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## THERAPEUTICS.

### THE PHYSIOLOGICAL ACTION AND THERAPEUTICAL EMPLOYMENT OF ERGOT.

Dr. S. Kersch (Betz's *Memorialien*, vol. xviii., No. 5.) finds that when a concentrated infusion of ergot is injected into the jugular vein of a dog, the animal becomes restless, howls loudly, and its extremities become perfectly rigid in less than half an hour. Its body is cold to the touch, and the temperature low. If one of the arteries in the limbs be now exposed, it is found to be strongly contracted, firm, and hard to the touch. The pulse-tracings obtained from the arteries show small and short curves, with long intervals between them, indicating that the pulse is slow and the expansion of the artery small. The effect of ergot on the arteries is still more distinctly seen by exposing the arteries of a healthy animal, and comparing them with those of a poisoned one. A concentrated infusion of ergot mixed with milk, and administered to pregnant cats, produces similar effects; but the restlessness and cries are more strongly marked, and the symptoms of intoxication are later in appearing. Within two days, at most, the young are expelled. The parent animals die from convulsions and exhaustion. A concentrated infusion of ergot administered to dogs along with milk produces, within three hours, great contraction of the arteries, so that the small ones become quite impalpable, and look like nerves. Ergot likewise causes contraction of the arteries, and consequent slowness and hardness of the pulse in man. In all the experiments on fasting animals, ergot produced violent retching, and in most of them vomiting. When the dose was large enough, almost all died on the fourth or fifth day from convulsions. Although ergot is much used in hæmorrhage after delivery, it is rarely given in puerperal fever; but Kersch was led by an accident to try it in this disease. In two cases which he details, as well as in several others, the best results were obtained; the pulse becoming slower, and the temperature falling shortly after the administration of the remedy. Kersch recommends a trial of ergot in febrile cases arising from various causes.

## PRACTICAL MEDICINE.

### CHRONIC POISONING WITH CHLORAL HYDRATE.

The symptoms of chronic poisoning as given by Dr. Austin (*Practitioner*, June, 1873), in his translation of Dr. Kirn's paper (*Allgemeine Zeitschrift für Psychiatrie*), divide themselves into four classes; 1. Erythematous eruptions or vasomotor paralyses and transitory neuroses of the skin and mucous membranes; 2. Permanent congestion with tendency to inflammation and sloughing; 3. Dyspnoea; 4. Blood poisoning.

One peculiarity of the chloral-erythema is, that it remains latent until it is started by some stimulus to the vascular system, but then appears with an intensity and rapidity which are proportioned to the existing current of general chloralisation. Thus in some patients a draught of beer will be followed within ten minutes by excitement of the heart's action and the appearance of spots of roseola on the face and neck, coalescing into a patchy erythema and disappearing in an hour. Erythema or urticaria may occur on other parts of the body, and may be succeeded by a papular rash. Swelling of the face may be present without the co-existence of a rash, and it may occur either with or without rash on other parts of the body. Mucous membranes may be affected in a similar manner, and conjunctivitis and catarrhal sore throat have been observed.

Chloral-dyspnoea may be ascribed to hyperæmia of the lungs, due to paralysis of the pulmonary vaso-motor nerves by the drug. The symptoms of blood-poisoning by chloral consist in the appearance of purpuric spots, œdema, and congestion of internal organs, diseases of the skin and mucous membranes, diarrhoea, conjunctivitis, bronchitis, formation of abscesses, and continuous fever.

### ON THE CAUSE OF VALVULAR MURMURS.

The principal auscultatory sign of valvular disease is the presence of a morbid murmur or *bruit*. It is generally said that murmurs may be caused in different ways, among which is the friction of blood against a roughened or narrow orifice. But Corrigan long ago attributed them to the vibration of the stream of blood flowing through a narrow space into a wider one; and certain French physiologists (especially Chauveau and Bergeron), have recently endeavoured to prove that this is their sole cause; and that friction is incapable of producing them. These writers have applied to this question the physical theory of the 'fluid vein,' investigated originally by Savart. Chauveau experimented partly on the arteries of living horses, partly on tubes through which the water was made to flow. Dr. Fagge thinks that he has proved that the murmurs developed in diseases of the blood-vessels are always due to the passage of blood from a narrower into a wider space, and the generation of a 'fluid vein.' Probably the same is true of all 'obstructive' cardiac murmurs; these have (in common with arterial murmurs), the peculiarity that they are heard only on the distal side of the obstruction and never on the proximal side. Now, regurgitant murmurs differ from them in this respect, that they are traceable in both directions. Thus aortic regurgitant murmurs are heard along the arteries as well as towards the apex of the left ventricle, mitral regurgitant murmurs are heard towards the apex as well as near the left scapula in the back. Ber-

geron has shown that this may be imitated in physical experiments, by providing the narrow orifice with a lip or rim projecting backwards against the current. In the cases under consideration the edges of the valves doubtless play the part of such a lip or rim. Dr. Fagge thinks, however, that it is doubtful whether the causes that can give rise to murmurs within a contracting cavity, like the heart, are limited to those that occur in physical experiments with water flowing through tubes. In simple dilatation of the left ventricle, it is conceivable that the edge of the healthy mitral valve may project into its cavity sufficiently to form a lip or rim during the systole, and that a murmur may thus be produced.—*Dr. Hilton Fagge in Guy's Hospital Gazette.*

### HÆMORRHAGE IN TYPHOID FEVER.

In a paper in the *Western Lancet*, Dr. Parsons gives some statistics in reference to the fatality of bleeding from the intestine in enteric fever. He has collected twenty-six cases in which this occurred, and of these he found that thirteen had been fatal at different stages of the disease. There were no fatal cases in the first week; of eight in which the bleeding occurred in the second week four proved fatal; of six in which it occurred in the fourth week four proved fatal, and in one case it occurred on the thirty-second day with a favourable result. Dr. Parsons notes the rarity of this symptom in the enteric fever of children; and in reference to the period of its occurrence he says, 'We might suppose that bleeding would be less dangerous, more likely even to be salutary in the congestion preceding ulceration, and the few facts just given tend to confirm that idea. In some cases, it is impossible to say how many, hæmorrhage is probably a natural relief to the overloaded vessels analogous to epistaxis.' Dr. Parsons has found oil of turpentine more useful than the ordinary astringents in checking the hæmorrhage of enteric fever.

## SURGERY.

### AUSCULTATION AS AN AID TO THE DIAGNOSIS OF STONE IN THE BLADDER.

Dr. Henry H. Head, Physician to the Adelaide Hospital, writes in the *Irish Hospital Gazette*, July 15: 'A short time ago, a gentleman consulted me for a paralytic affection; the investigation of his case led me to think he had, in addition to his other ailments, a calculus in his bladder. I urged him to consult a surgeon, which he refused to do, but said I might make any examination I thought right. I sounded his bladder, and was pretty sure I detected a stone, but did not think the evidence absolutely conclusive, when it occurred to me to try auscultation, to see if it would assist my diagnosis. I accord-

ingly applied one end of an India-rubber tube to the top of the catheter with which I was examining him, and the other to my ear, and at once heard, with the greatest distinctness, the instrument strike the stone. The evidence afforded was so conclusive, that there could no longer be any doubt on the subject. The gentleman refused to allow any steps to be taken for the removal of the calculus, as he suffered very little inconvenience, and dreaded an operation.

I have, since I saw the above case, performed many experiments with substances of various sizes and degrees of hardness, placed in a bladder distended with water, and have never failed to discover them by the sense of hearing, which I have found much more delicate than that of touch. Even a small piece of soft chalk, not larger than a pea, can be most easily detected; the slightest touch of the catheter or sound being conveyed to the ear, when it could not be recognised by the hand. I feel confident this method of applying auscultation will afford most material aid to the surgeon in forming a diagnosis in doubtful cases.

The apparatus used by me is very simple, and conveys the sound much more distinctly than the flexible stethoscope mentioned by Gross. It consists of a small vulcanised India-rubber tube, about eighteen or twenty-four inches long, to one end of which an ivory ear-piece is attached, similar to that used for ear-trumpets; and into the other end is inserted a metallic plug with a tapering end protruding, which should be pressed tightly into the canal of the catheter; or, if a solid sound is used, the end of the tube, without the plug, may be fastened on it.

#### REMOVAL OF RENAL CALCULUS.

This rare case is reported by Mr. Thomas Annandale, in the *Edinburgh Medical Journal*. The patient, a farmer, aged sixty-three, had been suffering for several weeks from gastric and renal derangement, the symptoms increasing in severity, and finally pointing clearly to some affection of the right kidney. The first examination determined that there was tenderness on pressure over the lower half of the right kidney, and below it in the direction of the ureter. A very slight fullness in the same region was noted, but no marked swelling could be detected. No fluctuation could be felt, and the introduction of a fine trocar in the lumbar region gave no result.

At the expiration of nearly a month, he was seen for a second time by Mr. Annandale, and upon this occasion his symptoms were very much worse. It was now thought that deep fluctuation could be detected through the anterior abdominal wall just below the region of the affected kidney, and, in accordance with the urgent request of the patient, it was decided to try and do something for his relief, and make at least an exploratory incision. The incision was made through the abdominal wall, in the situation and direction of the incision employed for the ligature of the common iliac artery. Pushing aside the peritoneum and abdominal contents, the psoas muscle was reached with the finger; by the inner side of this muscle an abscess was detected, and within this abscess-cavity was found a calculus, of the size of

a horse-bean, which was seized with the forceps and removed.

The operation gave great relief, and the patient improved steadily up to the fifth day, when a small quantity of thin, feculent matter continued to pass the wound for nine days after the operation, from which time no further discharge was observed. By the end of a month the patient had apparently made a good recovery.

In commenting upon this case, Mr. Annandale remarks that the whole trouble had its origin in a renal calculus, which had given rise to suppuration and ulceration, and in this way escaped from the kidney. The abscess, passing downwards, was preparing to empty itself into the ascending colon or cæcum; in fact, a small opening of communication with the intestine had already been made, and the further destruction of the intestinal wall was only prevented by the free escape of pus. The result of this case affords additional encouragement to surgeons to operate early in cases of abdominal or pelvic abscess, in which the timely use of the knife may relieve suffering and even save life.

#### ON THE TREATMENT OF IMPASSABLE STRICTURE.

By W. F. TREVAN, B.A., F.R.C.S.

I will now suppose a case of stricture in which the surgeon in attendance is unable to get in any instrument, and I will take it for granted that we are called in to treat the case under those conditions that usually obtain in this country. What is the usual statement made? The practitioner informs us that he has tried to pass the silver catheter without success. I am not at all surprised, for he has by no means exhausted the surgical armoury, and, fortunately, there are instruments in reserve in comparison to which his smallest catheter is large. It is clear, therefore, that up to this stage want of success might have been entirely owing to the large size of the instrument employed. The first thing I do is to examine the patient's perineum. If it be in a normal condition I take one of the smallest filiform bougies, but if there be much induration I select a whalebone one. Having placed the patient with his back against the wall, I take my seat in front of him and try to pass the bougie through the stricture. What is the best method to adopt to get it in? I know of no better word than "wiggle" to express the required action. We must wriggle in the bougie. These small bougies sometimes give trouble from catching in the lacunæ; we can remedy this inconvenience by withdrawing them for a short distance, and then passing them on again, rotating them as we proceed. Arrived at the face of the stricture, we had first better touch it all over with the instrument to see if we can find the entrance, and if that does not succeed we must then try to screw it in. If a quarter of an hour's trial fail, I then withdraw the bougie and give it that peculiar twist at the end which makes it resemble a skeleton key. I may say that this practice is of old repute in Paris. Should this not prove successful after a ten minutes' trial, I introduce one of Leroy D'Étiolles' "bougies tortillées." I usually select one that re-

sembles a corkscrew. If these means fail I do nothing more for two days. I would here remark that my observations on the treatment of impassable stricture refer to that complaint when uncomplicated with retention. I desire the patient to get his bowels thoroughly well open the morning he comes to me, and before I commence the trial I request the patient to make water; this is very important, for the stream of urine washes away any plug of mucus that may be obstructing the passage, and leaves the bladder in the most favourable condition for avoiding any creation, by instrumentation, of a desire to micturate. If on this occasion I fail, after repeating for one half-hour the methods I have already described, I do nothing more for two days. At the next visit I modify my plan of action. It often happens that the reason why we cannot get in an instrument is, that we are unable to find the entrance to the stricture—it is so small. Now, if we pass a full-sized bougie down to the stricture and keep it there for a quarter of an hour, pressing it all the time against the stricture, we shall distend the parts, and the result will be that the mouth of the stricture will become opened, and we shall probably succeed in getting in a small filiform bougie. I have rarely found this plan fail.

I would here recall to the minds of those present M. Mercier's exposition of the pathology of stricture. Stricture is atrophy, not hypertrophy, and not only is the urethra contracted, but it is tortuous. Now, it is most important for us to remember this latter fact, for it shows that as a rule metallic instruments are not suitable for the treatment of tight or impassable strictures, and I think it would be well for the patient if every surgeon remembered M. Mercier's celebrated dictum, "La sonde rigide ne cède pas, c'est l'obstacle qui cède devant elle." No doubt some gentleman has already said to himself, "How is it you do not put the patient under chloroform when you find you cannot get in an instrument?" I will tell you why. Some time ago M. Borovitch, of Tamboff, was over here, and we discussed the subject of impassable stricture. He said to me, "Do you ever give chloroform for retention, or impassable stricture?" I said "No." He then said, "Why not?" I said, "For the best of all reasons; I never found it of the slightest use." "Exactly so," he said, "it is absolutely useless to any surgeon who is experienced in passing instruments." If a surgeon cannot pass the instrument without chloroform, he cannot do it with, for the reason that chloroform does not lessen the bulk of the tissues composing the stricture and its surroundings. M. Borovitch informed me that if he found a stricture impassable, he put half a dozen leeches on the perineum, and allowed them to bleed freely. He rarely found this plan fail; but if it did, he put the patient into a hot bath, and bled him till he was faint. This treatment succeeds by enlarging the constricted urethra, for you lessen the quantity of blood in the canal, and you also take off the pressure from the outside. From personal experience of leeching, I can say that I have seldom seen it fail.

I will now suppose that we have exhausted

every means to pass an instrument, and have failed. The patient becomes more and more troubled, and an operation is indicated to save or prolong life. What is the best kind of operation to select? There are three operations open to us. First, we have the puncture of the bladder through the rectum, which is the favourite procedure in this country. Next, we have Syme's operation for impermeable urethra. And, lastly, we have the old French operation called "la boutonnière," which, I believe, is but little known in this country, except Leeds. I will now state my objections to the first two. Those surgeons who resort to tapping the bladder through the rectum do so on the ground that if they divert all the urine from the natural channel, and allow it to flow in another, they thereby give the urethra a rest, the irritation and inflammation will subside, and in about a month or six weeks they will be enabled, by the rest they have afforded the urethra, to pass an instrument, and cure the patient by gradual dilatation. Now, there are no less than four grave objections to this operation. In the first place, the operation can only be employed in those cases where there is no enlargement of the prostate; secondly, the surgeon may fail to pass an instrument through the stricture even after the six weeks' rest, the patient being obliged all the time to wear a tube up his rectum; thirdly, it is stated that this operation is often the cause of a serious, because intractable, ulceration of the rectum; and, lastly, this operation may leave a fistula not curable except by operative procedures. Syme's operation for impermeable urethra is open to the gravest of all objections—it involves a laceration of the urethra, and I should decline to perform it. If the teachings of surgery and pathology are worth anything, they tell us that the very worst form of contraction follows a laceration of the urethra; and it matters not whether the laceration be the result of accident or caused by the surgeon, the result is similar, it differs only in degree. Again, Syme's operation necessitates the use of a fistula, and if there be none such the operation is not applicable.

Now for a few words regarding that grand old French operation, "la boutonnière," compared with which lithotomy is but child's play. It is but little known in England, and, so far as I know, it is in Leeds only that it is appreciated. The great advantage it possesses is that it attacks the disease at its seat and cures it, so far as any stricture can be cured. It is a rational operation, and is specially indicated. It is not a dangerous operation, and is not so difficult of execution as is supposed, for the portion of the urethra behind the stricture is always greatly distended, so that a dissection through the perineum for a depth of one inch and a half will nearly always be sufficient. Formerly I used metal instruments with which to perform this operation; now, however, I have simplified matters, and employ only a knife and a large olivary elastic catheter. My first object is to get into the bladder from the perineum. Having made my incision down the penile urethra, I pass the catheter into the wound, and with great gentleness endeavour to

insinuate it into the membranous urethra. I have never failed to effect my object. Afterwards I pass the same catheter as far as it will go, and then by cutting on its point I liberate it and pass it into the wound, from whence I conduct it along; the tip of my left forefinger into the bladder. I now never leave a catheter in the bladder, but content myself with passing it every other day at first, and twice a week after the first month. At the expiration of two months it will suffice to introduce the catheter once a week, and at a later period still less frequently. For some time after the operation all the urine comes by the wound, but it usually heals without any trouble. The great advantages which this operation possesses over all others is that it attacks the disease at its seat and does not injure any healthy part; it gives a free vent for all abscesses, and, by restoring the urethral canal, it finally cures both stricture and fistula. In the whole range of surgery there exists not an operation which can render such signal services to the sufferer.

#### HOMŒOPATHIC PILULES.

We (*Practitioner, Arg.*) have received from Mr. Frederick Ross (Ross and Leath, Vere street, Cavendish Square) a protest against our analysis of his (and other) homœopathic pilules, or rather against some of the conclusions we drew from them. He tells us, what we confess we did not know, that the pilules do not contain one-hundredth, one-thousandth, and so on, of a grain of the drug itself (e. g. belladonna or nux vomica), but are moistened each with one-hundredth, one-thousandth, &c., of a drop of a mother tincture which itself contains ten per cent of the drug. In our innocence we certainly had imagined that all "first dilutions" contained one-hundredth part, and all "second dilutions" one-thousandth part, of the particular drug itself. Consequently we were not a little astonished to find, in the pilules of these dilutions, made by druggists of high respectability, no traces of the alkaloids, even by the finest chemical tests. It now appears more certain than ever that the whole of the supposed therapeutic effects, even of the first and second dilution pilules, must be the work of the imagination. No one who is not a mere advocate will seriously pretend that a dose of one-thousandth of a grain of belladonna, representing 000000.3 gr. atropine, will produce any real physical effect on the organism. We are very pleased to think that the effect of our published analysis has been to bring into prominence the monstrous character of the assumptions involved in the belief that any homœopathic pilules whatever can produce a true therapeutic effect. But it makes it more difficult than ever to imagine what can be the state of mind of those men who can calmly allege that the 200th centesimal dilution of such a dose—a dose which already eludes the most subtle chemical analysis—is also truly effective upon the body. Such men really exist, even in considerable numbers, especially in America; and we should like to know how Dr. Sharp, or any other of the higher intelligences among the homœopaths, explains the fact.

#### MEDICAL CHIT-CHAT.

*The Use of Sickness.*—"My old nurse, Mrs. Patrick O'Toole, was a woman of logical mind. I was very sick once, and the doctor left me an atrociously bitter drug, which I rather declined taking. But Mrs. O'Toole carried the day. 'It's the doctor's orders,' cried the good lady; 'and if you don't go by the doctor's orders it aint no use for you to be sick at all.' I swallowed the doctor's scruples as well as my own."

*Windfalls for Doctors.*—We are told in "The Romance of Medicine" that the curiosities of medical life and practice are endless. "If we hear very often of medical men doing arduous work for scanty remuneration, sometimes there is an agreeable obverse of receiving very splendid remuneration for very scanty services. We know of a medical man whose duty it is to take lunch every day at a great castle belonging to a noble lord. The household is immense, and there is just the chance that there may be some case of indisposition demanding attention. He gets some of the best company and best lunches in England, and duly charges a guinea for each attendance. There is a very wealthy man near a great city who can not bear to be left for the night. There is a physician of great ability who drives out of town nightly to see him at his residence. He is consequently debarred evening society, and if he goes out to dinner he has to leave his friends before wine. He has to charge his patient a thousand a year, and I think he works hard for his money. Sometimes the services are such that money can not repay them. A friend of mine, a young medicus, has a standing engagement of four hundred a year to look after the health of an old lady. She required to be inspected three times a day, and made an exhibition of tongue and pulse. What made the matters aggravating was that she was as strong as a horse, while the doctor was a delicate man. She was so selfish and perverse that he was obliged to tell her that he would have nothing to do with her case. Similarly, I know the son of a rich man who proposed to pay a clergyman several hundred pounds a year for leave to spend his evenings with him. The parson, however, was obliged to tell his rich friend that he talked such intolerable twaddle that he could not accept his company on any terms that could be named. But the oddest arrangement is the following: A medical man has been attending a patient several years, and yet he has never seen his patient. The gentleman firmly believes that he has an œsophagus of peculiar construction, and that he is accordingly liable at any moment to be choked. That help may be at hand whenever any sudden emergency may occur, he has a physician in the house night and day. The physician, being human, must needs take his walks abroad, and it becomes necessary to provide a substitute for him two hours a day. Accordingly a doctor attends daily from twelve to two, fills up his time by disposing of an admirable lunch, and finds the gold and silver coin, in their usual happy combination, neatly put by the side of his plate, in tissue paper. Up to the present date he has never had the pleasure of exchanging words with his interesting patient."

**THE CANADIAN MEDICAL TIMES.**A WEEKLY JOURNAL OF  
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**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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POSTAGE ON THE MEDICAL TIMES.—The rate of postage on the Medical Times is Five Cents per quarter.

The isolation of the cholera-infected persons who landed in London from Hamburg seems to have been effectual in preventing the spreading of the disease. No fresh cases had broken out up to the 7th August, and at that date no authentic reports of any case of cholera in the United Kingdom had been made public. The presumptive lack of vigilance under which the Swedish emigrants made their way into the very heart of the metropolis has been severely criticised in certain quarters.

The Government of Saxony has consulted the Medical College of the State with regard to compulsory vaccination, and this learned body has just presented a report giving an array of facts bearing upon compulsory vaccination, recommending its practice and also of revaccination. Some of the statistics are drawn from the experience of the late Franco-German war, and are very telling. Most probably compulsory vaccination will soon become law in Saxony. During the late epidemic there was an immense mortality in this part of Germany among unvaccinated persons, and it is this which has drawn the attention of the government to the question.

The London meeting of the British Medical Association—held from the 5th to the 8th of August—was a most brilliant and successful one. The members have never on any previous occasion attended the meetings in such vast numbers. The attendance of distinguished foreigners made such a concentration of medical notabilities which has rarely been equalled. Sir William Ferguson's address from the president's chair, was upon the somewhat unexpected subject of pure water. The address in medicine by Dr. Parkes, of Netley Hospital, was a most interesting retrospect of the progress of medicine in the last forty years; that in surgery by Prof. Wood dealt with the antiseptic system, the radical cure of hernia, and other surgical topics. The success of the meeting has been mainly due to the fact of its having been held in the metropolis, as when the Association met in London eleven years ago it had then a very successful meeting.

We gather from the Boston Medical and Surgical Journal that, in June last, the Boston Society for Medical Observation passed a resolution to petition the mayor and city government, in the cause of morality and public decency, not to license such an exhibition as the "Gallery of

Anatomy," so-called, destroyed in the recent fire. To this resolution the mayor, in July, returned an answer that the proprietor of the gallery had not as yet applied for a new license for his exhibition, but that such an application would be met by a refusal whenever made. The mayor also stated that another applicant recently applied for a license for a similar exhibition and was refused by the board of aldermen. The suppression of these improper exhibitions in Boston is a wholesome example to other cities, an example which New York and Chicago would do well to follow. This "Gallery of Anatomy" exhibition was "a collection of anatomical models and dissections, with representations of skin and venereal diseases, most improper for public exhibition, and calculated to excite the morbid curiosity of the young, together with its peculiar forms of hypochondria. Vile pamphlets were on hand to induce those having or fearing disease to consult the proprietor. The harm which this single establishment must have done cannot be calculated." Our contemporary finally observes, "It is good to see the government take so effective a step in the interests of public morality, and it gives us much needed encouragement to continue our efforts for the suppression of quackery."

**REPORT YOUR CASES.**

Every intelligent member of the profession should feel personally bound to contribute to its advancement. In this direction the following remarks, from Dr. Tilt's Address before the Obstetrical Society of London, are in point, and should be heeded:—

"Every now and then there crop up in everybody's practice 'representative' cases—cases which well illustrate a mode of treatment, or confirm some theory, or show the fallacy of another. These are the cases we want, and there can be no excuse for not recording them; for although many of you are too busy to write papers, all can carefully note down the particulars of a case, and we ought all of us to bring ourselves to feel it as a crime to let a little trouble interfere with the careful recording of an important case. If we [this Society] did nothing in the course of each year but to well sift a considerable number of such cases, and to issue them, stamped, as it were, with the seal of authority, we should be labouring most efficiently toward the intelligent reconstruction of medicine; for its imperfection undeniably depends on the deplorable inaccuracy with which cases are collected, if one can call cases the shreds and tatters of half-ascertained facts that we so often meet with in medical works."

**GENERAL MEDICINE.****ON SOME EFFECTS OF SMOKING AMONG WOMEN.**

By JAMES NEISH, M.D., Kingston.

In some parts of Canada it is not an uncommon thing to find women of the lower class addicted to smoking tobacco. The same class of women are often at the same time given over to the consumption of strong tea; and these two

agents acting together or separately give rise to a well-marked train of effects. Inordinate tea-drinking, as is well known, disposes to nervous affections, and causes an exaggeration of all ordinary nervous manifestations. Tobacco-smoking also gives rise to nervousness, and is more particularly chargeable with benumbing certain of the special senses, as of sight, and with injuring the nervous supply to the involuntary muscular system. It acts apparently more on the nervous system of organic and animal life than on the intellect, though the deficiency in the special senses which it produces is an inroad upon the perceptive faculties. Tobacco impairs the nervous tone of the stomach and alimentary canal and affects also the nervous energy which presides over the circulatory system. Some of these effects are strikingly manifested in women.

No doubt it is owing to the finer, more susceptible and delicate nervous organization of the female, as well as to conditions of life from which man is exempt, that these effects are so manifest. We do not, for instance, expect to find examples of the evils of drinking strong tea among men; and yet among the backwoods settlers of Canada and among many farmers tea-drinking is carried on to an excessive extent. Morning, noon and night is this beverage on the table, to the exclusion of coffee or chocolate, and to the exclusion more particularly of that wholesome and invaluable but too often despised fluid among farmers, the inestimable milk. Among these men we might notice that tea-drinking would declare itself in effects; but either owing to a natural ruggedness of constitution or to the tonic influence on the nerves of a life in the open air, the effects are unimpressed or are worked off. It is much the same with respect to tobacco. Some men smoke considerably apparently without deleterious effect. Let, however, a woman take to the pipe, and if she smoke to any inordinate extent the effects will be sure to follow in a much more obvious degree.

Naturally women are more subject than men to nervous affections. Hysteria haunts them. Chorea troubles girls more than boys. Neuralgia is more common with the sex than with men, and is apparently of much greater severity in their case. As has been hinted at, their organization has much to do with this. So also has their mode of life. Instead of leading an open air life their avocations are domestic and sedentary. The enervating influence of hot rooms debilitates them. As a general thing they spend the winter housed up in small rooms excessively heated by large stoves. This confinement to the house in an over-heated and contaminated air injures the general health, and leaves them devoid of that vigour, which, in the case of men working out of doors, enables them to throw off the bad influences of tea and tobacco.

I purpose in this paper to note certain effects of tobacco-smoking among women such as I have observed amongst those known to be smokers or in the case of women who have secretly smoked and acknowledged the practice when questioned respecting it on account of its effects being obvious or suspected.

Tobacco affords a solace and obtunds anxiety none the less among women than among men, but it more decidedly manifests its evil effects in the case of women. It most commonly affects the vision, producing weakness of sight, or, as we technically term it, *amblyopia*. A disordered taste in the mouth, and a want of a correct and sharp taste, and sometimes hardness of hearing appear to be traceable to tobacco. The weakness of vision is the most common affection of this kind, and the cause readily admits of demonstration. A person subject thereto cannot so well read small print after a pipe as before smoking. This difficulty as to the eyesight is often noticeable and is readily acknowledged when pointed out. Muscular tremors and weakness are also effects of smoking the weed.

Tobacco injures the tone of the stomach, and gives rise to or aggravates any existing tendency to dyspepsia. It does this undoubtedly in the majority of instances more by its effect upon the nerves than owing to the expectoration of saliva. With the stomach debilitated there is of course a faulty nutrition. Anæmia, palpitation of the heart, neuralgia, nervous rheumatism, torpidity of the bowels, &c., follow in the train of this dyspepsia. There is great muscular weakness, though there may be little or no loss of flesh, and singularly enough very little desire for food. Probably tobacco acts in some measure like opium in lessening the metamorphosis of tissue. Smoking undoubtedly allays the pangs of hunger, and may postpone the desire for food to the next meal.

Besides manifesting itself in a deficiency of tone in the stomach, liver and bowels, tobacco exerts a special influence on the heart, which is often the seat of an excruciating pain. Functional disease of the heart is a consequence of smoking, owing probably to impairment of the heart nerve-centres and a lessened contractility in the cardiac muscle fibre. In the same way the functions of the liver, stomach, and bowels are impaired. The same great cranial nerve, the pneumogastric, supplies both liver and stomach; and the ganglia and branches of the sympathetic, which supply heart, stomach, liver and bowels, are no doubt affected in common in the tobacco smoker, just as the muscular coats of the stomach and bowels may be expected to share in the muscular debility of the heart. An impression prevails with most people that tobacco is good for the asthma. In pure nervous spasmodic asthma there is ground for this impression; but in cardiac asthma smoking is most injurious by reason of its effect upon the heart. Broadly speaking, it may be said that tobacco is sometimes good for the lungs, but always bad for the heart.

Several cases have come under observation in which the effect of tobacco on the heart in women have been strikingly manifested. I call to mind that of a woman who reluctantly gave up the pipe on my recommendation, and thereafter improved; but, getting rid as she thought of her heart disease, she took to the pipe again and the nervous heart affection soon returned.

Again, with respect to the lungs, tobacco may in certain cases alleviate asthma and spasmodic cough, but by lowering the system it undoubtedly

ly predisposes to phthisis. This is a heavy charge against tobacco, but it is justified by observation and experience. It is painful to the thoughtful man to witness so many young boys with pipes and cigars in their mouths in the streets, and to reflect that by the excessive consumption of tobacco these thoughtless and misguided boys are laying the seeds of future disease.

There is a prevalent opinion among the vulgar that smoking tobacco serves as a protective against contagion. I was once met by this argument from an old farmer's wife who was smoking her pipe with great complacency and satisfaction. There was no use in denying such a comforting opinion to her; but it is scarcely necessary to say that the idea has no trustworthy foundation. I have witnessed also a similar futile use of tobacco at a post-mortem, when a terrified friend of the deceased in a medico-legal case, deemed it his duty to superintend the doctors, and held to his nose every now and then a large and fragrant "plug" of tobacco. This opinion of the protective powers of tobacco is, however, answerable for many women addicting themselves to smoking.

It may be held that as the deleterious effects of tobacco are more manifested in the frail and susceptible organization of the female than in man, that we have in their case a general proof of the hurtfulness of this substance. Observations made in the case of women may be compared to observations made in physical science with finer and more delicate instruments than those which are usually employed. It is like employing a chemist's delicate and finely graduated thermometer, and attaining results thereby which would fail to be shown so accurately on a brewer's coarser instrument. In this view the conclusions drawn from observing the effects of smoking among women are valuable as establishing the fact that habitual smoking is deleterious.

Kingston, August, 1873.

### CORRESPONDENCE.

#### TORONTO AND THE MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—I have read with interest and shame the letter of "Urbanus" in your journal of the 23rd, and quite agree with your correspondent in his remarks.

When the Board of Examiners appointed by the Medical Council of Ontario held their first meeting in Kingston, Queen's College, with an hospitality ever to be remembered, invited the members of the board, the students, the profession, lawyers, divines, and the press to a splendid "Academie Dejeuner a la fourchette," and some members of the profession in Kingston treated the examiners to a most agreeable supper party afterwards. The following year the board met in Toronto. What was the return made by the schools and the profession in the capital city of Ontario? To their shame be it said, the members of the board, with a few exceptions were allowed to come and go without a single public demonstration of welcome. Surely such conduct was unworthy of the profession as a body and unworthy of the schools of Toronto.

Hoping that the ball started by "Urbanus" may be kept circulating until the Toronto men are stirred to act and show some proper attention to the members of the Medical Association;

I remain, Yours, &c.,  
U.

Toronto, Aug. 22, 1873.

#### THE DUTCH ARMY MEDICAL SERVICE.

Dr. K. makes an inquiry relative to service in the East Indian Army of Holland. The regulations of this service have not been published in English, though probably information could be obtained from the Dutch Consul General in Canada, or from the Minister of Holland in London. We think our correspondent is in error when he imagines that he would better himself by entering such service. Any young medical man enjoying a moderate practice in Canada has more comforts and better prospects than military service abroad could confer. Besides the risk of climate, it is a drawback to military service that it does not improve one for family practice, which our correspondent would naturally look forward to after his term in the army.

### MEDICAL NEWS.

#### OPENINGS FOR MEDICAL MEN. (Canada Medical Record.)

For the benefit of medical men who may be seeking for locations, we give the following information, which has reached us from thoroughly authentic sources.

Allanburg, a village of about 400 inhabitants, on the Welland Canal, has no medical man.

Atherly, a village on Lake Simcoe, population 500 and increasing, has no medical man.

Cataract, a village in the township of Caledon, population between 300 and 400, with fine surrounding country, is destitute of a doctor.

Spanish River, district of Algoma, distant from Collingwood, a station of the Northern Railroad, 180 miles, has not a doctor within fifty miles. Population about 200, and increasing.

Ronaldsay, county of Grey, the Postmaster writes, "there is a good opening for a doctor."

North Keppel, county of Grey, has no medical man near it.

Penville, 40 miles from Toronto, on the Northern Railway, has no doctor, and none for miles.

Port Carling, in the county of Victoria, with a rapidly increasing population, has no medical man; the nearest being 22 miles distant.

Rockingham, in the Ottawa district, Postmaster writes, "good opening here for medical man, one badly needed."

The day is not far distant when patients may venture on a railway journey, not only without dread, but with positive alacrity. The term "Houses on wheels" accurately describes the vehicles now serving on Continental lines, and meant to be adopted at home. Saloon carriages and offices connected by covered passages form a "house," divided into dining and drawing-rooms, bedrooms and kitchens. The Empress of Russia's travelling train has a dining room with large oval windows, giving uninterrupted views over the country through which the train passes; while the drawing room is as elegant and the bed-rooms as amply furnished as those of a well-appointed house. The beds are hammocks, protecting their occupants during sleep from the vibrations of the train. On a less luxurious scale, carriages are similarly arranged and fitted up for her Imperial Majesty's subjects.

The Wolverhampton and Staffordshire Hospital may indeed be congratulated on the result of this the fifth year of the simultaneous collections for it. The sum is £100 9s 3rd., being £120 in excess of the largest amount hitherto collected; 88 collections have been made, and though this is a larger number by 13 than in any previous year, still the greater total now received arises not so much from new collections as from the fact that no less than 55 congregations contributed larger amounts than they did last year. This is a most satisfactory evidence of the increasing hold which these collections are taking of the hearts of the people. Wolverhampton, Bilston, Wednesfield, and the country districts have respectively given larger totals than in any previous year, Willenhall and Darlaston alone falling to equal some of their former efforts. The expenses amount to £12 16s. 10d., and the net balance is £87 12s. 6d.

## OBSTETRICS.

## VARICOSE HÆMORRHAGE FROM THE CERVICAL ZONE OF THE UTERUS, COMPLICATING LABOUR.

Dr. Murray draws attention in the *Obstetrical Journal* to a remarkable form of hæmorrhage that occurred in one of his patients, of which the following is a history:—Mrs. B., aged 27, first labour, full term of gestation: in a weak state of health and of a nervous temperament. She was about to retire to bed, when she felt blood running from her. She sent for a physician—Dr. Kirby—who plugged the vagina, and all bleeding ceased. The os uteri was then only partially dilated, and the liquor amnii had not escaped. Dr. Murray was then called in in consultation. Dr. Murray removed the plugs, and found that the os uteri had become fully dilated, that the membranes were tense, and that very little hæmorrhage was going on. No portion of the placenta could be felt. A full dose of ergot was given, the membranes were ruptured, and the labour progressed quickly, and terminated favourably.

Thirteen months after the patient was seen by Dr. Murray, at Dr. Kirby's request, in her second labour. Hæmorrhage had again set in, as before, without appreciable pain. Dr. Kirby had plugged the vagina, but a small stream of dark blood escaped continuously. On removing the plugs, Dr. Murray found the os uteri dilated to the size of a crown, the membranes unruptured, and the fetal head presenting. The cervix felt large and pulpy at its posterior aspect, and was rather low down in the vagina. No trace of the placenta could be felt on the most careful examination. The pulpy part yielded on pressure with the fingers, and coincidentally the bleeding diminished. The same treatment as before was adopted, with the same results. Cases somewhat similar to these have been reported by M'Clintock and Mr. Robertson, of Manchester, but their issue was less satisfactory, both patients dying.

## GYNECOLOGY.

## THE OPERATION OF ENUCLEATING UTERINE FIBROIDS.

By Dr. ALFRED MEADOWS, London.

The operation of enucleation should be conducted upon a definite plan, and according to some fixed principle; and both may, I think, be summed up as follows:—First, that these uterine tumours should be regarded as essentially foreign bodies. Secondly, that Nature's method of dealing with these foreign bodies is to expel them; we see this often in the case of polypi, and occasionally even in large submucous fibroids. Thirdly, that for her success in this matter a dilated or dilatible os, and uterine contraction, are the only essential requisites. Fourthly, that it is the duty of the physician, when these conditions are absent, to step in with his art and imitate the process. Fifthly, that for this purpose the cervix must be opened up, and the uterus be stimulated to contraction. Lastly, that both these objects will be greatly facilitated, in the case of interstitial tumours, by their forcible detachment from the position in which they are

embedded, thus making them more and more foreign to the organ where they are lodged.

Now as to details. The conditions of success are, as I have said, an open os, uterine contraction, and detachment of the tumour. As to the first, I am strongly opposed to the method of dilatation, and in favour of free division. I have seen infinitely greater evils result from dilatation than from division. Moreover, the former is inadequate to the subsequent steps of the operation, because—and this applies especially to cases where the tumour is large—I think it is most important that the process of detachment should be conducted gradually, and in successive portions, so as not at one time to expose a very large surface to the risk of inflammation and purulent absorption. If the cervix be divided, it is done once for all, and is ready for the successive steps of the operation; whereas in dilatation the same process has to be repeated every time that we resort to detachment.

My plan, then, is, first to divide the cervix freely in two or three places, taking care to prevent reunion of the divided surface, and always to plug the vagina for a few hours after the division is made. In about a week, or at most a fortnight, from this time, supposing that all has gone on well, I introduce the finger up to the tumour, and, with whatever force is necessary (sometimes a good deal is required, sometimes but very little), I break through the tissue covering the tumour at the point where it joins the healthy uterus. Once within what I call the intracapsular space—that is, the space between the tumour and the uterus,—there is according to my experience, very little difficulty indeed in passing the finger freely round the tumour in all directions, breaking down its loose cellular attachments, and, in short, shelling it out from its uterine bed. As I have said, I greatly prefer not doing this at once, but in successive steps. When the tumour is in good part detached, but not before then, we may advance to the next step in the process, and endeavour to procure its expulsion. This we do by the administration of any of the various oxytocic agents, of which ergot and borax are certainly the best. Sometimes I have used galvanism, with evident success; but in this matter I do not think it is of much importance what we use, for, if the tumour is only well separated, the uterus will usually contract most efficiently, and all the more readily, no doubt, because of the irritation to which it has been subjected by the previous operations. The last step in the operation is the removal of the tumour by means of the *écraseur* in the same way as has been already recommended in the case of polypoid growths. I have once succeeded in entirely enucleating such a tumour without the use of the *écraseur*; and I do not at all see why in some cases we should not be able completely to detach it with the finger, just as I have done again and again in post-mortem cases. Where we are dealing with a very large tumour, it may occasionally be necessary to remove it in successive portions. I had a case of this kind under my care some time ago: the uterus was occupied by one of these interstitial fibroids, and was of such a size that the fundus reached fully

up to the umbilicus. In that case, after I had detached a good part of the tumour, the uterus contracted so vigorously upon it that in four days a large mass was forced into the vagina, and I was compelled to remove it before waiting for the subsequent separation and removal of the remaining portion. Ultimately, however, I got it all away, and the patient came to me the other day perfectly well.

Such, then, is the plan of enucleation which I am in the habit of practising, which I recommend strongly as by far the best way of treating these cases of interstitial fibroid, and which, if conducted with all due care and in properly selected cases, is, I am convinced, not nearly so dangerous an operation as it has been represented.

## PRACTICAL MEDICINE.

## OXIDE OF ZINC IN INFANTILE DIARRHŒA.

Dr. E. Mackey, of the Children's Hospital, Birmingham, expresses himself as being strongly in favour of the use of oxide of zinc in the diarrhœa of children, which he regards as preferable to chalk and kino. Oxide of bismuth has tonic and antispasmodic properties, a combination in a non-irritant substance exactly suited to many cases of the malady. Chalk is good, but sometimes irritates, and sometimes fails. Acids are good, but sometimes gripe, and sometimes injure the teeth. Opium should be absolutely forbidden for infants that cannot be closely watched. Bismuth is very good, and zinc resembles it, with better nervo-tonic powers, whilst it is much less expensive. Oxide of zinc has given him (suitable diet being premised) excellent results in all the varieties of infantile diarrhœa, notably in those complicating whooping-cough; it is not to be forgotten in the profuse sweating of rickets. The dose may be one grain for any age under two years, and may be well given with a little syrup, mucilage, and dill water, three or four times daily, not on an empty stomach.—*Brit. Med. Jour.*

## THE DIARRHŒA OF CHILDREN.

In a short paper on the diarrhœa of children, in the *British Medical Journal*, Dr. Eustace Smith remarks that teething infants are excessively sensitive to slight changes of temperature, and the protection of the body from impressions of cold should be the first precaution to be adopted in all cases of abdominal derangement in children. Dr. Smith states that it has long been his practice to recommend the application to the belly of a flannel binder, which should be applied low down on the abdomen, and be firmly wrapped round the hips and buttocks, and should be broad enough to cover the body as high as the waist. This, with a dose of castor-oil to remove irritating matters from the bowels, will ease at once almost all cases of acute functional diarrhœa in children. In all cases when the child is not at the breast, milk should be excluded for a day or two from the diet. Its place can be supplied by whey, veal broth, and barley-water in equal proportions.

## CHOLERA INFANTUM.

Previous numbers of the Practitioner have contained articles highly commendatory of the calomel and of the bismuth and pepsin treatment of cholera infantum. I have tried both, and am fully convinced of their inferiority in this disease to the crocote and lead treatment. In the treatment of a large number of cases during the last three summers, but one has proved fatal, and that one was in a state of collapse before it was seen. The formula used is as follows:

R. Mucilaginis acaciae, . . . ʒ ss;  
Liquoris calcis, . . . ʒ iij;  
Crocoti, . . . gr. iij;  
Plumbi acetatis, . . . gr. xvj.

S. A tea-spoonful every one to three hours.

One thing proved is the innocuousness of the acetate, no symptom of lead-poisoning having in any instance resulted. Egg-water—the white of one egg to each gobletful—is given in conjunction with the above treatment. By adding a good-sized pinch of bicarbonate of soda to each glassful the retention of this drink is almost assured.—E. R. Palmer, M.D., in Am. Practitioner.

## MEDICAL NEWS.

Dr. Carl Rudolph Braun, the renowned Professor of Obstetrics and Gynecology at the University of Vienna, has been raised to Knighthood, with the title of "Fernwald."

The office of district medical officer in Gijon (Asturias), having become vacant by the death of the occupant, the alcade or mayor of the town, a medical man, has conferred the appointment on himself.

Dr. de Cristoforis, physician to the hospital in Milan, and M. Zambolletti, a chemist and apothecary in the same city, have addressed a circular to various scientific societies and periodicals, suggesting the formation of an universal international pharmacopoeia.

It is pleasant to record that the profession everywhere has done its duty in the season of danger and alarm through which it has been passing in all but one instance—one doctor is said to have run away from Mount Vernon and left his patients when the epidemic of cholera was at its worst.—American Practitioner.

It is said that Professor Tyndal received 22,100 dollars for the course of thirty-five lectures delivered in the United States. After deducting expenses, he handed over 13,000 dollars to a committee, with instructions to spend the money in encouraging and aiding students of science who devote themselves to original investigation.—[Students' Journal and Hosp. Gaz.

The editor of the American Observer, (Homoeopathic) states that of the fifty homoeopathic periodicals that have been issued by the American press, only nine are now in existence, and of these, only one has remained under the same editorial management for the space of nine years. The failures and wrecks are credited to "inefficient commanders, poor vessels, (springing many a leak), bad canvas, and the loss of charts and compass."

The friends of legitimate medicine everywhere will be gratified to learn that the homoeopaths are not after all to hold professorships in the school at Ann Arbor. The legislature of the state of Michigan passed the law requiring the appointment of the "infinitesimals," but the board of regents declined to execute it. The supreme court of the state refused to grant a mandamus requiring the regents to comply with the law, whereupon the latter met and passed, with but one dissenting voice, the following very dignified and sensible resolution: "That we maintain the position heretofore taken, and decline to make the appointments required by law; that we do this in no spirit of factious opposition to the apparent will of the legislature, but because we believe the true and best interests of the university demand it; that we reaffirm the former action of the board expressing a willingness to take official charge of an independent school of homoeopathy, and connect it with the university, whenever the means shall be provided for the payment of professors."

## THE CHOLERA IN THE UNITED STATES.

From the American Practitioner, August.

However cholera may have originated at New Orleans its course after it appeared was that which it has uniformly taken, and which has given so much strength to the belief that it is a portable disease; that it follows the lines of human travel, and is carried about by men. It proceeded slowly up the Mississippi to Memphis, and then fell upon Nashville, whence it was radiated to many towns in Tennessee, Kentucky, and Alabama, along the river and the railroads. Nashville, as in all former visitations of the epidemic, suffered severely; no other city in the country up to this time has been visited by the pestilence in so aggravated a form. It is computed that a thousand have fallen victims to it in Nashville and the county of Davidson during its prevalence. The mortality has also been great in Gallatin and at various points in Sumner county.

Following the railroad into Kentucky, it has prevailed successively in Franklin, Bowling Green, and Elizabethtown. In Franklin and the surrounding country the deaths before the disease subsided amounted to forty-seven. Proceeding east and south from Nashville it fell upon Lebanon, where it had evinced great malignancy in its former visitations, and carried off thirty-four people, chiefly negroes. At Murfreesboro the number of deaths has been fifteen, nearly all negroes. It spread to Shelbyville, Huntsville, Chattanooga, and Birmingham, along the railways; and at the latter place, a town of recent origin and very rapid growth in Alabama, its ravages have been unusually severe. The pestilence has for the first time, we believe, penetrated into the mountains of East Tennessee, and prevailed with a good deal of fatality at Greeneville, a few fatal cases having also occurred at Knoxville and some other points.

The towns in Kentucky on the Ohio have not escaped, and Paducah and Henderson have lost a number of their inhabitants, negroes, as everywhere else, being the greatest sufferers. Mount Vernon, in Indiana, has been severely scourged. This is a cleanly town on the Ohio, and has one of the most elevated sites on the river between Evansville and Cairo. Nothing in its situation or sanitary aspect would have pointed it out as a place likely to invite the disease, and yet forty deaths occurred there in one week from cholera, while Cairo and Evansville were almost if not quite exempt from it.

Cases of cholera have been announced in various places north of Kentucky, as well as in some of the towns in the centre and north-eastern parts of the state. The boat which brought the first cases up the river from New Orleans landed cholera patients at Cincinnati, and there have been almost daily reports of deaths from the disease in that city for two months past; but the extent of the epidemic has never been alarming, if indeed it is correct to speak of it as an epidemic where only a few deaths per day have resulted from it in a population of two hundred thousand. In the Ohio penitentiary at Columbus, a number of the convicts have died from the disease. At Carthage, in Ohio, six deaths from cholera were reported on the 18th July as having taken place in forty-eight hours. Union City, Tennessee, on the Mobile and Mississippi Railroad, has experienced a sharp visitation of the pestilence; but it has nowhere assumed a more malignant type than at Louisiana, in Missouri, where eight deaths are reported as having occurred in four hours. It seems to have been scarcely less virulent at Prairieville and Troy, in the same state; but in all of these places its stay seems to have been very short.

The localizing or secondary causes of the epidemic have seldom been more strikingly exhibited anywhere than at Nashville during the late visitation. When it was raging with such mortality along the creek bottoms the elevated, best ventilated quarters of the city were comparatively healthy. It is correct to say that the scourge was nearly confined to the outskirts and lower portions of the city. Edgeseled, on the north bank of the Cumberland River, opposite Nashville, standing on a low, sandy plain, with wide, well-ventilated streets, and supplied with good cistern water, reports less than twenty deaths from the epidemic.

## PROSPECTUS.

THE CANADIAN

## MEDICAL TIMES.

A NEW WEEKLY JOURNAL,  
DEVOTED TO PRACTICAL MEDICINE.

SUROGRY, 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 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 continually 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-monthly medical journal may sometimes prove inestimable. Medical papers and clinical lectures, in abstract form or in extension, 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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JAMES NEISH, M.D.,  
Office of the Medical Times,  
King's, Ontario.



### NITRATE OF POTASH IN ACUTE PNEUMONIA.

Dr. Macnaghten Jones collects and publishes some notes of cases of pneumonia that have fallen under his care, in which nitrate of potash was beneficially employed. Everyone, he says, is familiar with the different plans of treatment and the particular remedies, and such as tartar emetic, digitalis, quinine, venetia, alkalies, and chloroform, which have each had their special advocates; as also the various methods employed for combating the inflammatory process locally, as depletion, counter irritation, cold, cataplasms, &c. Digitalis and quinine he regards as the two most powerful antipyretics we possess when given in sufficient quantities; the latter he has frequently given in doses of ten and fifteen grains every third hour without producing any unpleasant symptoms. Digitalis he considers to be particularly useful in the latter stages of the affection. Tartar emetic holds, however, the foremost place, he thinks, an antipyretic in the treatment of pneumonia, though its administration sometimes requires to be stopped on account of its lowering and debilitating effects. Of late he has altogether relinquished its use, and has treated nearly every case of acute pneumonia which has come under his observation in the earlier stages of the disease with nitrate of potash in ten and fifteen grain doses, repeated every third hour, till it has produced its peculiar effect on the temperature and the pulse. In some cases, in consequence of complications, he has had to give up the nitrate and has resorted to digitalis. In regard to general measures he leans to a free and generous support, and rather to the side of the stimulant system than the reverse. He thinks counter-irritants and vesicants, followed by the application of large linseed-meal poultices, extremely valuable auxiliary measures. Dr. Jones then records several cases in which the above plan of treatment was successfully adopted. He thinks the mode in which it cures the inflammation or arrests its progress is partly by promoting the absorption of its products through its action on the fibrin, by a direct action on the blood through an effect upon its corpuscles, and also by reducing the force of the fever and lowering the force and frequency of the heart's pulsations.—*Dublin Medical Journal*, July 1873.

### TREATMENT OF FISSURES OF THE NIPPLE.

In a paper by Dr. Crépey, fissures of the nipple are described as being of two kinds. First, those produced by the violent suction on the part of the child; here the epidermis is raised and abraded, as if by a cupping-glass. In this condition of the nipple, the child should be allowed to suckle only when the breast is charged with milk. Second, at other times, a little of the milk lodges in the minute cracks at the base of the nipple, where it comes in contact with the secretions of the body and rapidly decomposes, thus acting as an active irritant of the skin, and in some instances inducing very extensive inflammation. As a preventive of cracked nipples, originating in this manner, the breast should be bathed with warm water, wiped dry, and then anointed with the following ointment:—R Tannin, 1 gramme; Glycerine, 10 grammes.

This should be applied by means of a camel's hair brush, after which the nipple should be protected with charpie, or a soft linen cloth. In the most cases, the nipple-shield may be employed to advantage.

If the breast be distended with milk, relief may be afforded by the application of a large, thin-seed poultice, taking the precaution to protect the nipple with a soft piece of leather.—*Gaz. des Hôp.*, 1872.

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