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# THE MEDICAL TIMES.

VOLUME I—NO. 11.]

KINGSTON, (CANADA), SATURDAY, SEPTEMBER 13, 1873.

[PRICE FIVE CENTS.

## PRACTICAL MEDICINE.

### ON ACUTE URÆMIA.

By Dr. LOOMIS, New York.

(Concluded from page 73.)

I have now come to the special object of this paper, viz: to the consideration of the treatment of acute uræmia.

I shall first give a brief synopsis of the most prominent views of the present day—the views of standard authorities. All agree in this, that in the treatment of acute uræmia, to secure as rapidly as possible a free eliminative action either by the skin or bowels, or by both, or by the kidneys, is of the first importance.

Frierich is the only authority that proposes to neutralize the uræmic poison, which he claims, is ammonia. To accomplish this he directs the inhalation of chlorine gas, or the internal administration of the vegetable acids.

With most authorities the favourite method is diaphoresis, accomplished by vapour or hot air. It is claimed that by a vicarious action of the skin, the excrementitious products which normally fall to the lot of the kidneys to excrete are removed from the system in the cutaneous perspiration.

In connection with the process of elimination, a vicarious action of the bowels is induced by the internal administration of drastic purgatives: elaterium and scammony are the favourites to accomplish this hydragogue catharsis; and it is also claimed that by this method the alimentary canal eliminates the products which should normally find their way out of the body by the urine.

The testimony of authors on the utility of diuretics in the treatment of acute uræmia is conflicting.

Dr. Roberts says that his experience has not given him a high opinion of their efficacy.

Dr. Harley says that it ought never to be forgotten, that in acute Bright's disease, as well as in the first stage of all inflammatory and congestive attacks occurring in the course of chronic kidney affections, diuretics are inadmissible; and he adds, that the reason why the employment of diuretics often does harm in acute kidney affections is readily understood when we recollect that they have always the tendency rather to increase than diminish the flow of blood to the already inflamed organs.

Dr. Geo. M. Johnston states that with our present knowledge of renal pathology, it is clear that the practice of giving diuretics in acute nephritis is most unjustifiable.

Dr. Richardson says that one of the greatest errors common to the inexperienced is to give diuretics to a badly-working kidney,—an error as unphilosophical as it is unpardonable, for the cessation of the secreting function of the kidney indicates a tendency to congestion of the renal organs. To relieve renal congestion, not the kid-

neys, but some other emunctory channels, must be freely opened, and the kidneys left to do as little labour as possible.

On the other hand, Niemeyer maintains that, whatever theoretical objection against the employment of diuretics there may be, in desperate cases recourse should always be had to them.

Dr. Stewart recommends diuretics in the acute stage of the inflammatory form of Bright's disease to remove the effete material from the uriniferous tubes.

The ground on which diuretics are objected to is, that it is contrary to the principles of medicine to stimulate an inflamed part,—that the first step towards the healing of an inflamed organ is rest.

Admitting that this view is sound, we have a class of diuretics that do not in any sense act as stimulants to the kidney. Digitalis ranks first in this list; although a very efficient diuretic, it never seems to irritate the kidneys. The *modus operandi* of this remedy is now well settled (Stewart). By increasing the power of the heart's action, and perhaps, also, contracting the capillaries, it materially increases the blood-pressure. As the normal secretion of urine depends upon that pressure being in the healthy state unopposed by any obstruction, and the diminished flow in this disease is due to obstruction within the tubules, the digitalis appears to supply such an increase of pressure as overcomes the obstruction, and, indeed, carries it away by the force of the current it originates.

Accepting this view of the diuretic action of digitalis, its administration is especially indicated in acute uræmia. To obtain its effects in the condition of the kidneys that attends acute uræmia, I am convinced that much larger doses are required than usually are administered. My rule of practice in these cases is to give  $\frac{1}{2}$  an ounce of the infusion of the English leaves every three hours for twenty-four hours—or at least until I produce the specific effect of the drug—and I do not remember in a single instance to have met with the overwhelming accumulative effects of digitalis of which so many writers warn us.

The experience of every one, I think, will sustain me in the statement that when acute uræmia is fully developed, and the patient is in convulsions or coma, that often (in the majority of cases) the skin and the bowels, as well as the kidneys, lose their excretory action, diaphoresis cannot be induced, or if induced is not eliminative, and the bowels do not respond to purgatives, although the patient may swallow them in large doses.

Under these circumstances, Dr. Richardson says that he is "convinced that in cases of acute uræmia there is one, and only one, remedy to be adopted; that remedy is none other than the free abstraction of blood."

On physiological grounds venesection, in ex-

treme examples of uræmia, comes forward as a natural and effective remedy; for, as there is a soluble poison in the blood, we secure in blood-letting the readiest means by which to remove the poison directly. He adds, there is yet another advantage in blood-letting; by it we relieve congestion of the visceral organs, and specially of the kidneys,—hence it usually obtains that after a removal of blood, secretion takes place readily, and a response is offered diaphoretic and purgative remedies which did not before present itself.

Dr. Harley (in his recent work on the urine and its derangements) makes the statement that in some cases of acute uræmia, especially in uræmic eclampsia, venesection may sometimes be had recourse to with great advantage, but its indiscriminate use he regards as highly unphilosophical with our present knowledge of uræmic convulsions.

Dr. Baun, in his monograph on uræmic eclampsia, states that since the days of Dewees, Burns, and Hamilton, it has been and still is the custom to find the only power against uræmic eclampsia in abundant general blood-letting often repeated—a proceeding which he believes can be justified as little by the present state of our theoretical knowledge in regard to this disease, as it is by the mortality which follows its employment.

By bleeding the hydræmia is increased, as well as the danger of puerperal thrombosis and pyæmia, and not unfrequently the paroxysms are aggravated. A very strong argument against venesection in acute uræmia is the fact that, after extensive trial by the profession, the practice has fallen into disuse.

The question then comes to us, if overwhelming the system by the uræmic poison (marked by convulsions and coma) shuts off for a time all avenues of elimination, what means have we to counteract the effects of this poison and open again the avenues of its elimination, or, at least, to hold the patient until the normal eliminating process shall be re-established?

Our first efforts must be directed to diminish reflex sensibility, and subdue spasmodic muscular paroxysms, for these, if continued, either will directly terminate life or end in an equally fatal insensibility.

The remedy which for some years has been employed for the accomplishment of this object is chloroform. It has been extensively used, and is, I believe, regarded as the readiest and safest means for controlling uræmic convulsions.

Dr. Baun says, in regard to it, that chloroform narcotism should be induced instantly when indications of an impending paroxysm show themselves, but that the administration of chloroform must not be kept up during the convulsive attack or the state of coma.

Dr. Roberts says that during the convulsive paroxysm, chloroform inhalation is the most

prompt and ready means of controlling the spasm; when, however, uræmic paroxysms begin with drowsiness and gradually pass on to insensibility, or when convulsions occur as breaks in a continuously comatose condition, chloroform affords no prospect of relief.

Dr. Harley, although he recommends some form of anæsthetic in uræmic eclampsia, makes the statement that if medical men were more intimately acquainted with the powerful chemical changes which chloroform exerts on the constituents of the blood, even when taken into the system, by the lungs, they would probably employ it with more reserve than at present they do.

Sir James Simpson says that although the direct action of chloroform upon uræmia is doubtful, yet it is certain that in eclampsia chloroform is the best palliative, inasmuch as it moderates the paroxysms.

Although many authorities recommend the use of chloroform in uræmic eclampsia, few make mention of its employment in acute uræmia independent of the puerperal state. Its only known clinical effect is to control muscular spasm, and in a large proportion of cases it fails to give more than temporary relief to those patients who pass from one convulsion to another into a state of complete coma, and die without any apparent neutralizing or eliminating effect from the chloroform.

In the few cases in which I have administered chloroform in non-puerperal uræmic convulsions, it has seemed to me to have no other effect than to arrest convulsive movements by rapidly hastening my patient into a state of insensibility. In no instance have I known its administration to be immediately followed by diaphoresis, or a return of the urinary secretion; and it has seemed to me to be more difficult to establish diaphoresis or diuresis by diaphoretics or diuretics in patients with uræmia to whom chloroform had been administered, than in those who had not taken it. I believe, therefore, that while it temporarily controls muscular spasm, it prejudices the chances of ultimate recovery, by the changes its inhalation produces in the blood, which changes increase rather than retard the uræmic toxæmia.

With these impressions, one naturally seeks an agent that not only has power to control muscular spasm, but at the same time by its action shall tend to reopen the avenues of elimination, either by counteracting the effects of the uræmic poison on the nerve-centres, and thus facilitate the action of diuretics and diaphoretics, or itself act directly as an eliminator.

I believe morphine administered hypodermically to be such an agent.

This brings me to the question which has led me to this discussion this evening, viz.:

1. Can morphine, in full doses, be hypodermically administered to patients in acute uræmia without danger?

2. What are the effects which follow such administration?

If we turn to acknowledged authorities for an answer to the first of these inquiries we find that

nearly all make mention of opium only to warn us of the danger attending its administration. I will quote from a few of them. Dr. Harley states "that although Dover's powder may be given with impunity, opium can seldom be employed in kidney affections in any other form without a certain amount of risk. More than one example of its deleterious effects in such cases has come under my notice. In cases where there is a tendency to convulsion, even Dover's powder must be cautiously used."

Dr. Geo. Johnston states that Dover's powder may be given in Bright's disease, "when the bowels are freely open, the urine not scanty, and there is no headache or drowsiness. In other cases, opium, in any form, would probably be injurious, on account of its tendency to check secretion and aggravate the symptoms of cerebral oppression. . . . In no circumstances is an opiate so likely to produce dangerous and unmanageable stupor, as when its influence is added to that of urea in the blood."

Dr. Geo. T. Elliott, in a paper on albuminuria in pregnancy, states that in uræmic eclampsia he has always used narcotics very sparingly,—codea and McMunn's Elixir of Opium being his choice. He had resorted to a hypodermic injection of morphine.

Dr. Alonso Clark in the most positive terms warns against the use of opium in uræmia.

Dr. Austin Flint, in his Practice of Medicine, states that opium should be given with circumspection, and adds that observation has shown that in moderate doses it is liable to produce marked and even fatal narcotism if the blood is surcharged with urea. In the same connection he alludes to the case of an opium-eater with Bright's disease who took a bottle of McMunn's Elixir daily, without any apparent ill effect.

It is hardly necessary to multiply quotations to show that the profession has almost unanimously lifted its voice in warning against the use of opium either in acute or chronic uræmia.

During the first years of my professional life, I regarded opium as one of the most dangerous remedial agents that could be administered to uræmic patients, rarely daring to give more than five grains of Dover's powder to a patient with albuminous urine, and if convulsions and fatal coma happened to follow such administration, more than once do I remember to have felt that a Dover's powder which I had administered might have been the cause of the fatal coma.

[Dr. Loomis then relates the clinical history of ten cases of uræmia.]

These histories and their accompanying statements go far, it seems to me, to place hypodermics of morphine among our most reliable agents in controlling this terrible form of acute uræmia; and it would appear, that if a large hypodermic of morphine be administered at the outset of uræmic eclampsia, and repeated whenever the premonitions of a convulsion are present, we offer these distressing cases the best chance of recovery.

In the histories of the ten cases given I think we find answers to the two questions asked at the commencement of this discussion:

*First.*—That morphine can be administered hypodermically to some if not to all patients with acute uræmia, without endangering life.

*Second.*—That the almost uniform effect of morphine so administered is—1st, to arrest muscular spasms by counteracting the effect of the uræmic poison on the nerve-centres; 2nd, to establish profuse diaphoresis; 3rd, to facilitate the action of cathartics and diuretics, especially the diuretic action of digitalis.

Thus morphine, administered hypodermically, becomes a powerful eliminating agent.

The rules which are to govern its administration are as yet not well defined. My own experience would teach me to give small doses at first,—not to exceed ten minims. If convulsions threaten, and a small dose does not arrest the muscular spasms, it may be increased to twenty minims, and the hypodermics may be repeated as often as every two hours. It must be given in sufficient quantities to control convulsions; neither the contraction of the pupils nor the number of the respirations is a reliable guide in its administration.

## SURGERY.

### PROF. WOOD ON THE RADICAL CURE OF HERNIA.

I have long thought that we might, in favourable cases, safely do more than we now attempt, to prevent a return of the protrusion after the operation for the relief of strangulation. After performing operations for the radical cure more than two hundred times, I had grounds for the belief (which other operations on the peritoneum also favoured) that, in a healthy subject, the peritoneum might be dealt with as freely and as safely as any other tissue; and also, that the chances of bad results from peritonitis would depend upon the injury sustained by the bowel in strangulation, rather than upon any way of dealing with the peritoneal sac and parietes after the strangulation had been relieved, provided that due drainage be secured. In cases where the bowel and omentum are congested only, and most likely to recover when placed into their natural cavity, in young and healthy lads, with strangulated inguinal hernia, I concluded that the attempt would be justified, and would probably be successful. If so, the advantage of preventing a lifelong trouble and danger from rupture by the operation which relieves strangulation is obvious. The kind of cases I selected for such an attempt, and the nature and results of the proceeding, will be best conveyed to your minds by a short *resumé* of the three cases where I have had the opportunity of carrying it into practice.

On June 29th, 1868, was admitted into King's College Hospital a young man, Alfred F., aged twenty-one, of Warden-road, St. Pancras, with a strangulated right oblique scrotal hernia. The tumour had occurred suddenly from lifting. It was of the size of the fist, and had been strangulated twenty-four hours. He had constipation, violent retching and vomiting, not fecal, quick pulse and anxious face, pain in the epigastrium, and much pain and tenderness in the tumour, upon which several ineffectual attempts at taxis

had been made. I put him well under chloroform, and made a fair and full attempt at reduction by the taxis, but in vain. I then made an oblique incision over the tumour, dividing the layers in the usual way, and laying open the sac to the extent of three inches. The sac contained a moderate amount of omentum, covering a knuckle of bowel, all congested, and the bowel slightly ecchymosed, and there was about an ounce and a half of bloody serum in the sac. The point of strangulation was at the deep inguinal ring, and it was divided by an upward cut. The bowel was then drawn down slightly and carefully examined. It presented the usual indentation, but was smooth and shining. It was then returned, and after it the omentum, the latter being carefully spread over the deep opening. The sides of the sac were then brought together, so as closely to embrace the cord over the whole length of the canal. The handled curved hernia needle used in my operation for the radical cure, armed with silver wire, was then employed to bring together the sides of the sac, together with the aponeurotic structures along the whole length of the canal, in the way I have described in my work "On Rupture." A good view of the conjoined tendon was obtained, and the wire fixed in it in two places. The loop and ends of the doubled wire were then brought out at the upper and lower ends respectively of the incision. Four wire sutures were then placed through the skin between these points. The wound was dressed with carbolic lotion, and covered with gutta-percha skin and cotton wool, powdered with McDougall's powder to absorb the discharges. The interrupted sutures were removed on the fourth day, primary union having been by that time obtained throughout, except where the thick wires passed through the extremities of the wound, and kept up the drainage. These were kept in for ten days. There was not the slightest sign throughout the case of the peritoneum being inflamed, and the abdominal tenderness which was present at the time of the operation passed away entirely. The sickness ceased directly after the operation, and the bowels were opened naturally two days afterwards. Erysipelas being present at this time in the ward, the patient was attacked by it on the sixth day. A partial reopening of the wound was the consequence, together with suppuration in the fundus of the sac of the hernia. The pus passed freely along the wires, and there was no burrowing.

The suppuration in the sac caused obliteration and shrinking of that structure, and the testis was drawn by the subsequent contraction into the upper part of the scrotum. Some delay in the convalescence was thus produced, but finally the patient was discharged, wearing a light truss, August 15th, 1868.

During the first year after the operation I saw him twice or three times. There was no cough-impulse whatever when last seen, all the parts being very firmly braced up in the groin and around the cord. As he was repeatedly enjoined to present himself at once if any pain or weakness showed itself, and seemed fully impressed with the danger from strangulation which he had escaped, I have, I think, some right to conclude

that there has been no return. The difficulty of following cases for a number of years in the nomadic habits of the population which furnishes the most numerous favourable cases for the radical cure is one which I experienced in this case.

The next case was in a patient who had wished much to be operated on for the radical cure before the rupture became strangulated, in consequence of the impossibility of keeping it up with a truss, and the consequent disability from following his employment. I had refused to do so because of his age and the direct nature and great size of the openings.

Martin W—, aged fifty-two, had suffered from a large, right, direct inguinal rupture for twenty-six years, which, though at first entirely reducible by rest and the recumbent posture, could not for many years past, on account of the large size of the opening, be entirely pushed back or kept up by any of the great number of trusses which he had tried. He was admitted April 14th, 1872, had been vomiting for eight hours, and was very weak and low. The tumour filled the scrotum, was of the size of the two fists, and was tense, tender, and painful, with the skin of the scrotum red and inflamed from handling. A somewhat prolonged trial of the taxis being made under chloroform, and after the application of ice for three hours and by inversion of the patient without success, the operation of herniotomy was proceeded with by a single oblique incision four inches long. On opening the sac, a very large mass of omentum was found adherent at the neck, but not elsewhere, and covered by it was a large fold of small intestine, dark and congested, but still smooth and glistening. After division of the strangulating band at the deep opening, the bowel, being found not much damaged at the strictured part, was easily reduced. The omentum was congested, but not gangrenous, and, on account of its size and the adhesions somewhat recent at the neck, could not be fairly reduced or retained in the abdomen. The mass of fat, about three-quarters of a pound in weight, was then cut off close to the adhesions at the neck of the sac. Such vessels as bled were tied separately, and the stump being enclosed between the sides of the serous sac, four interrupted sutures of carbolised hemp were applied through the sac and tendinous parietes, and tied up so as to embrace the cord pretty closely. The two uppermost sutures were passed through the stump of omentum itself. These and the ligatures upon the arteries were then tied up in one knot and left hanging out of the lower angle of the wound to act as a drain for the discharges from the face of the omental stump. Lateral pads of lint and a spica bandage were applied, and the patient placed with his knees drawn up and shoulders raised, and five grains of pilula saponis cum opio given every four hours. The vomiting and distress at once ceased; there was no tympanites and but little tenderness, and the bowels acted freely on the third day. An abscess subsequently formed in the lower part of the enormous sac, and a small slough appeared in the scrotum over the testis. Through the aperture left by this, the gland showed some tendency to protrude, but

was easily kept in place by strapping and pads. By the use of a drainage-tube through the lower part of the primary incision, and out at the aperture left by the slough, the matter flowed away freely, and there was no tendency to burrow. The ligatures and sutures had all come away by the 29th of April, and on the 22nd of June he left the hospital with the parts much thickened, firmly braced up, and wearing a truss with a large ring pad. I have seen this patient several times since then—once in this present year. There was then a bulge felt in the groin when he coughed (and he has always a bad winter cough); but there was no sign of any descent into the scrotum, and a light truss kept him very comfortable and able to do a good day's work without inconvenience. He also promised to come to me at once if he had any more trouble with it.

The third case was that of Edward B—, a waiter, of Surrey-street, Strand, aged twenty-one, in whom the rupture, a right oblique scrotal one, had not been observed till the day before his admission, when, after lifting a heavy box, he felt pain and sickness, and felt a lump in his scrotum. A doctor to whom he applied gave him an aperient, after which he began to vomit, the pain was worse, and the tumour increased in size and filled the scrotum. This rapid appearance and increase of the rupture were afterwards explained by its proving to be a congenital hernia with the sac formed by the tunica vaginalis, of which these peculiarities are very characteristic. On the 28th March, twenty-four hours after the occurrence of the rupture, the symptoms were very intense, and the taxis, with inversion and chloroform, having been fairly tried after two hours' application of ice-bags, I performed herniotomy exactly as in the first case I have described. The omentum and bowel were found in the tunica vaginalis, both congested and slightly ecchymosed, with some effusion of bloody serum. The knuckle of bowel was strangulated, not only by the deep ring, but also by a band of the omentum, necessitating the drawing down of both until the constricted part could be seen and released. It was a case in which the bowel might easily have been passed into the abdomen with the stricture undivided. After the operation the patient was at once relieved; the bowels were opened normally on the third day; no tympanites or tenderness became apparent. The central part of the incision healed by adhesion; a little discharge passed along the wires, which were withdrawn on the fourteenth day after the operation. He was sent out of the hospital April 26th, 1873, with a firm adherent cicatrix, and no bulge whatever. On the 12th May he showed himself, wearing a light horse-shoe pad truss; not the slightest sign of a return was evident. This patient is here to-day awaiting your inspection.

There are also other patients upon whom the operation for the radical cure has been performed. One of them—the largest rupture I have ever succeeded in curing—was operated on eleven years ago, the patient having followed afterwards a very laborious occupation as a porter in Covent-garden market. He wore a truss for only nine months after operation. I have brought him

here to-day as a proof of the possibility of curing even a very large rupture by operation, and of curing it permanently so as to relieve the patient of the trouble and expense of wearing a truss even under the pressure of very hard work.

### THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, SEPTEMBER 13, 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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POSTAGE ON THE MEDICAL TIMES.—The rate of postage on the Medical Times is Five Cents per quarter.

We wish to urge upon Canadian practitioners the propriety of immediately taking steps for the formation of medical societies wherever such associations do not already exist. Prospectively the time is coming when such associations will have a legal status in Ontario, and so become a power in the land. Independently of this, however, the accomplishment of the objects likely to be furthered by the formation of such societies is most desirable. The cementation of professional interests, the promotion of fellowship, unity, and harmony are in themselves worthy of every effort.

It is altogether unusual for medical journals to be occupied in exposing political scandals; but there seems to be abundant justification for such a course in the case of those Members of Congress who have done their part to defeat the intention of the American Government in its liberal appropriation of money towards printing and giving away the "Medical and Surgical History of the War." The copies of this splendidly got-up production have cost the Government on a large edition no less than \$125 a-piece; and independently of its dress and expensiveness it is a work of rich scientific value. It was intended, of course, to distribute the work among the libraries and public institutions throughout the country, and also to disseminate it among members of the profession. Unfortunately for this intention, however, the House of Representatives resolved that the five thousand copies intended for such distribution should be placed in the hands of Members of Congress for the purpose; and it has happened with this as with some other valuable public documents that, instead of being faithfully distributed, very many copies have passed into the hands of book brokers in Washington and have been offered for sale for the benefit of venal Congressmen. This is a practice which respectable Americans wish to see suppressed; and we cannot help thinking that it will help the suppression to have the medical profession strongly enlisted on the side by this flagrant instance, so hurtful in its effects upon the interest of our profession, as well as being a public offence against morals and good government.

#### DR. GRANT ON CANADIAN MEDICAL LITERATURE.

The following passage occurs in Dr. Grant's address before the Canadian Medical Association:—

In Canada we are yearly enlarging and increasing our medical periodicals, which give evidence of improvement by the abundance, variety and general excellence of the various contributions and selections. How is our Canadian Medical literature to be supported? This is a question which must strike forcibly the most ordinary observer. In the larger cities as well as the rural districts there are those who, from their position, experience and knowledge of matters medical, could do much towards building up in this country such an expression of opinion as would tend materially to strengthen and consolidate the very best interests of our profession. It is generally acknowledged that there are more medical journals than receive remunerative support, and that much labour, zeal and self-sacrifice are necessary on the part of both editors and publishers in order to promote the vitality of this form of medical literature. Such efforts are worthy of the highest commendation, for by means of local medical journals many facts are brought to light which otherwise must have passed unrecorded. In Canada, as in Great Britain, hospital reports are yearly acquiring a greater degree of importance, and our medical students are being stimulated thus towards the cultivation of one of the most necessary branches of study, viz., to observe rightly and report intelligently. The country as well as the city practitioner should contribute regularly to our journals. The city, with its extensive hospitals, large libraries, well organized medical societies, has very great advantages; and yet it has been remarked by an able writer in favour of the country medical man, that "*original thought is usually best cultivated in comparative solitude.*" A high degree of excellence in medical journalism can scarcely be expected in so new a field of enquiry; and considering the efforts put forth to fan into vitality such able journals as the *London Lancet* and *London Medical Times and Gazette*, *Edinburgh Medical Journal*, and others of like celebrity, we should not be discouraged. In the recording of medical facts, it is prudent and right that such should be communicated plainly, avoiding, as far as possible, newly-coined words and abstruse phraseology, which in no way whatever will be acceptable to the plain, *common sense* practitioner. It is common sense which is most required at the sick bedside; it is this sense after all which achieves the greatest degree of success, educated, enlightened, and elaborated through the various scientific achievements and astounding discoveries of this age of progress. Every physician in regular practice in city and country, should not only take one or more medical journals, but contribute as well. A large and lucrative practice, a high and influential position, are not alone sufficient to perpetuate a worthy name and reputation. These are perishable, and will die out, when well-timed and well-recorded facts will last, and establish true and genuine worth. Zimmerman remarked "*that the greatest medical writers of any age were the best physicians.*" Those who com-

municate their views should rather be encouraged than decried. It is quite unnecessary to urge upon those who read the best medical journals, the importance of such publications. It is high time that those who fancy they can learn nothing from medical journals, should retire and leave the field to those more willing in every respect to keep pace with the progress of medical science in its various departments. Let us then as an Association encourage and uphold our journals, and contribute in every possible way towards building up and sustaining so worthy and so requisite a branch of literature.

#### TORONTO EYE AND EAR INFIRMARY.

(From a Correspondent in Toronto.)

Among the charities of our city the above institution occupies a prominent position, and proves a credit to the town and a blessing to the poor of the entire province.

The Infirmary is situate at 21 Adelaide street West. It was established in May, 1867, and for the six years ending May, 1873, there were 1372 poor persons from different parts of the Province, who received gratuitous medical treatment for diseases of the eye and ear. The number of patients in attendance gradually increased from 104 the first year to 367 the sixth year. Many poor patients were quite blind, and if medical skill had not been charitably extended to them, would now be hopelessly blind. In some cases, where the father of a family had been so afflicted, the whole family would have been reduced to helpless pauperism, and made dependent upon public or private charity for their maintenance, but for the relief afforded at this institution.

The Toronto Eye and Ear Infirmary affords relief to the poor of every part of the Province of Ontario. It also affords valuable clinical advantages in ophthalmic and aural surgery to medical students, which cannot be obtained in any other institution in the province. These students, as they settle in different parts of the country, carry the experience which they have gained at the Eye and Ear Infirmary into practice, and thereby confer a public benefit. As already stated above, there is no charge for medical treatment or medicines, the only expense being the in-patient's board, which is charged at \$3 per week each person.

These in-patients enjoy much more liberty than at our other similar institutions; but the use of spirituous and other intoxicating liquors, and smoking, are strictly prohibited in the Infirmary, and a violation of this rule will tender the offender liable to be dismissed.

The Board of Management perform their labours without any remuneration whatsoever. They are God-fearing and pious men, not minding inconvenience and trouble in the service of their suffering fellow-creatures. The City Chamberlain, Mr. A. T. McCord, is the President; Mr. A. Dredge, Vice-President; Mr. W. T. Mason, Secretary-Treasurer; and Messrs. Wm. Elliott, George Hague (Bank of Toronto), John McBain, W. J. McDonnell, A. R. McMaster, J. H. Mason, E. J. Palmer, Robert Walker, and Robert Wilke, M.P., are Directors.

The medical staff is likewise unpaid. The noble self-denial of the eminent physicians attached to the institution is deserving of the highest praise. They are not only decidedly popular on account of their scientific achievements, and the results of their labours, but moreover they are respected for their piety, which prompts them to serve the poor for the love of God.

The first on the list is Dr. A. M. Roseburgh, a well-known authority, and of great experience in ophthalmic and aural science. He is ably assisted by Drs. R. A. Reeve and W. F. Coleman, while Dr. Wm. Canniff acts as consulting surgeon.

The Eye and Ear Infirmary is partly supported by voluntary contributions. All annual subscribers of one dollar and upwards are members, and entitled to vote at general meetings and elections. Any person subscribing and paying at one time fifty dollars, is a member for life, and entitled to the same privileges as annual subscribers.

At a recent meeting of the Board of Management, Mr. Francis Hart and his wife were unanimously appointed Superintendent and Matron to the Infirmary. Both have had some experience in this kind of work in days gone by. Mr. Hart settled in Toronto as recently as December last, in consequence of the severe weather in the North, which was too trying for his more delicate partner. He was connected with the Toronto and Provincial Press. Mr. Hart is said to be of a very cheerful and benevolent disposition, and will doubtless try to render all the comfort in his power to the poor afflicted sufferers committed to his charge. All communications to be directed to Mr. Francis Hart, Superintendent, Box 1260, Post Office, Toronto. We have great pleasure in directing attention to this useful charity, and trust that our contemporaries will disseminate information regarding it, for the sake of the afflicted whom it is designed to benefit.

### KINGSTON HOSPITAL.

#### CASE OF NECROSIS TIBIÆ.

Under the care of Dr. A. S. OLIVER; Reported by Mr. K. N. FENWICK.

Annie F—, æt. 8 years, was admitted June 3rd, 1873, with a leg presenting the following appearance. A large piece of tibia protruded from the front part of the left leg extending from the tubercle to about two inches from the internal malleolus, having a dark and most fetid odour. Several small sinuses were apparent near the ankle joint. The leg itself was flexed upon the thigh, but the joint possessed perfect motion, though the leg could not be straightened out. The previous history was that of periostitis from injury, and she was sent to this institution to have the leg amputated. The necrosed tibia was cut down upon towards the lower part of the leg, and with a pair of forceps a sequestrum of bone seven inches in length and the whole thickness of the tibia was removed. The skin was found to be healed up underneath the dead bone to the extent of about three inches, and a new bone had been formed to replace the old one which

nature had been endeavouring to cast off, and no doubt would in time have done so herself if left alone. The wound was dressed first with carbolic oil and then with a wash of sulphate of zinc. Some sloughing occurred, but the wound rapidly filled up by granulation, so that by the 16th August it was completely healed. The limb was still somewhat contracted but when she was discharged she could extend it far enough to touch the ground, and no doubt in a short time will have the limb as useful as ever.

### A HUMAN TABLE.

In the Italian section of the Vienna Exhibition Dr. Marini exhibits, among an assortment of human feet, hands, legs, arms, and busts of shrivelled proportions and deep-brown colour, a large, round plateau, evidently of hard and polished material, which has been likened to stale gelatine or potted boar's head. It is a conglomerate of specimens, illustrative of an art invented by him—the petrification and mummification of human corpses. It was this very Dr. Marini who petrified Mazzini, and executed his work so well that the admirers of the arch-conspirator proposed to set up the corpse on the capitol and save economical Italy the expense of a statue. The doctor's preparations are weather-proof, and will not only stand wear, but take on a high degree of polish. His mummified specimens, by a process known to him alone, can be restored to their original size and elasticity; while the petrified ones are as hard, and possibly as durable, as granite. The top slab of the table is composed of muscles, fat, sinews, and glandular substance—all petrified together in a block, the surface of which has been planed and polished till its face resembles marble. Certificates from Nélaton and other distinguished surgeons are attached to the specimen limbs, setting forth that the limbs in question had, for the satisfaction of the certifiers, been restored to their pristine softness and pliancy by Dr. Marini.

### OBSTETRICS.

#### ERGOTINE IN POST-PARTUM HÆMORRHAGE.

By Dr. JAMES BRASSEY BRIEBLY, Manchester.

Mrs. M— was delivered at 6:30 p.m. on July 12th, 1873, by me, after a rather rapid labour. Immediately after the birth of the child, the placenta being in the vagina, I removed it, and on finding the uterus well contracted I applied a binder and a good pad. In twenty minutes the patient complained of being cold. On examination of the napkin applied to the parts, I found there was no hæmorrhage externally, and so gave the patient a small quantity of brandy, and put on more bedclothes, after which she said she felt better and more comfortable. I remained for nearly an hour after the labour was over; but as the patient felt uncomfortable I removed the binder and found the uterus much expanded. I immediately introduced my hand into it, and found it filled with clots, on removal of which the blood gushed copiously from the uterine vessels, filling it as fast as I could empty it. I kept up firm pressure externally, and the uterus con-

tracted on to my hand, but very irregularly. I gave a large dose of the liquid extract of ergot with opium, and applied cold cloths and pressure to the abdomen; but, despite all, the uterus refused to contract but partially. I again introduced my hand, and found it filled with clots. The patient was now well-nigh exhausted, and I sent for my friend Dr. Woodcock; but everything we tried failed to produce regular contraction. A large quantity of solution of perchloride of iron (1 to 4) was injected into the uterus, and afterwards two to three pints of ice-water. Ice also was applied externally. At 8:30 I injected ten minims of the solution of ergotine (equal to three grains of the extract) under the skin at the back of the arm, and in a few seconds the uterus gradually contracted, and did not again give way. The advisability of such a proceeding in a patient exhausted from loss of blood may probably be questioned; but the treatment was made use of as a *dernier ressort*. Still I should not be inclined again to allow a patient to go so far before I made use of a remedy which proved so speedily effectual, and that without giving rise to the slightest appearance of danger in its administration.

At 12:30 a.m., on the 12th inst., I was summoned to see a patient who had been confined two hours previously, and had been attended by a midwife. The attendant had been alarmed by the fainting of the patient several times, but could not account for it, as there was but little external hæmorrhage. On arrival I found the patient almost pulseless, sighing and yawning at frequent intervals. The uterus appeared to be quite relaxed, and was very large. I gave a draught of forty minims of tincture of opium, sixty of liquid extract of ergot, and forty of aromatic spirits of ammonia. I then introduced my hand into the uterus, emptied it of an enormous quantity of clots, and endeavoured to get it to contract on to my hand, but without success. I used severe pressure and cold applications externally, but all without effect. I now injected ten minims of a solution of ergotine (equal to three grains of the extract) under the skin at the back of the arm. This I did twice, as my syringe being out of order I could but use five minims at each operation, and an interval of several minutes ensued between the first five minims and the second injection. The effect was not so immediate as in the first case. However, there was very decided contraction of the uterus at intervals, it relaxing every few seconds. By this time I had procured some ice, which I applied to the abdomen; nor did I experience any further difficulty in keeping the uterus moderately contracted. There was no appreciable quantity of bleeding from the time I injected the ergotine, although I am much inclined to give a share of the credit to the cold and constant pressure I kept up externally.

There is but little known, I believe, of the action of ergotine in similar cases, as it has not been extensively used; but I feel satisfied that future experience will prove that we have in it an effectual and safe remedy for checking post-partum hæmorrhage.

## THERAPEUTICS.

## STRYCHNIA IN NERVOUS AFFECTIONS.

Dr. Chisholm relates the results of his experiments on the effects of the hypodermic injection of strychnia in cases of optic nerve atrophy. He commenced with very small doses, not more than one-fortieth of a grain being injected each time, gradually increasing the quantity as he found the system tolerated it. The toleration he found as a rule was rapidly established, so that a dose which would cause decidedly uncomformable contraction in the spinal and leg muscles, would, after a few repetitions, cease to annoy. To obtain all the good which strychnia can produce, he thinks it necessary to keep the system under the full physiological effects of the remedy, by administering a dose as large as the patient can bear comfortably—as a rule, half a grain, in divided doses, can be comfortably borne by most persons. Comparative experiments were made to ascertain whether equal doses could be taken by the stomach, and in the course of these it was discovered that while the same dose injected hypodermically, and ingested into the stomach, acted rather more promptly in the former case, the same dose was not equally well borne at all times of the day. A larger dose could be taken after eating than after fasting. The dose in the morning, again, may be larger than that at mid-day, and this again than in the evening. Its action is to some extent cumulative. It enters the system with much greater rapidity than it can be eliminated. Finding that large doses of strychnia when taken by the mouth will produce the identical immediate and final results as when injected under the skin, Dr. Chisholm has abandoned the hypodermic use of the remedy. Its intense bitterness he avoids by giving it in the form of sugar-coated granules. These, he thinks, act quite as well as the liquid preparations, and being more definite, are safer. He uses granules of one-thirtieth, one-twentieth, one-fifteenth, and one-tenth of a grain of strychnia in each, commencing with the feeble doses, and in the course of a fortnight or three weeks running up to the higher doses. The evening doses should be light. Ultimately about half a grain of strychnia may be given per diem, which is the dose that produces the best remedial effects, and this dose may be continued for months.—*Hay's Amer. Journ. of Med. Science.*

## EUCALYPTUS GLOBULUS IN MALARIAL FEVERS.

Dr. F. B. Schulz, of Grand Tower, Ill., gives his experience in the use of the eucalyptus in the *American Practitioner*:

I have now used the tincture of the eucalyptus globulus with well-marked success in thirteen cases of intermittent fever of the several types usually presented by that affection. In one accompanied by enlargement of the spleen, besides giving the medicine internally, I applied it by means of cloths saturated with it directly over the enlarged organ. Whether this had anything to do with the cure I am not prepared to say, but ague-oaks had disappeared at the end of a couple

of months. Ferruginous tonics, purgatives, etc., were given conjointly with the eucalyptus, as I am in the habit of administering them when using quinia. The dose of the tincture, as given by Lorinser, in Vienna, is a dessert-spoonful, in water, taken four hours and again in two hours before the time of the expected paroxysm. In severe cases, or where the chill has returned, Dr. L. directs that the dose be increased a teaspoonful. I use the following:

R Tinct. of eucalypt. glob. . . . ʒj;  
Syrup of raspberries, . . . ʒss;  
Water, . . . ʒiv.

M. Dose, a table-spoonful every two hours during apyrexia.

Patients made no complaint of the taste of the mixture, and it gave rise to no disagreeable symptoms. I think finally that the disease yielded about as readily as it does to the sulphate of quinine and manifested no more tendency to return,

## SURGERY.

## ON THE TREATMENT OF BURNS BY ALKALINE LOTIONS.

In a communication in the *Medical Times and Gazette*, Dr. D. B. Dalzell says, in looking over some papers of a deceased friend (who was an excellent chemist), that he has come across some remarks on the treatment of burns, scalds, and bruises by the local application of alkalies. So long ago as 1841 he was in the habit of applying the water of potassa in such cases, and when used early he never once saw it fail in removing the pain "in a few minutes," and effecting a cure "almost like magic." He left the injured surface exposed to the air as long as any pain was felt, having always found that covering it from the air prolonged the pain and retarded the cure. He instances a case of scald with boiling water, in which the potassa was not applied until some hours after the accident. Small blisters had risen, and the skin was highly reddened and the pain severe. Having only a small supply of alkali, in order to make it go further the surface was covered with linen, which was moistened from time to time with the lotion; hence the pain was not removed for at least six hours. This, he says, was the only case he ever had in which the pain was not got over in less than one hour. The lotion should be applied with a feather, leaving the injured part uncovered. The aqua potassæ which he employed was that of the *Pharmacopœia*, and he prepared it himself, as he found it difficult to get it good in shops. In regard to the *rationale* of the cure: scalds, burns, and bruises occasion decomposition of the blood of the injured part. In all animal decomposition (especially in that of blood and coagulable lymph) nitrogen is given off, and combines with oxygen, forming perhaps hyponitrous acid, which occasions much of the pain felt. Now, if an alkali such as liquid potassa be applied, it quickly aids the formation of nitric acid, and combines with it. Thus nitrate of potash, a cooling salt, is formed, which aids in abstracting the heat; and by this and the antiseptic constringing action of the alkali on the animal texture the progress of

decomposition is speedily arrested, and nature is left at liberty to heal the injury. This may explain, Dr. Dalzell thinks, the benefit which has undoubtedly in some instances been obtained from the application of alcohol, turpentine, and such like in burns. Alcohol prevents decomposition, and animal substances are preserved in it for years. May not, he asks, the beneficial action of carbolic acid and oils be explained on this principle? When a large surface is denuded of cuticle, or a very muscular part is injured, it may be necessary to dilute the alkali or to apply it in the form of a soap, by mixing about two parts of aqua potassæ with one of olive oil, or a still larger proportion of oil.

## FUMING NITRIC ACID FOR INTERNAL PILES.

Prof. Billroth records twenty-six cases of prolapsing piles treated by him in various ways. In four instances he applied the actual cautery, in ten the galvano-cautery, and in the remainder fuming nitric acid. The latter plan was pursued as recommended by Dr. Houston, of Dublin. The results proved eminently satisfactory. His mode of proceeding was as follows: A free evacuation of the bowels was obtained by means of castor-oil given the day previously. Before the operation the mass was brought down by an injection. The patient was then placed on the side, with the knees flexed. The parts adjacent to the anus were first well protected by oil, so that no injury should be done them. A small piece of wood was then dipped in the acid and applied to the outside of the swollen mass, until it had become tolerably stiff, and had assumed a yellowish-green colour. It was then smeared with some simple form of ointment, and returned within the sphincter. The operation was usually performed without an anæsthetic, and an opiate suppository was rarely given afterward. It is proper to keep the patient in bed. Fever rarely follows, though retention of urine is not uncommon for the first few days. "The eschar usually separates without loss of blood. It is proper to give castor-oil on the third or fourth day, provided no feces have passed. Hemorrhage will be likely to occur if the feces become hardened; such accidents, however, are readily controlled by ice. Of the patients treated in this way some were discharged on the fifth and ninth days, though severe cases were under treatment from six to eight weeks. Several of the patients were examined a year after the operation, and there is no stricture in any one of them. Billroth believes that in very severe cases this treatment may fail, and then suggests the use of the acid nitrate of mercury, as recommended by Curling.—*Wiener Med. Wochenschrift.*

## SHORT NOTES.

## LIQUID CARBOLIC ACID.

Otto Facillides resorts to glycerine for the liquefaction of carbolic acid. Ten per cent of glycerine is added to the pure crystallized acid, which is then melted by gentle heat and mixed by agitation. Carbolic acid so liquefied will not again congeal at ordinary temperatures, and is regarded as preferable to acid liquefied by the addition of a small percentage of water, alcohol, or ether.

## ADHESIVE PLASTER.

Adhesive plaster, which has become brittle by age and has lost its adhesive qualities, may be rendered adhesive again by coating it with oil of turpentine by means of a sponge, and leaving it exposed for a day.

## COD-LIVER OIL.

According to Daguesnel, the addition of tincture of eucalyptus globulus, in the proportion of one or two per cent., has the effect of disguising the taste of cod-liver oil to a marked extent, renders it more easily digested, and removes the inclination to eructation so frequently observed when pure cod-liver oil is taken. Owing to the extreme volatility of the aromatic constituents of the tincture, the mixture must be kept in well-stoppered bottles.

## CALABAR BEAN IN CONSTIPATION.

M. V. Subbotin recommends (*Edin. Medical Journ.*) in cases of constipation the following formula:

R. Ext. physostigmæ ven., . . . gr. iij;  
Glycerina, . . . f. ʒij.  
Missa. Signatur—Four drops four times daily.

## MEDICAL NEWS.

Mr. South has resigned his seat in the Council of the Royal College of Surgeons, London.

There is no truth in the statement that ladies are to be admitted as students in the University of St. Andrews.

Heidelberg University has, through its authorities, declined to receive the Russian female students, who are now compelled to leave Zurich.

A plentiful supply of candidates was forthcoming at the recent competitive examination to meet the requirements of the British Army Medical Service.

Mary Ann O'Neil, matron of the Infant Jesus Institution for the care of young children, was on the 6th instant, at Manchester Assizes, convicted of the manslaughter of a child, an inmate of the institution, through neglect and improper treatment, and was sentenced to two months' imprisonment without hard labour.

The North German Government has just organized an Imperial Cholera Commission, including the most scientific authorities on the subject in the empire. The Commission, which has begun its sittings at Berlin, is charged to draw up a plan for investigating the disease, to be followed by the physicians in the several states. Another of its duties will be to collect, digest, and criticize all scientific matters bearing on the disease.

Cholera has assumed a threatening aspect in Konigsberg, and there were from the 29th of July to the 1st August 34 cases and 16 deaths, while in the four days, Aug. 2nd to 5th, there were 76 cases and 39 deaths. The disease is reported to be spreading over the whole of Hungary, markedly so in Transylvania. There were at Pesth, in the week ending Aug. 5th, 570 cases and 269 deaths. At Warsaw the cases during the period July 11th to 31st amounted to 422; of these 146 died. It is also prevalent in other parts at Poland, especially in the low-lying districts of the valley of the Vistula. In Parma, up to the 31st July, there had been 8 cases, 3 of them proving fatal. At Dantzic a fresh outbreak had occurred, causing, up to the 31st July, 15 deaths. The disease is now abating in Helsingborg. The total number of cases since the commencement of the outbreak is 59, with 32 deaths.

## THE EPIDEMIC OF TYPHOID IN MARYLEBONE.

The present Marylebone epidemic is apparently the eighth known instance in which typhoid (not to mention scarlet fever) has been scattered through families by means of their milk-supply. The first instance oc-

curred at Penrith, and was ably investigated by Dr. W. M. Taylor; then followed the Islington epidemic, reported upon by Dr. Ballard, and in addition to these, epidemics in which milk was apparently the disseminator of the poison have occurred twice at Leeds, and once at Parkhead, Chester, Edinburgh, and lastly Marylebone.

Many facts have been noted which seem to point conclusively to the milk as the source of infection, and there is no stronger piece of evidence than that which occurred in the family of Dr. Murchison, which was the means in the first instance of giving a clue to the origin of the disease. The facts were briefly as follows: On July 22nd the three eldest of Dr. Murchison's seven children sickened with typhoid within a period of twenty-four hours. On looking about for the cause he was convinced that it was not due to defective drainage or polluted water, and was inclined to think that it could not be the milk, for in that case it would have been reasonable to suppose the four younger children, who have to a great extent a milk diet, would have been the first to suffer. On July the 31st two of the younger children sickened. Dr. Murchison's house has been supplied with a double milk-supply; one quantity of milk for the household at large, and another quantity, which was always brought in a special sealed can, for the use of the baby and the occupants of the nursery. Up to July 31st those only suffered who had derived their milk from the ordinary household supply, while those who partook of the nursery supply escaped. On July 25th the nursery supply was discontinued in consequence of the departure of the baby for the country, and the three remaining younger children were thrown upon the household supply, and within six days of that date two of them were down with typhoid. It is worth adding, that certain members of his household who drank much water suffered in no way.

The facts, which at first did not seem to point to the milk, now admitted of a very different interpretation, and in the face of former experience it became at least probable that the milk was at fault. Several surgeons living close to Dr. Murchison have had typhoid in their households. In one case two children and two servants sickened; in the other case the family were away, but two of the servants had typhoid, and one of them has, we regret to say, since died from perforation of the bowel. At this latter house the person who brought round the milk remarked that, "wherever she went with the milk there seemed to be somebody ill." We have already received information of sixty-one families residing in the parishes of Marylebone, Paddington and St. George's which are infected with typhoid, and in all but two of these families, the source of the milk-supply is the same.

## THE DUTCH ARMY MEDICAL SERVICE.

Count Van Bylandt, the Dutch Minister in London writes:—"So many applications have been received that it has been found impossible to reply to each individually; I therefore take this channel of conveying to the persons interested, that foreign gentlemen, duly qualified for medical practice in their own country, can be engaged in this service, on the following conditions:—

The candidate must produce satisfactory certificates or testimonials as to moral character; he must not be more than thirty-five years of age, and must be able to speak Dutch, French, or German, in order to be able to undergo a short *visa vocis* examination. The engagement is for not less than five years, and may be prolonged if desired. The successful candidate will have the rank of first lieutenant on the staff, with the pay of 2250 guilders (about £185) per annum, with prospect of promotion. A first-class passage to India is granted by the government, and a premium of 4000 guilders (about £330).

Applications and testimonials, accompanied by the address of the candidate, are to be sent to the Chief of the Medical Service of the Netherland army, the Hague.

## PROSPECTUS.

THE CANADIAN

## MEDICAL TIMES.

A NEW WEEKLY JOURNAL,

DEVOTED TO PRACTICAL MEDICINE.

SURGERY, OBSTETRICS, THERAPEUTICS, AND THE COLLATERAL 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-annual medical journal may sometimes prove incalculable. Medical papers and clinical lectures, in abstract form or in extenso, will regularly appear and constitute a considerable portion of the new journal. In this way it is intended to furnish the cream of medical literature in all departments, so that a subscriber may depend upon its pages as including almost every notice of practical value contained in other journals.

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

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

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

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

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

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

Address all orders to the Publisher,

JAMES NEISH, M.D.,

Office of the Medical Times,  
Kingston, Ontario.



## MEDICAL NEWS.

A lady died on Wednesday 20th Aug., at the house of a dentist in Brighton, while under the influence of chloroform.

A Parliamentary Return just issued shows that 97 deaths from privation took place in London in the year 1872. The majority were infants.

The will and codicil of the late Dr. W. Tyler Smith, of Upper Grosvenor street, was proved on the 21st ult. The personality was sworn under 10,000 pounds.

The King of Bavaria, in consequence of the cholera epidemic in Munich, has ordered that, unless the mortality abates, the meeting of the Chamber, which stands for September, shall be postponed.

The Birmingham Medical Benevolent Society is evidently prospering. It numbers 174 members, and its total receipts for 1872 were 3226 pounds. Twenty-two applications for grants had been entertained during the year, and the sum of 345 pounds distributed.

The cholera is now worse at Berlin than at Vienna. The overcrowding of the North German city has reinforced the epidemic most effectively. In the Friedrichstrasse the 2nd Grenadier Regiment of the Guards, after losing from twenty to thirty men in each company, had to be removed to the interior.

When everything is so clear it is a change to hear of something cheap. The Pall Mall Gazette reports that the St. George's, Hanover-Square, Union Board of Guardians have been informed by the clerk that the auditor recently disallowed a charge of 6d. in an account of 1s. 6d. for vaccination.

The returns of cholera in Italy show that there were, up to August 9th, 156 cases; of these 105 were fatal. According to an Italian newspaper, the deaths among the military from July 26th to August 8th amounted to 63, with 11 deaths. The disease has now invaded Stettin. In Munich 100 seizures and 40 deaths occurred during the past fortnight. At Altona 26 cases have been reported: of these 22 were fatal.

The Medical International Congress of Vienna will take place from the 2nd to the 10th of Sept. The most liberal arrangements have been made as regards foreign visitors. There are six principal questions to be discussed: (1) Vaccination; (2) syphilis and prostitution; (3) Cholera and quarantines; (4) a universal pharmacopoeia; (5) freedom of practice in all countries for qualified men; (6) hygiene of large towns.

At an inquest held at Acton, England, before Dr. Diplock, a verdict of "Wilful murder" was returned against a gardener who had given a quantity of poisonous mushrooms to the inmates of a public-house. Three persons after partaking of the fungi were taken violently ill, and one of them died. A post-mortem examination of the deceased showed a highly inflammatory condition of the alimentary canal.

## TYPHOID FROM INFECTED MILK.

Concurrent with the outbreak of enteric fever in the parish of Marylebone, the existence of typhoid in Brighouse, Yorkshire, was demonstrated, the propagation of which was undoubtedly due to the agency of infected milk. Dr. Britton, medical officer of health for the parish, in his report to the authorities, states that on making a house-to-house visitation in the district, he ascertained that the total number of fever cases amounted to thirty. Of these twenty nine had obtained their supply of milk from the same farmhouse. The local board showed a laudable alacrity in stopping the sale of milk from the contaminated farm, and sent its inspector of nuisances round the locality to caution the inhabitants against its use. Since the publication of Dr. Britton's report we learn that several fresh cases of enteric fever have been recognized, in all of which the milk had come from the same source.—*Lancet*.

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

## TWENTIETH SESSION, 1873-74.

The School of Medicine at Kingston being 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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