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PRACTICAL MEDICINE.

ON CEREBRAL RHEUMATISM.

By DR. CORNELIUS BLACK.

In acute articular rheumatism, and especially when rheumatic pericarditis or endocarditis, or both, coexist, cerebral rheumatism is not an unfrequent accompaniment in the more urgent period of the articular disease. It is manifested by a busy, talkative delirium, occasional disposition to leave the bed, flushed face, not unfrequently bathed in perspiration, restless, sparkling eyes, and slight contraction of the pupils. With this form of cerebral rheumatism every medical practitioner is familiar. There is, however, another form of cerebral rheumatism which is probably of not less frequent occurrence, but which is not generally recognized, or if recognized, it has not, so far as I know, been described either in medical books or in the medical periodicals.

A case of this latter kind has very recently been under my care. The subject of it was a gentleman of middle life, of nervo-sanguine temperament, and of regular and temperate habits. From the age of fourteen to that of thirty-nine he passed through five attacks of acute articular rheumatism. In none of these attacks did the heart suffer. As in such subjects, so in him, migratory rheumatism was of frequent occurrence. In one such attack he suffered for some days from rheumatic pains in the ankles, loins, shoulders, arms, neck, and scalp, with no more marked disturbance of the health than a little indigestion. The urine was natural in quantity, deepish-yellow in colour, had a specific gravity of 1028, a strongly acid reaction, and deposited on cooling a large quantity of cayenne-pepper-coloured crystals of uric acid. About nine o'clock one morning, after expressing his freedom from rheumatic pains, he somewhat suddenly began to feel giddy and to complain of a sensation of weight and heaviness in the head generally and of a tendency to fall in whatever direction the head might be inclined. Occasionally the sensation of a whiz passed with electric rapidity through the brain from back to front. At other times a vertiginous sensation was referred to the vertex, when the gait became somewhat unsteady. His intellect was unclouded, he could indite letters as before, but if he had to think, his ideas soon became a little confused.

There was no increased heat of the head or of the skin generally, no nausea or vomiting, no injection of the sclerotics, no contraction or alteration of the pupils, no twitchings of the muscles of the face or of those of any of the extremities. In one or two previous attacks slight twitchings of the muscles of the cheeks and of the brow had occurred, a common result of migratory rheumatism. The breathing was easy, regular, and the number of respirations seventeen per minute.

The tongue was quite moist, but slightly furred, there was no thirst, the appetite for food was not sensibly altered, the bowels were regular. The heart and kidneys were healthy. The pulse, usually 70 in health, presented the peculiarity of now numbering only fifty-four per minute, a common result of depressed functional energy of the brain. It was regular, equal, soft, and rose beneath the finger with a slow, steady, measured beat. The quantity of urine voided within the first twelve hours was thirty-five ounces, but afterwards this proportionate ratio decreased, so that the urine did not exceed fifty ounces altogether for the first twenty-four hours. It was of a deep yellow colour, of acid reaction, specific gravity 1026, and was quite free from deposit after it had stood two days.

Perfect quietude was enjoined. Two pills containing two grains of calomel and eight of the compound extract of colocynth were administered, and their action was favoured by an effervescing draught containing tartrate of soda. Five liquid evacuations were produced. The general heaviness and giddiness of the head now merged into a sensation of diminished pressure over the left brow and an aching soreness confined to the left temple. This feeling shortly afterwards passed in succession to the muscles of the back of the neck, producing stiffness and more or less pain on motion—to the shoulders, wrists, back, thighs, and ankles, manifesting in each locality its usual character of rheumatism. With this transfer from the head the pulse rose to 62, 66, 70, 72; and the next quantity of urine voided let fall, on cooling, a somewhat copious sediment of urates, deeply coloured with the purpurates of Prout—the murexid of Liebig. For twenty-four hours this excretion of the urates continued, after which it gave place to an excess of both the alkaline and earthy phosphates, which continued for nearly two days. During this time the urine was natural in quantity, of a rich straw colour, specific gravity 1026, deposited on cooling a white woolly-looking sediment, and manifested an acid reaction, which was not at all influenced by the food taken. By heat the phosphate of lime was deposited in copious small balls and flakes, which were immediately dissolved on the addition of two drops of nitric acid, rendering the urine, as it is wont in such cases, brilliantly clear and of a faintly bistre light.

Here, then, was a case of migratory rheumatism affecting the brain-substance and giving rise to symptoms simulating some of those premonitory of apoplexy. Its real character, however, was shown by the immediate supervention of cerebral symptoms on the subsidence of the rheumatic pains in the ankles, and the disappearance of crystals of uric acid from the urine, and by the return of these pains to the neck, back, and limbs, and the deposit of urates and purpurates immediately after the head-symptoms had been

relieved. That the whole cerebral mass suffered is rendered probable by the general feeling of heaviness over the head, by the giddiness and the sensation of a disposition to fall in whatever direction the head was inclined, by the inability to think without causing confusion of ideas, and by the slowness of the pulse.

For such cases I have generally found a smart purgation by calomel, colocynth, and tartrate of soda the most effectual treatment. Colocynth exerts a wonderful power in causing the elimination of uric acid by the liver. To this effect the tartrate of soda contributes; but it, like all the alkalies, also favours the excretion of uric acid by the kidneys. Calomel with colocynth, the alkalies, perfect quietude of both body and mind, and a spare diet, are consequently remedies to be adopted in all such cases.

SURGERY.

THE ANTISEPTIC SYSTEM AT EDINBURGH.

By RICKMAN J. GODLEE, B.S., Surgical Registrar at University College Hospital.

(Concluded.)

During my attendance in Lister's wards, he sides a primary of a hip-joint, only four major amputations were performed, three of which healed without a drop of pus or the slightest constitutional disturbance. I subjoin the dates at which the dressings were changed in each of them. These facts speak for themselves, and show, not only how rapid is the cure in successful cases, but how much trouble is saved to the surgeon and his assistants.

W. B—, an adult man. Amputation of arm for ununited fracture of old standing. Operation Jan. 13th. Dressings changed Jan. 14th, 16th, 19th, 23rd, and 30th, and removed Feb. 6th. It was really healed by Jan. 30th.

J. B—, an adult man. Syme's amputation for injury (primary). Operation Feb. 9th. Dressings changed Feb. 10th, 12th, 15th, 20th, 27th, and March 6th and 15th.

W. W—, an adult man. Amputation of the forearm for disease of the wrist-joint, which had been previously cauterised and antiseptically incised, but, though painless and discharging only a very small quantity of serum, was rapidly reducing the patient's strength. He was also suffering from incipient phthisis; and immediately after the operation his appetite returned and he began to gain weight. Operation Feb. 11th. Dressing changed Feb. 12th, 15th, 22nd, and removed Feb. 29th. It was really healed on Feb. 22nd.

The other amputation was the ankle in J. W—, a youth of eighteen years, for advanced disease of the synovial membrane. It, like the others, had almost healed at the end of a fortnight without a trace of suppuration, and as the only cavity left was that occupied by the drainage tube, Mr. Lister departed from his general rule, and

substituted a boracic-acid for a carbolic-acid dressing before the sore was perfectly superficial. After this had been applied for six days, it became clear that the discharge which had soaked through the boracic lint had putrefied, and as decomposition spread into the interior of the wound it soon gave rise to extensive suppuration, with swelling, and breaking down of the newly-formed tissue in the heel flap. The stump is not yet healed.

Of three excisions which occurred during my visit, one was of the knee in a boy thirteen years of age, for osseous ankylosis, the result of old disease, in which, as in the two following cases, the fact of the skin being unbroken gave full opportunity for carrying out the antiseptic treatment. Mr. Lister removed only just sufficient of the bones to enable him to straighten the limb, for which purpose the outer hamstring had to be divided during the operation. A posterior Gooch's splint extending from the gluteal fold to the heel was thickly padded with cotton wool covered with boracic lint above and below the knee, and, to protect this from being soiled by the discharge soaking through the dressing, a piece of thin macintosh cloth was placed over it behind the knee, and for some distance beyond, both upwards and downwards. The whole was bandaged to the limb, and the day after the operation fixed in position by plaster-of-Paris. No permanent padding was placed behind the knee, but at each changing of the dressing, the space which existed at this part between the limb and the macintosh cloth was stuffed with gauze, which answered the double purpose of extending the dressing at the posterior aspect of the leg and giving support to the joint. Healing took place without a drop of pus in three weeks. I give below the dates at which the dressings were changed. Operation January 22nd; dressings changed January 23rd, 24th, 26th, 28th, February 2nd, 9th, and 15th, when it was found that no discharge whatever had taken place since the preceding changing of the dressing.

The other two excisions were of elbow-joints, in boys of eleven and fourteen years respectively, for ankylosis, the result of injury. In these there was some suppuration from tension, but putrefaction did not occur, and healing was complete at the end of eight weeks in the former, and nine in the latter case. In the foregoing operations, as in all Mr. Lister's cases, the bleeding vessels were secured by the prepared catgut ligature.

In the treatment of abscess, unless the curdy condition of the pus renders it impossible, Mr. Lister now makes an incision only sufficiently large to admit a drainage-tube of suitable size, and this is found quite adequate to the purpose, for when the granulations which form the so-called pyogenic membrane are relieved from one cause which excites them to suppurate—namely, tension,—without the substitution of another in the shape of putrefaction, they cease to form pus, but the discharge assumes a serous character on the second day, and gradually diminishes in amount to the end of the case. The course of an abscess connected with disease of bone is common-

ly tedious; but the discharge, if rest be maintained, is serous after the first opening, and soon becomes trifling in amount, and if no putrefaction occurs, the general health remains unaffected and an ultimate cure may be conveniently expected. Thus C. L.—, a man somewhat advanced in age, has just left the Infirmary who had been an inmate for two years, suffering from a lumbar abscess connected with caries of the spine. It was opened and dressed antiseptically, and, following the usual course in such cases, the discharge gradually diminished in amount, and ultimately the sinus closed. After this the patient was kept in bed for six weeks, and then allowed to assume the erect position for a short period every day, but with the result of the reformation of the abscess after some time had elapsed. This, which was treated like the first, had been, when I saw the patient, for many weeks healed, and he was allowed to get up for a quarter of an hour every day, wearing a metallic support for the spine, and since then he has remained apparently well. I may mention, also, the case of E. J.—, a young woman about twenty-three years of age, who was admitted in August 1872, suffering from acute suppuration of the hip-joint. An abscess, which extended some distance down the thigh, was treated antiseptically, and a long splint applied to the limb. During the time that she was under my observation, the abscess had been for some weeks healed, but the splint was still applied, and she complained only of slight and very occasional pains in the joint. She has since left the hospital cured.

In the simple acute or chronic abscess the progress is generally very rapid. A good example of such a case is that of J. B.—, a lady's maid, in whose neck Mr. Lister opened an abscess of the size of a large orange, of two years' standing, and possibly originating in a gland. The incision was made with a tenotome, and admitted a drainage-tube one-eighth of an inch in diameter. The discharge was serous on the second day, and on the eleventh healing was complete, though some old inflammatory thickening of the part remained. It is unnecessary to say that no visible scar resulted from the puncture.

The introduction of an additional safe-guard has lately been induced by the failure in two cases to prevent putrefaction, though the utmost care was used in the dressing. One was that of an abscess by the side of the knee-joint, which had previously been treated in the same wards, and had then healed after remaining eleven months free from decomposition, but putrefied two days after the second opening; the other was an excision of the mamma, in which a similar result occurred. The probable explanation of these facts is, that the small amount of carbolic acid given off from the gauze at the temperature of the air is insufficient to destroy immediately the organisms adherent to the larger particles of dust which may fall upon it; and any of these particles applied directly to such of the blood or pus at the mouth of the wound as may afterwards regurgitate into it, would very probably be the cause of putrefaction arising in the interior. To guard against this danger it has been the custom to pre-

pare the dressings the day before they were used, and to keep them folded with the layer that is to be applied to the wound inwards, by which it was anticipated that the mischief on its surface would be corrected. But even if this be done it is clearly possible for dust to fall upon the gauze at the moment of application, and by its presence greatly to endanger the result. A simple and perfectly trustworthy plan of overcoming the difficulty is to moisten the innermost layer of the dressing with the spray or lotion, or to apply a loose piece of gauze soaked in the lotion beneath the general covering, the latter plan having the advantage of fixing the protective in position, and applying itself accurately to the part.

I have only now to add a few remarks on the subject of the spray-producer. Besides that worked by hand, and the large and somewhat cumbersome machine which was exhibited by Mr. Lister at the British Medical Association at Plymouth in 1871, and which is used for all the larger operations in the infirmary, a spray-producer has been lately made, in which, while it acts on the same principle as the two others, the bellows is worked by the foot instead of by the hand. It consists of a fiat bottle, adapted to fit the pocket, which, with the bellows, rests on the ground, while the air and water are conducted in separate but contiguous india-rubber tubes, six feet in length, to the small nozzle which is held in the hand, by means of which the direction of the spray may be shifted with the greatest readiness. A small movable metal cap is provided for the protection of the points at which the spray is generated; and if a piece of muslin be tied over the tube leading to the bellows, so that all the air entering may be roughly filtered, the whole will be found extremely convenient, especially in private practice, as it enables the surgeon to change most ordinary dressings single-handed.

PHYSIOLOGY.

ON THE SECRETION OF BILE.

At a late meeting of the Gesellschaft der Aerzte (28th March 1873) a paper was read by Stricker, containing an account of some experiments he had made in conjunction with Dr. Röhrig on the circumstances influencing the secretion of bile. The defects of the former methods of obtaining the secretion were pointed out, and a new method suggested by which a cannula was introduced to the ductus communis choledochus; from this depended a flexible caoutchouc tube which ended in a mouthpiece that was kept constantly at the same time level in a vise, thus avoiding apparent variation due to different heights of the orifice of exit. These experiments showed that all circumstances causing hyperemia of the bloodvessels of the liver increased the secretion of bile, whilst, on the contrary, all circumstances producing anemia caused diminution. Thus the secretion was arrested in fasting animals, whilst it augmented after food. Water introduced into the stomach or intestines caused a slight but transient increase. The introduction of purgative medicines, as croton oil, colocynth, jalap, calomel, Epsom salts, etc., materially increased the secretion of bile.

It was at once stopped by ligature of the vena portæ and v. hepatica. Ligature of the v. hepatica alone materially diminished the secretion; ligature of the aorta at the diaphragm materially diminished the secretion, but did not entirely stop it; ligature below the origin of the coeliac artery augmented it; ligature of the vena cava ascendens immediately caused stoppage of the biliary secretion. All circumstances causing contraction of the vessels diminished the amount of secretion, as, for example, irritation of an exposed nerve, division of the spinal cord just below the medulla oblongata, and injection of strychnia.—*London Lancet.*

HYGIENE.

RECENT VIEWS ON THE PROPAGATION OF CHOLERA.

Dr. E. A. Parkes, F.R.S., Professor of Hygiene in the Army Medical School, Netley, discusses very elaborately in the newly published Departmental Report on Hygiene for the year 1872, some of the most recent additions to our knowledge on the mode in which cholera spreads, and the agents necessary for its propagation. After summarising and discussing the views of Pettenkofer, Sanders, Bryden, and others, he concludes that the view which looks on the cholera poison as carried by men, and then increasing and spreading more or less in various ways by water, air, or food, according as it meets with favouring conditions, is more in accordance with facts than the view which assumes that two unknown quantities (the unknown cholera miasma and the unknown local conditions of Pettenkofer) must be brought together in order to evolve the epidemic outbreaks of cholera. One point may be noticed in this discussion—the unhesitating belief of all parties (Kitchenermeister, Sanders, and Pettenkofer), that cholera is spread only by human intercourse. With them this point has passed out of the circle of controversy. They consider it settled. The views of Bryden, interesting as they are to them, have made no impression, and the wind-driven theory of cholera-spread has found no acceptance at their hands.

THERAPEUTICS.

CANNABIS INDICA IN MIGRAINE.

Dr. Williams (Report of Sussex Asylum, 1872,) says that some years ago he was induced to make a trial of Indian hemp in this disorder, the treatment of which remains in a very unsatisfactory condition. The most opposite remedies are tried and found useless, and at last the unhappy patient gives up all treatment in disgust. Six cases are reported which were consecutive, and were attended within the last two years. Two were patients in the asylum, the others officials connected with it. One male had for four years suffered from sick headaches. At first the intervals averaged fourteen days, soon they were reduced to eight or nine, and latterly four or five. The hemp was taken for eight weeks, during which there were two attacks, reduced both in length and intensity. The drug was discontinued

nearly three months, and in that time there were two 'very slight' attacks, and one rather severe but short. A female had been subject to migraines for twenty years. During the last few years the paroxysms, which were very severe, recurred every eight or ten days, lasting from twenty-four to thirty-six hours or longer. Half-grain doses were taken night and morning for five or six weeks, when the attacks were much slighter, and diminished to one a month. The dose was increased to one grain, and the headaches became still less severe and frequent, hardly deserving the name of sick headache. In another female the seizures recurred about five times a month, but were slight. They were reduced to one a month by doses of one-third of a grain of the extract. In another female the attacks were not diminished in frequency, but the patient admitted not having taken the medicine regularly, though a double dose, taken when the headache was coming on, often relieved it. A female had suffered twelve years. The headaches recurred about once a week. A month after commencing the drug, the intervals were lengthened to five or six weeks, and the attacks much slighter. In a male, the seizures came on every fortnight or three weeks. The drug was taken in half-grain doses during nearly three months. From the first dose being taken, the patient never had a 'sick headache.' In the above cases no drug whatever was used except the cannabis Indica, the alcoholic extract of which Dr. Williams believes to be the best preparation.

GYNECOLOGY.

REDUCTION OF CHRONIC INVERSION OF THE UTERUS.

Dr. Barnes contributes an article to the *Obstetrical Journal* on a new method for effecting Reduction of the Uterus in Chronic Inversion. He refers to a paper which he communicated to the Royal Medical and Chirurgical Society, in which he passed under review the various methods which has been adopted in dealing with this displacement, and pointed out the remarkable success which had attended the plan proposed and practised by the late Dr. Tyler Smith of keeping up elastic pressure for days together if necessary, so as to wear out the resistance offered by the contracted neck of the tumour. In the memoir just quoted, the author related a case in which, after having given a fair trial to sustained elastic pressure, and having failed in reducing the inversion, he overcame the obstacle by making small incisions in the constricting cervix. A second case is now recorded in which the author's method proved successful. He recommends that, after failure by simple pressure, a shallow incision should be made on each side of the os uteri, and that the elastic pressure should be reapplied, and the taxis tried gently at intervals. One drawback experienced during the application of sustained pressure is the time during which it is commonly necessary to keep it up, during which the patient must endure pain and run the risk of inflammation. The plan now proposed for adoption shortens this period,

SHORT NOTES.

PRECAUTIONS IN MILITARY SURGERY.

1. The safe and speedy transport of the wounded from the field. 2. Their immobilization in hospital. 3. Their continuance under the direction and care of the same staff of surgeons. 4. The suitable use of antiseptic means both local and general, calculated to prevent sanitary deterioration and the consequent increase of the mortality.—From Dr. Cortese's paper.

THE CONVEYANCE OF PUERPERAL FEVER.

Dr. Gervis reports a case in the *Obstetrical Journal*, intended as a contribution to the Etiology of Puerperal Fever. A medical man attended, in a miscarriage, a patient suffering from typhoid fever; it was necessary to introduce the hand on account of hemorrhage. On the following day the same doctor attended another woman in labour, who died from puerperal toxæmia in three days. Dr. Gervis thinks it likely that the clue to the occurrence of the toxæmia in the second case is to be found in the condition of the first patient.

EARLY VIABILITY OF THE FÆTUS.

Dr. Madden, in a paper on the Early Viability of the Fœtus in Premature Deliveries, alludes to the legal signification of the term "born alive" in various countries; but, according to his view, every infant that enters the world alive and free from any disease and malformation which must of necessity produce its immediate death is viable at whatever period of gestation delivery may occur, or however short may be the term of its extrauterine life. After referring to the difficulties in determining the earliest period at which gestation may terminate in a viable child, he quotes several instances from various sources in which a living child was born at a very early period of pregnancy, even as early as the fourth month and a half.

COMPLETE PROLAPUS OF THE PYLUM IN A CHILD.

This case (*American Quarterly Journal of Medical Sciences*, Jan. 1873) was that of a patient on whom Dr. John Ashhurst, jun., had successfully operated for extroversion of the bladder. There was a complete protrusion of the rectum to the extent of four inches, which had existed since the child was six months old. Dr. Ashhurst applied fuming nitric acid after the manner described and recommended by Mr. Allingham, the whole circumference of the prolapsus being painted, with the exception of a ring half an inch wide next the anus. Before applying the acid, the gut was thoroughly washed and dried, and subsequently was well oiled and returned, a plug of charpie being inserted, and a compress with bandage and strapping adjusted to retain it. It was intended to allow the plug to remain four days; but, in spite of all the precautions that had been taken, the rectum relieved itself of its contents the night after the operation, the gut, however, not protruding, and no redescend occurring for seventy-three days. A second application of the acid was made a few weeks later. After this, there was no return of the protrusion; and three months from the operation the patient was passing normal stools, without pain of any tendency to prolapsus.

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL SCIENCE, NEWS, AND POLITICS.

KINGSTON, SATURDAY, JULY 26, 1873.

TO CORRESPONDENTS.

Communications and reports solicited. Correspondents must accompany letters, if intended to be printed anonymously, with their proper signature, as a guarantee of good faith.

TERMS OF PUBLICATION.

THE MEDICAL TIMES is supplied six months for ONE DOLLAR. Address orders and remittances to JAMES NIXON, M.D., Kingston.

The *Lancet* finds great fault with the General Medical Council relative to its recent session. It maintains that the work done has been exceedingly slight; the waste of time enormous; and that the demonstration of the Council's unfitness and incapacity to reconstruct the examining system of the country is complete. The fault, it says, is not in its individual members, but in its own organization, which must for ever ensure every question being looked at from *nineteen* points of view.

The appearance of cholera in Europe, and still more its ravages in Tennessee and the Southern portions of the United States, justify an alarm for the visitation of this scourge in Canada and other parts of Northern America. The duty is incumbent that all possible sanitary precautions should be taken against its invasion. We must set our cities, our towns and our houses in order. All such labours undertaken in promoting purity and cleanliness have, besides the avoidance of cholera, a compensation in the improvement of the public health generally. This has been abundantly proved on former occasions, when an alarm of cholera has aroused the authorities and people into activity; and such demonstration before the eyes of the public, one would think, should have led to a more systematic and general adoption of sanitary measures, irrespective of the prospect of cholera; but a lapse into apathy under security seems to be characteristic.

At this advanced season of the summer, the greatest dependence will have to be placed on the disinfection of noxious matters as excreta and filth. Practical experience has abundantly justified theoretical considerations in the choice of a disinfectant, that it should combine the qualities of volatility and action by contact. The solution of sulphate of iron to which crude carbolic acid has been added possesses these qualities along with the recommendation of cheapness. The formula of the New York Board of Health, which has been extensively used, and which is still recommended as the best disinfectant, is—sulphate of iron, ten pounds; water, five gallons; common carbolic acid, half a pint. Dilute solutions of sulphate of iron are also of great value; and the disinfectant properties of dry earth ought to be remembered and this abundant agent employed on a large scale.

It has often been remarked that the medical profession fails to be adequately represented in our representative and governmental systems.

Sir Dominic Corrigan, M.P., presiding recently at a distribution of prizes at St. Mary's Hospital, uttered this plaint. He regretted that, partly on account of the ignorance of legislators and partly on account of the apathy of medical men themselves, members of our profession are not a greater power in the State. In the House of Commons the profession is scantily represented, while in the Privy Council, where its varied knowledge, but particularly its special knowledge, would be a national gain, it has not one representative in the 250 members. This, he observed, is the more to be lamented, as the Privy Council is the high tribunal for all matters relating to sanitation and public health. We rejoice that Sir Dominic has brought this matter of the Privy Council being without a medical member into notice, and trust that it will soon cease to be a cause of mortification to the profession. There is a reason why very few medical men get into Parliament, but there is no reason why they should be excluded from honourable position in the Privy Council. In justice, it should be said that the tendency of legislation in England of late years has been more and more to recognize the utility of the special knowledge possessed by men. The Public Health Act of 1872 and the Adulteration Act, under which respectively medical inspectors and officers of health and public analysts are appointed, show that the State is anxious to profit by the services which the possessors of this special knowledge can render to the public.

A public meeting of practitioners has been held at Manchester, England, to discuss the subject of supplying medical attendance to the working-class. This is a matter concerning which very much has been done in the mother country by establishing sick clubs, benefit societies, and provident dispensaries, and the numerous charitable institutions have helped greatly to relieve the medical profession from unremunerative work, besides which the Poor Law provides for attendance upon the pauper class. Still, it is felt that very much more requires to be done, and the subject is receiving very earnest and close discussion. The Manchester meeting finally adopted by a slight majority the following resolution:—

"That this meeting believes that many persons now receiving medical relief at charitable institutions are perfectly able to pay for advice; and inasmuch as these institutions were established for the poor, are supported by endowments and public subscriptions, and are aided by the unpaid services of medical and surgical practitioners, any system by which the patients of such charities would be enabled to pay towards the maintenance of such institutions would bring them into unfair and unjust competition with the medical practitioners of this country; and instead of any such plan, which would increase the existing abuse, the boards of such institutions be requested to institute a real inquiry into the circumstances of their patients, and when they find any person able to pay for such medical or surgical relief, such person be excluded from the benefit of such charities, unless under very pressing

or special emergencies."

This resolution amounted simply to turning the question into one of the abuse of medical charities, and practically does not meet the end in view. Our object, however, in referring to the subject is to bring before our readers the fact that in relation to the matter of attending the poor and the working class the profession in England is very much in advance of our state in Canada; and to suggest that it is worth while for Canadian medical men to give attention to the progress that is making in England. It happens that in many parts of Ontario the whole burden of attending the sick poor and the cost of supplying them with medicines falls upon the medical profession. Here we have none or very few provident dispensaries, and the system of sick clubs has not attained one-tenth of the development reached in England. But as against this want, it must be said that our artisan class is perhaps better able and more willing than the corresponding class in England to pay the services of their medical attendant. Our pauper class, however, is almost entirely unprovided for. What is wanted in Canada, we think, is a system of out-patient attendance in connection with the general hospitals in the cities; the establishment of provident dispensaries, sick clubs, and benefit societies in the towns; and a more general application of the plan of appointing doctors for the poor in the townships and rural districts. No doubt, in spite of all means of this kind, doctors would still be called upon to do a great deal of purely gratuitous work, and would no doubt do it quite uncomplainingly; but when we find that the duties of the State and the obligations of the public in the matter of providing for the sick poor are almost altogether shifted on to the shoulders of medical men, it becomes a proper thing to set forth the unfairness of such a burden being imposed, and to ask that at least some means be adopted for alleviating it.

PRACTICAL MEDICINE.

SPINAL IRRITATION AS A CAUSE OF CATALEPSY.

By JAMES NIXON, M.D.

The rarity of catalepsy no less than the singularity of the disorder makes it interesting, though by reason of its rare occurrence its practical importance is no doubt greatly lessened. Sir Thomas Watson relates that he never saw an instance of perfect catalepsy, and mentions his regret at not having availed himself of an opportunity of seeing such a case, which once presented itself in the practice of a friend. All systematic writers treat of its rarity; indeed some have doubted its existence or its claims to rank as a distinct disease, such authors being disposed to regard it as one of the protean forms of hysteria; but its existence as a malady presenting definite characteristics is sufficiently established. Dr. Lee, of New York, has collected a number of cases.

Copland gives the following definition of catalepsy:—"A sudden deprivation of sense, intelligence, and voluntary motion, the patient retaining the same position, during the paroxysm, in which

he was at the moment of attack, or in which he may be placed during its continuance, the pulse and respiration being but little affected." The suspension of consciousness is an essential feature of perfect catalepsy, but with respect to this and other phenomena of the disease there is much variability in different cases. The etiology and pathology of the disorder are on all hands regarded as very obscure.

During the summer of 1872 it fell to my lot to be consulted in a case of catalepsy in the neighbouring township of Ernestown, the patient being a lady from the United States on a visit to her friends. She was under middle age, of chlorotic cast of countenance, but with regular catamenia. Her history and condition showed what appeared to me to be a distinct cause of the cataleptic seizures, and it is this which induces me to make public a short notice of her case. Dr. Reynolds has observed the cataleptic state to ensue in case of chronic ramollissement of the brain and in tubercular meningitis. In this case it appeared to me that the cause lay in a previous inflammation of the meninges of the spinal cord in the lower part of the dorsal region. The spinal lesion, whatever its precise nature, had been followed by a partial paralysis, the right lower limb having been paralyzed for a time. When I saw her she had recovered from the paralysis, but there remained a tender and painful spot over the spine at the seat of the previous inflammation. There was no history of any affection of the brain, and on this account, as well as from the circumstance that the gravity of the spinal disorder had diminished, I was inclined to hope that the case might be amenable to treatment.

I recognized two indications—(1.) to alleviate the spinal irritation; (2.) to improve the general health. Emplastrum belladonnae was applied over the tender part of the spine with the almost immediate effect of diminishing the tenderness in the locality, lessening the frequency of the seizures, and shortening the duration of the paroxysms. Their severity was also diminished, a very happy result, as the respiration had before been so embarrassing as to lead to much anxiety.

The second indication was met by the administration of a chalybeate and bitter tonic, containing quinine, tincture of the muriate of iron, liquor strychninae, and infusion of quassia. Under this combined treatment I had the satisfaction of noting in a few days a marked improvement; the patient and her friends indeed were warm in their expressions at the gratifying change. Unfortunately for my continued observation of so interesting a case, she soon returned to the United States.

I was forced to diagnose the case as one of catalepsy from the utter loss of consciousness during the paroxysm and by the attendant phenomena belonging to this malady. The cause of the disorder seemed to me to be involved in the lesion that had occurred to the spinal cord; but of the history of this previous affection I could only obtain the patient's own account. The tenderness of the spine when I saw her was certainly no merely hysterical imagining. It was always noted in the same spot, and pressure gave uni-

form results both when the patient's attention was diverted and otherwise. This irritation, it is reasonable to suppose, was relieved by the local application of belladonna. Reasoning in this way from the effect following the removal of the most obviously perceptible cause, we must regard the case as establishing so far as it goes one fact in the etiology of catalepsy, namely, that irritation of the spinal cord may be followed by the phenomena of this disorder. It is to be remarked, however, in this case that during the existence of the graver symptoms of spinal meningitis, paralysis was the more immediate consequence; and that during the chronic persistence of traces of the inflammation in the shape of tenderness and irritation, at a remoter period, the singular phenomena of catalepsy came on.

Kingston, June, 1873.

CORRESPONDENCE.

A MEDICAL TARIFF.

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—Believing that it will be profitable for medical men to have frequent interchange of information and opinion respecting the charges which are or ought to be made in medical practice, I have to request the publication of the annexed tariff of fees which was adopted at a meeting in Napanee of the medical men of the Counties of Lennox and Addington, and which went into force on the 1st January, 1867. The list is therefore somewhat old. I should be glad if other similar lists were sent in and published, or if individual members of the profession would give their own tariffs. Such guides are of great value. Moreover, it is of great value to have them printed.

LENACE.

Ernestown, July 19, 1874.

TARIFF OF MEDICAL FEES

Adopted by the Faculty in the County of Lennox and Addington, January 1st., 1867:

For all capital operations.....	dol. 20 00
" Fractures of upper extremities.....	10 00
" Fractures of thigh (extra).....	10 00
" " of leg (extra).....	5 00
" Dislocations, from.....	5 to 10 00
" Every visit by day.....	1 00
" " by night, in town or village.....	1 50
" Every mile travelled by day... ..	50
" " by night.....	75
" Cases of accouchement, not protracted beyond eight hours and within five miles of the physician's office.....	5 to 10 00
Beyond that distance the usual mileage will be charged.	
" Instrumental labor, from.....	10 to 20 00
" Medical advice at office, from... ..	1 to 2 00
" Consultation fee, from.....	2 to 4 00
" Stethoscopic examination of chest.....	2 00
" Vaccination.....	50

SYMPATHY FOR DR. AIKINS.

TO THE EDITOR OF THE CANADIAN MEDICAL TIMES.

Sir,—I perused with great interest the report of the proceedings of this year's meeting of the Medical Council. One part of the proceedings has affected me very much. I allude to the attempt made by Dr. Campbell on the character of the much respected and worthy Treasurer of the Council, Dr. Aikins—an attack which rebounded with redoubled force on the head of him who made it. I can well conceive the sympathy and the spontaneous support which the members gave to Dr. Aikins on the proof that Dr. Campbell's charges were altogether unfounded. To have taken part in the proceedings must have been very exciting. The mere reading of the account has excited me, removed as I am from the scene. I have been moved to write this letter with the object of tendering to Dr. Aikins my sympathy, a

feeling which I am sure must be shared by every thoughtful practitioner in this province. I for one am not sorry that the risk of any such insult being offered again has been done away with by the withdrawal of the homeopaths. If a testimonial were got up to Dr. Aikins, supposing the lead to be taken by his friends in Toronto and the members of the Council, I should have great pleasure in joining in such a movement. I should be glad, sir, if you would suggest the propriety of such a step being taken.

I am yours, etc.,
MCMICHAEL.

Kingston, July 19, 1873.

REMOVAL OF BRONCHOECLE.

Mr. A. Durham performed this operation on May 27. The following details are given in the *Guy's Hospital Gazette* (May 31). The patient, aged forty-seven, twenty years ago had noticed a lump in her throat; this had increased in size ever since, growing more rapidly after each confinement. The tumour had now reached a very large size, being globular in form and measuring 19½ in. in circumference. The patient was very greatly inconvenienced by its presence. Mr. Durham referred to a case in which he removed a similar tumour in a patient who was supposed to be suffering from phthisis. The operation was in every way successful, the wound healing by primary union, and the patient getting quite well. Mr. Durham thought that no treatment other than removal would be of any benefit in this case; and in fact every treatment had been tried. It was better to operate early in these cases, while the patient was in a good state of health, than to wait till the patient had been reduced by the disease. Mr. Durham thought that thyrotomy would be an appropriate name for this operation. The patient now being under chloroform, Mr. Durham made a vertical incision over the tumour, about 7 in. long; this was carried as nearly as possible to what seemed to be the cyst-wall; the tissues were then separated from the growth by means of a raspatory and the fingers. Towards the base of the tumour some bleeding occurred. This was controlled by means of serrated forceps and torsion. The tumour was closely adherent to the trachea, but was separated from it without much difficulty. The tube had been considerably compressed by the tumour. The left common carotid was exposed during the operation, and was seen pulsating in the wound. The growth had also extended to very near the pleura. The attachments having been severed the tumour was removed, and was found to consist of the right lobe and the isthmus of the thyroid gland; the left lobe, being enlarged, was also removed, forming a tumour weighing about 1½ oz. There were several veins which had to be ligatured, catgut ligatures being used. Torsion was applied to all the arteries, and the wound was carefully brought together. No skin was removed. The operation lasted an hour and a quarter. The large tumour was found to weigh 3lbs. 11½ oz. and had undergone calcareous degeneration in several places. Mr. Durham remarked that in some cases the entire tumour had been found to be calcified. The operation of removal of bronchoecle was first performed by Dr. Warren Greene, of the United States. The first case in which he operated proved unsuccessful, but after this he had seven or eight successful cases. The operation had not been performed more than twelve times altogether, and this was the third time that it had been done at Guy's.

OBSTETRICS.

THE INJECTION OF PERCHLORIDE OF IRON IN PUERPERAL HEMORRHAGE.

By Mr. A. B. STEELE, Liverpool.

When the injection of a powerful styptic into the uterus as a means of controlling post-partum hemorrhage was first suggested in the pages of the *British Medical Journal* in 1869, I ventured to express my fear that the somewhat unqualified advocacy of this novel treatment was calculated "to mislead the inexperienced practitioner, and to divert his attention from those measures which are founded upon physiological data, and upon the accumulated experience of obstetricians since the time of William Hunter;" and further "that the only efficient means of controlling uterine hemorrhage is to secure uterine contraction; and that local styptics, so useful in some forms of non-uterine hemorrhage, are as a general rule inapplicable to uterine hemorrhage."

Dr. Barnes at that time stated his belief that the intra-uterine injection of perchloride of iron to arrest post-partum hemorrhage was "one of the most valuable improvements ever introduced into the practice of midwifery." An expression of opinion so strong and from so high an authority impressed me strongly, in spite of my theoretical objections, and I finally resolved to put the plan to the test of practical experience on the first opportunity.

As I am now in a position to speak from bedside observation, and finding from recent discussions that the treatment in question is still *sub judice*, I feel bound to contribute my quota to the settlement of so important a question in obstetric practice.

A circumstance which more immediately determined my adoption of this mode of treatment was the accident of my listening to a graphic description of a case by Dr. Williams, of Wrexham, given at a meeting of the North Wales Branch of the British Medical Association, held last summer at Bala, at which I had the good fortune to be present. A lady who had been attended by Dr. Williams in several labours invariably suffered from post-partum hemorrhage to a degree which caused much anxiety for her immediate safety, and rendered each approaching confinement a source of dread to herself and her friends. On the occasion of her last confinement, Dr. Williams determined to try the effect of the iron injection as recommended by Dr. Barnes, and accordingly this was done immediately after the expulsion of the placenta and before hemorrhage had commenced. No sooner was the operation completed than the patient, notwithstanding her usual dread of impending hemorrhage, at once exclaimed, "I am better now, and I know I shall have no bleeding this time;" and such proved to be the case, and her recovery was excellent. This case impressed me so strongly that I resolved to adopt the plan on the first suitable occasion, which shortly after presented itself in the following case:—

A patient of my own, nearly forty years of age, of tender, delicate frame, deficient muscular tone and energy, large dilated veins, and the subject of hemorrhoids, which in the latter months

of pregnancy became so aggravated as to necessitate their removal by the clamp and cautery, was taken in labour for the second time. Her first confinement, a year previous, was protracted and difficult from uterine and general inertia, rendering forceps delivery necessary, extraction not being effected without long and forcible traction; hemorrhage ensued, which was controlled by the ordinary measures, but a subsequent draining of blood continued, which, although not excessive in quantity, was nevertheless a source of much anxiety in her already exhausted condition. She, however, ultimately recovered after a tedious and troublesome puerperal period. The child was born alive, but died in a few weeks from diarrhoea and atrophy consequent upon loss of breast milk and general debility.

The second labour was almost as difficult and protracted as the first; she was delivered after long traction with the forceps of a fine living female child. Hemorrhage again set in immediately after the completion of labour. I at once injected a solution of iron, one part of liq. ferri perchloridi fortior. to four of water, which in a few minutes completely controlled all bleeding, and caused firm general contraction of the uterus, contrasting favourably with the imperfect and unreliable contraction so common under these circumstances; and which on the former occasion rendered her condition critical for a considerable time. Her recovery, although complicated by constitutional delicacy and feebleness, was nevertheless much more favourable than in her first confinement, and the child lived and thrived well.

The following case, which occurred shortly after that just related, is even more specially illustrative of the value of the iron injection, not only in puerperal hemorrhage, but also in the hemorrhages of abortion.

A patient about twenty-five years of age, a fair, delicate-looking woman, the mother of one child, first consulted me for a constant, and at times profuse loss of blood, which had lasted for many weeks, after an abortion at the fourth month. I opened up the cervix with tents and swabbed the uterine cavity freely with the undiluted liq. ferri perch. fortior.; after two applications all bleeding ceased, and in a short time she was quite well. About a year later I was called to see her in consultation with her medical attendant, in consequence of post-partum hemorrhage of a formidable character, which had come on about an hour after the completion of labour, and had already caused great depression, approaching to collapse. The bleeding was promptly checked by compression, cold cloths, and the other ordinary means, but reaction was slow in taking place; the patient remained for some hours in a feeble, excited state, with delirium and other symptoms of constitutional disturbance, which required close watching for two or three days. She recovered slowly but completely. In about twelve months after this she was again taken in labour, and I saw her again as soon as the pains set in. Her labour was easy and somewhat rapid. Every precaution in anticipation of flooding was adopted: a full dose of ergot just

before the expulsion of the head, careful compression of uterus with the hand throughout and subsequent to the expulsive stage, compress and binder, and so on. For a short time after delivery all went on well, and I left the room, but was soon recalled by the nurse, as the patient told her "there was a good deal coming away." I at once recognized the effects of hemorrhage in her pallid lips and faint condition, and found a large quantity of coagula in the bed and in the vagina, from which fluid blood was still flowing. The uterus, although not entirely flaccid, was doughy, and did not readily respond to compression. I hastily prepared a strong solution of the solid perchloride (which fortunately I had brought with me), and having cleared the uterus and vagina from clots, during which process I could feel the warm stream still flowing, I threw up about a quart of the fluid, which at once checked the bleeding, and in a few minutes the uterus, and especially the os, was firmly contracted. No further bleeding nor any untoward symptoms followed, and the patient made a better and quicker recovery than she had ever done on former occasions. In each of these cases the patients themselves appeared to appreciate the beneficial effects of the iron injection, and to acquire a feeling of confidence in its power to control the bleeding in a few minutes after its application; a sense of security which, while encouraging to the accoucheur, is not without its beneficial emotional effect upon the patient. I have used the iron in a few other instances not so typical nor so interesting as to deserve record here; but in all the result has been satisfactory, and unattended by any unappreciable after consequences of a disagreeable nature.

I therefore assume from my own experience as well as from that of others that this mode of treating puerperal hemorrhage is both safe and reliable, and under certain circumstances not only justifiable but strongly indicated as one of the most effectual means of rescuing a patient from imminent death.

I am disposed to believe that the action of the iron injection depends not so much upon its direct styptic or hemostatic effect, as upon its influence as a reflex excitator of the incident nerves of the walls of the uterus, and also by directly arousing the peristaltic action of that organ upon which the more powerful muscular actions are as it were based.

One class of cases to which the use of this powerful astringent appears specially adapted are those not uncommon and most troublesome forms of flooding which might be called recurring hemorrhage, where the uterus alternately contracts and relaxes, and where it is difficult to determine when the patient can be pronounced free from risk of further bleeding. Instead of being obliged to grasp the uterus for an hour or two, and feeling afraid to leave the patient perhaps for many hours, the use of the iron at once removes all doubt and difficulty, by inducing firm and permanent contraction.

With regard to the objections which have been raised to the use of the iron injection in flooding, I am not yet convinced that these are to be con-

ceded as sufficiently established by observation to give them weight against the proved safety and efficacy of the treatment when judiciously applied. It has been said that the perchloride acts so powerfully on the walls of the uterus as to leave a layer of dead tissue of some thickness, which is liable to give rise to septicemia. I am not aware that this has been proved by actual observation; it appears to me improbable when the antiseptic property of the solution is considered.

The few reported cases in which the injection had been employed, are not to my mind conclusive evidence of its supposed ill effects.

Deaths from septicemia and other puerperal complications following profuse flooding were sufficiently frequent before the treatment in question was adopted to render it at least doubtful whether the mortality has not been due to other causes than the use of the injection. Granting, however, that in this as in some other powerful remedies employed in circumstances of great and immediate danger to life, there may be a certain possible contingent risk of subsequent mischief, it then becomes a question whether we shall allow a patient to bleed to death before our eyes rather than employ means which we feel confident will rescue her from impending death, although they may subject her to possible future risk.

The mode of applying the remedy has been so fully and accurately described by Dr. Barnes as to render it unnecessary to add anything on that point. It may be well, however, to repeat one condition insisted upon by him, which if neglected will probably cause failure. Before injecting the fluid into the uterus, all coagula or remaining portions of placenta structure must be carefully removed.

A woman was brought into the hospital literally bleeding to death after an abortion at the fourth month. I opened up the cervix with tents and freely swabbed (I never inject the non-pregnant or immature parturient uterus) out the cavity with the undiluted liq. ferri perchloride; but the bleeding, so far from ceasing, appeared to flow more freely than ever. As a last resource I introduced a finger up to the fundus and with infinite difficulty scraped off a minute particle of placenta structure, after which the hemorrhage ceased and the patient slowly but completely recovered.

MEDICAL NEWS.

A first case of Asiatic cholera was observed at Poona on May 24th.

The Royal and Imperial Society of Medical Men of Vienna has decided to open its library and hall to medical men visiting Vienna during the Exhibition.

The first operation for ovariectomy ever performed in Spain took place in Madrid last February. The operation was performed by Dr. Manrique amidst a numerous attendance. The woman died fifty-six hours after.

The new drainage arrangements for Windsor Castle are now complete. The total cost of the works and engines is over 40,000 pounds. The Windsor Local Board was summoned last week by the Thames Conservators for passing the sewage of the borough into the river, but in consequence of the difficulty experienced in procuring the necessary land for the reception of the sewage, the case was adjourned for a month.

Mr. Marshall, F.R.S., and Mr. T. Holmes have been elected Examiners at the Royal College of Surgeons, London, in Anatomy and Surgery respectively.

A parliamentary return has just been issued on the various methods employed in the disposal of sewage. Fifty-four local bodies have adopted filtration, thirty precipitate sewage, and in forty-two cases it is dealt with by the sewage farms.

At a meeting of the Council of Queen's College, Birmingham, held on Friday last (27th ult.) to consider a memorial from the Ladies' Association for the Promotion of the Medical Education of Women, a resolution was unanimously agreed to sustaining the previous adverse decision of the Council in reference to the admission of lady students to Queen's College.

The Imparziale of Florence mentions that the embalming of the illustrious poet Manzoni was performed by the municipal doctors by means of injections and washes with a hydro-alcoholic solution of chloride of zinc, and was eminently successful, thus affording the seventy thousand people who visited the remains of the poet the satisfaction of witnessing again his sympathetic countenance.

Dr. Bottini, a physician of considerable repute practicing near Mentone, lately met his death under singular circumstances. He was being driven over one of the passes of a mountain on his way to see a patient, when the horse slipped, and the carriage was precipitated into the ravine below. Dr. Bottini was killed; but a friend who travelled with him and the driver of the vehicle, although greatly injured, are expected to recover.

Cinchona cultivation in Darjeeling is progressing favourably. Last year the Pomong garden, which is described as a commercial enterprise, yielded 36,000 lb. of dry bark, and this season it will produce 50,000 lb. A moderate estimate gives the produce of dry bark in the next three years at 200,000 lb., calculated to yield 6000 lb. of quinine, and 6000 lb. of other valuable alkaloids. "Fever-stricken Bengal," says the Times correspondent, "with its swamps and malaria, will hail the boom."

THE ENGLISH ADULTERATION ACT.

The want of some specific and legal definition of the word adulteration—i. e., what constitutes adulteration—threatens to render the Act in the majority of cases a dead letter. A great deal of money has been or will be spent in legal proceedings for the purpose of deciding whether the abstraction of cream from milk constitutes an adulteration, and whether a milk merchant who sells milk avowedly as skim-milk can be brought within the clutches of the law. In fact, it has yet to be settled whether an addition to or an abstraction from any article constitutes an adulteration within the meaning of the Act, and until this is finally determined, very little practical good can be derived from its operation. Again, it appears that Dr. Stevenson, analyst for the parish of Clerkenwell, has presented a report on bread and tea to the authorities, and out of a total of forty-seven samples, twelve were more or less adulterated. As regards the tea, the analyst did not recommend a prosecution, because "he did not feel clear that the adulterations had been executed in this country." As regards the bread, Dr. Stevenson also did not recommend any prosecution, "but trusted that those who had adulterated might be warned by samples having been procured for analysis." It is pleasing, but not profitable, to know that a belief in bakers forms part of the faith of a metropolitan analyst.

It would appear, too, analysts, as well as doctors, are prone to differ. Dr. Whitmore, analyst for Marylebone, records in his first report "that of the modes by which the quality of milk is tested the specific gravity is, altogether untrustworthy." But Parkes tells us "the comparison of the specific gravity, and the amount of cream which rises, of fat, will be found to give, in conjunction with the physical characters, a very good idea of the quality of the milk." All these published differences of opinion in practical questions of this sort are not likely to increase the faith of the buying or selling public in the prospective efficiency of the Act.—[Lancet.

PROSPECTUS.

THE CANADIAN

MEDICAL TIMES.

A NEW WEEKLY JOURNAL.

DEVOTED TO PRACTICAL MEDICINE.

SURGERY, OBSTETRICS, THERAPEUTICS, AND THE COL-
LATERAL SCIENCES, MEDICAL POLITICS, ETHICS,
NEWS, AND CORRESPONDENCE.

The Undersigned being about to enter on the publication of a new Medical Journal in Canada, earnestly solicits the co-operation and support of the profession in his undertaking.

The want of a more frequent means of communication between the members of this well-educated and literary body has been long felt; since monthly publications such as alone have been hitherto attempted in this country, do not at times fully serve the requirements of the controversies and pieces of correspondence which spring up. It necessarily diminishes the interest of a correspondence to have to wait a month for a reply and another month for a rejoinder; and it is in consequence of this drawback, no doubt, that many important or interesting points are not more fully debated in the monthly medical journals.

THE CANADIAN MEDICAL TIMES, appearing weekly, will serve as a vehicle for correspondence or all points of purely professional interest. It is also intended to furnish domestic and foreign medical news: the domestic intelligence having reference more particularly to the proceedings of city and county Medical Societies, Colleges and University pass-lists, public and professional appointments, the outbreak and spread of epidemics, the introduction of sanitary improvements, etc. Many interesting items of this nature, it is hoped, will be contributed by gentlemen in their respective localities.

If the interest of a correspondence can be maintained and its freshness preserved by a weekly publication, it must be yet more valuable to have weekly notices instead of monthly ones of the advances which are continuously being made in the medical art. Obviously the sooner a medical practitioner hears of an improvement the sooner he can put it in practice, and the sooner will his patients reap the benefit. In this manner, the value of a weekly over a monthly or semi-annual medical journal may sometimes prove incalculable. Medical papers and clinical lectures, in abstract form or in extenso, will regularly appear and constitute a considerable portion of the new journal. In this way it is intended to furnish the cream of medical literature in all departments, so that a subscriber may depend upon its pages as including almost every notice of practical value contained in other journals.

Original articles on medical subjects will appear in its pages. The growth of medical literature in Canada of late years encourages the hope that this department will be copiously supplied. Notices of cases have been kindly promised, and an invitation to contribute is hereby extended to others who may have papers for publication. If the profession would encourage the establishment of a worthy representative medical journalism in Canada, its members should feel that upon themselves rests the onus of aiding in the growth of a national professional literature.

In order to gain a wide-spread circulation for the new journal, the publisher has determined on making it as cheap as possible. It will appear in the form of a quarto newspaper of twenty-four wide columns, containing a large quantity of reading matter, and be issued weekly at the low price of Two Dollars per annum. For cheapness this will go beyond anything as yet attempted in a medical journal in Canada.

It will be the aim of the editor to make it at once an interesting, practical, and useful journal, indispensable to the Canadian practitioner. It will be the aim, further, to make the Medical Times the organ of the profession in Canada, as its columns will be freely open to the discussion of any professional matter, whether of medical politics, ethics, or of questions in practice.

As a medium for advertisements the Medical Times will possess the special advantage of giving speedy publicity to announcements. The advertising will be restricted to what may legitimately appear in a medical journal.

Terms for Advertising.—Eight cents per line for first insertion; 4 cents per line for every subsequent insertion. Special rates will be given on application for monthly and yearly advertisements.

Terms for Subscriptions.—Two Dollars per annum, or One Dollar for six months.

Address all orders to the Publisher,

JAMES HEINZ, M.D.

Office of the Medical Times,
Kingston, Ontario.

MEDICAL NEWS.

A report had got abroad in Paris that Dr. Nelaton was suffering from extreme illness, and that his condition gave his friends great uneasiness. We are glad to be able to state that this rumour is without foundation. The illustrious surgeon, who has been suffering for some time from disease of the heart, is now in the country with some friends, and seems, on the contrary, to have benefited much by the change of air.

At a late meeting of the Paris Academy of Medicine, M. Colin related various experiments he had performed with the result of showing that tuberculosis cannot be inoculated. Tubercular matter, he said, is not absorbed by the derm and mucous membrane when denuded. As to Villemin's results, M. Colin stated he was able to show that the consecutive phenomena were metastatic foci formed by the matter injected into the cellular tissue. He concluded that the flesh of tuberculous animals was quite free from danger when ingested.

PROFESSOR ERICHESEN.

It is a matter of general regret that Mr. Erichsen's state of health has been for some time such as to cause anxiety to his numerous professional friends. Mr. Erichsen was, we understand, somewhat out of health during the winter, and early in the spring he unfortunately wounded his finger, and had lymphatic inflammation with probably some degree of blood-poisoning. This completely prostrated him for the time, but he is now, we are glad to hear, considerably improved, though in the opinion of his colleagues, Sir William Jenner and Sir H. Thompson, it will be some time before he can resume his professional labours.

DEATH UNDER METHYLENE ETHER.

On Saturday, June 28th, a patient on whom Mr. Lawson Tait was just about to perform ovariectomy, at the Birmingham Hospital for Women, died suddenly after the administration of five drachms of methylene ether. The anæsthetic was given through a single fold of a towel by the resident medical officer, and nothing noteworthy was observed during its administration. The pulse suddenly stopped, the pupils became dilated, and the respiration subsequently ceased. All efforts at restoration were fruitless. Post-mortem examination did not reveal the cause of death, the heart and all the other organs except the ovary, being quite healthy. During life a *halenic murmur* at the base had been detected, but as there were no general symptoms in connexion with it, it was not considered of importance.

CHOLERA IN EUROPE.

The German Federal Council has appointed a cholera commission, consisting of Dr. Böger and Dr. Hirsch, of Berlin, Dr. von Pettenkofer, of Munich, and Dr. Volz, of Carlsruhe.

The reported appearance of cholera in some localities in the provinces of Treviso and Venice is stated in the official Gazette to be correct, and the number of cases from the 30th May last (the date of the first appearance of the disease) to June 21st is given as twenty-six. Of these twenty-four occurred in Treviso and two in Venice. As soon as the disease showed itself the Minister of the Interior instructed the local authorities to take all necessary precautions for preventing the spread of the malady, which is stated not to have made any recent progress. In Pesth forty-three cases and nine deaths are already recorded. Two cases of cholera (one fatal) are reported to have occurred among the slave population of Dantzic.

According to official reports received in Berlin up to July 5, a number of cases of cholera had occurred in the districts of Bromberg, Marienwerden, and Dantzic, among the ruffians on the Vistula. Isolated cases had also occurred in Saxony among boatmen on the Elbe and in two villages near Dresden. From June 1 to July 5, forty-eight cases occurred among the Polish ruffians on the Vistula above Dantzic; thirty-two of these had died, and eight had recovered. The disease is reported to have broken out in Breslau; it has also appeared in several places in Upper Silesia, and a case is reported to have occurred at Nuremberg.

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TWENTIETH SESSION, 1873-74.

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