.  
 HENRY W. WILLIAMS, M.D., Prof. of Ophthalmology.  
 DAVID W. CHEEVER, M.D., Prof. of Clinical Surgery.  
 JAMES C. WHITE, M.D., Professor of Dermatology.  
 ROBERT T. EDES, M.D., Prof. of Materia Medica.

HENRY P. BOWDITCH, M.D., Assis't. Prof. of Physiology.  
 CHARLES B. PORTER, M.D., Demonstrator of Anatomy.  
 and Instructor in Surgery.  
 FREDERIC I. KNIGHT, M.D., Instructor in Percussion,  
 Auscultation and Laryngoscopy.  
 J. COLLINS WARREN, M.D., Instructor in Surgery.  
 REGINALD H. FITZ, M.D., Assistant Professor of Patholo-  
 gical Anatomy.  
 WILLIAM L. RICHARDSON, M.D., Instructor in Clinical  
 Obstetrics.  
 THOMAS DWIGHT, Jr., M.D., Instructor in Histology.  
 EDWARD S. WOOD, M.D., Assistant Professor of Chemistry.  
 HENRY H. A. BEACH, M.D., Assistant Demonstrator of  
 Anatomy.  
 WILLIAM B. HILLS, M.D., Instructor in Chemistry.

## Other Instructors:

GEORGE H. F. MARKOE, Instructor in Materia Medica.  
 FRANK W. DRAPER, M.D., Lecturer on Hygiene.

## THE FOLLOWING GENTLEMEN WILL GIVE SPECIAL CLINICAL INSTRUCTION:

FRANCIS B. GREENOUGH, M.D., and EDWARD WIGGLESWORTH, Jr., M.D., in Syphilis.  
 JOHN O. GREEN, M.D., and CLARENCE J. BLAKE, M.D., in Otology.  
 JAMES R. CHADWICK, M.D., and WILLIAM H. BAKER, M.D., in Diseases of Women.  
 CHARLES P. PUTNAM, M.D., and JOSEPH P. OLIVER, M.D., in Diseases of Children.  
 SAMUEL G. WEBBER, M.D., and JAMES J. PUTNAM, M.D., in Diseases of the Nervous System.

THE plan of Study was radically changed in 1871.\* Instruction is now given by lectures, recitations, clinical teaching and practical exercises, distributed throughout the academic year. This year begins September 30, 1875, and ends on the last Wednesday in June, 1876; it is divided into two equal terms, with a recess of one week between them. Either of these two terms is more than equivalent to the former "Winter Session," as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order. In the subjects of anatomy, histology, chemistry, and pathological anatomy, laboratory work is largely substituted for, or added to, the usual methods of instruction.

Instead of the customary hasty oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of examinations on all the main subjects of medical instruction has been distributed through the whole three years; and every candidate for the degree must pass a satisfactory examination in every one of the principal departments of medical instruction during his period of study.

## DIVISION OF STUDIES.

For the First Year—Anatomy, Physiology and General Chemistry.

For the Second Year—Medical Chemistry, Materia Medica, Pathological Anatomy, Clinical Medicine, Surgery and Clinical Surgery.

For the Third Year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery and Clinical Surgery.

Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere, may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class, must pass an examination in the branches already pursued by the class to which they seek admission. Examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology and general Chemistry.

" " second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

" " third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, and Surgery.

Examinations are also held before the opening of the School, beginning September 27th. Students who do not intend to offer themselves for a degree will also be received at any part of the course, for one term or more. Any student may obtain, without an examination, a certificate of his period of connection with the school.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine, additional facilities for pursuing clinical, laboratory and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches:—Physiology, Medical Chemistry, Pathological Anatomy, Surgery, Auscultation, Percussion and Laryngoscopy, Ophthalmology, Otology, Hygiene, Dermatology, Syphilis, Psychological Medicine, Electro-therapeutics, Gynecology and Obstetrics.

Single branches may be pursued, and on payment of the full fee also the privilege of attending any of the other exercises of the Medical School, the use of its laboratories and library, and all other rights accorded by the University will be granted. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University, will be admitted to examination for this degree after a year's study in the Graduates' Course.

FEES.—For Matriculation, \$5; for the Year, \$200; for one Term alone, \$120; for Graduation, \$30; for Graduates Course, the fee for one year is \$200, for one Term, \$120; and for single courses such fees as are specified in the Catalogue. Payment in advance.

Members of any one department of Harvard University have a right to attend lectures and recitations in any other department without paying additional fees.

For further information, or Catalogue, address

DR. R. H. FITZ, Secretary, 108 Boylston Street, Boston, Mass.

\* In and after September, 1877, an examination on entrance will be required. For particulars see Catalogue.



SAVORY & MOORE, 143, New Bond Street, London, beg to call the attention of the Profession generally, to some of the later preparations brought out in England, the purity, and uniform strength of which can be guaranteed.

## GENUINE PANCREATIC EMULSION and PANCREATINE

The reputation of these preparations is now so thoroughly established, that they may be said to be the only remedies of the description recognized and prescribed by the leading members of the Medical Profession. No small portion of their popularity is to be ascribed to the fact, that they are palatable to the most fastidious, keep good in *all* climates, and are readily miscible in water, milk, &c. In all cases where Cod Liver Oil fails to afford relief, or cannot be retained by the stomach, Pancreatic Emulsion and Pancreatine are the *only remedies* to supply its place, increasing weight, and ensuring strength and appetite; whilst in many cases they prove a most valuable adjunct to the Oil, which they assist in digesting.



**PANCREATINE WINE.** A most pleasant vehicle for administering Cod Liver Oil, with which if shaken, it readily forms an Emulsion. This preparation when prescribed by itself will be found to be a powerful assistant to digestion, and as a remedy for this purpose is largely used in England.

**PANCREATISED COD LIVER OIL:** A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

**PEPTODYN, the New Digestive,** Digests all kinds of Food—the FARINACEOUS, FIBRINOUS, and OLEAGINOUS, (being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.)

Five grains of the Powder digests—100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch. As Supplied to the Royal Families of England and Russia.

**BEST FOOD FOR INFANTS,** Feeding Infants on the best, i. e. the most *nourishing* and *easily* digested Food, has recently occupied much of the attention of the Profession, and the fallacy and danger of employing Starch, in the form of Corn Flour and other *high-sounding* titles, has been repeatedly pointed out.

This Food resembles Mother's Milk more closely than any other kind, containing the highest amount of nourishment in the most digestible and convenient form.

**DATURA TATULA,** for Asthma and Chronic Bronchitis. Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, &c. Grown only by Savory and Moore, and prepared in all forms for smoking and inhalation.

Wholesale of Messrs LYMAN, CLARE & Co., and Retail of the Principal Druggists in the Dominion and America.

## Mineral Waters of Vals.

IN a general manner, the springs *Saint-Jean, Precieuse, Desiree, Rigolette, Magdeleine*, by their alkalinity, fluidify the liquids of the abdominal organs, and communicate to them a reparative impulse. They increase and facilitate the urinary secretion and cutaneous perspiration. They disaggregate the molecules which constitute, by their union, gravel or calculus of the kidneys or of the liver, and prevent nephritic or hepatic colics. They ward off gouty attacks, and lessen notably their violence; they prevent green sickness by restoring regular movements to the organs; they awaken vital motion, neutralise the acidities and dispel the heaviness of the stomach, prepare it for easy digestion, and give, in short, to the whole economy a comfort that one would vainly seek elsewhere.

### Natural Bitter Water of Friedrichshall.

"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."

JUSTUS VON LIEBIG.

**Vechy Water Company,**  
27 MARGARET ST., REGENT ST., LONDON.

Exportation of all French and German Waters, Wines, Brandies, etc.

## JOHN REYNDERS & CO.,

(Late of Otto & Reynders,)

No. 309 Fourth Avenue, New York,

(UNDER THE COLLEGE OF PHYSICIANS AND SURGEONS,)

Manufacturers and Importers of

**SURGICAL**

AND

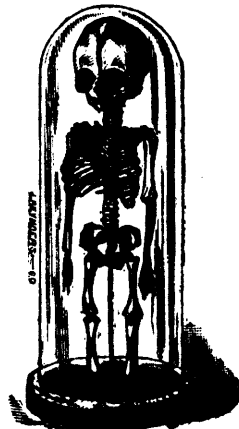
Orthopaedical Instruments,

**SKELETONS,**

AND

**ANATOMICAL**

**PREPARATIONS.**



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

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

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, MAR. 1ST, 1876. No. 7.

## Original Communications.

### RETROSPECT OF THE PAST YEAR.

BY J. A. GRANT, M.D., F.R.C.S., EDIN.

(President Bathurst and Rideau Medical Association.)

It is considered a good old custom to welcome the coming in and to speed the going out guest. Whilst the last days of the year just passed are devoted to feasting and gladness, the new year is as gladly welcomed as its more sacred predecessor. Each year that passes brings to light new facts, and new ideas in the now elaborate science of medicine, and certainly the record of the past year, speaks volumes for the working men of our noble profession. It is at this particular period of the year men are prone to turn their thoughts and reflections to what has transpired in their day, and compare notes with the experiences of others. The cause and character of disease are carefully examined into, and the bearings that such may have on after treatment, critically analyzed. Here Sanitary Science comes to our relief, and although "*Public Health*" is in some respects worn threadbare, still it offers many points of a scientific and practical character.

Are we in Canada making progress in our Sanitary measures? On the whole I think I can with safety answer in the affirmative, notwithstanding the fact that there is not, as there should be, one homogeneous Sanitary law for the whole Dominion. The recent legislation of the Province of Ontario points to a more exacting system, as to the principles of registration, the chief means by which we can arrive at correct conclusions as to a death rate. Such, however would be very much simplified by a Central Bureau of statistics. In our towns and cities, the death rate of children, is a hygienic barometer of the surrounding moral and

physical atmosphere, and in no part of Canada is a reduction in this order of death rate, more observable than in Ottawa city, since the introduction of pure water and improved drainage, which points very strongly to the fact, that the great secret of "Public Health" is cleanliness, in the widest and most comprehensive sense. Purity of air and cleanness of water must go hand in hand in the promotion of health, and it is satisfactory to know that the water supply of Ottawa city, is from a river pure and unadulterated, unlike the Thames which receives the filth of a million of people and furnishes supplies of drinking water. Within the last few years, no department of our profession has made greater strides than "Sanitary Science," and in this wide field of observation we now see daily the practical application of science, for the *protection* of health and life. Pursuing this important topic, the questions which most naturally arise are, what are the conditions which favor the outbreak and spread of epidemics. Do they depend upon conditions of the atmosphere at the time or pre-existing states of the atmosphere? Or, are the conditions that favor the outbreak of an epidemic the result of "*Certain states of health of the population*," brought about by either state of the air, and aided by other conditions. The precise origin of the various epidemics which attack children is still involved in considerable doubt, and no subject has been more warmly discussed respecting the etiology of these diseases, than the point, as to whether or not, such diseases can "*arise spontaneously*." The Medical Journals of England and America, have been considerably exercised, as to the precise origin of typhoid fever, and of the various theories, that of "*impure milk*" excited more than an ordinary degree of interest. All the facts bearing on this topic must be generalized and well considered, or a one sided view will be the result, as otherwise no correct estimate of epidemic or other influences can possibly be arrived at. By some members of our profession, "typhoid fever" is contagious, and being so cannot originate *de novo*. It has also been stated, that the admixture of decomposing animal excreta with ordinary drinking water will produce typhoid, although no particular typhoid excreta are present, and that even the inhalation of sewer gas, is sufficient to produce typhoid in a previously healthy individual. The whole subject of typhoid fever, as to its precise origin, cannot be definitely

settled, without more extended observation and a careful analysis of all the facts relating thereto. Practitioners in country districts, who have the opportunity of investigating the origin of single cases wide apart and of a generally isolated character, may thus throw fresh light on many obscure points as to the precise peculiarities of typhoid fever. In closely crowded cities, we have not such opportunities of enquiring into isolated cases, and when diseases of diversified characters are closely approximated, the question of specific identity, becomes a difficult physiological and pathological problem. Certainly since the introduction of fresh water by the water works system of Ottawa city, a most remarkable subsidence has taken place, in typhoid symptoms generally. For a period of fully fifteen years, the fever observed here, has been of a typhoid character, and in Lower Town it was chiefly tracked on either side of the stream, known as the By-Wash, a receptacle for the filth and impurity of the surrounding neighborhood. Since the introduction of the main sewer, which occupies the site of the By-wash, all fever has greatly subsided, and even measles and scarlet-fever cases, in this section are of a much modified character. At no period during almost a quarter of a century have I been more thoroughly convinced of the vast importance of fresh water, as the great adjuvant towards the promotion of health, and the arrest of those noxious influences which add greatly to the *death rate* of some of our chief cities.

I am disposed to accept the "specific theory" as to the origin of typhoid fever, as in other diseases of a contagious character, each having its own specific cause, which cause will only produce its own specific influence. Typhoid fever is not anything like as contagious as smallpox or scarlet-fever. I have seen a whole family, with one exception, escape its entire influence, sufficient care being taken, as to the excreta, and the purity of the atmosphere. I have found the safest plan as to the excreta, to cover such with dry earth immediately. In families where several such cases have sprung up, the cause was traced to want of proper care in these respects. Doubtless, typhoid fever has a limited power of propagating itself, and those in attendance may escape if the poisoned air be not long breathed, or typhoid material taken into the system through the fluids used for drinking purposes.

Cases are on record where typhoid fever has occurred not traceable to exposure to excreta from the patient, hence arises the idea that typhoid may spring from the mixture of sewage, not typhoid, with drinking water. Here the observation of country friends in the profession will undoubtedly be of great service as helping to elucidate a question now calling forth considerable discussion. In Nov. '74 Professor Tyndall reviewed the work of Dr. Budd of Clifton, and became possessed of the idea that at least, a portion of our profession held that typhoid was invariably propagated by direct or indirect contagion. In the particular instance adverted to, the fever was doubtless spread by more or less contagion. There are many instances however, where contagion will not solve the problem. The experiments on "air-borne germs" with electric light and cotton wool, although they have not cleared up the point at issue, have forcibly drawn public attention to the vast importance of disinfection. In examining this subject carefully, the conclusions now accepted are that in a number of cases, typhoid is undoubtedly propagated by typhoid material (such as it is) but not many would positively state that it was absolutely impossible for enteric fever to be generated *de novo*. Passing from the particular domain of medicine, and having touched upon the latent causes of disease, I shall now briefly direct attention to a subject nearly allied in the department of "Surgery," viz: the Antiseptic System of Professor Lister. I must confess I was most favourably impressed after having seen Lister himself operate and dress the wounds in his own peculiar way. Cleanliness is his motto, and combined with great operative dexterity and most careful antiseptic manipulation, the results were of the most conclusive and satisfactory character. This antiseptic treatment is based upon the supposition that there exist in the atmosphere numberless minute germs, which coming in contact with a cut surface, result in the formation of pus. The theory of Pasteur, as to the formation of bacterial and allied organisms is somewhat analogous. Mr. Lister adheres firmly to the presence of these germs in the air, and considers that in order to be successful in carrying into active operation the antiseptic treatment, the germ idea must be implicitly relied upon. This treatment, to be successful, must not only exclude thoroughly septic germs, from the wounded sur-

faces, but at the same time destroy all germs which may have gained admission. To accomplish this, Mr. Lister has recently invented a "steam spray producer," heated by ordinary gas, from the jet of which apparatus is thrown off a constant cloud of spray, directed on the parts, during the operation and the entire time occupied in applying the various layers of carbolic dressing. To a wound the first application (when the part has been carefully sponged with a carbolic solution) is a piece of specially prepared oil silk, by saturation in a 1 to 40 lotion. This is termed "Lister's Protective." Next is applied 7 or 8 layers of antiseptic gauze. Between the outer two layers of gauze, is placed a piece of impermeable "Macintosh cloth," also saturated in a 1 to 40 carbolic solution. The gauze and Macintosh must well overlap the protective. The object of the Macintosh is to prevent the discharge coming directly through the gauze to the outer air, by which means the thoroughly antiseptic power of the carbolic acid would be destroyed, and free admission given to "septic germs," thus rendering incomplete the great object of antiseptic treatment. The dressing being carefully held in situ by an assistant, a gauze bandage is applied and fixed by safety pins, above the Macintosh. At first the dressings are removed each day and the spray carefully applied from the first to the last of the dressing process, the spray mixture having a strength of 1 to 40. As the discharge lessens, the dressings are only changed every few days, as necessity requires. In Guy's Hospital, London, I have seen several cases of excised knee joint treated most successfully on this principle, which is now gaining ground, as well in Europe, as in Great Britain. Since the introduction of Prof. Lister's system into the Edinburgh Infirmary, there has been almost, an entire absence of pyæmia, and alike satisfactory results have been experienced in various other hospitals. In compound fractures this treatment has been found most valuable but not alone in this particular, as the influence of carbolic acid, has already been experienced, in very many departments of operative surgery on both sides of the Atlantic.

The "antiseptic treatment," has its friends and its enemies. This, however, is not in any way peculiar. In every department of science there is diversity of opinion, and such becomes almost necessary, in order to sift truth from error, the

most powerful lever being time and experience. The great source of objection is against the idea that our atmosphere is impregnated with numerous living germs, carrying death and destruction in their path. Dr. Dougall, of Glasgow, has recently pointed out that a solution of carbolic acid, such as is used for germ killing purposes, does not destroy "bacteriæ," but rather preserves their vitality and promotes their reproduction.

Such statements are somewhat remarkable, and worthy of careful consideration, in order to accurately define the precise power of cleanliness, compression, temperature, and free drainage, irrespective of antiseptic influences, in the method of dressing. The striking results of Professor Lister, have already convinced many doubting surgeons, and certainly this advance in the *great healing art*, rests on the genius, talent and originality, of one of the master minds in the "Athens of Scotland."

The researches of Professor Heiberg, of Christiania, have thrown much light on the subject of decomposition, and particularly with reference to minute organisms, classed under the term "Bacteria." It is considered that an ordinary "cancer cell" is capable of containing quite a considerable number of darkish globular granules, now determined as special forms and having active powers of infection. Here he has observed the staff-shaped bacteriæ, with their undulating mode of progression, the spirill spinille with rapid axial rotation, also the very diminutive globular micrococci. The particular attention of pathologists, is now being carefully directed to two forms especially, micrococcus diphtheriticus and micrococcus vacciniæ, in order to determine their specific characters and bearings upon the structural changes observable in *puerperal disease*. The diameter of a micrococcus, is not equal to the staff-shaped bacteria; and when we consider that several bacteriæ can without difficulty, follow a blood cell in its capillary course, an idea is at once conveyed, how an accumulation of these particular microscopic forms, minute as they are, might seriously interrupt many of the physiological processes of the system. Bacteriæ, as colonies, have been demonstrated in the lymph canals of the serous membrane of the liver, also in the lymph vessels of the pleura; in the arteries and tubes of the kidney, also in the nasal mucous

membrane, and even in the cardiac valves. Professor Winge first pointed out the existence of micrococci in the pathological changes noticed in the lining membrane of the heart. Professor Virchow first demonstrated a peculiar structural change in the endocardium in cases of puerperal fever, somewhat of a diphtheritic character. Virchow and Heiberg are now of opinion, that these forms are parasites *and* intimately connected with diphtheria and blood infection. These important microscopic investigations tend to throw fresh light on previously obscure diseased action from all of which we would infer that too much care cannot be taken, particularly in puerperal fever, in order to avoid the possibility of infection. Further investigation on the subject of these minute forms, will doubtless add fresh knowledge to what has already been defined, with reference to epidemic influences. In the department of medicine, the past year has certainly developed a marked increase in the application of hypodermic medication, the most remarkable results being from the injection of quinine in intermittent fever, ergotin in hemorrhage, morphia in various painful conditions of the system, and hydrate of chloral in puerperal convulsions! Next in importance as a medico-surgical appliance, is the Aspirator. Not only have the chief cavities of the body been relieved of their abnormal contents, but in hernia, tympanitis, and retention of urine, it has been applied most successfully. Next to relief in the treatment of diseases, come complete cure and entire restoration of health. In the use of the aspirator, its curative powers will depend greatly on the character of the disease, which promotes abnormality, therefore, it must only be considered as one of the means towards bringing about a normal state of affairs. In therapeutics, we must acknowledge this is an age of *combination* and *variation*, and if the idea is true, that *compounds* are more valuable as remedial agents, than *simples*, then the arrest of disease and the curative powers of medicine should be nearer the point of certainty. In the chief hospitals of the United States the most popular combinations are, the Elixir of the phosphate of iron, quinine and strychnine; Elixir of pepsine, bismuth and strychnine, and the elixir of the Valerianate of ammonia; and I can so far speak favorably of these preparations, particularly in functional derangements of the nervous and di-

gestive systems. Mono-bromide of camphor, as a sedative in insomnia; jaborandi, an herb from Brazil, said to be a powerful sudorific, and the elixir of Paullinia, a nervine tonic, are pronounced as valuable remedial agents. As at the next meeting of this division a full report may be made on the recent additions to materia medica, I shall conclude by thanking the members of the Rideau and Bathurst District, for the honor conferred while I was in Europe, of re-election to so important a position in the medical profession.

#### CASES, ILLUSTRATING LISTER'S ANTI-SEPTIC TREATMENT IN SURGERY.

BY A. H. CHANDLER, M.D., DORCHESTER, N. B.

CASE I., Aug. 5th.—W.F. æt 19 years, while ripping up a deal plank, in a "circular," had his right hand drawn rapidly under the saw, cutting through the metacarpo-phalangeal articulations, tearing off much of the flesh of the index, middle, and ring fingers, including the little finger, which was twisted backwards hanging by a mere shred of integument. The flexor tendons of the fingers were completely laid bare; the whole hand, from the base of the palm, presenting the appearance of a shapeless ragged mass.

The patient suffered intense pain of that peculiar pungent nature incident to fresh wounds. In order to mould the fingers into anything like proper shape, small narrow-strips of lint were bandaged from the tips upwards, well saturated in carbolic acid and linseed oil, 1 to 5; a ball of cotton wool and lint were placed (well saturated also,) in the palm, and over all, the "carbolic acid-paste," made according to Professor Lister's directions, by mixing the carbolic-oil, of the above strength with common whitening into a paste. The latter was spread upon lint, and covered with tin foil, a large sheet of which enveloped the whole hand. Patient visited daily; each morning the foil was carefully lifted up, and the mixture poured freely in.

Aug. 9th.—Patient doing well, paste applied for the third time, hand and arm swollen considerably.

Aug. 12th—Renewed the *inner* dressing for the first time; no trace of pus; wounds granulating rapidly; some of the tendons yet exposed, and not covered in; no appearance of inflammatory action, and œdema of the hand rapidly subsiding.

Aug. 17th.—Dispensed with the "paste," using a weaker solution of the carbolic acid; no trace of suppuration. Aug. 26th.—Three weeks after the accident; parts thoroughly healed; passive motion daily enjoined. In the course of three weeks further from this date, all stiffness had disappeared, and the movements of the fingers, (without any contraction,) were free and easy.

CASE II.—H. MCK., æt, 32 years, shoemaker, while cutting leather in a splitting machine, had the fingers of the left hand (extended at the time flat-wise) drawn under the blades, splitting all, with the exception of the thumb, from the tips down into the first phalanges. The parts presented a strange appearance with the eight halves separated, and widely gaping; the division being to every appearance exactly in the centre, through and through. The fingers were carefully bandaged, (previously pouring the acid-oil over them 1 to 6) from the tips upward, closely and firmly, enveloped in carbolic acid-paste, tin-foil, etc., the hand being semi-flexed. On the following day the hand looked well. The dressing was undisturbed except to pour in the oil under the lint each morning. Dressing removed on the seventh day, when the parts were well and firmly healed. There was no trace of pus, nor pain from the first day of dressing.

The following two cases of injury of the whole hand, are given more in detail, on account of the greater severity and extent of the wounds.

CASE III.—A Hicks, March 2nd, 1874, while assisting others in the repair of a bridge, two large sticks of timber, weighing in the aggregate about three tons, fell heavily on his right hand, crushing bones, muscles, etc., into a pulpy mass, with comminuted fracture of metacarpals and phalanges. The violence of the blow forced out the thumb from its articulation with the trapezium, and turned it directly back upon the dorsum of the hand, while a sharp splinter from one of the sticks, tore through the wrist joint, exposing the radio-carpal articulation, and radial artery for a distance of three inches upward, from the joint. The whole hand was crushed, lacerated, and swollen, and very blue and cold. After replacing the thumb in position, and applying two sutures as best I could, the parts were enveloped in lint, saturated with carbolic oil, previously poured freely in the wounds, and over all, the "paste" and "foil." March 3rd.—Arms and tips of fingers so far as I could examine the latter, quite cold. A

great deal of bloody serum escaping from under the dressings, and parts much swollen, up to the elbow. To use the oil over everything freely, and without stint, enveloping the other dressings in cotton wool, and placing the arm in a splint well padded with wool. Ordered stimulants, beef tea, and quinine. The feet to be kept constantly before the hearth, and room very warm, but well ventilated. March 4th.—Arm warmer, and the patient feels better in every way; renew "paste" daily. March 6th.—Swelling of fore-arm subsiding gradually; under dressing still undisturbed, which encases the hand somewhat firmly. To continue stimulants, beef tea, quinine, etc., March 10th.—Removed inner dressing for the first time; sutures lying quite loose, but no trace of pus around them. On taking them out, bandages were applied around the hand, wrist, and thumb with moderate firmness in order to keep the parts in apposition. The inner side of the dorsum of the hand feels cold, looks very blue, and apparently mortified. On introducing a fine needle however, blood followed; and, it was quite evident as well as interesting, to note that the apparently dead tissue was taking on organization (a feature particularly dwelt upon by Professor Lister, in some of his cases), without any sloughing process accompanying. Tips of the fingers still rather cold, but looking more natural. March, 17th.—Granulation still going on, without suppuration; swelling of the hand rapidly subsiding. From this date passive motion was kept up daily in the fingers and wrist-joint. In the course of two months, flexion and extension were fairly good, but upwards of six months elapsed before he fully recovered the use of the member, which when last seen, was, as patient said, "as strong as ever," without any deformity.

CASE IV.—H. C., æt 21 years. On the night of Aug. 10th, 1875, while taking part in the celebration of a "charivari," in honor of a newly married couple, an old musket, overloaded with powder, and wet wadding, exploded in his left hand, splitting open the palm, through and through, nearly up to radio-carpal articulation, and blowing out the metacarpal phalangeal articulations of the index, and middle fingers. On removal of the blood soaked dressings, a large, irregular, ragged wound presented itself, clotted, swollen, and cold. The patient was brought in at 9 p. m, nearly two hours after the accident, (three miles from the scene,) helpless, and fainting. Gave brandy and opium freely; did not

disturb any of the clots, fearing a renewal of the hæmorrhage. The parts were so swollen and ragged, that I made no attempt to introduce a stitch; but after pouring about two ounces of carbolic-oil, (1 to 5,) over the whole hand, enveloped all as quickly as possible, in lint saturated with the same; and outside of this, the "carbolic-paste" and "tin-foil," previously placing the parts in firm apposition, with thin strips of calico saturated, and bandaged carefully over the palm, and around wrist joint. August, 11th.—Doing well, pulse 100, but steady; had a somewhat restless night, with a deep-seated pain in the hand and arm, which is now passing off. Tips of the fingers very cold, no feeling to the touch. Diet; beef tea, chicken broth, and milk. August, 12th.—Reapplied the paste for the third time, without of course disturbing the other dressings, from which still exudes, daily, a large quantity of thin blood stained discharge. The tips of the fingers, so far as I can examine them, still cold. The carbolic oil used freely, the lint dressing enveloping part of the fore arm, which is laid on a well padded splint in a position, between pronation and supination.

Aug. 18th.—To day, under guard of carbolic oil used copiously, the inner dressings, which had become caked into a hard solid mass, were removed with no little difficulty by means of a scalpel, director, and stout scissors. No trace of pus around the wound; the index and middle fingers lie somewhat loose and crooked, but with a feeling as if false joints were forming. After carefully adjusting the under guard of oil in proper position, a fresh pad was placed in the palm, and the whole enveloped in fresh dressing, well saturated with carbolized oil of the strength of 1 to 10. I may here observe an interesting feature in the case. It seemed, from the first, doubtful if circulation through the index finger, could possibly be restored, so much of its first phalanx and surrounding tissue was injured. It remained very pallid and cold, for a long time, (so far as it could be examined without disturbing the dressings); and, on introducing the point of a needle from time to time, there was no sensation,—complete anæsthesia; but this morning, the pricking was sensibly felt, and followed, to my great surprise and delight, by a drop of bright fresh blood. My object in reducing the strength of the acid was simply this. I have found from experience a slight caustic action

in continuing the stronger solution, after granulation sets well in; and that the weaker solution answers every purpose, with the same immunity, it would seem, from the formation of pus.

Aug. 25.—The parts are now granulating and closing in rapidly, and the patient only comes twice a week to have the hand dressed and examined, his sister, an intelligent nurse, attending to him daily, and applying the "lotion," "paste," &c.

September 5th.—Was urgently summoned this morning, to visit my patient at his own home. A grave complication had suddenly set in, preceded by rigor, sweating, and a good deal of restlessness and irritative fever. On arrival he seemed very nervous and worried. There was swelling of the back of the hand, and the wrist joint, which had increased since early morning, with red streaks extending upwards from the dorsum of the thumb, nearly to the elbow joint, which latter was reddish and puffy. The granulations were pale, swollen, and looked as if covered with little bleb-like transparent cysts, which indeed was the case, and in places exuded a thin ichorous discharge of a dirty yellow tinge. The patient was at once placed under quinine, and one ounce of brandy every two hours, with beef tea, and egg mixture, at regular intervals, night and day.

On enquiry I found that he had neglected his dressings, and had been foolishly assisting in tramping down some hay in a loft, which, of course, disturbed the wound, and threw him into a violent perspiration.

Sept. 6th.—This morning pyæmic symptoms more developed, with increasing rigors, and threatening formation of abscesses in the wrist and elbow joints. Same treatment continued; fore-arm brushed over twice daily, with strong tinct. ferri.

Sept. 8.—This morning I detected deep seated fluctuation at the base of the metacarpal bone of the thumb. Made a deep incision forcing a director, dipped in carbolic oil, down into the back of the wrist. A counter incision was carefully made upon the point of the director, when matter escaped freely by both openings. A tent was now introduced into each, saturated in strong carbolic oil, 1 to 6, to be repeated twice daily.

Sept. 9th.—Elbow joint very puffy and red, but can detect no fluctuation. The following was now prescribed in addition to the other treatment. Potass bicarb. x grs.; ammonia carb. v grs.;

acid carbolic 1 gr; every two hours, night and day with an increase of brandy to 24 ozs, daily.

Sept. 10th.—Made another counter opening in the palm, through the freshly granulated parts, and introduced a drainage tube, extemporized from a piece of old rubber catheter. Washed out the joint from the back of the wrist, with carbolic acid lotion, 1 to 30 parts water, which with considerable pus escaped from the openings.

Sept. 12th.—Puffiness and redness disappearing from the elbow joint; wrist improving; continue alkalies and carbolic acid internally, but in less frequent doses. Inject and wash out the joint every morning.

Sept. 13th.—Closed the opening in the back of the wrist, and shortened the drainage tube; discontinued alkalies etc., and ordered 30 drops tinct. iron three times a day. Brandy 10 oz daily, beef tea and egg mixture, *ad libitum*.

Sept. 15th.—Allowed all openings to close except the one in the palm, which was injected to-day for the last time. Dressing with lint saturated in carbolic oil, 1 to ten, to be continued.

Sept. 20th.—Removed the drainage tube; parts closing in rapidly; passive motion enjoined daily. The index finger is a little crooked, but grasping power of the thumb is good.

Oct. 5th.—Two months after the accident; hand a little stiff, but flexion and extension improving daily, will have a useful hand.

Can now (February) do any out-door work, and there is very slight deformity of the hand.

### ON SOME PRACTICAL POINTS IN THE MANAGEMENT OF DISEASE OF THE EYE COMMONLY MET WITH BY THE GENERAL PRACTITIONER.\*

BY A. M. ROSEBRUGH, M.D., SURGEON TO THE TORONTO EYE AND EAR INFIRMARY.

*III. Herpes or Phlyctenular Ophthalmia.*—During the last fifteen years, fully 1,000 cases of phlyctenular ophthalmia have been either directly or indirectly under my treatment, and as the results, upon the whole, have been most satisfactory, I trust that an outline of the treatment pursued will prove interesting and suggestive, both to the specialist and to the General Practitioner.

The frequency with which these cases occur in

practice may be inferred from the fact that at the Toronto Eye and Ear Infirmary, out of a total of 1957 eye-cases, the large number of 315, or over 16 per cent., were cases of herpes or phlyctenular inflammation of the conjunctiva or cornea. Among children this percentage of herpes or phlyctenular disease is much higher; of all the children in attendance at the Infirmary for eye-disease, probably not much less than 25 per cent. were suffering from some form of phlyctenular ophthalmia.

This disease has been called pustular and scrofulous ophthalmia. The prominent symptoms are photophobia and lachrymation; the former is frequently excessive, and the latter is usually profuse. In children there is also in many cases excoriation or eczema of the integument of the lower eyelid and face and the nasal mucous membrane is frequently affected also. In regard to this symptom photophobia, my experience is that it is associated almost exclusively with irritation of the conjunctiva or cornea, and never with disease of the retina or choroid. I make this remark in passing, as I not infrequently hear a contra opinion expressed by some of our best physicians. Photophobia and lachrymation may be caused by irritation arising from mechanical and chemical injuries or by the presence of inverted ciliae or other foreign bodies; but in all other cases I find these symptoms to be caused almost exclusively by phlyctenular disease.

In the general treatment of phlyctenular ophthalmia, it is not necessary at the outset to make any distinction between phlyctenular conjunctivitis and phlyctenular keratitis. The indication is the same, namely to allay local irritation and to build up the constitution. Phlyctenular keratitis is of course the more serious form of the disease, both on account of the tendency to deep ulceration of the cornea, and also on account of the tendency of the iris to become involved. Phlyctenules on the cornea will result in opacities more or less dense according to the depth of the ulceration; and inflammation of the iris may result in occlusion of the pupil.

In treating children with phlyctenular disease, it is frequently necessary at the outset to administer chloroform. While under its influence the eyes of the patient can be thoroughly examined and the local remedy efficiently applied; and moreover the spasm of the orbicularis (blepharospasm) and

\* Prepared for, and Sections I and II. read before the Canadian Medical Association at Halifax, Aug. 4th, 1875.



the photophobia are frequently decidedly diminished after the administration of the anæsthetic.

The best local treatment in the case of young children, undoubtedly is to keep the eye constantly under the influence of atropine. The 4-grain solution is applied twice a day, the eye being first dried to prevent too great a dilution by the excessive lachrymation. Excoriation of the integument of the eyelids and cheek can be prevented to a great extent by absorbing the excessive watery discharge from the eyes with pads of lint bandaged over the eye-balls. Bandaging however should be resorted to in those cases only where the lachrymation is unusually excessive, and should be abandoned as soon as practicable, as the photophobia does not diminish while the eyes are kept secluded from the light. Any accompanying eczema or ulceration of the nasal mucous membrane may be treated with the local application of the nitrate of mercury ointment, or the plasma of the red oxide. Children under 5 years of age should be put on a milk diet combined either with stale bread or well cooked oatmeal porridge. The less the deviation from this wholesome diet the better; if the milk is rich in cream the administration of cod-liver oil is rendered less necessary. A tonic course of treatment is invariably indicated, and there is probably no preparation better adapted to these little ones than that of the syrup of the iodide of iron. The children's sleeping apartments and playrooms should be made as healthy as possible; and when the weather is favorable, they should be properly clad and taken into the open air. As soon as practicable the eyes should be exposed to the light; they become stronger the more they are used.

In phlyctenular, as well as in interstitial inflammation of the cornea, the iris, in some cases, takes on an insidious form of inflammation, which is too frequently overlooked but which should be anticipated by appropriate treatment. In the local treatment of phlyctenular ophthalmia the solution of atropine, applied two or three times a day, will allay the irritation of the conjunctival and corneal nerves, and, when the iris is not involved, keep the pupil dilated also, but in cases where we are unable to explore the condition of the iris, the midriatic should be applied more frequently, and in cases where we discover any irregularity in the shape of the pupil,

the 4-grain solution of the neutral sulphate should be applied 6 or 8 times a day, until the pupil becomes widely dilated and free from adhesions. Of course in case of very young children, the solution cannot be applied so frequently on account of its toxic effect.\*

While writing the above a little girl is brought to me from the vicinity of Montreal, on the recommendation of a prominent physician of that city, (to whom she had been referred by the family physician). She has recovered from an attack of phlyctenular keratitis, but an accompanying iritis had evidently been overlooked, and plastic effusion had tied the pupil down, behind a leucomatous central opacity of the cornea. Had atropine, instead of nitrate of silver been used locally, adhesions of the iris would have been prevented, and perhaps the phlyctenular disease averted, before ulceration of the cornea had taken place.

In adults, the photophobia is seldom excessive, and in mild cases it is entirely absent. It is this milder form of herpes or phlyctenular inflammation that is the great stumbling block to many general practitioners. Phlyctenular conjunctivitis is sometimes mistaken for that most rare disease *sclerolitis*, and the patient put on iodide of potassium and colchicum. It is treated, by some, for catarrhal conjunctivitis, and by others for what they are pleased to call "chronic ophthalmia." I have frequently seen cases of *recognised* phlyctenular keratitis under the influence of mercury; the physician evidently believing such a course of treatment as appropriate and necessary for opacity of the cornea as for plastic effusion in the iris. Unfortunately, this treatment not only is not indicated, but it depresses and perhaps permanently injures a constitution that pre-eminently requires invigorating.

In the local treatment, in adults, of phlyctenular inflammation, either of the conjunctiva or cornea, the plasma of the red oxide of mercury may truly be said to be a specific. I have used this remedy for nearly fifteen years, during which time probably not less than one thousand cases of phlyctenular disease have been under my observation, and I do not remember a single case that did not readily yield to this local treatment; and I can not now

\*The neutral sulphate of atropine is soluble without the addition of acid and the solution does not irritate the eye. No alcohol should be added.

recall more than four cases where a relapse occurred during the treatment. In one case the relapse followed the operation of canthoplasty, and in another,—iridectomy; the other cases were infirm patients. In ordinary cases the treatment does not usually last more than three or four weeks; in slight cases not more than one or two weeks. Except in these cases of relapse, the worst cases are usually cured in six or eight weeks. Even in cases complicated with "granular lids" the treatment does not usually extend beyond two months. After the patient is discharged, he is directed to continue the use of the red oxide for two or three weeks longer.\* In cases where the photophobia is excessive, the atropine solution is applied two or three times a day, and in cases where the ulcers of the cornea are not healing, and especially where they show a tendency to penetrate, the eye-balls are bathed in hot water two or three times a day. The eyes are bathed for fifteen minutes at a time, with water as hot as can be borne. This is a most valuable remedy, and in the only case of phlyctenular keratitis in which I gave it an exclusive trial, a cure was effected in three weeks. The mercurial plasma is applied twice a day as follows. Instead of applying it simply behind the lower eye-lid as is done by some practitioners, the eye-lashes of the upper eye-lid are held by the thumb and finger of the left hand and the eye-lid drawn forward. A small quantity of the plasma is now pushed up behind the lid with a camel's hair brush held in the right hand. Before the brush is withdrawn the lid is pressed down so as to retain the plasma; and on the removal of the brush, the oxide is well diffused through the eye by rubbing the eye-lid to and fro over the eye-ball. The treatment in any case, should be commenced with the least quantity that will adhere to the end of the brush, and the quantity increased according as it will be tolerated. In cases of ulceration where the patient can keep the eye steady, I apply the plasma directly to the affected part, and allow it to remain a few seconds, or so long as the eye can be kept open. Where the case is complicated with "granular lids," the oxide is applied to the everted palpebral conjunc-

tiva and allowed to remain about half a minute before the lid is closed.

The strength that I usually use is one grain to the drachm, but in some cases where the patient has been under the treatment for several weeks, I find that a preparation of double that strength or two grains to the drachm is frequently well borne and the case progresses all the faster.\*

In regard to the remedy itself, I prefer the plasma of glycerine and starch to the ointment. It does not become rancid, and being soluble in the lachrymal secretion it is more readily diffused over the conjunctival surface.

I am aware that others, including some of my own professional friends, who, apparently, have given the plasma of the red oxide a fair trial, are not able to report the same satisfactory results. This want of success, can be explained partly by the fact of the notorious want of care in its preparation, and partly from want of faith in its efficacy. There are cases, where at the outset, the eye is rendered more irritable by the treatment, and where it would seem to be contra-indicated, and where a strong faith in its ultimate efficacy is necessary in order, perseveringly to carry out the treatment; and, moreover, it is possible that these cases of phlyctenular disease, as well as those of "Granular lids" respond to treatment more readily in Western Canada than elsewhere.

I know that in the city of New York, in the treatment of phlyctenular keratitis, relapses occur in a large percentage of the cases, and that the operation of canthoplasty is frequently performed to prevent this. I have been obliged in some infirm patients, to resort to this procedure, and with benefit; but I have never had occasion to perform the operation in a single case in private practice; and I am of the opinion that this procedure will be less frequently indicated as the merits of the treatment with the oxide of mercury become better appreciated.

\* After applying the stronger preparation, however, the eye should be examined in about ten minutes, and any particles of the oxide lodged on the palpebral conjuncture removed, otherwise ulceration of the membrane may occur. The formula for the Plasma of the Red Oxide of Mercury was given in the January No of the "Lancet."

SMALL-POX IN BROOKLYN.—The Brooklyn Board of Health has considered it necessary to divide the city into small-pox districts, over which a physician is to be placed, whose duty it is to arrest and prevent the spread of the disease by every means in his power. Dr. D. H. Cronin is chief of the staff.

\* The red oxide is also used in the case of children when there are leucomatous opacities remaining on the cornea after the diminution or disappearance of the photophobia. These opacities, if not the result of deep ulcers, will, in most cases, completely disappear, if, after the subsidence of the phlyctenular inflammation, the case be followed up perseveringly with the semi-daily use of this remedy.

## AMPUTATION THROUGH THE ELBOW JOINT.

BY V. A. BROWN, M.B., L.R.C.S. ENG., LONDON ONT.

The subject of the following case, a gardener æt. 56, living near the city, while out shooting with two boys, was accidentally shot by one of them. He received the charge of the gun (duck-shot) three inches below the left elbow on the outside of the forearm, passing downwards, and destroying every tissue in its course, hard and soft and finally lodged under the skin on the inner side and front of the forearm, three inches above the wrist joint. He was immediately conveyed to his home two miles distant, and I was sent for. I found him very weak and cold; he had lost a great deal of blood. An examination left no other conclusion but amputation. The question was, at what point it should take place—at the elbow joint, or immediately above it. The man begged for the former, as he wanted as much length of arm as possible. Finding that there was a sufficiency of healthy parts left between the joint and the upper edge of the wound to form good flaps, I acceded to his request, particularly as I had never seen the operation and was anxious to note its results. Dr. Harper, of this city, who assisted me, being of the same opinion, I performed the operation in the following manner.

The forearm was first placed in a flexed position, and the head of the radius *clearly ascertained*; this is an important point. An incision of an elliptical shape, convexity downwards, was then made with a common scalpel, commencing at this point and terminating a little below the inner condyle of the humerus; this was carried to the bone, the flap was then carefully dissected up, as far as the base of the olecranon process, about two inches; the head of the radius was by this means readily made out; the point of a long catlin was now inserted immediately in front of it, and pushed through in front of the joint, until it emerged at the termination of the first line of incision, viz., at the inner condyle of the humerus. The knife was then carried down for some distance along the front of the radius and ulna, and as close to them as possible, with a view of forming as thick a flap as could be got; finally it was inclined to the surface so as to leave a flap of fully, three inches in

length. This was then turned up, when the external lateral ligament was easily discovered; it was severed, and the head of the radius was next with facility turned out. All muscular tissue was then dissected from the upper surface of the ulna, and this bone was sawed through two-and-a-half inches below the olecranon. A few deep muscular attachments between the radius and ulna were then divided and the operation was completed. Four arteries were ligatured; the wound was left open, according to usual plan, one hour, when the flaps were brought together by means of Prof. Lister's catgut suture, (a great improvement on the silver wire); folded pads of lint well saturated in carbolic oil, 1 to 16, were then laid over the line of incision and the whole lightly bandaged.

It is unnecessary to mention the from day to day changes. At the end of the sixth there was evident fluctuation over the olecranon; a timely free incision was made into it, and a free copious discharge of thick pus produced. This continued more or less for three weeks, when it gradually ceased; the line of incision then by degrees closed up, being finally healed up in seven weeks from the day of the operation.

This amputation is, comparatively speaking, one which is not often performed. Although it is not right to fortify a principle by conclusions drawn from one case, still from the extreme satisfaction which I have derived from this one, I will venture to prophesy that he who tries it once will certainly do so again. Bryant, in his excellent manual, speaks in the most glowing terms of it. He calls it a capital operation, which ought to be performed far oftener than it has been. He has performed it four times, and will always do it again when possible. Like Syme's amputation at the ankle joint, to which it is somewhat analogous, it is followed by less constitutional disturbance, and less fatal results than in all other joint operations. Its statistics during the Crimean, American, and Franco-Prussian wars all testify to this.

The most common and likely error to be committed in its performance is in commencing and terminating the incisions too high up, viz., opposite the condyles and not opposite the joint, which is lower down; the consequence of which is that the operator finds himself searching for the joint opposite the condyles and not opposite the joint. If however, he first fairly and clearly makes out, as I

did in this instance, the head of the radius, which is almost in a line with the joint, he cannot possibly make a mistake. In making the anterior flaps it is necessary that particular care should be taken, that it should not be less than three or four inches in length, and that it should include all the tissues down to the bone.

Some think that it is immaterial whether the olecranon process of the ulna is removed or not; but judging from the great use and consequent comfort it is to this man, I should say that it should be always, if possible left. I saw this man a few days ago; he was shovelling at the time, apparently using his shovel as if nothing had ever happened to him, and on questioning him on this point, he replied that he would not for a thousand dollars I had removed it, he finds it so useful.

**Correspondence.**

**DIPHTHERIA PROVING FATAL IN FOURTEEN DAYS AFTER APPARENT CONVALESCENCE.**

To the Editor of the CANADA LANCET.

SIR,—The following case may be of interest to the readers of the LANCET. I was called at night Dec. 23, 1875, to see J. D., æt 10 years, who had diphtheria. The disease set in with a febrile attack which lasted forty-eight hours, with hot skin and rapid pulse—120; soreness of throat and stiffness of the neck. The throat, on inspection, showed a greenish colored patch on the left tonsil, about the size of a ten cent piece, also a small one on the right tonsil, and another on the back of the pharynx. A physician had been called in the afternoon of the 22nd. He pronounced it remittent fever, and left a saline mixture, but had not examined the throat. The next day I saw the case in consultation with Dr. O'Neil of Hamilton, who agreed with me in the diagnosis, and recommended a warm bath, with good effect in lowering the temperature. The exudation had extended over the tonsils apparently filling up the whole pharynx, and upon the uvula, but had not extended forward upon the inside of the cheeks, nor into the posterior nares; it had an angry red margin. After removing the exudation with the forceps, it was readily reproduced. I gave him the following gargle:—

- R Tr. Ferri Perchlor.....ʒiiss
- Acid Hydrochlor.....ʒi.
- Pot. Chlor.....ʒij.
- Aquæ ad.....ʒviiij—M.

This to be used as a gargle; also a teaspoonful to be taken every four hours. Diet to consist of beef tea, egg and brandy, every four hours; pulse 100. Dec. 25.—Symptoms about the same; urine free from albumen; pulse 80, does not care to take food; to continue the treatment. Dec. 26.—Improving; pulse 80, and getting weak, but does not complain of weakness; giving quinine in combination with pot. chlor., and the beef tea and egg and brandy every third hour.

Dec. 27.—Still improving; throat almost clear, but looks red; has no difficulty in swallowing, and voice is not affected. Have considerable difficulty in getting him to take nourishment; bowels somewhat loose, but does not complain of weakness.

Dec. 28.—Child has been up and out of doors; throat clear; pale and anemic; still unwilling to take either the beef tea or brandy; left instructions to continue the medicine, beef tea, egg and brandy; gave up attending.

Jan. 7, 1876.—Was sent for but was out, and when I got home at night, word was brought that the child was dead. The mother was affected afterwards but has recovered; also the sister, but in both cases the exudations were very slight.

S. S. MURRAY, M.D.

Freelton, Jan. 20, 1876.

**ACCIDENTAL HEMORRHAGE—SUDDEN DEATH.**

To the Editor of the CANADA LANCET.

SIR,—My object in reporting the following case is, first, because of its comparative rarity, and second, because it explains a cause for sudden death prior to the expulsion of the child, almost inexplicable except by post-mortem examination.

On the 25th of December, 1875, I was called three or four miles into the country to attend Mrs. E—, in her eighth confinement. Arriving at the place, I found my patient in the following condition: Completely pulseless at the wrist, speechless, extremities cold, eyes insensible to light and touch, countenance and lips pale; in fact, every evidence of immediate death. A vaginal examination revealed the os dilated about an inch, but very rigid, closed by membranes only; head of child presenting quite naturally, and no placenta within reach. There was no external hemorrhage,

and from the state of the bed there had not been much. There were no pains, and, as far as I could learn, there had been very few. I at once dispatched a messenger for Dr. Tamlyn to come to my assistance, but in less than twenty minutes my patient died.

We were allowed the privilege of opening the body, and our necropsy removed the mystery we could not sufficiently, otherwise, solve. On making an incision from the umbilicus to the pubes, and opening the uterus, we found the placenta occupying the anterior wall of the body of the uterus, and, with the exception of a small portion of membranous attachment of about two inches, above and below, completely separated from the uterine walls, and a large quantity of clotted blood filling the space between the placenta and uterus, and wherever it could find a cavity. The uterus and appendages, placenta, etc., were natural, and presented a healthy appearance. The membranous sac contained a healthy matured child, and was not ruptured.

*History.* The patient was an average-sized woman, and had enjoyed good health up to within two or three hours of her death. As I have already intimated, she had borne seven children, and was not subject to hemorrhage. From her friends we learned that she had complained of slight pains about two hours before my arrival, and at their commencement she said, "I am done for." Very soon afterwards she became faint, and sank, as already stated.

In all probability the first pain, or pains, had produced the fatal separation of the placental attachment. In this case as Naegele has observed, "the very action which nature uses to bring the child into the world is that by which she destroys both it and its mother."

Wingham, Ont.

W. B. TOWLER, M.D.

---

### Reports of Societies.

---

**WESTERN AND ST. CLAIR MEDICAL ASSOCIATION.**  
—The fifth regular and second annual meeting of the Western and St. Clair Medical Association was held in Chatham on Friday the 4th ult., at which were present Drs. Coventry, Bray, Holmes, Roe, Murphy, Fleming, Pentland, Ross, Eccles, Gaboury, Harvey, Beemer, Mitchell, Tye, Samson, Richard-

son, Bucke, Johnstone, McLean; and by invitation Drs. Smith, and Shirley, of Detroit.

In the absence of the President, Dr. Edwards, the chair was taken by Dr. Holmes, Vice-president for Kent. The minutes of last meeting were read by the Secretary, and adopted. Telegrams of apology and regret for absence were received from Drs. Edwards, Hoare, and Mott. Communications from several life assurance companies on the subject of fees for life assurance examinations were read by the Secretary. The Treasurer's account was referred to Auditors, and reported correct. The election of office-bearers for the ensuing year took place with the following result.

President—Dr. Bray.

Vice-Presidents—For Essex, Dr. Carney; for Kent, Dr. Murphy; for Middlesex, Dr. Billington; for Lambton, Dr. A. E. Harvey.

Treasurer—Dr. Tye; Secretary—Dr. McLean. Committee on essays, and papers—The President, Vice-presidents, and Secretary.

A resolution was unanimously carried recommending to the Council of the College of Physicians and Surgeons, Ontario, T. K. Holmes, Esq., M.D., of Chatham, as a gentleman duly qualified to act as one of the examiners for the said College.

A motion was carried suspending the resolution adopted at the Strathroy meeting, concerning life assurance examinations until other associations shall have been communicated with, and the Medical Council induced, if possible, to take some action or express some opinion upon the subject.

A paper was read by Dr. Eugene Smith, of Detroit, on "Catarrhal Ophthalmia and Granular lids." Dr. Murphy, of Chatham, read a paper on "Strangulated Hernia, with notes of three cases which occurred in his own practice, and upon which he had operated successfully. Dr. Beemer read a paper on "Anæmia;" and Dr. Tye one on "Diphtheria." Each essayist received the hearty thanks of the association, and the papers elicited remarks from most of the members present.

Dr. Shirley, of Detroit, introduced a patient suffering from Meniere's disease, and made some observations upon its pathology, and treatment as recommended by Dr. Eugene Smith.

An Insufflator for the application of inpalpable powders to the pharynx in diphtheria, was exhibited by Dr. Shirley, which gave rise to a prolonged discussion upon the pathology and treatment of that

disease, the majority agreeing with the general treatment indicated in Dr. Tye's paper.

An explanation was given by one of the members regarding a circular addressed to his patients, which, on motion, was considered satisfactory.

Dr. Bray agreed to introduce a subject for discussion, and Dr. Samson to prepare a paper for the next meeting. Drs. Coventry and Johnstone promised to prepare papers for the Sarnia meeting.

The association then adjourned to meet in Windsor on the first Wednesday in May next. In the evening, the medical fraternity of Chatham entertained the members at dinner in the Rankin House, where a couple of hours were spent in pleasant social intercourse. The meeting altogether was most successful and enjoyable.

### Selected Articles.

#### TRACHEOTOMY IN A CHILD TWO YEARS OLD.

##### NEW FORM OF TRACHEOTOMY TUBE.

The following case seems worthy of record, partly on account of the tender age of the patient (two years), and because a new form of tracheotomy tube was used, which appears likely to be beneficial in many cases.

Ada L.—was admitted October 5th, 1875, into the Evelina Hospital, under the care of Dr. F. Taylor. A week previously she was taken suddenly ill, with sore-throat and feverishness. There had been, however, no difficulty of breathing until the day before admission.

When admitted there was evidence of considerable laryngeal obstruction. The respiration was noisy, and there was marked laryngeal cough, with sucking-in of the intercostal spaces. Air could be heard entering both lungs fairly well, and the chest was resonant throughout. No diphtheritic membrane could be seen, nor did the urine contain albumen.

The patient was at once placed in a steam tent, but towards evening the symptoms became more urgent, and it was decided to perform tracheotomy. This I accordingly did, without chloroform, introducing an ordinary silver tube. Great relief of all symptoms was immediately afforded, nor was there any recurrence of the dyspnœa.

The details of the progress of the case for a few days immediately succeeding the operation present nothing worthy of special note. Subsequently several attempts were made to dispense with the tube, but without success.

At the expiration of a fortnight the silver tube was changed for a new kind of tube suggested by Mr. Morratt Baker, the details of which were carried

out under my direction by Mr. Millikin of St. Thomas's-street. The tube is single, of ordinary tracheotomy shape, and constructed entirely of flexible india-rubber. It could be inserted easily without a pilot, and did not require to be changed more than once in every two days. As far as could be judged from a single case, it was introduced with less pain, was more comfortable to the patient, and caused far less irritation than a metal one; and with some slight modification being made, it will, probably prove a useful instrument.

I may add that the tube was worn for one month, during ten days of which the child was running about the ward; and we were able to discontinue its use altogether on Nov. 22nd, since which date the patient has left the hospital well.

So far the tube is not proposed by Mr. Baker as a substitute for a metal one at the time of operation, but to obviate the many well-known disadvantages the latter has when required to be worn for more than a few days. But it is not unlikely that, in many cases, the elastic tube might be used with advantage throughout, as there would probably be no difficulty in its introduction, at the time of operation, with the help of a proper pilot or forceps.—*Dr. Paley, —The Lancet.*

#### EARLY DIAGNOSIS OF SCARLET FEVER.

At the present moment it is very important for medical men to be acute in the early detection of scarlet fever. Such acuteness is creditable from a scientific point of view, and it is valuable as giving timely information to friends which enables them to isolate the cases early, and reduce to a minimum the number of things brought into contact with the patient. For the purposes of this early diagnosis the throat symptoms are most important. The sore throat of scarlet-fever is very different from other forms of sore-throat, and it is one of the earliest available symptoms, being noticeable from the first day of the attack. The appearance is that of an erythematous redness, affecting the soft palate extensively, thus differing materially from the ordinary forms of tonsillitis which affect the tonsils only in the first instance. As Trousseau says—whose description of scarlatina is worthy of serious study—"In scarlatina, from the first day of the attack, the veil of the palate has a red hue, analogous to, but deeper than, that of the skin." When this condition of the throat is met with during an epidemic of scarlatina, with a very hot skin and a very quick pulse, accompanied with or preceded by vomiting, with a tongue with thick creamy fur, red borders, and prominent papillæ, the shrewd practitioner will be prepared for a case of scarlet fever. Dr. J. Lewis Smith, of New York, in his excellent work on the Diseases of Children, tells us in his account of scarlet fever, that vomiting occurs in most cases with

in the first twenty-four hours, and has considerable diagnostic value. In 90 out of 117 cases which he carefully examined, he found vomiting to occur within the first twelve or eighteen hours. Of course when the eruption appears in addition to the above symptoms, the case is clear enough; but the practitioner who has carefully watched the group of facts which we have described will be as likely to discover the eruption for himself as to have it pointed out to him by others or by the patient.—*Lancet*.

### MILK IN THE TREATMENT OF TYPHOID.

Professor W. H. Thompson of the Medical Department of the University of New York, in a lecture on the treatment of typhoid, after referring to the use of beef-tea, which he thinks is "more often the plague of a sick-room than any other benevolent mischief that can be named," and to that of gruels, which, though better than beef-tea, are still a sort of "starvation" diet, proceeds to state that he would substitute for them as follows:

Far superior to either of these in its nutritive value and in its digestibility is that liquid prepared originally for the alimentary canal before it is old enough to dissolve any solid food, namely, milk. First, as to nutritive value, there is nothing absent from milk which the system needs, while in all our sick-room preparations there are invariably some deficiencies, and, generally, lackings of what is essential to continued life. The bones waste away remarkably in typhoid fever; what is there in beef-tea or gruel for them? The nervous tissue rapidly loses bulk also; where in these articles is there the fat which this more than any other tissue needs except the utterly indigestible boiled fat of beef-tea which turns into caustic butyric acid in the bowels? But milk has been aptly defined as fluid flesh and bones together; still better may we add, soluble nervous matter, for it is the nervous tissue which grows fastest and most at the age when milk alone is the diet. Now we are met by the objection that milk is a very indigestible article in fever, and among the laity we often find a positive dread of it, as if it were poison to the sick. I could never understand how physicians will aim by various measures to make milk digestible to infants who have to live on it; while in fever, if it seems to disagree, from a more than infantile weakness of the stomach, they are ready to abandon the only thing in the world which can be relied upon exclusively. If we dilute cow's milk, then add sugar and a little salt, and, lastly, cream, so as to make a child, starving because it cannot digest cow's milk pure, digest it when it is thus rendered more like human milk, why should we not try the same with a starving fever patient, rather than exchange

this complete food for our confessedly incomplete and clumsy preparations? I can only say, in answer, that I have never yet met with a typhoid-fever patient who could not take milk, and not only live upon it alone, but also, in marked and impressive contrast with those cases which are fed on slops, be found at the termination of the disease, with muscles and tissues still nourished enough to cause surprise even to the patient's friends. In order to make milk digestible you should remember that the chief difficulty in the way is its casein, and therefore you should aim to reduce its proportion by dilution with one half or one third of lime-water. The alkali in lime-water is a great assistant to the digestion of casein, for reasons too long for us here to explain, but, in addition, like salt, lime is both an antiseptic and an excellent agent for allaying irritability of the stomach and bowels. I have had patients take as much as six quarts in the twenty-four hours of milk and lime-water for days together, nor do I object to the mere bulk or amount of liquid which this implies, because I do not think that water is other than a need and a benefit to a fever patient, for it is the safest of all diuretics, and in this form, I have never found it increase diarrhoea, but rather the opposite.

But you have still remaining a means for completing digestion, which experience leads me to rate as one of our best adjuvants in the task before us. The introduction of artificial solvents, such as pepsin and pancreatin, marks undoubtedly a real advance in therapeutics, but in no conditions does the employment of pepsin seem so much indicated as in the indigestion of fever. In fact, I have been surprised with some results from its use, which I was not looking for, namely, that it controls the typhoid diarrhoea better than any agent with which I am acquainted.—*Boston Journal of Chemistry*

### DR. WARBURG'S TINCTURE.

In *The Lancet* of Nov. 13, Prof. W. C. Maclean, of Netley, England, gives the formula for the preparation of this remedy, and adduces considerable proof of its efficacy in malarial fevers. Until recently this has been, for many years, a secret remedy, but, acting on the advice of his friends, Dr. Warburg, confided the formula to Professor Maclean, who has verified it by making thirty ounces of the tincture in the Netley laboratory. Several striking examples of the value of the remedy in the remittent fevers of India are mentioned, and Professor Maclean says further: "To the best of my knowledge Warburg's tincture was first introduced into Southern India, for use on a large scale, by the late Lieutenant-General Sir Mark Cubbon, K.C.B., Commissioner of the Mysore Province.

Having himself used the remedy with success, he at first placed five hundred, and subsequently one thousand bottles of it at the disposal of the late Dr. C. J. Smith, well known as surgeon to the Mysore Commission (much exposed to malaria in the discharge of their duties), and I believe I am right when I say that none of them ever ventured into a malarious locality without being armed with a little bottle of 'Warburg.'

"I have not space at my command to say more of its use in Southern India, where it was always better known and more used than either in the Bengal or Bombay Presidencies. Many great engineering works in Southern India, carried on in 'deadly jungles,' were brought to a successful issue mainly by the protection afforded to the workmen by this medicine. Some remarkable evidence on this point was placed before the Royal Commission which inquired into the health of the army of India, by my friend Major-General Cottin, R.E.

"I have only to add that very many eminent members of the profession in this country, among whom I may instance Sir Andrew Halliday, the late Sir James Gibson (Director-General of the Medical Department of the Army), the late Dr. Babinton, Mr. Skey, and many others, were led to use this febrifuge, and have left on record strong evidence of its value as a therapeutic agent.

"It will be seen that quinine is the most important ingredient in the formula, each ounce bottle of the formula containing nine grains and a half of alkaloid. Its presence has been detected by every chemist who has attempted its analysis, and never doubted by any medical man of experience who has used the tincture. Many will say, "After all, the vaunted remedy is only quinine concealed in a farrago of inert substances for purposes of mystification." To this my answer is, I have treated remittent fever of every degree of severity, contracted in the jungles of the Deccan and Mysore, at the base of mountain ranges in India, on the Coromandel coast, in the pestilential highlands of the northern division of the Madras Presidency, in the malarial rivers of China, and in men brought to this hospital from the swamps of the Gold Coast, and I affirm that I have never seen quinine, when given alone, act in the manner characteristic of this tincture; and although I yield to none in my high opinion of the inestimable value of quinine, I have never seen a single dose of it given alone, to the extent of nine grains and a half, suffice to arrest an exacerbation, of remittent fever, much less prevent its recurrence, while nothing is more common than to see the same quantity of the alkaloid in Warburg's tincture bring about both results."

The rules for the use of the remedy, as given by Dr. Maclean, are as follows: "One-half ounce (half of a bottle is given alone without dilution)

after the bowels have been evacuated by any convenient purgative, all drink being withheld; in three hours the other half of the bottle is administered in the same way. Soon afterwards, particularly in hot climates, profuse, but seldom exhausting, perspiration is produced; this has a strong aromatic odor, which I have often detected about the patient and his room on the following day. With this there is a rapid decline of temperature, immediate abatement of frontal headache—in a word, complete defervescence, and it seldom happens that a second bottle is required. If so, the dose must be repeated, as above. In very adynamic cases, if the sweating threatens to prove exhausting, nourishment in the shape of beef-tea, with the addition of Liebig's extract, and some wine or brandy of good quality, may be required."

#### DR. WARBURG'S TINCTURE.

- ℞ Aloes (Socotr.) libram.  
 Rad. rhei (East India),  
 Sem. angelicæ,  
 \* Confect. damocratis, ana uncias quatuor ;  
 Rad. Helenis (s. enulæ),  
 Croci sativi,  
 Sem. fœniculi,  
 † Cret. præparat., ana unc. duas ;  
 Rad. gentianæ,  
 Rad. zedoariæ,  
 Pip. cubeb.,  
 Myrrh. elect.,  
 Camphoræ,  
 ‡ Boleti laricis, ana unciam.

"The above ingredients to be digested with five hundred ounces of proof-spirit in a water-bath for twelve hours; then expressed and ten ounces of di-sulphate of quinine added; the mixture to be replaced in the water-bath till all the quinine is dissolved. The liquor, when cool, is to be filtered, and is then fit for use."—*New Remedies*.

TREATMENT OF ECZEMA IN CHILDREN.—Dr Calpari, (*Bulletin de Therapeutique*) extols the effect of lime-water in curing eczema of the head and empetigo of the face in children, especially chronic diseases, which have resisted other treatment, and states that a marked improvement is noticeable after using it for eight days. He recommends it to be taken in quantities varying up to a half pint, according to the age of the patient, and to dust the part with carbonate of magnesia; but the latter he only considers necessary when the secretion is very irritant.—*The Doctor*.

\*This confection, which consists of an immense variety of aromatic substances, was once official, and is to be found in the Ph. Lond. 1746.

† Dr. Warburg says that this ingredient was added to correct the otherwise extremely acrid taste of the tincture. Many other substances were tried, but none answered so well as prepared chalk.

‡ This is the *Polyporous laricis* (*P. officinalis*, *Boletus purgans*, or *Larch agaric*), "formerly," says Pereira, "used as a drastic purgative and still kept by the herbalist."



## A STORY FROM JOURNALISM.

In 1869, an American physician read an article in a journal of this country, and it made a profound impression upon him. In less than a year he was called to a distant portion of his state, and using the knowledge thus obtained, he performed an operation for which he obtained two hundred and fifty dollars. A few months subsequently, he was called away again, and, using the same information, performed an operation for which he obtained one hundred and fifty dollars. Since then he has at various times received from fifty to seventy-five dollars for the use of the knowledge obtained from the article specified.

A distinguished surgeon of Virginia was treating a case of injury to a limb, and had determined to operate at the lower third of the thigh, the patient being anæmic and suffering from hectic fever and night sweats. He read just at this period one of Sir William Fergusson's brilliant journal articles on conservative surgery. It induced him to change his method of treatment. He saved the limb; received handsome remuneration, and attracted an attention which gained him practice, and since then deserved prosperity and reputation.

A young physician of St. Louis, struggling for existence, was treating a wealthy German who had employed several physicians without relief. The young man used a prescription he had just read, and secured not only a handsome fee, but the patronage of one who has been to him really the basis of his success.

One of the most prominent physicians of North Carolina owes his reputation and success to a close study of several articles which appeared in Anstie's London Practitioner.

A physician of Kentucky asserts that he has saved three lives beyond question from having early read in a journal the rationale of Nelaton's method of treating chloroform narcosis.

A physician of Florida writes that he was treating the daughter of a wealthy planter, and the case had progressively continued to become worse. Her life was finally despaired of; her shroud was made and the order given for digging her grave at the distant farm, her native spot; just on this day he received the Charleston Journal, and read of a prescription, preparing this instantly, he used it without delay at the bed-side. From that hour the girl began to recover. She is now a happy mother and the physician was made not only happy for having saved her life, but from receiving that which is known by the profession to contribute not a little to one's comfort and satisfaction; the prompt payment of a large bill with thanks and a widespread statement of the facts.

Lister attracted attention and secured thus fame and ultimate fortune from having brilliantly ligated

an artery abnormally given off, having just previously read of it in a medical journal.

The profession of this country rapidly adopted the use of the green hellebore from reading in journals how Norwood, of Cokesbury, S.C., had achieved with it undoubted success. The works on *materia medica* described but repudiated it.

Liebreich's introduction of hydrate of chloral into the clinical armamentarium of the physician was due to journal influence alone; the drug was described in books, but only to be neglected and forgotten.

While text-books inculcated the use of the lancet most indiscriminately, and thousands were thus being hurried prematurely into their graves, one who now lies in his revered resting-place (lamented wherever medicine is read, and honored by his associates and brothers with an immediate monumental shaft) taught through the Edinburgh Medical Journal a different lesson, saving hectatombs of lives and revolutionizing the practice of centuries.

The operating theatre once ringing with the screams of helpless and tortured victims was rendered as still as the sleeping chamber by the use of chloroform or ether, as taught in journals long, very long, in advance of a hint given in the text-books.

The most prominent surgeon in America owes his record to the fact of his being a diligent journal reader. And yet with this story, these great facts in regard to journal articles, there are found not a few, but many, crying aloud poverty! poverty! I am too poor to allow myself "the luxury" of a Medical Journal!!!

While history tells the story of wealth, honor and reputation by journal study; while thousands rescued thus from torture or the grave testify their gratitude, and gladly pour out to the profession the contents of their plethoric purses; while every medical library is but the ultimate garner-house of journal truths; while pride and duty, both to the public and the profession, demand the use of this measureless power, in winning wealth and reputation; while the practitioner is unjust to his employers and reckless of his income and success by depriving himself of journal power, there is yet the cry, "too poor, too poor for this luxury."

To all such and the profession generally, there is respectfully offered this story from journalism.—*Amer. Med. Weekly.*

**CHLORAL AS AN ANTIDOTE AGAINST SEA-SICKNESS.**—At a recent meeting of the Paris Société de Médecine Pratique, M. Guyot stated that he had in his own person tried the efficacy of chloral as an antidote against sea-sickness. He took two fluid drachms of a French preparation known as the cream of chloral mixed in half a glass of water before going on board the steamer, and felt no disposition towards sea-sickness, from which he had always suffered severely on other occasions.

## THE TREATMENT OF SPINA BIFIDA.

Previously to October, 1871, it was the habit, with others as well as myself, to regard cases of spina bifida as hopeless, and to discountenance the idea of surgical interference. It was well known that they had been dealt with in a variety of ways, some of these reckless and rash, others more or less prudent, almost all proving in the end unfortunate. It was also known that in some few instances a spontaneous cure had taken place, but these were truly, like angels' visits, few and far between. It was universally admitted that very many died, in truth by far the greater number, the precise numerical proportion being difficult to arrive at; the conviction being general that only a very small percentage lived for any great length of time. As a proof of this, the prognosis usually given was a very hopeless one, and seldom falsified by the result.

So entirely had this view of the malformation taken possession of practitioners, that it was the custom to limit their efforts to what was called the palliative treatment, such as protection, or defence from injury, carried out in various ways, so as to avoid ulceration and bursting of the sac with its fatal ending. Up till the date mentioned, I was a follower of the do-nothing system; but, on October 2nd, 1871, a case was presented in the Glasgow Royal Infirmary, which prompted me to reconsider the question, more especially as the child was otherwise healthy, and I felt a strong desire to give it a chance. On turning my attention to the numerous methods previously employed, too numerous to mention here, it appeared to me that injection was the safest, as that could be effected without permitting the complete escape of the fluid contained in the protrusion. The kind of fluid to be injected next demanded consideration, when it occurred to me that a solution of iodine, less diffusible than either a spirituous or watery solution, would best suit my purpose, as being less likely to permeate the cerebro-spinal fluid with rapidity, and, therefore, less likely to cause shock or bring on convulsions. With these views, I caused the following solution to be prepared, which is now known as the iodo-glycerine solution.

R. Iodi x gr. ; potassii iodidi xxx gr. ; glycerine j ʒ.

From half a drachm to two drachms of this fluid have been used, according to the size of the spinal protrusion.

Previously to injecting, I considered it prudent to make a tentative puncture, to ascertain whether such interference would be tolerated, and followed this course in the first case and most of the others. To close the openings made both by grooved needle and by trocar, collodion and flexible collodion have both been used, and have served the purpose, so that either may be employed. This

mode of treatment was first employed by me in October, 1871, and the details of the case are given in the abstract of a clinical lecture which appeared in the number of the *British Medical Journal*, dated April 6th, 1872, after having been shown to the members of the Glasgow Medico-Chirurgical Society on February 1st, of that year. †

The second case was shown to the same Society on May 30th, 1872, and was published in the *Journal* named on June 15th succeeding.

Dr. J. R. Watt of Ayr successfully followed the same plan in two cases; one of which appeared in the *British Medical Journal* of April 26th, 1873, the other in that of January 31st, 1874, with a well executed photograph of the patient after cure.

Another case treated under my own care is published in October 24th, 1874, in the same *Journal*. More recently a case has been successfully treated by Mr. Angus of Newcastle, which appeared in the *Journal* for April 17th, 1875; and in a private note with which he kindly favored me, he expressed his confidence in the method employed if conducted with due care.

Since the beginning of this month (July 1875), I have treated another case with the like good fortune and without a disagreeable symptom. The fluid was twice analysed by Professor Ferguson of Glasgow, but gave no indication of the presence of sugar.

During the past winter, a large cervical spina bifida was presented to me, which was several times injected without any appearance of shock or suffering, but it ultimately succumbed to convulsions caused by the continued escape of the subarachnoid fluid. The domestic circumstances of the mother demanded her presence at home, and unfortunately she was allowed to leave the hospital with her child, and the following night the mischief took place, and, though the flow was stopped, it had already prostrated the child. Every reasonable effort was made to obtain a *post mortem* examination, but without success. I may mention that several analyses of the subarachnoid fluid withdrawn from this child were made, resulting in doubtful indications of the presence of sugar, or of some glucose matter which reduced copper oxide. At present, I have under observation another instance of this defect in the lumbar region; the child is about ten days old, and it has not yet been interfered with.

But the question may be put, How is the cure produced? or, What is the *modus operandi* of this solution when injected? The reply which most readily suggests itself is that it is analogous to the process occurring in the tunica vaginalis consequent upon the operation for the radical cure of hydrocele.

Though the quantity of albumen in the sub-

arachnoid fluid is small, a coagulum seems to form; adhesive lymph may be produced or deposited, and, at all events, arrest of further collection of fluid results from successful injection. This may be accompanied or followed by closing of the opening or channel of communication between the spinal canal and the protrusion.

\* \* \* The statistics of the operation at the present time are the following. This mode of injection has been employed in ten cases. Of these, seven have been successful, and entirely so; the cases being uncomplicated by paralysis or any other deformity, and, so far as known to me, remain well. Of the other three, one has been already referred to, as dying from a preventive cause, a well known danger, another occurred in the hands of Dr. Watt, who states that the child was otherwise diseased at the time; and the third is the case published by Mr. Burton of Liverpool; manifestly a case in which the spinal protrusion was but a small part of the whole deformity; though, seeing the child *in extremis*, he considered it his duty to give it even a forlorn chance. We are thus in the position of recording 70 per cent. of cures, and at the worst 30 per cent. of mortality; and, when we revert to the past history of spina bifida, such a result is sufficiently gratifying. I ought to add, however, for the encouragement of others, that all my own lumbar and dorsal cases have proved fortunate hitherto; that they will always do so, I am not sanguine enough to expect, though I can now approach their management with less misgiving. I have succeeded in the hands of others, and have to thank Dr. Watt and Mr. Angus for the publication of their cases.

In managing a case of spina bifida, the following points are important.

1. The child should be in a thriving condition.
2. Make a tentative puncture with a grooved needle.
3. Draw off not more than half of the fluid contents.
4. Carefully close the puncture by collodion or otherwise, so as to prevent further escape of fluid.
5. When proceeding to inject, use a trocar with canula of a medium size, not too small, otherwise the glycerine solution will not run readily through the canula.

**GRAINS DE SANTE.**—These pills have a very large sale in this country, as well as in France and Germany. It will rarely be necessary to employ more than two or three to produce a comfortable movement.

R.—Aloes.	100 grains.
Jalap,	100 "
Rhubarb	25 "
Syrup of wormwood	sufficient.

Divide into two-grain granules, which are to be silvered. Dose, one to ten before meals.—*South-ern Med. Record.*

**THE THERAPEUTIC ACTION OF COTO BARK.**—Professor von Gietl writes on this subject in the *Archiv für Pharmace*, September 1875, (abstract in *Allgemeine Medicin. Central-Zeitung*, November 20th). Coto bark is obtained from a tree in the interior of Bolivia. It is there used in the form of powder or of alcoholic extract in cases of diarrhœa, colic, and neuralgic toothache; also in tincture in rheumatism and gout. The description of it apparently indicates that it does not belong to the cinchona class (though growing in the district where these trees flourish), but that it is probably one of the *Lauraceæ* or *Terebinthinaceæ*. Wittstein finds its chief constituents to be, an ethereal oil; a fluid alkaloid, having a smell of herrings and urine, and thus resembling propylamin or trimethylamin; and hard and soft woody matter. It also contains starch, gum, sugar, oxalic acid, tanic acid, etc. Sixteen patients were treated with it—fifteen males and one female. It was given sometimes in fine powder, sometimes in the form of tincture made with one part of coarsely powdered bark and nine parts of spirit of 85 per cent. The powder was given in eight cases, the tincture in seven; but together in one case. The dose of the powder was  $1\frac{1}{2}$  grains four or six times daily; of the tincture, 10 drops every two hours. The cases in which it was given were, two of diarrhœa in pulmonary phthisis; five of diarrhœa from cold and hospital diarrhœa; six of non-febrile gastro-intestinal catarrh with diarrhœa; three of febrile gastro-intestinal catarrh with violent diarrhœa. The powder and tincture were given together in one case of diarrhœa with phthisis. In one case only, neither the powder nor the tincture could be continued, as both produced severe burning pain in the abdomen and vomiting; the patient was phthisical. In another phthisical case, the powder produced much distress, while the tincture was easily borne. Dr. von Gietl believes that the coto bark is a remedy of very great value in the various forms of diarrhœa.—*Brit. Med. Journal.*

**THE LATE DR. ANSTIE.**—The London *Practitioner*, for 1876, contains a memoir of the late Dr. Francis E. Anstie, by Thomas Buzzard, M.D. An exhaustive history of the life of his biographer, among which are the following remarkable incidents:—"Some of the experiments which he performed were attended with considerable personal risk. On one occasion he fastened to his face an inhaler, containing an ounce of ether, placed his watch before him, took a pencil in hand, and began to make a mark upon a piece of paper on the lapse of every fifteen seconds. He soon lost consciousness, and when he could again distinguish his watch, he found that thirty-five minutes had elapsed, and that he had made but two marks on the paper. He was alone during this experiment. Another time he took a grain and a half of very good extract of belladonna on going to bed, and woke in a state of delirium.

DEPAUL IN BRAZIL.—The following account of the visit of Professor Depaul to Brazil, as published in the Paris *Figaro*, is contained in the *Medical Times and Gazette* of December 11, 1875. Professor Depaul has recently returned from Brazil, whither he went to attend the Imperial Princess, the Countess d'Eu, in her confinement. After nine years of sterile married life, the countess, the daughter of the Emperor of the Brazils, became pregnant after consulting Professor Depaul in Paris, and following the treatment recommended; but the child was still-born. She became pregnant again, and this time the emperor solicited Depaul to come out himself and conduct the delivery, and he was at last persuaded to go. On his arrival at Rio Janeiro he met with a most friendly reception from almost every one except the immediate attendants of the princess. The newspapers were against him, and the native physicians gave him the cold shoulder. Although he personally visited the medical men connected with the court, on the day of the accouchement he found himself at the bedside of the princess alone and without assistance. Only the Count d'Eu was unwearied in his devoted attention to his wife. After thirteen hours' labor, which had to be ended with the forceps, a baby weighing twelve pounds (livres) was at last brought into the world; but for an hour it was doubtful whether it would survive, and it was only after artificial respiration and other methods had been vigorously tried that it gave signs of life. It is now a healthy child. The most curious and amusing feature about Dr. Depaul's visit was the revulsion of public opinion in his favor when the successful result of his visit became known. The papers praised him, his *confreres* congratulated him, and the academies and scientific bodies sent him crowns and addresses; he was invited to banquets and was *feted* in a wonderful way. "After the event," says Depaul, "my room was never empty from morning till night, and I was obliged in spite of a determination to the contrary, to give consultations. In less than eight days fifteen thousand francs' of piasters were laid on my table as fees." Professor Depaul has certainly good reason to be satisfied with his trip across the ocean. *Non cuivis homini continget adire Brazilum!*—*The Clinic*.

WHERE TO MAKE HYPODERMIC INJECTIONS.—The point of puncture is of greater importance than is generally conceded or thought of, so far as making the operation painless and leaving no painful after effects. Never insert *below* the elbow, for obvious reasons; it is far more painful and the irritation greater and of longer duration. At or near the insertion of the deltoid muscle is the *best* place; and next, in front, between the ribs and point of the hip bone; from near the spine to the median line, if the patient is at all fleshy. At these points, if skillfully introduced, it is almost without pain, and there is

but little subsequent irritation or continued tenderness.—*Greene: Richmond and Louisville Journal*, Jan., '76.

DIAGNOSIS OF UTERINE FIBROID—These are the respective phenomena which I have clinically associated with these two classes of cases. Taking typical cases, I have found that these two symptoms, hemorrhage and pain, which are *the* symptoms *par excellence* of fibroid tumors of the uterus, are inversely proportioned the one to the other, and bear a fair relation to, and may therefore be regarded as pathognomonic of the situation of the tumor in regard to its peritoneal and mucous surfaces. That is to say, the more peritoneal or subserous the tumor is, the more is *pain* the predominating symptom; and, on the other hand, the more submucous or intra-uterine the growth is, the greater is the hemorrhage and the mucous, or mucosanguineous discharge. Hence, apart altogether from any physical examination, internal or external, the clinical history of the case suggests as it were a preliminary diagnosis, which further examination will only tend to confirm. Of course there are cases where, either from constitutional peculiarity or from some hematic condition, or from ovarian influence, or from past history as regards the generative function—frequent childbearing, and the like—the menstruation is excessive, even when there were no growths; and this would certainly influence that function, in regard to the amount of discharge, when a growth such as a fibroid tumor exists in the uterus. But, apart from these conditions, the broad general rule which I have here laid down will in the main be found correct, and may serve as a useful guide in establishing the diagnosis; not, perhaps, so much as to the existence of such a tumor, as to the location of it upon one or other of the surfaces of the uterus—the mucous or serous.—*The Clinic*.

TREATMENT OF ALBUMINURIA DURING PREGNANCY.—Dr. Tarnier, chief physician of La Maternité de Paris, extols, in *Le Progres Medical*, the efficacy of a milk *regime* in cases of albuminuria, occurring in pregnant women, and regards it as a preventive treatment of eclampsia. Knowing the insidious manner in which albuminuria develops itself, he examines the urine of all women who present themselves, and those who are suffering from albuminuria he places on the milk diet, allowing nearly two pints of milk, and only two meals on the first day, and increasing the former and diminishing the latter until the fourth day, when the patient gets seven pints of milk and no other food or drink. In grave cases, however he does not observe this gradation, but commences by giving the full quantity of milk. Under this treatment, Dr. T. says, after giving it a most extensive trial, the albumen, rapidly decreases or

disappears from the urine in from eight to eleven days. He considers that in almost all cases of eclampsia the cause is to be found in modifications produced in the organism by pre-existing albuminuria, and that curing the latter is the surest means of preventing the former.—*The Doctor.*

**TREATMENT OF LEAD COLIC IN THE PARIS HOSPITALS.**—On the first day a purgative enema composed of infusion of senna, sulphate of soda, and powder of jalap is administered. This is followed by a purgative mixture called 'eau de casse' (cassia), and is composed as follows: Decoction of tamarind sixty grammes, water 100 grammes, tartar emetic fifteen centigrammes—which the patient is to swallow in the course of the day; besides which he is to have a jug of decoction of guaiacum. In the evening an enema of walnut oil 125 grammes, ordinary claret 300 grammes. This if followed by a "bol calmant," composed of theriaca four grammes, opium five centigrammes. On the second day the patient is supplied with a drink composed of tartar emetic twenty-five centigrammes water 500 grammes; this is facetiously designated 'l'eau bènite' (holy water). Besides this, he is treated with the same 'tisane' (decoction of guaiacum), the same enema, and the same bolus as on the first day. On the third day the patient drinks in the early morning two tumblers of a tisane composed of equal parts of an infusion of senna and decoction of guaiacum, and in the course of the twenty-four hours, he is to take the same tisane, enema, and bolus as on the preceding days. On the fourth day a purgative draught of senna and jalap, followed by the tisane of guaiacum during the day, and the bolus at bedtime. Fifth day: Two tumblers of laxative tisane ordered on the third day, followed by the tisane of guaiacum, enema, and bolus as before. Sixth day: *Idem.* Seventh day: The two tisanes, the same enema and bolus as previously. For the first three days the patient is condemned to '*diète absolue*,' which means total abstinence from food of any kind! This treatment, it must be confessed, must either kill or cure the patient, and strange to say, though purely empirical, it is considered the classical treatment for lead colic in the Paris hospitals, and is said to have been instituted by the monks that were attached to the Charite Hospital many years ago. Fortunately for the patients, lead colic is, generally speaking, not a fatal disease.—*Medical News and Library.*

**SAEMISCH'S OPERATION FOR HYPOPYON UCLER.** *Moorfield's Hospital.*—Several cases have lately come under notice in which Saemisch's proposal of cutting across the centre of the cornea in cases of serpiginous ulcer with hypopyon has been carried out, and in most the success has been exceedingly good; in some, however, the treatment has proved troublesome, and it has been

necessary to keep the wound by the repeated use of the spatula for long periods. Before the publication of Saemisch's paper, Mr Hutchinson was, he stated, in the habit of doing an iridectomy downwards, and he was by no means sure that he did not still prefer that method. The two plans had the same object in view—to diminish the tension on the inflamed cornea, and at the same time to evacuate the hypopyon. In many cases after an iridectomy the patients pain is at once and permanently relieved; the hypopyon never re-forms, and the ulcer steadily heals afterwards. As there is generally a central opacity resulting from the ulcer, the iridectomy method of treatment has the additional advantage of securing beforehand an artificial pupil. Mr. Hutchinson referred to Mr. Teale's able report on Saemisch's operation in a recent number of the Ophthalmic Reports, and quoted Mr. Teale's eulogy to the effect that it was a proposal second only in practical value to Graefe's operation for glaucoma. He was almost prepared to endorse this estimate if it were allowed to include iridectomy also. He wished, however, to insist strongly that neither of the two rival operations ought to be resorted to until after an efficient trial of the hot-fomentation plan. In a large majority of cases, corneal ulcers with hypopyon, if seen in an early stage, will do perfectly well if the patient be put to bed and the eye fomented constantly with a hot belladonna solution; but it must be almost literally constant, and as hot as the patient can possibly bear it. Anything short of this in these dangerous cases is usually only a waste of time.—*Med. News and Library.*

**AMMONIA IN RHEUMATISM.**—Dr. Franz Heeler (*Wiener medizinische Presse*), speaks highly of caustic ammonia in rheumatism. For several years he had been a sufferer from muscular rheumatism; had taken all the common anti-rheumatic remedies with but little alleviation, when he began to reason that in rheumatism, as in gout, there may be a uric acid diathesis; he thought that liquor ammoniæ, on account of its rapid volatilization, would be the remedy most readily absorbed, and the most prompt inaction. He used the ammonia and was, almost instantly relieved. The remedy, he claims has proved a positive cure in all recent cases of muscular rheumatism which have fallen under his observation; he cites numerous cases in which relief, as instantaneous as his own, was experienced.

He also observed its effects in several cases of acute articular rheumatism, in two of which six drops sufficed to subdue the pain and swelling within a period of twenty four hours.

In a case of chronic rheumatism of a finger joint, which had lasted for over half a year, the simple administration of the ammonia completely dispelled the inflammation and pain in the joint within two days.—*Clinic.*

**LOCAL TREATMENT OF CHRONIC DYSENTERY.**  
T. Gaillard Thomas, M.D., *N. Y. Med. Journal.* reports a case of chronic dysentery of five years' standing, following an acute attack, which had resisted about all the known or frequently used forms of treatment, administered by all physicians. The patient was a woman, who stated that during five years of its existence acute attacks had been frequently engrafted on the chronic malady, apparently excited by indiscretion in diet or unusual fatigue. The smallest number of dejections daily, during the whole period was 8, but it was not unusual for 27 or more to occur. At the time the local treatment was begun she was in a "desperate condition" of debility. Dr. T. placed the patient in the left lateral position and under an anæsthetic, and, with the aid of a long duck-bill speculum and a retractor, explored the rectum to the sigmoid flexure. Washing off the mucous membrane it "was seen swollen, œdematous, hanging in hæmorrhoidal masses, and studded with deep ulcers with grayish bottoms. It was a deep red, almost violet hue."

At a subsequent examination of the same character, from a swab of wet cotton on a whalebone rod, all the ulcers from the sigmoid flexure to the anus were lightly touched, with commercial nitric acid. The cauterization was carefully graduated, so that the possibility of any sloughing was avoided.

Only a little pain was experienced on recovering from the anæsthetic, and the patient declared afterward that this gave her the first real respite she had had for five years. Two other similar applications were made at the interval of a week each, and the patient was practically cured. She soon returned to her home and declared herself well. Rest and the milk diet were insisted on during the treatment.

Dr. T. thinks, with care to avoid such cauterization as to produce sloughing, there is no danger of rectal stricture, from the use of nitric acid. This treatment originated with Dr. R. B. Maury, of Memphis, Tenn., who had treated twelve cases, eleven of which recovered. The caustic he used, however, was nitrate of silver, in strength from the solid stick to that of a solution of a drachm to the ounce of water. He thinks the caustic is beneficial not only in stimulating the healing of the ulcers but in blunting the sensibility of the irritable rectum, thus restoring quiet to the whole intestinal tract.—*Chicago Med. Journal.*

**MEDICATED ICE**—Is recommended by Dr. Edward Martin in *The Lancet* of January 8, 1876, as of use in the sore throat of scarlatina and other diseases. Young children cannot gargle, and to attempt to apply the brush or spray to the throat often fills them with terror. Yet these little ones will usually suck bits of ice greedily. Dr. Martin

has of late been trying with them an ice formed of a frozen solution of sulphurous acid or other antiseptic. Though not so tasteless as pure ice, the flavour is so much lessened by the low temperature that the little patients generally take the medicated ice readily. To prepare it, a large test-tube is immersed in a mixture of pounded ice and salt, and in the tube the solution is readily frozen. When quite solid, a momentary dip of the tube in hot water enables one to turn out the cylinder of ice. Three formulæ are given, to the first of which Dr. Martin is most favorable: (1.) Sulphurous acid, half a drachm; water, seven drachms and a half: mix and freeze. (2.) Chlorate of potash, one scruple; water, one ounce: dissolve and freeze. (3.) Solution of chlorinated soda, half a drachm; water, one ounce: mix and freeze. Boracic acid, salicylic acid, or any other harmless antiseptic with not too much taste would doubtless also be useful.—*Boston Med. and Surg. Journal.*

**THE TREATMENT OF CHRONIC DISEASES.**—Mr. R. Donaldson, writing from Rangoon to the editor of the *Indian Medical Gazette*, June 1st, recommends the compound tincture of benzoin as a most efficacious remedy in dysenteric affections. He says that, in Burmah, dysentery is a very common affection, and in the European, as well as in the native, exhibits a marked tendency to become chronic. In many of these cases, ipecacuanha appears to have little or no effect; and persistence in the treatment by large doses of this drug, far from being productive of good, is fruitful of positive mischief. The stomach is rendered so irritable by it, that the patient is unable to retain nourishment; and he then suffers from exhaustion, the combined effect of the disease and innutrition. In these cases, the tincture of benzoin, given in combination with astringents—notably with logwood—has been found extremely useful; often, indeed acting like a charm; and it may be truly said of it, that its powers of healing diseased mucous membranes equal its performances when applied externally to wounds. The formula recommended is: Compound tincture of benzoin, half a drachm; compound tincture of catechu, one drachm; tincture of opium, ten minims; extract of hæmotoxylum, ten grains; water, to one ounce; for a draught to be given three times a day. If necessary, the remedy may be administered by the rectum. It would appear that the compound tincture of benzoin is an old, and at one time, a well-known, remedy in dysentery, as well as in simple mucous diarrhœa and in chronic infantile, inflammatory diarrhœa, in which the evacuations always contain mucus, and sometimes a little blood.—*Brit. Med. Journal*

**CHLORAL.**—The uncertainty of the action of chloral, however rare, is an undoubted fact which lessens very much the safety of the drug. Some

time ago we expressed the opinion that unexplained death after chloral was more common than after any other of the narcotics in common use. Two cases reported in the daily papers since our last issue afford fresh support to this belief. In one case a medical assistant, on whom an inquest was held at University College Hospital, was in the habit of taking hydrate of chloral to induce sleep. He was found in the street dying, as if from the influence of some narcotic poison, and when brought to the hospital was actually dead. In the other case a lady, said to have been subject to elipetic fits, had a small dose of chloral (10 grains) administered to her, and was found the next morning lying on her face, and dead. Death after an epileptic fit from accidental suffocation is not uncommon, and it is very possible that it was in this way that it happened. But if a fit occurred during the night it does not appear to have been sufficient to rouse the husband of the lady who was sleeping by her. The habitual dose of chloral cannot be acquitted (in the absence of any direct evidence of a fit) of having contributed to the fatal result. Each case points the lesson very strongly that the nocturnal use of chloral is not without its dangers, and should as much as possible be discouraged.—*Lancet*.

### Medical Items and News.

**THERAPEUTIC ACTION OF CHLORATE OF POTASH.**—In one section of a long communication on this subject, which is not yet concluded, M. Isambert demonstrates very satisfactorily that chlorate of potash does not undergo any change in passing through the body, neither losing oxygen nor chlorine, but being eliminated *en masse* by the secretions. This view is supported by the observations and experiments of MM. Laborde, Milton, and Gambarini, but it is opposed on theoretical grounds by MM. Berthelot and Gubler, who believed that, like the iodides, it undergoes decomposition.—*Gazette Medicale de Paris*.

**ANTISPASMODIC PILLS.**—The London *Medical Record* gives the following formula :

R.—Pulv. assafoetidae,  
 Pulv. camphorae, . . . . . aa. ʒ vj.  
 Ext. belladonnae, . . . . . ʒ ij.  
 Pulv. opii, . . . . . ʒ j.  
 Syrupi, . . . . . q.s.

M. Ft. in pil. No. clxxx.

One to be taken the first day, two the second, and so on until six are taken daily, or two, three times a day. Useful in hysterical and spasmodic nervous affections, in connection with bromide of potassium in doses of ten to fifteen grains.

### FORMULÆ FOR THE ADMINISTRATION OF CROTON-CHLORAL HYDRATE.—

R. Croton-chloral, . . . . . gr. xxx.  
 Glycerine, . . . . . ʒ iss.  
 Ext. glycyrrhiz, . . . . . ʒ i.  
 Aq., et syr. simpl. aa, . . . . . f ʒ iss.—M.

Tablespoonful *pro re nata*.

### PILLS OF THE ABOVE.

R. Croton-chloral,  
 Pulv. glycyrrhiz,  
 Confect. rosarum, aa. . . . . gr. xv.—M.

Ft. in pil. No. xx.

**SIR ASTLEY COOPER'S FEES.**—The following statement from the fee-book of Sir. Astley Cooper is curious: "My receipt for the first year was £5 5s.; for the second, £26; the third, £64; the fourth, £96; the fifth, £100; the sixth, £200; the seventh, £400; the eighth, £610; the ninth, £1,100. In 1815 Sir. Astley made £21,000.

**DISHONEST PATIENTS.**—It is an old tale of our childhood, but it has an additional moral now. Naber, an Arab, possessed a horse of surpassing swiftness, which Daher extremely coveted. Disguising himself as a lame beggar, he appealed to Naber's charity as he passed. When Naber dismounted to assist him Daher seized his horse and rode away. "Take him," said Naber; "but do not tell how you got him; others may refuse charity for fear of being duped." Those who deceive physicians, especially in the small matter of paying their bills, dampen their ardor somewhat in extending the beneficent influence of their art.—*The Clinic*.

**TREATMENT OF TAPE-WORM BY CREOSOTE.**—Mr. Brickwell states that about fifteen years ago a man discharged from the army with lung disease and Tape-worm came under his notice, when it occurred to him that the destructive properties of creosote to the lower grades of animal life might be made available for killing or so weakening the vitality of intestinal worms that they could easily be got rid of. He therefore gave him some three times a day, shortly after meals, for six days, and on the seventh a dose of castor-oil and turpentine, which brought away a worm twelve yards long. He has since tried creosote for destroying round worms with great success. In one case a large mass of more than a hundred worms of all sizes came away, and the patient has not been further troubled by them. He has not succeeded so well with the troublesome thread-worms of adults, but some doubts if the remedy were fairly tried.—*Medical Times and Gazette, New Remedies*.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science  
Issued Promptly on the First of each Month.

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

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

TORONTO, MARCH 1, 1876.

## AID TO MEDICAL SCHOOLS.

The progress of the times in Ontario during the past few years, has witnessed the gradual abatement, and at length, utter extinction of the old cry against government grants to denominational colleges. There are, indeed, no longer any grants of public money to denominational colleges to raise an outcry against; the literary institutions under denominational management are being endowed by voluntary subscriptions; and there are now no medical colleges on a denominational footing. The cry, fostered in its day for political reasons, has naturally died out for want of material whereon to exist. But the disposition to promote the interests of higher and technical education has not died out. On the contrary the existence of this disposition has been manifested by the increased development of the system of high schools and collegiate institutes, by the establishment of the School of Technology, by the establishment of the Model Farm and the teaching therein of such a professional subject as Veterinary art and science. And yet while the Provincial government pays for the education of horse doctors, it does absolutely nothing to assist the teaching of human physiology and medical chemistry, or to provide in any way for the equipment of the medical schools of the Province with the laboratories and apparatus which they are known to require. The impartial spectator would surely say that this inconsistency could only be of a temporary duration, and we trust, for the credit of the province in the matter of promoting and disseminating science, that it will be so.

On the European Continent, large sums are

voted by the governments for the purpose of promoting medical education, and quite recently a conspicuous liberality has been displayed in Paris, Berlin, and the lesser capitals in the erection of physiological laboratories and pathological institutes, the like of which we in this country need never aspire to, so hopeless is the expectation that our government will deal with medicine in such a liberal spirit. But in point of fact the actual requirements of the medical schools of the Province are of very modest extent, and there ought to be little hesitation in complying with them. It has been mentioned that an annual grant of say \$500 to each of the three medical schools, or in all but \$1,500 per annum, would relieve them from the embarrassment under which they have been placed since the withdrawal of the former government grant, and would assist in procuring apparatus and material needed for effective teaching and for properly competing with similar institutions abroad. A wealthy Province like Ontario would never miss the small amount stated to be sufficient to meet the actual requirements of the schools.

In certain quarters not well informed, there has been a tendency to underrate the effect of the withdrawal of Government assistance; but the fact is, all the schools have been seriously embarrassed thereby. The financial difficulties of one of the schools accumulated to such an extent that its managers saw no way out of their difficulties, and reluctantly and in the very midst of the session they were compelled to give up the work of tuition. The stoppage of the medical department of Victoria College last winter is an effect directly traceable to that act of the local government. We take it that it is no small loss to the Province to have its educational resources diminished by the extinction of Victoria College medical department, whilst the personal losses and the disappointed hopes of teachers, students and graduates are matters of no small concern.

Seeing that the old causes of jealousy and narrow feeling have been removed, and a new set of men are in office, the opportunity seems to have arrived for the government to give a limited but proper amount of aid to the medical schools of the Province. If we are not misinformed, the government will be asked during the vacation to enter a small grant on the Estimates next session, and so elicit the sense of the Legislative Assembly and of the country on this point.



### THE MEDICAL COUNCIL—YEARLY EXAMINATIONS.

It would appear from the reports that come to hand, that there is a good deal of opposition expressed against the yearly examinations established by the Medical Council, and this part of the programme is not likely to be carried out, partly because of its expensiveness and partly because of the lack of favor with which it has been received. Undoubtedly the Council has a capacity for expending all the supplies which come into its possession. It is now stated that owing in great measure to want of funds, the proposed yearly examination of students cannot be carried out, so that this meddlesome innovation on the time-honored and really sensible plan of *primary* and *final* examinations by the substitution of set papers every year is likely to fall to the ground. It is a proposal which has not by any means been popular with the students, and it is open to doubt whether medical education would be properly advanced by its adoption.

Want of funds is also one of the causes of the inefficiency in the matter of protecting the interests of the profession against the encroachments of unqualified practitioners. In the country it is a standing complaint that the Council does nothing to suppress quackery. The expectations raised by the promises of members of the Council that public prosecutors should be appointed, and irregular practitioners rigorously dealt with, have not been realised. This is, no doubt, owing in part also to the fact that public opinion is adverse to medical prosecution, and that leading organs in the newspaper press do not hesitate to proclaim the right of legally unqualified men to practice.

The collection of the annual assessment has been so far a comparative failure, and in consequence, the funds of the Council are very much reduced. This is much to be regretted; the profession should bear in mind that the Council has done good work in elevating the standard of medical education in this Province, and on that ground alone it deserves to be upheld. Let the acts of the Council be criticised when open to just criticism, as a means of spurring it up to do its duty; but the withdrawal of support by withholding the annual contributions only paralyses its efforts and weakens its influence for good. It

is in the interest of the profession generally that the utmost harmony, unity of interest, and good feeling should prevail between the profession and the Council, and we hope to see the annual contributions paid up more promptly in future.

### PHYSICIAN'S PRESCRIPTIONS.

The question of fitness and capability, it would appear from the experience of some, are not the only qualifications necessary in a dispensing chemist. He must be honest as well as competent. A circumstance occurred lately in Sheffield, Eng., which is calculated to throw discredit on the apothecaries in that place. Some of the practitioners were in doubt as to the care and accuracy with which their prescriptions were dispensed, and it was arranged in order to test the matter that prescriptions, each containing the same quantity of some expensive remedy, such as quinine and iodide of potassium, should be sent to certain druggists. In each of three prescriptions 120 grs. of iodide of potassium were ordered. Two of the prescriptions contained the full amount, while there was only 76 grs. in the third. Of three prescriptions in which 16 grs. of quinine were ordered, one contained only 9½ grs.; and in another in which 40 grs. were ordered, only 30 grs. were found on analysis. We have no doubt this dishonest practice is more common among druggists than is generally believed, and also the system of substituting one drug for another which the druggist thinks will answer equally as well.

It is well, however, for druggists to bear in mind that all such practices will sooner or later be discovered, and that "honesty" in compounding is in everything else "is the best policy," even if they are to be guided by no higher consideration. It is a very serious matter for a druggist to be even suspected of unfair dealing in this important matter.

### ACTUAL CAUTERY.

As an instance of the revival of old remedies in modern times, may be mentioned the use of the actual cautery in certain diseases of a chronic character. From the barbarous character of this mode of treatment, and the general unwillingness of patients to submit to it, the practice has nearly

fallen into disuse Dr. Brown Sequard has lately drawn attention to its use, and declares that it has not yet been fully appreciated. He says it should be applied at a white heat, as thus the pain produced is very much less than when it is at a red heat. The white heat instantly destroys the outer layer of the skin, so that radiation does not penetrate. He recommends its use in neuralgia; congestion or inflammation of the spinal cord, brain or any of the membranes; diseases of joints; epilepsy; locomotor ataxy; chorea, &c. For its application he chooses that part of the skin nearest the seat of pain. The iron should be applied rapidly and lightly, so as not to cause unnecessary pain. The most convenient instrument is one having a steel bulb about the shape of an olive, but much smaller. In chronic inflammations it requires to be repeated many times. In cases of neuralgia it will generally require to be applied three or four times at intervals of two or three days; while in locomotor ataxy, a single application is usually sufficient to allay the pain. In one case of chorea which had resisted all ordinary means of treatment, he effected a permanent cure in one week, by this method alone. He also recommends its use in the paralysis of the insane in which he says a cure may be expected if not advanced too far.

#### DISINFECTANTS.

In an article on Typhoid Fever, in the February number of this Journal, we alluded to the efficacy of chloride of zinc and chloride of lime as disinfectants; we propose briefly in the present, alluding to others in the same category. A disagreeable odor does not constitute infection, although a bad smell may under certain circumstances, afford a valuable index to infection; thus in the wards of a hospital, if the medical attendant has his sense of smell unpleasantly assailed, it is a signal that ventilation has not been sufficiently attended to, and he can accordingly order this neglect to be remedied; but if the care-takers of the ward have at their disposal an agent for conquering this smell, a liquid, which, upon being poured into the vessels, or sprinkled upon the ward, will remove all unpleasant effluvia—then the safeguard afforded by the senses becomes nugatory, the unpleasant odor is removed, but the

contagious poison continues, and accumulates. It is like taking away the beacon while the rock remains. Such a substance may lessen the trouble of the nightmen and wardsmen, and dissecting-room porters, but we feel persuaded that its employment would prove very injurious in practice. A simple and almost always accessible disinfectant is raw coffee. Pound or grind the well-dried bean and strew it over a moderately heated iron plate till the powder assumes a dark brown tint, it will then remove almost any noxious effluvia. Solutions of sulphate of iron, sulphate of copper, nitrate of lead, by their power of destroying the odor of sulphuretted hydrogen are of great value. For bed-ridden patients, place beneath them a calico bag two feet square, partially filled with finely pulverized charcoal, so as to form a cushion and absorbing medium. It has the happy effect, without even the necessity for frequently changing the charcoal, of completely neutralizing all unpleasant odor, and if the bed becomes partially wet, all the offensive ingredients are absorbed and neutralized by the charcoal, which thus is a most simple means of remedying a great nuisance, and one that requires the most strict attention, at best, to prevent; and that attention is often difficult and always expensive, to procure. In cases of incontinence of urine particularly, and, indeed, all cases attended with fœtid discharges, cancer, compound fractures, &c, this plan, or some modification of it, might be adopted with advantage. In the bed pans for receiving the excreta, place a few handfuls of dried earth, soot, or coal or wood ashes. When chloride of lime is not obtainable, a cheap and simple preparation may be substituted, viz., common salt, red lead, sulphuric acid and cold water. The red lead is mixed with the salt, and introduced into a bottle full of water. The sulphuric acid is then added gradually, and shaken at intervals. By this process sulphate of lead is formed and precipitated, and sulphate of soda and chlorine remain dissolved in the water. The chlorine, which gives the liquid a yellow color is disengaged as soon as the bottle is opened. To produce a more rapid disengagement, pour the liquid into shallow plates, so as to offer a large surface for evaporation. Ledoyen's disinfecting fluid is simply a solution of nitrate of lead in the proportion of a drachm to an ounce. Sir Wm. Burnett's disinfecting fluid is an aqueous solution

of the chloride or zinc, containing 200 grains of zinc in each imperial fluid ounce. The advantage claimed for this disinfectant, is, that while it destroys putrid odors, it has no smell of its own. Labarraque's disinfecting liquid is a solution of chlorinated soda, made by decomposing a solution of carbonate of soda with one of chlorinated lime. Mr. Condy, in 1857, first introduced the permanganate of potash as a powerful disinfectant. Not only has it great power in destroying fetid odors, but it is thought capable of destroying poisonous emanations, and thus to prove useful in preventing the spread of infectious diseases. For application to gangrenous ulcers and abscesses, or to diphtheritic patches at the commencement of the disease, a solution of ten parts to ninety of water may be used. The liquor pot. permanganatis (British Pharmacopœia) is in the proportion of four grains to the fluid ounce, or one to 110 of water. Reveil's stronger solution is of ten per cent of the salt. The weaker English solution may be used as a gargle for the throat. Linen and washing apparel may be effectually disinfected by either an ounce of chloride of lime or of Condy's disinfecting fluid to a gallon of water. Rooms no longer occupied may be disinfected by spreading a layer of common salt in shallow plates and pouring slowly over the salt strong sulphuric acid, or by placing in the plates black oxide of manganese finely powdered and pouring over it muriatic acid mixed with water, or by burning in the room an ounce or two of sulphur in a pipkin. In all these methods, the doors, chimney, and windows of the room must be kept carefully closed during the process, which should last for several hours.

#### THE McCONNELL CASE.

Conflicting opinions reach us regarding the mental condition of the criminal McConnell, found guilty of the murder of James Nelson Mills, at the Hamilton assizes; some alleging that he is really insane, while others assert on the contrary that there is not a single symptom of insanity present. Dr. Workman, whose opinion on account of a life long experience, is certainly worthy of attention, says, "that after careful retrospection and calm deliberation, he reiterates his expression of belief that McConnell was in a state of unsound mind on the morning of the murder, and for some time before."

It will be remembered that in the Topping tragedy, which occurred about two years ago, the same plea was set up, and with the same result as in this case, viz. a verdict of "wilful murder," (except that the jury in the Topping case brought in a recommendation to mercy). This man Topping murdered his wife and four children with an axe in the most stealthy manner, and afterwards attempted to commit suicide. The deed was done in the early morning when all were asleep, in the most systematic way, showing deliberate premeditation, and he would have been hanged had it not been that Dr. Landor of the Lunatic Asylum, London, was present at the trial, and stated his belief that the man was not of sound mind. He was subsequently sent to the Asylum at Rockwood, and there is no longer any doubt as to his insanity.

Our object in drawing attention to this case is not to enter into the merits of the question, but to point out the inexpediency of trying cases of insanity by a judge and jury. As a general rule our judges and lawyers, though well qualified in points of law, cannot be expected to have any practical knowledge of the various symptoms and phases of insanity. Justice would be much better secured if the question of insanity were first tried by a jury of *experts*; or the case might be gone into on its own merits, leaving the question of sanity or insanity to be determined afterwards, by a *jury of experts*, consisting of *three* of the ablest and most experienced alienists in the country. Such a proceeding would be much more satisfactory, and more conducive to the ends of justice, than to leave the question of sanity or insanity to an ordinary judge and jury.

#### IODIFORM.

This agent has been in use only a few years, and yet it has won for itself a high value among the therapeutic substances which pharmacy has, during recent years, been adding to our list of remedies. It is a formylic compound in which iodine acts the part of an acid, and formyl as a base, giving a teriodide of formyl. It is usually prepared by adding to an alcoholic solution of iodide of potassium heated to 104°, pulverised chlorinated lime, and stirring after each portion is added, until the mixture comes to assume a dark red colour. On being allowed to cool, iodate of

lime and iodoform are precipitated in a confused mass of crystals; the iodoform is then dissolved out with boiling alcohol. It may now be precipitated from this solution in small, pearly, yellow crystals, having a sweet taste and a saffron odor. It is insoluble in water, but readily soluble in bisulphide of carbon, in the fatty and volatile oils, in alcohol, ether, and chloroform, but is generally given mingled with syrup, glycerine, mucilage, or in pills with conserve of roses as a menstruum. Until recently it was difficult to obtain, but now it is kept in stock by most druggists. However by following the directions, any competent chemist can very readily prepare it.

It contains nine-tenths of its weight of iodine, but possesses no irritant action. It is healing, alterative, and anæsthetic, and is poisonous to the lower animals. It is a valuable deobstruent, alterative and anodyne in glandular enlargements, (of a painful nature) malignant tumors, gastric, inflammatory, rheumatic, gouty and painful swellings generally, and in the form of suppositories is specially useful in enlargement of the prostate gland in old men. In syphilis it possesses the alterative and deobstruent qualities of iodine without having its local inconvenient effects. It has been very freely given to relieve cancer and abate the progress of the disease, by giving it in 5 grain doses twice a day in mixture with 20 times its weight of mucilage in water, to make it miscible. In connection with its topical use, it is well to administer it in one-grain pills three times in the day at intervals of six hours each. To old and sluggish ulcerations it is very successfully applied in glycerine 40 to 60 grs. to ʒi. In uterine enlargements, painful indurations, and chronic ulcers, it is invaluable frequently applied by means of a camel's hair pencil direct to the part, and in vaginitis, or ulcers of the rectum, it is valuable in the form of suppositories, 20 grs. in a sufficiency of cocoa butter. In enlargements of joints from rheumatic inflammations, and in chronic rheumatic arthritis or synovitis it is best employed as an ointment, ʒi to ʒj of fresh lard, well rubbed into the part morning and evening. It will be found useful in *scaly* affections of the skin as a topical application in the form of ointment 20 to 40 grs. to ʒi.

An agent possessed as this is, to so wonderful a degree, of the power of soothing pain, healing ulcerated or excoriated surfaces, and reducing in-

flammation, must of necessity become very popular among physicians everywhere. Its effects are slow, but certain in their production. A physician of large experience with it, thus speaks in its praise, "As a topical application, its healing and anæsthetic powers are unequalled by those of any known agent. I am daily using it in the form of suppositories in cases of acute vaginitis with almost magical effect, and even in inflammation and induration of the neck of the womb it has proved itself an invaluable agent in rapidly relieving pain, reducing inflammation, and softening and restoring indurated tissue to a normal condition."

Some are in the habit of using it as a topical application in syphilitic ulcerations of the mouth, nose and throat. After touching carefully any accessible ulcers with a glass rod dipped in strong nitric acid to destroy the diseased surface, a topical application, of this agent ʒj. to ʒi. of glycerine, is applied by means of a camel's hair pencil morning and evening regularly, until a cure has been effected, which is generally in a few days. It seems to cause healthy granulation, to spring up with amazing rapidity, and in the hands of judicious men, especially in public hospitals, must prove of great value. In the treatment of ulcerated surfaces, with whatever topical application, much assistance may be derived from the internal administration at the same time of the potassio-tartrate of iron, in 10 grain doses thrice daily in syrup and water.

HYPODERMIC ALIMENTATION.—The hypodermic injection of nutrient fluids such as beef tea, milk, and cod liver oil, has been tried lately and with very good results. Dr. Whittaker, in the *Cincinnati Clinic*, reports a case in which from persistent vomiting and irritability of the rectum, no nourishment could be retained either in the stomach or bowels. The patient was much reduced and death from exhaustion was imminent. He then commenced hypodermic injections of milk and beef tea alternately every two hours, in teaspoonful quantities. These were continued three days, and then cod-liver oil was substituted for milk, no food whatever being taken by the mouth or rectum. The patient improved rapidly and made a good recovery. The injections of milk caused small abscesses, but no ill effects were produced by the cod-liver oil, to which the Dr. gives the preference in these cases.

**CHEAP NOTORIETY.**—It appears that Ontario is not the only Province in which medical men of a certain class, endeavor to obtain a little cheap notoriety through the local press. We clip the following from a paper published in the Province of Quebec. To the Editor of —

Sir.—“ May I trouble you with a few remarks on the death of the late Mr. ———. I feel you will be as pleased as myself to do all in your power to alleviate the distress of the bereaved family.

Within a short time it has, I find, been industriously rumored that at the time of the accident which caused his death, Mr. ——— was intoxicated. Now, I can most positively assert this was not the case; I was the first medical man who saw him and dressed his wounds, and in order to convince myself of the nature of the injury the brain had evidently received, I carefully examined (twice) the patient's breath, and though I am glad to say my sense of smell is particularly acute, I was unable to detect the slightest trace of alcoholic flavor.

I trust no more malicious observations may be made in reference to the case, as they can do no possible good and only tend to distress the friends of the deceased. Yours, &c., ———

The above, combining as it does an attempt to gain notoriety, and the applause of the public on philanthropic grounds, with an affectation of possessing an unusual and extraordinary diagnostic power in injury to the brain through the sense of smell, is so absurd that it seems too good to be lost. The best of the joke is that a letter appeared in a subsequent paper signed “one of the jury,” stating that at the inquest on this man, who was fatally injured by being thrown out of his waggon, it was proved beyond a doubt that the deceased had been drinking freely of beer and whiskey, and, when the accident occurred, was scarcely able to keep his seat in his vehicle. It appears the accident occurred last November, and until the Dr.'s letter came out, few, except those immediately concerned, knew that the man was intoxicated at the time of the accident.

**IDENTITY OF CROUP AND DIPHTHERIA.**—A great many practitioners of the present day believe in the identity of croup and diphtheria. Sir William Jenner, of London, who contended for the non-identity of these two affections a few years ago is now an advocate of the theory of identity, and in this view he has the unqualified support of some of the ablest authorities in England.

**PRESENTATION.**—Dr. O'Reilly who for the last eight years has been Resident Physician of the Hamilton Hospital, and who has accepted a similar position in the Toronto Hospital, was entertained at the Mayor's banquet, Hamilton, on the 8th ult., and presented with an address and a valuable set of plate. The Mayor, in the name of the donors, made the presentation. Upon the several pieces of plate was engraved “Presented to Charles O'Reilly, Esq., M.D., on his retiring from the position of Resident Physician of the Hamilton Hospital and Board of Health, by the Mayor and Aldermen, as a token of their esteem and regard. Dec., 1875.” The Dr. made a suitable reply.

**INQUEST IN ONTARIO.**—From a return recently laid before the Legislature, it was shown that the number of inquests held in Ontario during the year 1874 was 680. Of these 674 were certified by the respective county attorneys as necessary. The cost of the above inquests was \$6,653, making an average of nearly \$10 each. The report also states that there are 1,045 coroners in Ontario.

**FIBRO-CYSTIC BRONCHOCELE.**—Dr. Wolfred Nelson, of Montreal, reports a case of fibro-cystic bronchocele successfully removed by him a short time ago. The woman was 32 years of age, and had been goitrous since the age of 16. The tumor which was about the size of a tea-cup, involved the left lobe of the thyroid gland, and caused considerable difficulty in breathing. The vessels were all ligated before being severed, and there was very little hemorrhage. The tumor was hard and dense, and weighed eight ounces. The patient made a good recovery.

**GIVE US YOUR EXPERIENCE.**—We would desire to solicit the contributions of our friends in all parts of the Dominion. The experience of active practitioners in their daily practice ought to be, and really is the most important and instructive kind of material which can be obtained for the columns of a medical journal. This we have endeavored to give as far as possible in the past, and we would wish still further to increase this department, and would take this opportunity of asking our readers in all parts of the Dominion to assist us to the full extent of their ability. We

are quite certain that many valuable cases have never been reported, and on the other hand many valuable contributions are buried in the printed transactions of medical societies, or by being published in medical journals and "organs" of small circulation; but we can assure our readers and contributors that articles which appear in the LANCET will be read by nine tenths of the profession in the Dominion of Canada, and by many in the United States.

**AMERICAN CENTENNIAL.**—Dr. David, of Montreal, has been appointed honorary secretary for the Dominion of Canada, to the International Medical Conference to be held in Philadelphia, in September next, and he has been requested to furnish the American corresponding secretary with a list of all the Canadian Medical Societies. Secretaries of such would confer a favor by communicating with Dr. David.

**SALICYLIC ACID IN FOUL BREATH, AND OFFENSIVE EXPECTORATION.**—Prof. DaCosta of Philadelphia, (*Med. and Sur. Reporter*) recommends salicylic acid as a preventive of the foul breath and offensive expectoration of consumptive patients. He gives it in five grain doses with one drachm of glycerine in half an ounce of water three times a day. His experience with this agent is that it modifies the offensiveness of the breath to a very great extent, and changes the offensive character of the expectoration though to a less degree. It is very useful in fetid bronchitis. The addition of a little borax increases the solubility of the salicylic acid. Inhalation by means of an atomizer is also recommended in some cases.

**PERSONAL.**—Dr. L. H. Evans (B.A., Trinity College, Toronto) has commenced practice in this city. He has for some time past occupied the position of Principal of the Brockville High School. On the eve of his departure for this city he was the recipient of an address and a purse containing \$120. The presentation was made by Dr. Morden of Brockville, on behalf of the citizens. We gladly welcome him to this city, and wish him every success.

**MEDICAL DEFENCE ASSOCIATION.**—An association of medical men has lately been established in Great Britain, for the purpose of "suppressing

unqualified practitioners; secret quack medicines; indecent medical publications; bogus diplomas; and improper alliances of qualified and unqualified men; also to protect medical men from vexatious prosecutions; to prevent the registration of non-certified deaths; to correct the abuse of out practice at hospitals; to devise a fair tariff of medical fees; and to give medicine a firmer political basis in the House of Commons." Dr. B. W. Richardson, F.R.S., is president, and among the members may be mentioned Drs. Herbert Davies, Ernest Sansom, Spencer Watson, C. J. White, and others.

**PROF. BILLROTH ON MEDICAL EDUCATION.**—Quite a sensation was produced in medical circles lately in Vienna, by the appearance and contents of a volume on "Medical Education," by Prof. Billroth. He denounced certain classes of Jews, who were obliged to teach, and peddle matches in order to obtain a medical education, and claimed that poor people should not allow their children to study medicine. He was hissed at the clinique by certain students. After the operation he passed the tumor on a salver to the students for examination, as is his custom, and when it was returned a number of matches were found by the side of the tumor. A few days later the indignant students went to further excesses; some hissed and others cheered him, the latter attempted to oust the former from the lecture room, and a general fight was the result. Next day the Dean announced that if there was any repetition, the ring-leaders would be expelled from the university. The announcement had the desired effect.

**EXAMINATION FOR LICENCE.**—The Professional examination of the Collège of Physicians and Surgeons, Ont., will be held in the Convocation Hall, Toronto University, commencing on the 4th of April. Candidates are requested to hand in their tickets and certificates to the Registrar, Dr. Pyne, on or before the 28th inst.

**APPOINTMENTS.**—Drs. J. D. McDonald and Thomas White, of Hamilton, have been appointed visiting physicians to the Hamilton Hospital. William Britton, M.D., Yorkville, to be an Associate Coroner for the County of York. Robert S. Chaffey, M.D., Alliston, to be an Associate Coroner, for the County of Simcoe.

## EXTERNAL USE OF TURPENTINE IN TONSILITIS.

—In the *Medical Times*, Philadelphia, Dr. S. H. Roberts strongly recommends the use of turpentine externally in tonsillitis. He folds the flannel to four thicknesses, wrings it out in hot water, and pours oil of turpentine over a spot of the size of a silver dollar. The flannel is then applied over the subparotid region, and the fomentation is continued as long as it can be borne. After removal, a dry flannel is applied, and the same region is rubbed with turpentine every two hours. This application is continued daily till resolution occurs. He believes, from the evidence of his long experience, that, thus applied early in the disease, the oil of turpentine has almost a specific effect in tonsillitis. That its action is not simply that of an irritant, he has proved by employing mustard, croton-oil, tincture of iodine, etc., in the same class of cases. They always failed to diminish the inflammation of the tonsils, while the turpentine succeeded.

UNNECESSARY JOURNALS.—[The *Medical Record*, N. Y., has the following, in reference to the multiplicity of Medical Journals.] “Enterprise in journalism is, on general principles, to be commended, but it is hardly requisite for every society or every school in North America to have its so-called “medical organ.” Every little while we hear the announcement of a new periodical of this sort, generally accompanied with the usual modest misgiving on the part of the editors as to its ultimate success, but invariably with an earnest appeal for the support of friends. Many of these ventures are explained on the ground of a want long felt by a particular community, or a particular medical school, and it is only after a signal failure that the editors are willing to acknowledge that they have made a miscalculation. But this is a matter of business which every one who is likely to be interested in journalistic undertaking should thoughtfully consider. There is, however, another element in the question which should be taken into account. These new periodicals not only take a certain share of pecuniary support from those already established, but are the means of ultimately luring many valuable communications. Besides this, every unnecessary journal tends directly to interfere with the general progress of journalism.”

CANADIANS ABROAD,—C. McLarty, M.B., and T. Millman, M.D., graduates of Trinity College Medical School, Toronto, successfully passed the professional examination of the Royal College of Surgeons, Eng., on the 24th of Jan., and were admitted to the membership in that body.

## Books and Pamphlets.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE.  
Edited by Dr. H. Von Ziemssen. Vol. v.  
New York: Wm. Wood & Co.

The general progress of medical science is highly creditable to the intelligence and industry of the age in which we live. The truly colossal labour of this work continues to be admirably performed by the various collaborateurs selected by the editor. The fifth volume on the “Respiratory Organs” contains exhaustive essays by Professor Juergensen, of Tubingen; Professor Hertz, of Amsterdam; Professor Ruehle, of Bonn; and Professor Rindfleisch, of Wurtsburg. The very important aids to diagnosis, mensuration, temperature, palpation, percussion, auscultation, and analysis of individual symptoms are, in this volume, minutely entered upon. Palpation is insisted upon as of the greatest importance in the pneumonia of children. On this subject Professor Juergensen says: “This mode of examination is of the greatest importance; it depends, as is well known, upon the greater or less sense of resistance which the thorax communicates to the sense of touch. To quote a characteristic saying, not only the surgeon but also the physician who treats internal diseases, should hear with his hands.” Juergensen’s articles are “Croupous Pneumonia,” “Catarrhal Pneumonia,” “Hypostatic Processes in the Lungs,” and the conditions which give rise to hypostatic infiltration of the lung, and “Pneumonia from Embolism.” Professor Hertz on “Hyperæmia,” “Anæmia,” “Hæmorrhages,” “Atlectasis,” “Collapse,” “Atrophy,” “Emphysema,” “Hypertrophy,” “Gangrene,” “New Formations,” and “Parasites.” Professor Ruehle on “Pulmonary Consumption,” and “Acute Miliary Tuberculosis.” Professor Rindfleisch on “Chronic and Acute Tuberculosis.” Our limits will not allow us to offer even an abstract of all the information contained in these minute and valuable monographs. Published as they now are in our language, we would strongly advise every practitioner to have this Cyclopædia, this monument of industry and research, in his possession.

TABLETS OF ANATOMY & PHYSIOLOGY FOR THE USE OF STUDENTS. By Thos. Cook, F.R.C.S. Eng. Embracing the whole course of Anatomy & Physiology, in the smallest possible compass. Toronto; Willing & Williamson.

**HOSPITAL CONSTRUCTION AND ORGANIZATION.—**  
**THE JOHNS HOPKINS HOSPITAL, NEW YORK ;**  
**WM. WOOD, & CO.**

A wealthy gentleman of Baltimore bequeathed several millions of dollars for the endowment of a hospital, a home for orphans, and an university. Trustees were appointed by his will, and requested "to obtain the advice and assistance of those who had achieved the greatest success in the construction and management of hospitals," and the work before us is the result of the efforts in this direction. We have in five different papers the views and opinions of Drs. Billings, Folsom, Jones, Morris, and Stephen Smith, on "Hospital Construction and Management." The book is well illustrated with plans and diagrams, and is a most instructive and valuable work.

**ANNUAL REPORT OF THE MEDICAL HEALTH**  
**OFFICER OF THE CITY OF OTTAWA FOR 1875 ;**  
**J. P. Lynn, Esq., M.D.**

It appears that the diseases which were most prevalent during the past year in Ottawa were small-pox in the early part of the year, and typhoid fever in the latter part. 126 cases of small-pox, were reported with 43 deaths and 81 recoveries. The greater portion of the cases were among the unvaccinated, viz., 73, and there was not "a single instance of death where signs of successful vaccination were shown." The prevalence of typhoid fever is attributed (very properly) to imperfect drainage. We are glad to observe in the report a recommendation of the "dry earth" system in water closets.

**NATURE'S POWER TO HEAL, by Wm. Canniff,**  
**M.D., M.R.C.S., Toronto, Surgeon to the To-**  
**ronto General Hospital. Prepared for the**  
**Canadian Medical Association.**

**ON THE PATHOLOGY OF MINER'S LUNG, by Wm.**  
**Osler, M.D., L.R.C.P., Lond., Prof. of Insti-**  
**tutes of Medicine, McGill College, Montreal.**

**ON PARALYSIS FROM BRAIN DISEASE IN ITS**  
**Most Common Forms, by H. C. Bastain, M.A.,**  
**M.D., F.R.S., London ; New York, D. Apple-**  
**ton & Co.; Toronto, Willing & Williamson.**

**REPORT OF THE MARINE HOSPITAL SERVICE IN**  
**THE UNITED STATES FOR 1874, J. M. Wood-**  
**worth.**

**ON ALTITUDE AND CLIMATE IN THE TREATMENT**  
**OF PULMONARY PHTHISIS. By W. Gleitsmann,**  
**M.D. Baltimore ; Innes & Company.**

**BRAITHWAITE'S RETROSPECT, for Jan. 1876 ; Wil-**  
**ling and Williamson, Toronto. Price \$1.50.**

This publication, as usual, contains a large amount of useful information. The number before us presents an entirely new feature, in having as an appendix a general index to parts LXIX, LXX, LXXI, and LXXII, pointing out the volumes and page in which information on any given subject may be obtained.

**A SYSTEM OF MIDWIFERY, including the diseases**  
**of Pregnancy and the Puerperal State, by Wm.**  
**Leishman, M.D. Second American, from the**  
**second revised English edition, with additions**  
**by John S. Parry, M.D.; Philadelphia, H. C.**  
**Lea ; Toronto, Willing & Williamson.**

The fact that a new edition of this work has been called for so soon after the appearance of the first, speaks strongly in favor of the popularity of the book, and shows the nature of the demand there has been for it. The work was favorably received from the first, and the present edition is an improvement upon the former. Much new matter has been added, both by the author and the American editor, so that it is more complete than its predecessor, and cannot fail to have a large sale. It is a work that can be confidently recommended. It is especially suitable to the use of medical students

**CLINICAL LECTURES ON THE DISEASES OF THE**  
**URINARY ORGANS, by Sir Henry Thompson,**  
**of University College, London. Second Ameri-**  
**can, from the third English edition, with illustra-**  
**tions. Philadelphia: H. C. Lea. Toronto:**  
**Willing & Williamson.**

**REPORT OF THE QUEBEC LUNATIC ASYLUM FOR**  
**1875, by Drs. Landry and Roy, Medical Super-**  
**intendents.**

**LACK OF PROFESSIONAL *ESPRIT-DE-***  
***CORPS***

[The following communication came to hand too late for insertion under its proper head.]

To the Editor of the CANADA LANCET.

SIR,—It is a matter of surprise and regret to me to see medical men writing to the *Globe* on medical subjects. The action of the *Globe* towards the profession has been such that I and many others have written to the manager, withdrawing our names from the list of subscribers, and stating our



reasons. I fail to understand how men can quietly pocket the insulting epithets and remarks lately made by the *Globe* in regard to the profession, and signify their friendly appreciation and support by discussing medical matters in its columns.

I was very much pleased to see a letter on this same subject in the December number of your journal.

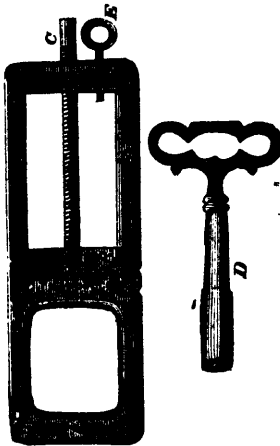
Yours, &c.,

W. O.

**OWNER WANTED.**—We received a letter on the 18th ult., bearing the Montreal post mark, with three dollars enclosed. The sender having forgotten to sign his name to the letter, we are at a loss to know from whom the remittance has been received.

### New Instruments.

**NEW OVARIOTOMY CLAMP.**—Dr. Dawson exhibited, at the New York Obstetrical Society, (*Am. Journal of Obstetrics*), an ovariotomy clamp devised by himself, by means of which a complete and more equable compression of the pedicle is obtained than by Spencer Wells' clamp.



The compression is exercised by two steel crossbars which are made to approach each other by means of a screw worked by a removeable key, lateral compression being secured by the immovable steel shafts in which these crossbars slide. The clamp is of such a length that its ends rest on the abdominal parietes and aid in uniting the edges of the abdominal wound. Spencer Wells has used it, praises it highly, and has had several made.

Dr. Peaslee thought it was the best clamp he had seen, and that it secured perfect compression. The opening seemed somewhat small for some pedicles, but there are cases in which no clamp would properly secure and compress the large fleshy pedicle.

### NORTH RIDING OF BRUCE MEDICAL ASSOCIATION.

The second meeting of the above Society was held at Port Elgin, on Thursday, Feb. 3rd. The attendance was very good; the President in the chair. Among the resolutions that were passed are the following:—

“Resolved, that this Association adopt the code of Medical Ethics to be found in Tanner's Clinical Medicine.

“Resolved, that in the opinion of this Association, the Board of Examiners of the College of Physicians and Surgeons of Ontario should be selected from *without* the Medical Council.

“Resolved, that this Association hereby most emphatically condemns the *Globe* newspaper for its support of quackery, and for its absurd advocacy of the doctrine of ‘Free Trade in Medicine.’”

Steps were taken toward the suppression of unregistered practitioners in the North Riding of Bruce. Dr. Scott was appointed to represent this Association at Guelph. Dr. Douglass, of Port Elgin, was requested to prepare a paper on some medical subject, to be read at next meeting. A short paper was read on Quinsy and its treatment. After a vote of thanks to the President, the meeting adjourned to meet at Tara on call of the President.

### Births, Marriages, and Deaths.

On the 3rd Feb., at 170 King-street West, Toronto, the wife of A. DeLaHaye, M.B., of a daughter.

On February 2nd, John McAlpine, M.D., to Eliza Jane, second daughter of Mr. John Hughes, Cartwright.

On the 11th ult., in this city, J. C. McArthur, M.D., aged 28 years, formerly of Stoney Creek, Ont.

On the 4th ult., J. S. Scott, M.D., Gananoque, of congestion of the lungs.

On the 4th ult., E. L. Brown, M.D., Wolfville, N. S.

On the 14th ult., after a lingering illness, M. L. Alexina, eldest daughter of Dr. P. St. Jean, M.P., Ottawa, in the 10th year of her age.

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

# PURE COD-LIVER OIL,

*Manufactured on the Sea-Shore, by HAZARD & CASWELL, from Fresh and Selected Livers.*

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

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."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils, have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & Co. also call the attention of the Profession to their preparation of the above estimable Tonic as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from ITS ALKALOIDS OR THEIR SALTS—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an Elixir of Quinine and Iron. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessert-spoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

**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.

CASWELL, HAZARD & CO., CHEMISTS AND DRUGGISTS, New York.

## T. MORSON & SON,

31, 33 & 124 SOUTHAMPTON ROW, RUSSELL SQUARE, W.C.

WORKS: HORNSEY ROAD, N., & SUMMERFIELD WORKS, HOMERTON E., LONDON,  
MANUFACTURERS OF

Pure Chemicals and all New Medicines.

### SPECIALTIES.

MORSON'S PEPSINE PREPARATIONS. (The Original English Manufacturers.)

MORSON'S PEPSINE PORCI, Pure.

MORSON'S PEPSINE POWDER, or POUDRE NUTRITIVE.

MORSON'S PEPSINE WINE.

MORSON'S PEPSINE LOZENGES.

MORSON'S PEPSINE GLOBULES.

MORSON'S PANCREATINE POWDER.

MORSON'S PANCREATIC EMULSION.

MORSON'S PANCREATIZED COD LIVER OIL.

MORSON'S SACCHARATED WHEAT PHOSPHATES.

MORSON'S CREOSOTE, from WOOD TAR. (The only English Makers.)

N.B.—Test of Purity—Insoluble in Price's Glycerine.

MORSON'S GELATINE. (The most economical substitute for Isinglass.)

MORSON'S CHLORODYNE.

MORSON'S EFFERVESCING CITRATE OF MAGNESIA.

MORSON'S ARTIFICIAL ESSENCES for Flavoring.

MORSON'S MORPHIA SALTS.

MORSON'S CHLOROFORM, Pure and Meth.

MORSON'S SP. ETHER NIT. P.B.

MORSON'S SP. AMMON. AR. P.B.

MORSON'S GINGERINE and ALOINE.

*Sold Wholesale and Retail by all Chemists and Druggists throughout the World.*

# BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK.

## SESSIONS OF 1875-76.

**THE COLLEGIATE YEAR** in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

**THE PRELIMINARY AUTUMNAL TERM** for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

**THE REGULAR SESSION** will commence on Wednesday, September 29, 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.  
FORDYCE BARKER, M.D., Prof. of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Prof. of the Principles and Practice of Medicine, and Clinical Medicine.  
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.  
LEWIS A. SAYRE, M.D., Prof. of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.  
ALEXANDER B. MOTT, M.D., Prof. of Clinical and Operative Surgery.  
WILLIAM T. LUSK, M.D., Prof. of Obstetrics and Diseases of Women and Children, 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 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 Otolaryngology.  
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, etc.  
EDWARD G. JANEWAY, M.D., Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session there will be daily recitations in all the Departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

### 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

### Fees for the Summer Session.

Matriculation (Ticket good for the following Winter).....	\$ 5 00
Recitations, Clinics, and Lectures.....	50 00
Dissecting (Ticket valid for the following Winter).....	10 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.

# GEORGE TIEMANN & CO.,

F. A. STOHLMANN. ESTABLISHED 1826. ED. PFARRE

67 CHATHAM STREET, NEW YORK,

MANUFACTURERS AND IMPORTERS OF

## SURGICAL INSTRUMENTS,

Apparatus for Fractures, Dislocations and Deformities,

Latest Instruments for Local Anæsthesia, and for Applica-

tions to the Larynx, Posterior Nares, Eustachian Tube,

Uterus, Urethra, Bladder, &c., &c. Laryngoscopes,

Ophthalmoscopes, Endoscopes, Hypodermic Sy-

ringes, Fever Thermometers, &c. Surgical

Instruments of all kinds made to order,

and the Latest Improvements and

Novelties promptly supplied.

TWO SILVER MEDALS AWARDED

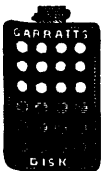
BY THE

PARIS EXPOSITION OF 1867,

BEING THE ONLY SILVER MEDALS GRANTED TO

American Exhibitors of Surgical Instruments.

### Dr. Garratt's Electric Disk.



for local Weakness and chronic Pains—if worn by night or day, as a flexible pad, self-applies a constant fine Electric influence, of great power to cure weak Nerves, Joints, Muscles or Organs, as weak Lungs, Throat, Stomach or Back, Sluggish Liver, Rheumatic, Heart, Asthma, Congestion in Neck, Head Pains, Weak Kidneys and Pelvic Organs.

Large best Disk, 5 by 8 inches, 24 poles, \$2.50. Childrens, 2 by 5, \$1. Simple Disk, 50cts. Greatly improved in durability. Each Disk is warranted.

Physicians say, "Garratt's Disk is the only thing for this purpose, that is reliable."

Sold by Druggists and Surgical Instrument Dealers.

Sent by Mail on receipt of Price, by A. C. GARRATT, M.D., (Electrician) 6 Hamilton Place, Boston, Mass.



## CUTLER'S POCKET INHALER

AND

Carbolate of Iodine Inhalants

A REMEDY for all NASAL, THROAT and LUNG Diseases, affording relief in some cases in a few minutes.

This instrument is gotten up on an entirely new principle, and is well adapted to the treatment of all those diseases of the air passages requiring efficient inhalation. It is endorsed by many leading practitioners, and commends itself to all desiring an apparatus.

Dr. George Hadley, Professor of Chemistry and Pharmacy in the University of Buffalo, in a carefully considered report upon its merits, concludes in these words:

"On the whole, this Inhaler seems to me, to accomplish its purposes, by novel, yet by the most simple and effectual means; to be philosophical in conception, and well carried out in the execution."

Always ready, no danger of breaking or spilling, besides being as safe and efficient in the hands of the novice as the adept. Made of Hard Rubber, it may be carried about the person as handily as a pencil case, and used regardless of time or place. Patented in the United States, England and Canada. Over 50,000 now in use in this country.

Price \$2, including Inhalant for two months' use. Neatly put up and sent by mail free, on receipt of price. Extra bottles of Inhalant, 50c. Liberal discount to the trade. Kept by all druggists. Send your address and receive our descriptive circular, post-paid.

W. H. SMITH & CO.,

402 and 406 Michigan St., Buffalo, N. Y.

Samples to Physicians free by mail on receipt of \$1.

## TO MEDICAL MEN.

THE Property and Good-will of a Practice for Sale, in an enterprising Village on a line of Railroad. Practice established 16 years, and worth from \$2,500 to \$3,000 a-year.

Possession 1st of April next. Satisfactory reasons for selling.

Address "LANCET Office," Toronto.

## MICROSCOPY.

ARTHUR JUKES JOHNSON, M.B., M.R.C.S., Eng., Fellow Royal Microscopical Society of London, Lecturer on Microscopy, Trinity College, Toronto. Microscopical examinations of Diseases and Excreta of the body; also, of Toxicological conditions in connexion with Jurisprudence. Histological demonstrations to private pupils. Yorkville, Toronto,

## FIRST PRIZE FOR ARTIFICIAL LIMBS

### AND SURGICAL APPLIANCES.



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

JAMES AUTHORS,  
16 King Street East, Toronto.

TORONTO, Sept. 17, 1874.

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

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

# DR. J. COLLIS BROWNE'S CHLORODYNE

## IS THE ORIGINAL AND ONLY GENUINE.

### ADVICE TO INVALIDS.

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

## CHLORODYNE,

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

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

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

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

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

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

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

Extract from *Indian Economist*.

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

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

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

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

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

FROM DR. THOMAS SANDIFORD, Passage West, Cork.

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

FROM DR. B. J. BOULTON & Co., Horncastle.

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

FROM J. C. BAKER, Esq., M.D., Bidford.

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

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

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

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

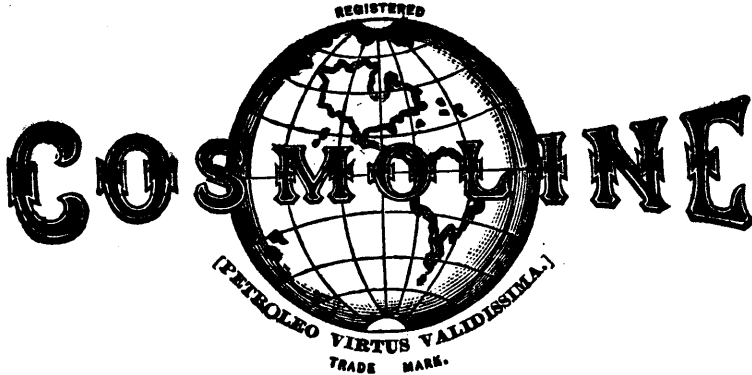
Lord Chancellor Selborne and Lord Justice James stated that the defendant had made a deliberate misrepresentation of the decision of Vice-Chancellor Wood.

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

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

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

PUT UP IN 1 lb., 5 lb., and 10 lb, CANS.



(PETROLEO VIRTUS VALIDISSIMA.)

"The most efficacious virtue from Petroleum."

The *Emollient* and *healing principle* from Petroleum, highly purified and concentrated, without the use of chemicals. It has an absolute non-affinity for oxygen or moisture; a perfect bland, soothing, oleaginous substance, applicable to the most sensitive condition, even to the eye, without the slightest irritation, and yet so homogeneous and dense as to exclude atmospheric action and other malfic influence. IT IS A PERFECT APPLICATION.

WHEN USED AS SURGICAL DRESSING, and the bandages adhere to the wound, the subsequent applications may be made upon the exterior of the last fold, which it will penetrate at once, thus avoiding the danger of re-opening the wound. FOR BURNS AND SCALDS it is INVALUABLE. It allays the acute inflammation almost immediately, and thoroughly protects the injured parts from the action of the atmosphere. If used promptly and ALONE, the wound heals rapidly, even in severe cases, without any sloughing, and usually without leaving any soars. For cuts, lacerated surfaces, all kinds of *Inflammation*, poisoning, and SKIN DISEASES GENERALLY. For Piles and diseases of the rectum, uterus and urethra, by injection. Hundreds of uses for it are suggested to the physician who knows its positive virtue. It is incapable of decomposition, fermentation, or becoming rancid on any sore, in any climate or temperature.

Cosmoline combines readily with White Wax for Ointments, Cerates, with Sulphur, Iodine, Bromine, etc., with Camphor, Gums, Resins, etc. It does not combine with proof spirits, Ammonia, or Caustic Alkalies. Coming from the same primitive source as Carbolic Acid, it has a peculiar affinity for that valuable remedy, and forms a superior vehicle for it: on account of its simple and positive character it is vastly superior to Olive Oil, Lard, etc., as a menstruum for other external applications. As an emollient, it is superior to Glycerine, especially the Rose perfumed. Its non-affinity for oxygen or moisture renders it a perfect protection against rust when applied to surgical instruments.

Prepared expressly for Medical Purposes by

**E. F. HOUGHTON & CO.,**

To be had from all Retail Druggists. Samples and Circulars furnished

215 South Front Street Philadelphia, Pa.

## Elixir Ferri et Calcis Phosphatis Co.

LACTO-PHOSPHATES.

FORMULA OF DR. DUSART, OF PARIS.

## Compound Elixir of Phosphates and Calisaya,

A Chemical Food and Nutritive Tonic.

THIS elegant preparation combines with a sound Sherry Wine 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 official 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

T. B. WHEELER, MONTREAL, D. C.

SOLD BY ALL DRUGGISTS

## HORATIO G. KERN,

MANUFACTURER OF

## SURGICAL AND DENTAL INSTRUMENTS, &c.

ESTABLISHED 1837.

THE subscriber would again remind the Medical and Dental Profession that he still continues to manufacture his celebrated Instruments, in all the various branches

Assiduous attention to the details of the business, which an experience of thirty-five years has afforded, has enabled him to make many improvements in his

## Unrivalled Extracting Forceps,

Both as regards their quality and adaptation to the purposes for which they are intended, a desideratum which will be appreciated by all wishing to purchase Instruments, that are reliable and of long and well established reputation.

## ASPIRATORS.

(A new Instrument.)

Aspirator, No. 1, Six Tubulated Needles, assorted.....\$25.00  
Aspirator, No. 2, " " " " ..... 18.00  
Aspirator, No. 3, " " " " ..... 12.00

All the Latest Improvements and Novelties.

All orders entrusted to his care will be promptly attended to.

Catalogues furnished on application.

HORATIO G. KERN,

Oct., 1873.

No. 21 North Sixth St., Philadelphia.

## THE HEALTH LIFT

IS BECOMING INDISPENSABLE AS AN ADJUNCT TO MEDICAL TREATMENT, AND IS NOW IN THE OFFICES OF MANY OF OUR LEADING PHYSICIANS. NO ONE THING WILL SO GREATLY HELP THE DOCTOR IN RESTORING HIS PATIENTS. IT IS UNIVERSALLY RECOMMENDED BY THE MEDICAL PROFESSION.

ADDRESS FOR FULL PARTICULARS, F. G. WELCH, M.D., Manager.  
AGENTS WANTED HEALTH LIFT CO., 46 EAST 14TH ST., NEW YORK.

# ELECTRICAL INSTRUMENTS

FOR

## MEDICAL USE.

We respectfully refer to the following Eminent Physicians:

### BOSTON.

Prof. Francis Minot, M.D.  
H. H. A. Beach, M.D.

### CHICAGO.

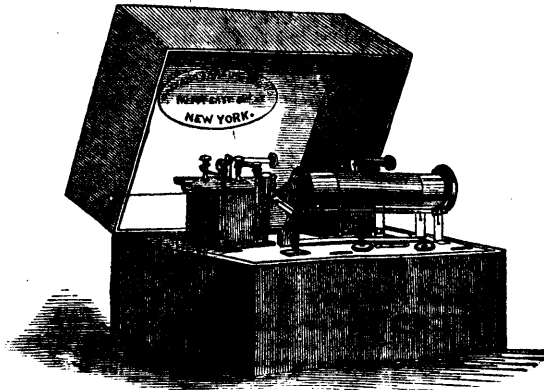
Prof. N. S. Davis, M.D.  
Prof. James S. Jewell, M.D.

### DETROIT.

Prof. Thea. A. McGraw, M.D.  
Prof. James F. Noyes, M.D.  
Prof. Albert B. Lyons, M.D.  
Prof. Leartus Connor, M.D.

### ST. LOUIS.

Prof. J. K. Bauday, M.D.  
Prof. Jas. B. Johnson, M.D.



### NEW YORK CITY.

Prof. W. A. Hammond, M.D.  
Prof. Lewis A. Sayre, M.D.  
Prof. James R. Wood, M.D.

### PHILADELPHIA.

Prof. Robert E. Rogers, M.D.  
Prof. B. Howard Rand, M.D.

### CANADA.

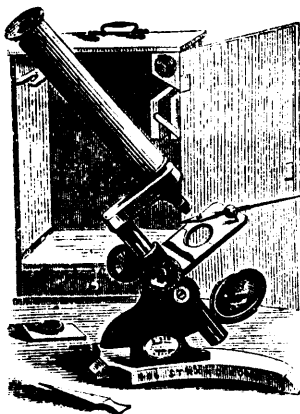
Dr. Theo. Mack, M.D., St. Catharines.  
Dr. Fife Fowler, M.D., Kingst'n  
Dr. John R. Dickson, M.D., Kingston.  
Dr. B. H. Lemon, M.D., Thorold.  
Drs. Orton & Alexander, M.D., Fergus.  
Dr. A. Wolverton, M.D., Hamilton.  
Dr. J. Fulton, M.D., Toronto.

# Galvano-Faradic Manufacturing Company,

167 EAST 34th ST., NEW YORK.

FOR SALE BY LYMAN BROS., TORONTO.

Send for Catalogue, with a concise and practical Guide for their use



**J. H. STEWARD,**  
OPTICIAN TO THE BRITISH  
AND  
FOREIGN GOVERNMENTS,  
AND THE  
NATIONAL RIFLE ASSOCIATIONS  
OF ENGLAND AND AMERICA.

*By Special Appointment.*

406 and 66 Strand, 54 Cornhill and 63 St. Paul's Churchyard,  
LONDON, ENGLAND.

J. H. STEWARD'S NEW FIELD GLASS, "THE DUKE,"  
as supplied to Sir Garnet Wolseley's Staff for the Ashantee  
Expedition—the finest Binocular now made.



SOLE MAKER of the celebrated "Lord Bury" Telescope, £3 10s.

J. H. STEWARD'S £3 3s. EDUCATIONAL MICROSCOPE, complete in Cabinet, with set of three powers, 1,  $\frac{1}{2}$  and  $\frac{1}{4}$  inch  
live box, stage forceps and tweezers, including "Half hours with the Microscope," by Dr. Lankester.

ILLUSTRATED CATALOGUES, gratis, post-free, or on application to the "Canada Lancet" office, where a sample of the  
Microscope may be seen.

# HENRY J. ROSE,

WHOLESALE AND RETAIL DRUGGIST—COR. QUEEN AND YONGE-STs.. TORONTO.

The following prices of a few of the leading requirements of the profession will serve as a guide to intending purchasers, subject to market fluctuations, quality being esteemed of the first importance. Tinctures, Syrups and Liqueurs are kept in 8 oz. bottles, and the price quoted includes the bottle. ~~25~~ Terms Cash less 5 per cent. discount. Corrected to Feb. 1st, 1876.

	\$	c.		\$	c.		\$	c.			
Acid, Carbolic.....	oz.	0	07	Iodine, resub.....	oz.	0	50	Rad. Rhei. pulv.....	lb.	2	00
" Sulph. Ar.....	8 oz. bot.	0	20	Jalapin.....	oz.	1	75	Santonine.....	oz.	0	65
" Hydrocyan.....	1 "	0	23	Lin. Saponis.....	8 oz. bot.	0	24	Soda Bicarb.....	lb	0	12
Ammon. Carb.....	lb.	0	25	Liq. Ammon.....	"	0	17	" Potass. Tart.....	"	0	38
Æther, Nit.....	8 oz. bot.	0	22	" Arsenic.....	"	0	20	Spir. Camphor.....	8 oz. bot	0	24
" Sulph.....	"	0	33	" Bismuth.....	"	0	45	" Ammon. Co.....	"	0	24
" " Co.....	"	0	28	" Donovan.....	"	0	23	Syr. Aurant.....	"	0	20
Antim. Pot. Tart.....	oz.	0	08	" OpiSed.....	"	1	60	" Codeia.....	"	0	90
Argenti Nit. fus.....	"	1	30	" Potassa.....	"	0	17	" Ferri Iod.....	"	0	50
Balsam Copaib.....	8 oz. bot.	0	63	Mist. Ferri Co.....	8 oz. bot.	0	20	" Strych. Phos. Co.....	"	0	65
Bismuth, Car.....	oz.	0	30	Morph. Sul.....	oz.	4	50	" Hypophos.....	"	0	45
Cerri Oxalae.....	"	0	30	" Mur.....	oz.	4	50	" Phosph. Co.....	"	0	40
Chloral Hydrate.....	"	0	15	Ol. Crotonis.....	"	0	25	" Senegph.....	"	0	30
Chlorodyne.....	"	0	15	" Jecoris Assell.....	lb.	0	25	" Scilla.....	"	0	20
Chloroform.....	lb.	1	40	" Olive Opt.....	"	0	30	Tinct. Aconit.....	"	0	24
Cinchon, Sul.....	oz.	0	60	Opium.....	oz.	0	70	" Arnica.....	"	0	24
Ergot, pulv.....	"	0	13	" Powd.....	"	0	85	" Calumb.....	"	0	20
Emp. Lytta.....	lb.	1	25	Pil. Aloes.....	gross.	0	30	" Camph. Co.....	"	0	20
Ext. Belladon.....	oz.	0	20	" Aloes et Ferri.....	"	0	30	" Cardam. Co.....	"	0	24
" Colocynth Co.....	"	0	12	" " Myr.....	"	0	38	" Catechu.....	"	0	20
" Gentian.....	"	0	05	" Assafœtid.....	"	0	30	" Cinchon Co.....	"	0	24
" Hyosciam, Ang.....	"	0	20	" Cath. Co., U. S.....	"	0	45	" Colch. Sem.....	"	0	30
" Sarza Co., Ang.....	"	0	30	" Hydrarg., Mass.....	lb.	1	00	" Digital.....	"	0	20
" Nucis Vom.....	"	0	75	" " Subchlor. Co.....	gross,	0	30	" Ergot.....	"	0	30
" Taraxacum.....	"	0	07	" Rhei. Co.....	"	0	35	" Ferri Perchlor.....	"	0	15
Fol. Buchu.....	"	0	60	" Podophyllin, Co.....	"	0	40	" Gentian Co.....	"	0	20
" Senna.....	"	0	30	Plumbi Acet.....	lb.	0	25	" Hyosciam.....	"	0	20
Gum, Aloes Soc.....	"	0	90	" Potass. Acet.....	"	0	60	" Iodine.....	"	0	55
" " pulv.....	"	1	10	" Bicarb.....	"	0	35	" Nucis Vom.....	"	0	24
" Acacia, pulv.....	"	0	60	" Bromid.....	"	0	90	" Opii.....	"	0	53
Glycerine, pure.....	lb.	0	30	" Iodid.....	"	5	00	" Rhei Co.....	"	0	30
Ferri, Am. Cit.....	oz.	0	12	Pulv. Creta Co.....	"	0	75	" Valer.....	"	0	24
" et Quin. Cit.....	"	0	65	" " C Opio.....	"	1	00	" Verat Vir.....	oz.	0	20
" Citro, phos.....	"	0	18	" Ipecac.....	"	3	00	Ung. Hyd. Nit.....	lb.	0	60
Ferram Redact.....	"	0	15	" Co.....	"	2	40	" Zincl.....	"	0	40
Hydrarg., Chlor.....	"	0	15	" Jalapa.....	"	2	00	Vin. Ipecac.....	8 oz. bot	0	30
" " C Creta.....	"	0	12	Quinae Sul.....	oz.	2	60	" Antim.....	"	0	20

A full assortment of Trusses, Shoulder Braces, Supporters, &c., &c., at the lowest rates. Arrangements have been made for a constant supply of reliable Vaccine—Scabs, \$2; Half-Scabs, \$1. Enemas from 75c.

## DR. MARTIN'S COW-POX VIRUS

Absolutely Pure Non-Humanized Vaccine Virus

Obtained by the method of

### TRUE ANIMAL VACCINATION,

Instituted by Prof. Depaul of Paris, in April, 1866, from the famous case of Spontaneous Cow-Pox at Beaugency, in France, and inaugurated in America in September, 1870, by Dr. Henry A. Martin, with virus and autograph instructions from the hand of Prof. Depaul. Our establishment is by far the largest and most perfect in the world.

LARGE IVORY "LANCET" POINTS, PACKAGES OF  
10.....\$2.00.

PRIMARY CRUSTS (SCABS), MOST CAREFULLY  
SELECTED.....\$5.00.

All Virus is fully warranted efficient. It will be packed to go with perfect safety by mail. Full directions for use accompany each package. Remittances must accompany order. Safe delivery of Virus insured.

**DR. HENRY A. MARTIN & SON,**

Boston Highlands, Mass,

## PURE BEAUGENCY STOCK.

### VACCINE VIRUS.

THIS Vaccine Virus is taken only from young heifers, of which I have a well stocked farm in the neighborhood. These heifers are vaccinated by myself and the establishment under my own personal supervision. I can, therefore, offer to the profession a reliable lymph, which I guarantee in all primary vaccinations, in which ordinary precautions are taken.

Ivory Points, in quantities less than one dozen, each	\$0 20
Do. - - - - - per doz.	2 00
Crust, - - - - -	\$1 50 to 2 00
Tube, - - - - -	2 00
Eight-day lymph dried and powdered tube, - - -	1 50

The price should accompany the order in all cases. A sample point sent free to any physician.

**JOHN BUTLER, M.D.,**

L.R.C.P., Edin., and L.R.C.S., I.

Formerly Visiting Physician to Newport Infirmary, Monmouthshire, England.

98 Lafayette Avenue,

BROOKLYN, N.Y.



# The Banning Truss and Brace Co.

New York.

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.

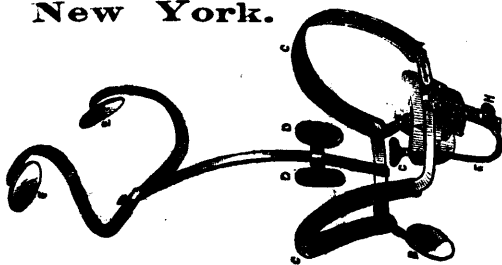
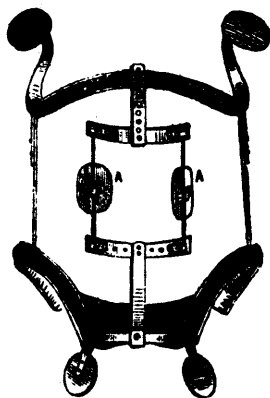


Fig. No. 8, is a general and powerful support to the hips, abdomen, chest and spine, simultaneously; and by itself alone, is ordinarily successful; but when not so [particularly in spinal and uterine affections], the corresponding attachments are required.

Fig. No. 18.

## Improved Revolving SPINAL PROP.



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

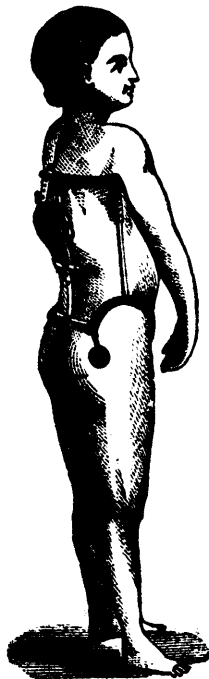
Fig. No. 12.



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 heretofore openings. Is light, cool and self-adjustable, and is absolutely a Non-Friction Truss.

Fig. No. 19.

## SPINAL PROP APPLIED.

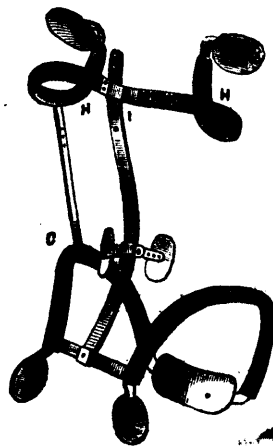


How to measure for any of these appliances.  
 1st Around the body, two inches below the tips of hip bones.  
 2d Around the chest, close under the arms.

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.

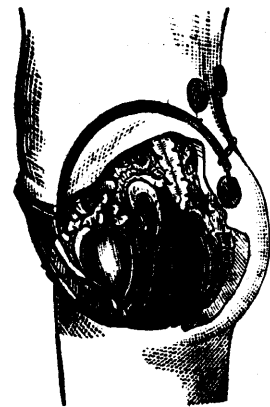
Fig. No. 14.

## 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.

## Banning Truss & Brace Co.'s SYSTEM OF MECHANICAL SUPPORT

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

## PRACTITIONERS

Report to the Medical Journals and to us that cases of

## SPINAL DEFORMITIES

AND

## UTERINE DISPLACEMENT

which have gone through the whole catalogue of other Spinal Props, Corsets, Abdominal Supporters and Pessaries.

## YIELD READILY

TO

Our System of Support.

BANNING TRUSS AND BRACE CO., 704 Broadway, above 4th St.

No other office or Address.

Send for Descriptive Pamphlet.

N. B.—The numbers of the above Figures refer to Pamphlet Nos., NOT to Descriptive List Nos.