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SURGERY.

NEUROMIMESIS.

LECTURE ON THE NERVOUS MIMICRY OF JOINT DISEASES.

By SIR JAMES PAGET.

Let me repeat the rule that, in every case, you should study the local before the general symptoms. You will often go wrong if you take the contrary course. In the most evidently hysterical patient there may be a real joint-disease; in the least evidently, there may be a mimicry: and the error of treating a real disease as "only nervous" is one of the worst that can be made; it may be as bad as amputating a limb for a mere mimicry of disease.

Among the diseases of joints, those which are most often imitated are the more or less acute inflammations; not, unless very rarely, the rheumatic or gouty or any of that class, but the so-called common inflammations and the scrofulous. If you would think of the importance of studying them, remember that Sir Benjamin Brodie, to whom more than to anyone else of any time we are indebted for knowledge in these subjects, said that, "among the higher classes of society, at least four-fifths of the female patients who are commonly supposed to labour under diseases of the joints labour under hysteria and nothing else." This statement, of course, does not refer to the class of gouty and rheumatic diseases of the joints; and it needs, I believe, an amendment by the omission of the words "and nothing else," for part of the large proportion is made up by numerous cases of trivial disease or injury made to seem severe by hysteria or other nervous fault. The words "higher classes," also, need strong emphasis; for among my hospital patients, whether in- or out-patients, I think I can be sure that the proportion of nervous joints was less than one-fifth; and even in private practice the proportion of four-fifths is not attained unless in practice almost exclusively among the most cultivated classes.

Among all the joints, the hip and the knee, which are the most frequent seats of real disease, are equally so of the mimicry: a fact not easy to account for. It may be due to mental association, perhaps unconsciously; or to a mingled inheritance—for instance, to an inheritance of nervous constitution and of relative weakness in the joint or joints most weak in progenitors. After the hip and knee follow, in order of frequency, the tarsal joints and carpal, or the elbow and shoulder; but in these, mimicries are too rare for counting.

Another fact, adding to the difficulty of diagnosis, is that the most frequent exciting causes are the same for the real and for the imitated affections of the joints. Injury, or some great fatigue, is commonly referred to as the source of

the mischief. The injury may seem inadequate for such trouble as followed; but you cannot rely on this. Many of the worst instances of scrofulous arthritis follow injuries that seemed very trivial. It may suggest a suspicion of neuromimesis if pain set in with full severity directly after an injury that was not severe; but the suspicion must be lightly held. One of the most acute inflammations of the hip-joint I have seen set in severely, with an almost agonising pain, directly after a wrench of the joint in quickly turning round.

Thus, then, you can get little help for diagnosis from either the seat or the apparent cause of the malady; they are for the most part the same for the real and for the mimic affection. Your reliance must be on the examination of all the features of each case, and on a right estimate of the weight to be attached to each. Let me then take, in turn, each of the signs of inflammatory affections of joints, and see how far they may be imitated, whether separately or together. For although it may be said, generally, that an inflammation of a joint should be marked by many signs, and that in a well-marked case you may study them all, yet, in practice, you cannot treat gently any case which has even one clear sign of diseased joint; for this may be only the first sign, which others will follow; or the last, which has survived the rest; or it may be one which is so exaggerated as to conceal the others. What is wanted in every case of suspected disease is, that you should be able to say positively Yes or No; and this you cannot do without knowing the weight in evidence of each usual sign.

First, as to pain. Alone, it is not to be at all relied on for a sign of inflammation of a joint; especially if it be severe. If a patient be ready to scream when the accused joint is touched, and yet the joint is not overwarm and the patient not feverish, you may be nearly sure of neuromimesis; and more nearly still if the pain be rather in the parts outside or about the joint than in the joint itself, so that a light touch is said to hurt as much as a hard one, or a pinching of the skin as much as pressure on the joint itself. You must not even rely on what is supposed to be characteristic pains, such as those felt at the knee for disease of the hip, or about the middle of the arm for disease of the shoulder, or even those grinding and burning pains at night which some regard as characteristic of ulceration of cartilages: all these may be mimicked.

I had a boy aged about fifteen in the hospital who had these night pains in a most marked degree in one knee, and the joint was a little swollen; and he, being tuberculous, was wasting, hectic, and very ill. I did not doubt that he had destructive articular disease, and the use of the actual cautery cured his night-pain—another reason, some would have said, for being sure

that his articular cartilages were ulcerating. Soon after this he had similar pains in or near the tibio-fibular joint, and these also were cured with the cautery. But he went on and died with pulmonary tuberculosis, and I examined his knee-joint and found it almost healthy. A very small piece of one edge of the cartilage on the femur appeared eroded, but it was a trivial change, and quite inadequate to account for the severe pain of which the lad had long complained.

The case had been one of nerve-pain at the joint, and the imitation of organic disease had been made closer by the signs of the coincident disease of the lungs. But for this, it might have illustrated what you may take as a general rule—that acute pain in a joint, if it has existed for even a few days without either local or general increase of temperature, is not a sign of acute inflammation of the joint. It may be rheumatic disease or it may be rheumatic gout, or some slight inflammation after injury, in a neuralgic person, but it is not acute inflammation.

There is more difficulty in judging of the meaning of pain in a joint when it is not severe, but dull, aching, "wearing," as patients describe it. You must be cautious in these cases. Pain alone is not enough to prove organic disease; yet the lower degrees of pain seldom exist constantly and long without some organic mischief. I have indeed known several such cases, especially of pain at the hip, the conclusion of which made me believe that the pain was only nervous; for the patients got at last suddenly or very quickly, well, without stiffness or other apparent change at the joint, or with a shifting of pain to some other part. But in all such cases you must be cautious and watch for other signs of disease adding themselves to the pain, such as local heat, swelling at the joint, wasting of parts about it, and others that are least dependent on the sensitive nervous system.

The pain I have been speaking of is that which may be felt in the joint even while it is at rest. Different from this is the pain which prevents the free movement of the joint. It is observed alike in the real and the mimic disease; and you may often judge the pain to be mimicry by its inconsistent severity. If with scarcely any other sign of disease a joint will not permit the slightest movement because of pain, you may greatly suspect the reality of disease; but be very careful not to overlook the signs of increased pain on movement in cases of slight real disease, especially in the diseases of the hip in children. You may often find this the only sign making it clear that a child has real hip-disease. A suspected joint may allow free and smooth and painless movement till, for instance, in extreme abduction of the thighs one adductor becomes much tenser than the other, or in extension the loin is quickly raised, or by some other movement, it becomes evident that the joint will not allow extreme

movement without pain, although within all but its extreme range its movements may be free and painless.

In these, among many cases, chloroform or ether may help in diagnosis. In the real disease, as in the mimic, while the patient is utterly insensible, the joint may be moved as widely as in health, unless, indeed, there be such changes in its structure as might alone have proved its disease; but commonly you will observe that, in the real disease, the muscles become alert, and restrain the movement of the joint before the patient has regained consciousness; while in the mimic disease there is no restraint till consciousness is completely regained. The test is a delicate one, but I think I may be sure that it is a true one, and fit to be relied on, whenever the chief sign of disease of the joint is a restraint of movement on account of pain and the guarding action of muscles.

Closely allied with this pain on movement of an inflamed joint is its stiffness, with contraction or other set posture, dependent on muscular action; for this posture, whether it be due to choice or to reflex movement, is the posture of greatest ease, or of safest guard against weight or shock or other causes of pain. The absence, therefore, of the fixed or nearly fixed posture usually observed in a diseased joint may always suggest the suspicion of mimicry. It would be rather strange to see a hip or a knee extended after many weeks of such pain as would be felt in an acute arthritis, unless, indeed, they were rheumatic or gouty, with exaggerated pain, or had been carefully maintained in good position. It would require the presence of many other signs of real disease to counterbalance the absence of this sign; for diseased joints, left to themselves, will be habitually or always in the position easiest to the patient.

But the reverse of this is not true. Very commonly a joint mimicking disease assumes the posture of disease—assumes and maintains it stiffly in even an extreme degree. This may be seen even when there is no objective pain in the joint; but much more, when the joint is a little really painful, as often a blow or strain, the nervous condition of a patient may either make this pain so intense as to demand the position of greatest ease, or may bring about this position for the relief of even a little pain. Especially the posture of hip disease is apt to be imitated by the drawing up of one side of the pelvis and rotating it, so that the limb looks shortened.—[Lancet.

(To be Continued.)

THE GALVANIC WIRE IN SURGERY.

Do British surgeons avail themselves sufficiently of this mode of bloodless section? This may be doubted, and when we seek for the reason we shall soon find that it lies principally in the trouble with which the wire is connected. Now, however, that bloodless operations have become popular, it behoves all those who are conversant both with galvanic apparatus and surgery to devise means of simplifying this operative measure. A few days ago Prof. Boeckl, of the faculty of Nancy, showed, at a meeting of the Surgical Society of Paris, an apparatus with which he can

graduate the force of the current, and remove tumours without shedding a drop of blood. M. Trélat, at the same meeting, spoke in favour of the instrument, but found fault with its complicated appearance, and brought forward one made by M. Trouvé, and modified by M. Onimus, which is simple and acts very satisfactorily. There are a great number of operations in which the wire cautery should be used, so as to save the patient loss of blood. As Esmarch's method can only apply to the limbs, we ought to see that operations on the head or trunk be performed, when advisable, by the galvanic cautery, which promises to be almost as saving of human blood as Esmarch's proceeding.—[Lancet.

MR. GUTTERIDGE'S METHOD FOR LITHOTOMY.

Mr. Gutteridge, of Birmingham, who has made lithotomy a specialty, and who employs instruments of peculiar construction, and is very rapid and dexterous in his manipulations, made a demonstration of his method at St. Peter's Hospital, in London, on Nov. 3rd, on the person of a lad of seventeen, in the presence of some fifty gentlemen, with complete success. The Lancet says of it:—Mr. Gutteridge repeatedly demonstrated the method of using his instruments in the Museum of King's College, at the recent meeting of the British Medical Association in London. It is essentially Cheselden's lateral operation performed on a staff which has the peculiarity of having its groove roughened, so that the surgeon can feel the knife grate along the staff into the bladder. Mr. Gutteridge performed the operation in the kneeling position, and with a scalpel, to the handle of which a cystotome is attached, so as to avoid changing the instrument if enlargement of the incision is required. A large director fitting the forefinger is used as a blunt gorget to guide the forceps into the bladder, and the stone is extracted with forceps the peculiarity of which is a second pair of handles attached by watch springs, by which effectual traction can be made with the left hand while the stone is merely grasped by the right, thus avoiding undue pressure on a very friable calculus. Mr. Gutteridge's success has been great—we believe, and he has been singularly honest in his avowal that he has three times cut a patient without finding a stone. He purposes to embody his experience in a work.

ON LARYNGEAL GARGLING.

It has long been believed, and many physicians still believe, that the epiglottis protects so effectually the cavity of the larynx, that nothing can penetrate as far as the glottis; and yet, in the case of simple catarrh accompanied by hoarseness—that it is to say, expressly implicating the vocal apparatus, they do not hesitate to prescribe local emollients, such as tisanes and demulcent gargles and success encourages this kind of treatment which is of every-day frequency. The fact ascertained and the cure obtained, they do not stop to seek the explanation, or they confine themselves to putting the question if there be not a therapeutical action on the intralaryngeal

mucous membrane exerted from the distance and by continuity of tissue, by means of the mucous membrane of the deep parts of the mouth.

The laryngoscope, by allowing a view of the vocal organ, gives the key of this mystery. I give it here as I demonstrated it to the members of the Académie des Sciences and the Académie de Médecine of Paris (and recently before the Clinical Society of London). The essence of the demonstration is to show, by means of the laryngoscope that a fluid can pass the epiglottis, and that it then bathes the glottis itself and all the portion of the vocal cords accessible to view in the laryngoscopic image during the act of closure of the glottic aperture.

The experiment is made with a small quantity of fluid so calculated as to fill pretty exactly only the subepiglottic cavity. I take then a small quantity of water into the mouth, and throwing the head slightly backward, I let it drop by its own weight into the laryngeal or subepiglottic cavity. I introduce the laryngoscope, and the liquid is very easily seen, subjacent to the epiglottis, which is or may be dry; the fluid may be seen to bubble in the supraglottic cavity under the influence of little bulles of air, which I expire through the glottis. If the fluid be transparent such as water the white colour of the contracted vocal cords may be seen through it.

This very easy experiment causes me no unpleasant sensation, and it may be prolonged throughout the whole period of a long expiration, or, indeed, as long as I can hold my breath. It proves that it is possible to apply medicated fluids in the form of a gargle to the mucous membrane of the larynx. But it does not follow because a thing is possible that it is easy to generalise it, and it might be possible that practice and skill peculiar to myself permitted me to realise an exception. I have easily ascertained that others can like me gargle the larynx; and, if I have found that by some the performance of this act is at first not easily attained, I have a much greater number who, when properly instructed, have been able to gargle in the most natural way in the world as far as their glottis. At Canterets, where a number of bathers gargle every year with the sulphurous waters of the these important springs, I have been able to repeat them on a large scale, and to establish a method for facilitating the use of this useful ablutation even for the least skilful.

To gargle effectually the pharynx and the larynx, it is only necessary—

1. Slightly to raise the head;
2. To open the mouth moderately;
3. To protrude the chin and the lower jaw;
4. To emit or to form the intention of emitting the sound of the double vowel *æ*.

The simultaneous and concordant action of these four movements open largely the back of the mouth; lift the velum palati and uvula, separate the base of the tongue from the posterior wall, and allow the liquid to gravitate into the cavity of the larynx.

Thus gargling lasts throughout the whole period of a long expiration, and inspiration is ini-

possible. Those who are most skilful succeed in learning how to make the fluid come back through the nasal fosse (as is done with tobacco-smoke), thus bathing the mucous surfaces in the most complete manner. The experimental proof of the penetration of the gargle into the larynx is the impossibility of respiring. Whoever respire while gargling, gargles badly. Very little practice is necessary sometimes to learn how to gargle in this way, without swallowing a drop of fluid; the less the head is thrown back, the less the need for swallowing is felt, and it may in this way be altogether put an end to; and, on the contrary, the more the head is thrown back, the greater the stimulus to deglutition, and the more of the gargle is swallowed.

THE GALVANIC CAUTERY.

In a discussion which took place at the Paris Société de Chirurgie, on the advantages and drawbacks of the galvanic cautery, M. Trélat (France Médicale, September 27, 1873) remarked that he had used the galvano-caustic styilet for the use of small erectile tumours, with satisfactory results. The styilet is brought to the maximum of red heat, and acts like the actual cautery. In naso-pharyngeal polypus he used the wire loop, which is, however, sometimes difficult to apply without preliminary operation, whether by the nose or the throat. M. Labbé has succeeded in one case of naso-pharyngeal polypus with the galvano-cautery, but failed to remove more than one-half of the tumour by the same means in another. M. Lannelongue has used the loop in a case of varicocele, and, as the tissues did not become divided he made traction, upon which a jet of arterial blood appeared, the spermatic artery having been cut it two. This artery is difficult to insulate in the midst of the veins coursing with it, and it was found necessary to tie it. M. Verneuil prefers the écraseur to the galvanic loop. When he employs the galvanic cautery, he uses puncture and section with the galvano-caustic knife. For removing a cancrroid from the ala nasi, he once used successively the loop, knife, and knob. For naso-pharyngeal polypus he had unsuccessfully divided the pedicle and cauterized the remainder, and thinks the écraseur preferable for partial sections.

THE BRITISH MEDICAL ASSOCIATION.

The Association was founded forty years ago by a provincial physician, Dr. Hastings, who aimed at raising the country practitioners to a position more nearly resembling that of the great metropolitan practitioners than they then held. He wisely held that this was best done by uniting them in an effort to cultivate high objects, and to sustain their honour and prove their claims to position by the development of scientific effort and the maintenance of a high ethical code. The advance of the provincial practitioner in position since the establishment of this Association, has been marvellously great; the Association alone could not have effected this result. It is due, in no small measure, to the general diffusion of a degree of culture which was once the property of the few and to such an improvement in the tests for diplomas, that the ordinary general practitioner of to-day is of necessity possessed of a larger amount of technical information than the

hospital physician of forty years needed to possess, so far as strictness of examination demanded it of him. But the Association has had a vast influence in the fortunes of the provincial practitioner, by giving him what he did not before possess, the power which union commands and the ambition which that power begets. Fortunately, the men who guided the Association in early years were not beset by petty notions or by the wish to pull others down in the desire to aggrandize themselves. They worked in this way. They arranged branches or sections in all the different districts of the country (as far as they could); each station or branch elected its own officers, held its own meetings for scientific purposes, and elected one delegate for every twenty members, to act in the General Council. The General Council assembled once a year only, at the date of the annual meeting of the whole Association, and then proceeded to elect twenty members as a Committee of Council, or Executive Committee. This executive committee acts throughout the year as the ruling body of the Association in all matters of general policy; and it alone can speak for the Association. Besides the twenty elected members, the president for the year and the honorary secretary of each branch are also members of the executive committee *ex officio*. Thus, any thing like jobbery is prevented. The Association can also appoint standing committees on particular subjects, throughout the year, but the action of such committees can be at any time controlled by the executive committee, who are also empowered to decide all questions of expenditure. The president of the executive committee is elected biennially, and is not competent for re-election, but becomes, on retiring from office, a life-member of the executive committee. The Association meets every year, in a different town, by invitation, and elects a president from the practitioners of the town at which it meets. This alone gives dignity and prominence to provincial practitioners, and as the nomination of the president of the year is made by the local profession, the result has always been satisfactory.

We come now to the question of funds and members. The great element of success in any institution requiring a subscription, is that it shall give some obvious and palpably adequate return for the subscription. Sentimental reasons will attract a certain income, but will die off if not sustained by evident sufficient results, and will never be large. The first return made was in the form of "Transactions," but such transactions were soon found to be of insufficient interest, and not to compare favourably with those of societies having a permanent residence in the great centres of learning and activity throughout the year. They were valuable, but they were tardy in issue and heavy in character. A weekly journal was found more lively, prompt and vigorous, and a return more valued, while it kept the Association well together and reported the affairs of all its branches. It has of late years developed into all the characters of a weekly paper of vigour, and, without saying anything more about it, I may say that it is popular and cheap, ranks as an au-

thority outside of the profession, and is read more largely than any other within it. It has been pointed out lately by the Council, by Dr. Quain, by Mr. Baker, and by all impartial observers, that the development of the Journal has greatly favoured the growth of the Association.

It is, however, very apparent that the Journal, while helping the Association in an incalculable degree, has also raised up for it powerful enemies by the very fact of its existence. The whole influence of the other medical papers has, indeed, been incessantly employed against the Association, which they have with reason regarded as a rival publishing company, interfering with their business. In the case of the British Medical Association, where the constant meetings of the branches require not less than weekly publication to give cohesion and continuity to the work of the Association; it has answered well to brave that disposition, and the battle has been carried to a highly successful issue. It would be very unsafe to predicate a similar success for any other association, if placed under similar circumstances. What is really necessary is, to make a return for the money subscribed. Now, in the case of an annual association, experience has shown that money spent on "Transactions" should be limited. The professional papers may be trusted to give a fair account of the proceedings; and only the most important papers read; should be published in the transactions. No money should be spent out of the funds of the Association on the reception and annual meeting. These should be entirely furnished out of the subscriptions raised *pro hac vice* from the local practitioners who have the honour and pleasure of receiving the visit of the Association. No money should be paid to any official, except the under secretary, who need not, and had better not, be a professional man (but a business man), and who need not, and had better not, have a vote in the Council. The annual meeting should be made attractive by arranging for the delivery of retrospects of medicine and surgery, obstetrics, physiology, &c., by eminent men, who should be officially invited to deliver them, by a joint arrangement of the local reception committee and the executive committee; ethical questions should be entirely excluded from discussion at the annual meeting, and referred, the first instance, to local committees, and then to the general executive committee. For each day's work, a series of questions should be prepared; some one gentleman of known experience in the matter being invited beforehand to prepare a preliminary paper on the subject. Meetings so arranged could not fail to be popular; they would be proportionally influential, and there would be a handsome surplus for general and scientific purposes.

This is, of course, only an outline sketch of views which are derived from observing the course of our various British societies. I have stated them, perhaps, dogmatically in form, but not in intention; and the form is due to the necessity of being brief, with the hope of avoiding a fault into which I fear that I have nevertheless fallen, that of being tedious.—[Boston Medical and Surgical Journal.]

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, DECEMBER 6, 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.

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REMITTANCES.

Gentlemen who have not sent on their subscriptions for the MEDICAL TIMES are requested to remit One Dollar for the current six months without further delay. The system of advance payments must necessarily be adhered to.

We have persistently urged upon the profession in Canada the advisability of forming Medical Associations, as much with a view to the beneficial interchange of thought and experience among the members as with a view to the very practical intention of advancing the interests of the practising physician and surgeon by securing better remuneration through the means of a regulated tariff of minimum fees. Such associations are obviously calculated to promote harmony and extinguish rivalries in the profession. They should be the means of elevating the status of the medical profession in this country to a higher level—more to a status like that which prevails in Great Britain, and which we in this country are confessedly far below as regards ethics, etiquette, and even remuneration.

We have specially urged the formation of these associations in cities, towns, counties, and even in townships, because under the new Medical Bill which has been prepared for submission to the Legislative Assembly of Ontario in the coming session, it is intended to give a legal position to such societies, and it is particularly contemplated to give a legal effect to the tariff of fees prepared by the branch associations, making them a scale of "reasonable charges," requiring only to be "put in" in a court of law, and so dispensing with medical testimony hitherto necessary in proving such a fact. That this must needs facilitate the collection of medical accounts is apparent; it must also cause members to adhere with more strictness to the tariff than could otherwise be expected; and, further, when the public become acquainted with the power so placed in the hands of the doctors they will be less disposed to practise those impositions under which medical men have long suffered. It therefore becomes an important object to carry out to the full extent the details of the scheme contemplated in this respect by the framers of the Medical Bill.

Those of our readers who are disposed to take this matter up and do their part towards promoting unity, harmony, the proper observance of ethical laws, and the collection of a fitting scale of fees, will peruse with interest the copy of a letter written in London and published in the Boston Medical and Surgical Journal, describing the origin, rise and progress of the British Medi-

cal Association—in which article it is shown how much the Association has done for the country practitioner in Great Britain, and how this elevation has been brought about. The letter also contains practical suggestions for the formation and working of similar societies, say in Canada and the United States,—suggestions which are exceedingly valuable in view of the task which the profession in Ontario have now before them.

We have pleasure in reprinting and directing special attention to this article as appropriate to the matter in hand by all those who are about to form branch medical associations under the new bill. The propriety of imparting some of the features of the British Association to the Medical Association of Ontario must also suggest itself to the reader, and the article should be fruitful of both thought and action in this province.

A MOVE IN THE RIGHT DIRECTION.

At a meeting of the California Medical Society, the following resolution was introduced by Dr. Ira Oatman, of Sacramento:—

"Resolved, That it is the duty of, and we hereby recommend, to the Legislature of California to pass a law making it a misdemeanor of any person, for any purpose whatever, who is it not a gratitudo of some institution of learning authorized by law to confer the degree of 'Doctor of Medicine,' who shall place before or after his or her name in any manuscript, label, wrapper, card, hand-bill, circular, newspaper, pamphlet, magazine, book, or any advertisement, the word 'Doctor', the abbreviation M.D. or Dr., or any other signifying directly or constructively that the person is a graduate of such an institution, or who shall authorize or sanction the same by others in his or her interests; and that any person found guilty of such misdemeanor shall be punished by a fine of not less than—dollars, or imprisonment for less than—years, or by both such fine and imprisonment."—*Western Lancet*.

A MEDICAL BLACK LIST.

An enterprising publisher in Philadelphia has provided the medical profession in that city with an *index expurgatorius*, the idea of which is very unique, and its object a very significant indication of the relations of the public and the Profession in that city and elsewhere. The publication, which is called the "Credit Guide," has just entered upon its second year of publication. It contains one hundred and four pages, and its purpose is to publish semi-annually the names of persons who employ physicians without rendering them any remuneration for their services, though able (and in many instances abundantly so) to do so, and thus to furnish the physician with such information for the transaction of his business as is furnished in another form to the merchants of the country.

Under no circumstances is it intended to publish the name of any person in indigent circumstances and who is consequently unable to pay.

Without doubt such a list would be a voluminous one, and must contain many revelations of meanness and avarice, but its object is impossible of attainment. To make it perfect it might con-

tain an appendix, in which would be found the names of medical men who are in the habit of attending any or every comer whether solvent or not, if only to keep them from consulting a rival practitioner. We are profoundly cognizant of the fact, that eighty per cent. of the recipients of so-called medical charity are entirely sympathy, and nearly as great a proportion of the money expended undeserving of on them as charity, is misappropriated. But how can it be otherwise, when medical men who will gladly work without remuneration in any or every case are legion?—*Medical Press and Circular*.

EARLY MEDICAL JOURNALISM—THE CAREER OF THE LANCET.

From the London Lancet.

With this week's issue (October 11,) the Lancet enters upon the fifty-first year of its existence—an existence that was for a period chilled by clouds and buffeted by storms, but that has long since emerged into the full sunshine of a scarcely chequered prosperity. The first number appeared on Sunday, the 5th of October, 1823, at a time when the appointments in the great hospitals were the actual property of cliques or families, or were at best confined to those who had paid large premiums as private pupils to their predecessors—when the experience and the teaching of hospitals were jealously kept from the knowledge of the profession—and when the majority of practitioners, having never experienced the benefits of publicity in matters relating to their calling, neither claimed it as a right nor welcomed it as a boon. The late Mr. Wakley, with the intuition of genius, saw something of the nature and extent of the opportunity that lay before him, and, with the pluck and pertinacity of a true Englishman, determined to seize and utilise it to the utmost. Although in advance of his time, he had the good fortune not to be too much so, and hence was spared the adverse fate by which, if his venture had been fifty years earlier still, it would in all probability have been overtaken. Even as it was, there seems no reason to doubt that many honest men, acting according to the undeveloped moral sense of the time, really regarded him as one bent upon despoiling them of their intellectual property, and thought they were protecting their own just rights when they endeavoured to confine to a party the gifts that belonged to mankind. We are wiser now; and it is difficult to read the history of the acrimony of those days, of the various and ingenious efforts that were made to exclude our reporters, and of the persistent hostility with which all who were openly favourable to the Lancet were pursued by the heads of the profession, without attributing to them a pettiness of spirit and a malignity of motive to which our happier age affords no parallel. To do so would, however, be utterly unjust; for all persons should be judged by the standard of their own actual lights and surroundings, not by those of some subsequent generation. The founder of this journal, if he were still with us, would be the first to set example of looking back upon past strife with no unkindly spirit towards the vanquished; and he would regard as his real adversaries, not the im-

dividuals with whom he had been brought into collision, but the traditions and habits of thought from which those individuals had not been able to emancipate themselves. The triumphant result of his labours is that for fifty years the history of the Lancet has been the history of the profession of medicine, of its struggles after higher truth and deeper knowledge, of its gradual emancipation from the shackles of prejudice and error, of the increasing pride of its members in their calling, and their increasing respect for themselves and sense of duty towards each other. We are no longer alone in the great work in which we still claim to be leaders; and we gladly recognise the services which our contemporaries render to the common cause which we established, and which they have subsequently espoused; but none the less do we remember that our columns are the direct representatives of those which first rendered possible the formation of a public opinion in matters of medicine. The retrospect over fifty years, in any undertaking, must always be attended by thoughts which temper elation with sadness; and in our own case we have to regret many losses by time and death, some promises which have remained without fulfilment, and a few instances in which those who were friends in outward seeming have proved unworthy of the trust we have reposed in them. Notwithstanding these things, we remember with no common satisfaction how many of our chief contributors have been men who have afterwards attained the highest honours in the profession; or, in other words, to how great an extent the work of the Lancet has been that of some of the best brains that have been devoted to the medical calling.

But over and above its purely professional relations, the Lancet has performed a rôle on which we cannot forbear to touch—that of an auxiliary, nay, in some respects a pioneer, of sanitary and social reform. No account of its work would be complete which failed to notice its efforts, constantly maintained and ultimately successful, for the abolition of flogging in the army—a form of discipline which was carried to an utterly inhuman excess, and acted as a positive deterrent to the recruit. The Commission for the detection of Food Adulteration was another movement to which society is indebted for much of the legislation which is now directed against fraudulent traders. The thorough exposure of the imperfect qualifications with which candidates were in many cases allowed to enter upon practice led to the enactments of 1858—enactments which, provisional as they are and susceptible of much modification, were yet a great step in advance of the traditional state of things. The inquiries into the management of workhouses and workhouse infirmaries opened up a vast field of reform, the cultivation of which is yet in progress, but of which we can already anticipate the harvest in a wiser, more humane, and more efficacious treatment of the poor and the invalid pauper. Hospital Sunday is another and cognate movement, the effects of which are, even in this its elementary stage, of the most gratifying kind, and are giving earnest of a systematised and successful mode of sustaining our medical charities in practical efficacy and in public confidence. The suc-

cess of these and of many similar efforts, and the spirit of co-operation in which they have been met by the community, are at once our justification and our encouragement in continuing the policy which the founder of the Lancet initiated, and of which he lived to see some of the fruits. The past, indeed, inspires us with full confidence in the future; and we do not doubt—nay, we determine and will ensure, we or our successors—that the history of the journal, for the half-century that is to come, shall reflect no discredit upon that of the half-century which has passed away.

THE TENDENCY OF MODERN SURGERY.

The tendency of modern surgery is undoubtedly to become more and more conservative—conservative in the good sense of preserving life and diminishing suffering. Although it is not possible to dispense altogether with the knife, yet its use has been curtailed in many directions of late, and the most recent innovation has robbed the majority of operations on the limbs, and especially the great amputations, of the whole of the sanguinary horrors which surrounded them, whilst directly favouring the recovery of the patient by preserving several ounces or even pounds of his vital fluids. The ancient method of simply constricting a limb, with a view both of arresting the flow of blood and benumbing the nerves, was improved upon by Petit, who, in the early part of the eighteenth century, originated the tourniquet which still bears his name. This tourniquet has never, however, been perfectly satisfactory, for the reason that the constriction of the veins it induced gave rise to considerable loss of blood from the engorged vessels; and it was with the view of obviating this mischance that the instruments of Signoroni and Skey were introduced. Liston, who prided himself on the rapidity of his amputations, never employed a tourniquet, preferring the pressure of an assistant's hand on the main vessel at the moment of the operation; and both he and other writers have condemned the use of an instrument on account of the venous hæmorrhage.

It was only in 1860 that the most formidable of all the amputations—that at the hip-joint—was rescued from the fatality which seemed almost always to attend it by the introduction of the abdominal tourniquet—an invention due equally to Professor Pancoast and Professor Lister. Previous to that date the surgeon had either trusted to the hands of his assistants, who grasped the flaps to arrest the flow of blood, or had to lay aside the knife, after fashioning one flap, in order to secure the vessels before proceeding to complete the disarticulation. It is curious, in the light of our present knowledge, to come across an account of an amputation performed in the latter manner fifty years ago by no less able a surgeon than Sir Astley Cooper, and to find a surgical critic of that day upholding a method which prolonged the agony of the operation for some twenty minutes against the former proceeding adopted by Mr. Syme about the same time, while sharply criticising the statement that Mr. Liston was able to

pass his fingers beneath the flap and control the femoral artery, the disarticulation being accomplished in less than two minutes!

The method of Esmarch is but a scientific expansion of the old plan followed by many surgeons of raising limbs or tumours before removal, in order to drain them of their blood. The Indian surgeons who have removed the enormous scrotal growths met with in hot climates have long insisted upon this practice, which has very great advantages. Few surgeons nowadays would recommend loss of blood as a salutary accompaniment of any large operation, and though we have heard the doctrine enunciated that preliminary bleedings are advisable prior to the removal of large ovarian tumours, we know of no facts which can be brought forward in support of the practice. To operate *cito, tuto, et jucunde*, has long been the surgeon's aim, and to have a bloodless, or wellnigh bloodless, proceeding would seem an element strongly in favour of the last requirement.—[Lancet.

CINCHONA IN INDIA.

A parliamentary paper on the progress of India in 1872 gives information respecting the cultivation of the cinchona plant, which was introduced into the hill districts in 1860. The total expenditure of the experiment was £61,719. There are now 2,639,285 plants in the government plantations on the Neilgherry Hills alone, without counting those of private planters in this and other districts. The largest trees are 30½ feet high, and over three feet in girth round the trunk. The area covered by the plantations amounts to 950 acres, and is being added to every year. The bark under cultivation is stated to be much richer in quinine and other alkaloids than the wild bark of South America. During last year 7295 pounds of excellent bark were sold in the London market, while 65,688 pounds were supplied to the local manufactory. This year 20,000 pounds will be sent home. The alkaloid is manufactured on the spot in an exceedingly cheap form for the use of local medical stores, and hundreds of fever-patients are thus annually cured. The object of providing an abundant supply of the febrifuge at a price within the means of the population at large is rapidly being realized.—*British Medical Journal*.

That a provincial town should give birth to three medical men of great eminence, at the same period, is not an ordinary circumstance. This, however, is the case with the city of Tours, in France. Bretonneat, Troussseau, and Velpeau were born at Tours.

We (Lancet) hear that a large number of medical officers—about forty in all—have been placed under orders, or are already on their way to the Gold Coast, in connexion with the forthcoming campaign. About one hundred men of the Army Hospital Corps will also take part in the expedition, and be distributed among the hospitals at the base of operations and in the field, and on board the floating hospitals and various steamers that may be utilized in conveying the sick homeward.

PRACTICAL MEDICINE.

CLINICAL LECTURE ON EPILEPSY.

By Dr. H. C. Wood, Philadelphia.

It is difficult to give a correct definition of epilepsy, as different types of it are met with: it will be better, therefore, to lay before you a typical sketch of the disease, and then show how it varies. The affection is made up of a series of paroxysms which occur at irregular intervals. Each attack begins with an *aura* starting in some distant part of the body, as in one of the fingers or in the foot, and extending upward: when it reaches the head, a loud shriek is given, and the sufferer falls unconscious; as he falls, the face becomes deadly pale, and the body rigid, being in a state of tonic spasm. This condition lasts but a few seconds, and is hence overlooked. The convulsion next becomes clonic,—that is, muscles are forcibly contracted and relaxed in rapid succession; the face is now turgid and distorted, the head, trunk, and limbs are jerked about with violence, the tongue is protruded and wounded by the teeth, and blood-stained saliva runs from the mouth. The clonic spasm rarely continues over six minutes, and usually not more than three or four. Paroxysms of such character and duration may either be single or a number of them may occur in quick succession; when they are over, there is total unconsciousness of what has happened, and very often deep sleep; on waking from this the attack is ended, to return again after a longer or shorter time. At first the mind is clear during the intervals, but grows less so as the disease advances. These points are well illustrated by the case before you. The patient is thirty years of age, a bar-tender by occupation, and for the past six years has been intemperate and excessively addicted to venery. Although much exposed, he has never had any venereal disease. Three or four years ago he began to have epileptic attacks coming on during sleep: these occurred frequently, sometimes once every night, at other times only once in two or three weeks, and were often accompanied by seminal emissions. At present, according to his own statement, he copulates from once to four times daily, and drinks in the same proportion; he has never had an attack during coition, but on several occasions some hours after the act. The paroxysms being with pain in the stomach, and a sensation in the ring-finger of the left hand like that produced by the faradaic current: this quickly passes over the whole hand, and then up the arm, which is moved about violently during the passage; when the *aura* reaches the head he becomes unconscious. The duration of each fit is short, and as soon as it is over he falls into a heavy sleep, from which he wakes with a severe headache. The attacks can be stopped by grasping the left wrist firmly or by rubbing the left hand when the *aura* is first felt: this he always does in the daytime; at night, however, he rarely wakes up soon enough, for after the *aura* has passed the wrist it cannot be arrested. On this account the great majority of the paroxysms have taken place at night.

The word *aura* means air, and is used because the sensation which precedes the epileptic seizure

sometimes resembles that produced by a draught of cold air running up from the part first affected towards the cerebral centres. There are three forms of *aura*: the sensory, the molar, and the stomachic. The first, so called from its being manifested by some abnormal sensation, as heat, cold, or formication, is very rapid in its course. The feeling of a cold breath creeping through the system, from which the term *aura* is derived, belongs to this class, but it is hardly ever met with. The second variety of *aura* is distinguished by either convulsive movements or paralysis, starting in distal portions of the body and extending upwards; while the stomachic form consists of pain or other unusual sensation beginning at the pit of the stomach, exceedingly swift in its transmission, and most frequently observed in females. If the *aura* can be checked in its course, the paroxysm is prevented; at the same time, it must be remembered that it is often far too quick in its passage for this to be done, and that there are many cases in which *aura* does not exist. In the man before you the *aura* belongs to the sensory class, and is probably of centric origin. This question of origin, whether central or peripheral, is a curious one, and one upon which proper treatment depends: care should therefore be taken to investigate it, though such investigations are by no means always successful.

Epilepsy may be due to hereditary tendency: so universally is this accepted that Frank reports that it was an old Scotch custom to castrate all epileptics, in order that the race might die out. Nervous diseases—for example, hysteria, epilepsy, and insanity—are very closely related, and often alienate in successive generations. Other causes are acute diseases, exposure to the sun, and organic diseases of the brain, or it may arise spontaneously, apparently without cause. In this patient it is evidently due to excessive venery. The first indication in treatment is to remove the cause, when it can be determined: until this is done, little benefit may be expected from medicines. In bromide of potassium we have a valuable remedy: its mode of operation is to lessen reflex actions and the excitability of the nerve centres; but in order to accomplish this it must be given in full doses (3j t. d.) and increased until some effect is produced,—that is, until the blood has, as it were, become super-saturated with the salt. Notice should be taken of the fact that bromide of potassium is useful in proportion as the paroxysms are frequent, violent, and fully developed, being much less so in the various modifications of the disease. Next to the bromide in point of utility may be mentioned belladonna and nitrate of silver,—the former being given in sufficiently large doses to produce slight dryness of the throat, and the latter in doses of one-fourth to one-half a grain, continued for some time, always bearing in mind the danger of producing discoloration of the skin: this may be avoided by discontinuing it for several weeks after it has been taken six or eight weeks, especially if iodide of potassium is used in the interval.

The man before you has his attacks in the night, but only because in the daytime he always arrests the paroxysm. There is, however a form

of epilepsy—"night-epilepsy" so called—in which the paroxysms occur only at night: they may be violent, when they are easily recognised; they may be so insidious as not to be suspected by the sufferer, and only to be discovered by the physician after the most careful search. When however, in an adult, complaints are made of a feeling of apparently causeless malaise, with confusion of thought and headache in the morning, always be on your guard, and if the tongue is bitten and the urine voided in the bed at night, an almost certain diagnosis of "night-epilepsy" can be made. Of course the diagnosis of epilepsy should not be given hastily, as the prognosis is so frightful; yet though you hold your peace, never be deceived in these cases, especially since very frequently a full dose of bromide at bedtime every night will arrest the disorder.

Wetting the bed at night is one of the most characteristic symptoms of this form of epilepsy, and its presence or absence should influence very greatly your decision. Not long since I was consulted by a distinguished practitioner, who feared that he was suffering from this affection, but in whom I was able to make a more favourable prognosis, which so far has been verified. Some years before, he had broken down from overwork, and, although he had in great measure recovered, had never regained his normal mental vigour and power of work. He had noticed for some time that his tongue was bitten on getting up in the morning, and he was partly conscious of the fact or had the idea, that the injury occurred just at waking. He had never wetted the bed, had never suffered from any mental disturbance or malaise after biting the tongue, had never suffered from "petit mal" or any form of diurnal epilepsy. I therefore told him I did not believe he had nocturnal epilepsy. Still, the fact of the bitten tongue remained. Knowing that he had suffered at the time of his break-down a slight paralytic stroke, I suggested that perhaps one side of the tongue had remained less sensitive than the other, and that, lacking this guide to its movements, it sometimes got between the teeth and was bitten, especially in the first movements of waking, when the senses are all benumbed with sleep. Examination showed this to be the case; and he also stated that the injury was always on one side of the tongue,—namely that in which the sensation was impaired. Now, if these two points had escaped observation, much doubt might have been felt as to the nature of the case.

(To be continued.)

THE IMMORALITY OF TYPHOID.

A "milk epidemic" of typhoid is announced on a small scale at Maidford, near Towcester, Northampton. "Milk epidemics" of typhoid naturally and rightly arrest attention. It ought, however, never to be forgotten that a milk epidemic of typhoid is in truth a milk-and-water epidemic, and that every case of typhoid might be prevented if we were careful first to protect our water-supply from excremental pollution. Failing this we might still protect ourselves by disconnecting our cistern waste-pipes from the sewers into which they commonly run, and by

MEDICAL NEWS.

Dr. Hermann Beigel has just translated Dr. Marion Sims's work on Ovariotomy into the German language.

The Report on the Health of the Navy just published contains the death of a seaman who had been in the habit of smoking forty cigars a day.

Dr. Macleod, who appeared last week before the Carlisle magistrates on a charge of causing the death of his wife by the administration of an overdose of morphia, has been committed for trial. Pending the result we shall refrain from commenting on the case.

THE CAUSE OF KLEPTOMANIA.—The most ingenious theory ever proffered, perhaps, in explanation of this peculiar diathesis was that lately stated in *New Jersey*: "Because the individual had been vaccinated with virus from a hooking cow."—[*The Clinic*.]

The Corporation of Liverpool have, under the advice of their medical officer, Dr. Trench, decided to take steps for the compulsory purchase of a piece of land abutting on the quarantine ground, on which to erect a hospital for the purpose of the port.

The annual meeting of the supporters of the Hospital Sunday movement in Liverpool was held on the 31st ult., under the presidency of the Mayor. The report showed that a sum exceeding 10,000 pounds had been contributed this year to the medical charities by means of Hospital Sunday and Hospital Saturday; showing an increase of 1800 pounds as compared with last year.

At Berlin University the winter term began a fortnight ago; but as yet only eighteen students have matriculated in the Faculty of Medicine. The number of matriculants (according to Prussian newspapers) decreases more and more, from the enhanced cost of living in the capital, and the meagre assistance rendered to the University by the State.

An instance of the ludicrous results which sometimes follow the use of words not generally known in addressing patients is given by Dr. Filippi in a number of "*L'Imparziale*." A student, he says, was in his presence one day examining a patient in hospital, and asked him, "Are you addicted to onanism?" ("*Ti dai all' onanismo?*") "No, sir," was the reply; "I am a shoemaker."—[*The Clinic*.]

Prof. Hyrtl has announced his purpose of resigning his chair in Vienna next spring. As, according to the "*Allgem. Wien. Med. Zeitung*," the attendance on the Viennese school has declined to the amount of three hundred since the retirement of Skoda and the death of Oppolzer, it seems probable that the faculty will attempt to retain Prof. Hyrtl, one of the most noted members and popular lecturers. Prof. Hyrtl is just now probably in the acme of his powers.

A fire at a lunatic asylum is an exceptionally serious affair—pyromania being itself a special form of mental aberration, though, curiously enough, cases are on record in which, on the principle of *similia similibus curantur*, pyromania disappears after the shock of another fire. As a rule, however, the "devouring element" is a dangerous experience for the lunatic, even when only an on-looker. The Peckham House Asylum was nearly burnt to the ground on Saturday; but the flames were happily brought under after many thousand tons of water had been thrown upon them. Thanks to the exertion of Dr. Stocker, the superintendent, no injury was sustained by any of the 300 inmates.

The French Medical Association will inaugurate on the 1st of January next the granting of pensions to decayed medical men. The funds necessary for the purpose have been accumulating for some years past through the generous gifts of members of the profession and from other sources, and it is now thought that these funds are sufficiently large to begin with. A feature which will render the annuities quite independent of unforeseen changes is that the capital necessary to produce the annual income will be invested in Government Stock, and become solely devoted to the paying of a particular pension. At the death of the annuitant this capital returns to the Association.

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 Undertaker 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 on 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, College 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 inestimable. 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.

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boiling and filtering our drink-water when there is any reason to suspect its purity. Every case of typhoid is a direct indictment of the water-supply, and it has never yet failed to be true that an examination of the sources of an outbreak of typhoid have led back to pollution of water either in rivers or wells. And what filthy pollution! And how easily foiled! But the people have so long been bred up in ignorance of the simplest rules of science and the elements of hygiene, that doctors may probably preach for another twenty years before they can drive home the truth that typhoid is a disease always due to excremental poisoning, and that a typhoid outbreak is so thoroughly preventable that it is not only a lamentable but an immoral waste of life. It is possible that an inquest on every case of typhoid, demonstrating to what source of sanitary neglect each case is due, would be of service in arresting the public attention, and so saving the waste of life. The difficulty is that in the present state of the law a company or a landlord may at their own pleasure distribute typhoid in their water or milk without incurring any legal responsibility. This anomalous immunity works badly; a liability to punishment, if only by fine or civil process, would do much towards an awakening of conscience, and might save some thousand lives annually.—[*London Medical Record*.]

SHORT NOTES.

CURE FOR CORNS.

A mixture of equal parts of glycerine and carbolic acid, applied with a camel's-hair pencil, is an excellent remedy for these painful companions.—[*Journal of Applied Chemistry*.]

EMOTION.

A young girl who was driven through the cholera-infected district of Davenport, and jokingly told that she would be sure to catch the disease, was attacked with cramps, collapse and discoloration, and died in a short time, a victim of the power of mind over matter.

SUICIDES.

Last year there were in England 1,455 coroners' inquests for suicide or self-murder—1,057 men and 398 women. According to official tables recently issued, there were last year, 740 cases of attempted suicides, or one to 31,181 of the estimated population. In London there were 405 cases.—[*Dublin Med. Press and Circular*.]

TREATMENT OF SALIVATION BY ATROPIA.

The patient, a woman of sixty-eight years, had had two attacks of apoplexy followed by hemiplegia of the left side. On being admitted into Dr. Ebstein's wards (Breslau Hospital) profuse salivation was observed. According to the patient, it had begun a month previously. Atropia was administered internally without any effect. On the dose being increased the quantity of saliva diminished. Atropia (the sulphate) was then injected hypodermically, and after seven minutes the salivation was stopped. On doubling the dose the secretion was arrested for twelve hours. Dr. Ebstein explains the action of the drug through its influence on the permanent irritation of the secretory fibres of the salivary glands.

THERAPEUTICS.

BROMIDE OF POTASSIUM.

By **ALEXANDER R. BECKER, M.D., Boston.**

While reading Anstie's capital work on Neuralgia, lately, I came, on page 242, to the following paragraph:—"Having decided that Bromide of potassium is the proper remedy, we mixt use it in sufficient doses. Not even epilepsy itself requires more decidedly that bromide, to be useful, shall be given in large doses. It is right to commence with moderate ones (ten to fifteen grains), because we can never tell, beforehand, that our patient is not one of those peculiar subjects in whom that very disagreeable phenomenon—bromic acne—will follow the use of large doses. But we must not expect good results till we reach something like ninety grains daily."

I have frequently seen it insisted that large, even very large, doses of the bromide were necessary for the control of neuralgia. But I feel myself constrained—although with diffidence—to enter my protest against this dictum. A large proportion of neuralgic cases are developed in enfeebled constitutions where full depressants cannot be otherwise than injurious. In fact, Dr. Anstie himself recognizes, more fully than any other author I know, the great advantages of a full, generous diet, and even cod-liver oil. In such cases, I believe that the beneficial results of the bromides may be obtained with very small doses. If so, anything large is, of course, superfluous, and therefore positively injurious. I have had many neuralgic cases, in persons of middle age and onwards, as well as some younger ones, who were in an anæmic condition, who derived the best benefit from five-, six-, and eight-grain doses, repeated four times daily, persistently, for weeks. And, in several instances, I came down to these doses finding that they derived as much benefit as they had previously done from larger ones. For I believe in the principle of employing the smallest possible dose to secure the desired effect. In other cases—of this class, remember!—having begun with small doses, and being impatient of tardy results, I have increased them; but, almost invariably, I have repented my impatience (on getting no additional benefit), and have gone back. And, in at least two or three cases, the comparative results have been so marked as so lead patients to point out to me the advantage of small doses. Even granting that they were intelligent people, such observation is remarkable, and must count for something. I therefore beg that, for this class of neuralgics, small doses of the bromides may have a fair and patient trial, and I thoroughly believe that they will bring to the physician increased satisfaction, and to the patient increased benefit.—[Boston Medical and Surgical Journal.

The medical man must warn the public from popular medical fallacies and the foolish pretensions of the quack. He will be called upon to expose the follies of homœopathy—a system founded in deceit, built up in ignorance, and supported by credulity. The true physician will endeavour to practise rational medicine, and not this or that.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, Kingston, in affiliation with Queen's University.

TWENTIETH SESSION, 1873-74.

The School of Medicine at Kingston is incorporated with independent powers and privileges under the designation of "The Royal College of Physicians and Surgeons, Kingston," will commence its Twentieth Session in the College Building, Princess street, on the first Wednesday in October, 1873.

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