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Pagination is as follows: p. 17-24.

THE MEDICAL TIMES.

VOLUME I.—NO. 3.] KINGSTON, (CANADA), SATURDAY, JULY 19, 1873. [PRICE FIVE CENTS.

SURGERY.

MEDULLARY CANCER CURED BY ARSENICAL MUCILAGE.

The following is a good example of the kind of cases for which arsenical mucilage treatment, introduced by Dr. Marsden, Surgeon to the Cancer Hospital, is most preferred. The tumour being a medullary cancer of comparatively small size, situated on the exterior of the body, and not penetrating deeply into the tissues at the base, all the conditions as to nature, size, situation, and connections, combined to favour the use of the remedy, and the result was as successful as could be desired.

The tumour grew from the skin over the trapezius muscle near its anterior edge, about midway between the head and shoulder. It was quite circular at its base, with a diameter of nearly an inch, and rose about three-quarters of an inch above the level of the skin at its highest point in the centre—closely resembling, in fact, a large strawberry in size and shape, as well as in colour, the whole surface having a red fleshy appearance, cut up by fissures of various depths, and thickly covered by large round granulations. It was so closely encircled by skin, that it overlapped a little at the edges; the skin, however, around the base was not otherwise perceptibly altered except in colour, there being here simply an areola two or three lines in breadth, of a purplish hue, in the direction of which the veins were visibly increased and enlarged. It bled on the slightest touch, and, being extremely sensitive, was the source of constant pain. The history of the case showed that, about three years before, a small tumour appeared at the site of the present one, and, on being lanced, discharged blood freely. It continued to bleed more or less occasionally until the wound closed, when, in consequence of its increase and the pain arising from it, it was excised; soon afterwards it reformed, and was excised, but still kept on growing; and, at the time of the patient's admission into the hospital, on February 22, 1872, presented the characters described. The patient was a moderately healthy woman, 42 years of age,

As the patient was in tolerably good health, there was no occasion for delay on that ground; accordingly, on February 23, the arsenical paste (consisting of arsenious acid and mucilage of acacia, in the proportion of two drachms of the acid to one drachm of the mucilage, made into a thick paste) was laid over the whole surface of the tumour, and covered with cuttings of lint in the usual way. In three days, the diseased mass was quite movable, and a sulcus lay between it and the skin, leaving it attached only at a small portion of the base. Bread-and-water poultices were then applied and changed every three or four hours; and off the fourth day (February 27) the whole mass came away in a lump, leaving in place of the tumour a conical cavity with slightly indurated edges. The wound was poulticed in the same way as before for a few days, and then dressed with weak spirit lotion. Healthy granulations sprang up over the whole surface of the cavity, and by the 23rd of March its size was reduced to about a third, and the induration had entirely disappeared, and the only indication of the former disease left was the cicatrix and an increased vascularity of the skin around it. The patient remains quite well up to the present date (October 8).

Another case with a tumour, as near as possible in resemblance to the above, situated on the chest near the middle line immediately above the breast, is at present in the hospital under the care of Mr. Porter, for which the same method of treatment is being employed. This patient is a feeble old woman, 70 years of age, and has had the paste twice applied; the first application, although it appeared to remove the whole of the disease, being followed by a slight return of the the growth when the wound was nearly healed. It is now, after the second application, progressing favourably, without any symptom of a return of the disease. Dr. Combie, the house surgeon, remarks that, during his residence at the hospital, he has seen other cases of recovery by this treatment continuing well at considerable intervals afterwards, although in one instance the disease removed from the cheek had appeared on the tongue about three years afterwards.—*Brit. Med. Journal.*

THE ANTISEPTIC SYSTEM AT EDINBURGH.

By Rickman J. Godlee, B.S., Surgical Registrar at University College Hospital.

(Continued.)

The result of providing an insufficient exit for the discharge is the occurrence of tension from its accumulation in the wound, and its tension gives rise to a degree of inflammation that not only causes a considerable increase in amount of serum thrown out, but may even lead on to suppuration. This was all illustrated in the case of J. McB——, who was admitted under Mr. Lister's care with an ununited fracture of the shaft of the humerus of some months' standing. The operation, which took place on Feb. 12th, 1873, was, owing to the obliquity of the fracture, a very tedious one, and involved a very free handling of the soft parts. After the ends of the fragments were removed, they were firmly brought together by a piece of stout silver wire passed through holes drilled in them, the ends of which were tightly twisted together and left exposed in the wound. Contrary to Mr. Lister's general custom, sutures were then applied in the upper half of the incision. The amount of serum thrown out during the first twenty-four hours was very great, and, as it did not find a sufficiently free exit, a small amount of inflammation was set up, which was indicated by a slight blush round the wound on the second day, and on the third by a little pus which could be squeezed from the deeper parts. This increased somewhat in amount in the few following days, but remained free from putrefactive odour, the silver wire in the wound being quite untarnished, and the man suffering no constitutional disturbance whatever. The subsequent progress has, I am informed, been in all respects satisfactory.

The consideration of this case leads to the observation that it is a great mistake to suppose that in none of Mr. Lister's cases does suppuration occur, and still greater for any surgeon to relinquish the antiseptic treatment of a wound the moment a spark of pus appears in it. Mr. Lister lays great stress on the fact that suppuration may be caused by any abnormal stimulus whatever, whether the indirect or nervous, as in ordinary inflammation, or by the direct action of a chemical irritant, the latter class including that which results from the stimulation of an antiseptic salt as well as that which is caused by the products of putrefaction.

It is obvious that it is the occurrence of *putrefactive* suppuration alone, that involves the failure of the antiseptic treatment. Suppuration, as the result of direct stimulation, far from being the exception, is seen in every granulating sore treated antiseptically, its amount being dependent on the frequency of the dressing and the strength of the lotion used, as well as on the fact that where carbolic acid is employed, the present protective does not form a perfect obstacle to its passage from the dressing to the surface of the wound. The innocuous character of the pus thus generated under the stimulus of an antiseptic salt is well illustrated in the process of skin-grafting, which in Mr. Lister's hands has attained a state of great perfection. The granulating surface to be operated on is first freed from putrefaction by careful dressing with carbolic or boracic acid for some days previously (the use of the protective being in its case of course dispensed with), and the part from which the grafts are to be taken is also purified by washing with a solution of carbolic acid. A small piece of epidermis is then raised with a sharp scalpel passed only just sufficiently deep to draw blood, and divided on the thumb-nail (which has been washed with boracic lotion) into pieces not larger than a small pin's head; these are placed on the granulating surface, which is covered with a dressing of protective and boracic lint. During this process and at subsequent changings of the dressing, boracic lotion is used in the form of spray, so that the small grafts may not be disturbed by the flow of liquid over them. In this way twenty-one grafts were in one case obtained from a shaving not larger than half a threepenny-piece, and I am informed that out of such a number nearly all may be expected to succeed. One cannot help being struck by the difference in the behaviour of the epidermis when

bathed in this harmless pus from that which collects during the first four days under the isinglass plaster in the process originally recommended by M. Reverdin.

Some of the most striking results of the treatment are obtained in cases of compound fracture and in amputations. The management of the former has been already so fully described that no further comment is needed; but I may mention one point of detail which overcomes, at least in part, the difficulty often experienced in the preliminary injection of a wound the orifice of which is of large size. Under such circumstances, it is impossible to hold its edges round the nozzle of the syringe, and without doing this it will be found very difficult to ensure a thorough penetration of the lotion. To meet this, Mr. Lister now makes use of a small gum-elastic catheter attached by an india-rubber tube to the syringe, by inserting which as far as possible into the recesses of the wound a very complete result is obtained. This proved invaluable in the case of T. F——, who was admitted on March 1st, 1873, with a very severe contusion of the foot and a large lacerated wound on its inner side, produced by the wheel of a railway waggon. The skin was much undermined in all directions, so that the finger could be passed round from the wound almost to the outer side of the sole, where, as was afterwards discovered, an extensive loss of vitality had taken place; while, at the same time, a small superficial slough appeared on the outer side of the dorsum; one of the metatarsal bones was also broken. Eight days after admission no suppuration had occured, though Mr. Lister anticipated that the necessarily frequent changing of the dressing would ultimately give rise to it; part of the original blood-clot, then of a brilliant orange colour, was still in the wound; the slough in the sole had been incised and partly removed, but neither in its vicinity nor in that of the one on the dorsum was there the slightest redness or inflammation: and since that time, I am told, the case has progressed mostfavourably.

The only other compound fracture that I had the opportunity of seeing was one of the shaft of the humerus in a lad, fourteen years of age, who was admitted on Dec. 11th, 1872. It was accompanied by such severe injury of the vessels that, on admission, the hand was cold, and no radial pulse could be felt, nor did this, indeed, return before Feb. 2nd, 1873. In fact, the propriety of attempting to save the limb appeared at first doubtful; but under the ordinary plan of antiseptic treatment in such cases, firm union took place, though a sinus still communicates with some necrosed bone at the seat of injury. The original wound was healed by Feb. 16th.

PRACTICAL MEDICINE.

BICHLORIDE OF MERCURY IN BRAIN DISEASES.

Dr. Charles Elam recently related to the Royal Medical and Chirurgical Society three cases of brain disease, where striking and unexpected benefit resulted from treatment by the bichloride of mercury. The first case was that of a boy, aged six, who, on being brought first to the hospital, presented every appearance of being affected with an advanced organic disease of the brain—most probably of tubercular origin,—characterized by imperfect paralysis, squinting, double vision, and stammering, with greatly enfeebled faculties. As it was considered that no treatment could render the case more hopeless than it appeared to be, he had prescribed half-drachm doses of the solution of bichloride of mercury, and was ordered to be kept in the recumbent position. This treatment was continued without change of any kind for two months, at the end of which time recovery was complete. There was no trace of disease, bodily or mental, to be detected.

The second case is one of a female child, aged three, presenting the aspect of perfect idiocy, with general paralysis both of the upper and lower extremities, loss of speech and power of attention, with involuntary and constant passage of urine and fæces. For similar reasons this case was treated like the former; and in one month the child was able to run about, to attend when spoken to, and to attempt to articulate sounds when told to do so. A change in medicine was followed by an immediate and serious relapse, and the bichloride had again to be resorted to, when improvement again occurred. The child is still under treatment, but very much improved in every way.

The third case is one of subacute congestion of the brain in an adult, where treatment by the bichloride produced the most favourable results.

THE TREATMENT OF EPILEPSY.

Dr. Elam, of the National Hospital for the Paralyzed and Epileptic, states that the treatment of Epilepsy chiefly relied upon is founded upon the employment of the bromides of potassium and ammonium alone, or combined with ammonia, chloric ether, the alkaline carbonates or iodides, tonics, arsenic, belladonna, etc. The most important adjunct, however, in the writer's opinion, is the chloral hydrate, which, when given in doses of ten to fifteen grains with the bromides, rarely fails to reduce very greatly both the number and violence of the attacks, and sometimes, even in old and hopeless cases, puts an entire stop for some weeks to the fits. It is remarked, also, that one of the most successful of the hereditary cases was treated entirely by digitalis and iron, no bromide having been given.

THERAPEUTICS.

ON SILICATE OF SODA.

MM. Papillon and Rabuteau recently communito the Academy of Sciences at Paris, a report of their interesting researches on the actions of silicate of soda. The therapeutical effects of this salt are especially worthy of notice. They have recently been tested by some of the hospital surgeons here, particularly Dr. Marc Sée and Dr. Dubreuil, and the results have been very remarkable. Silicate of soda is said by them to be highly efficacious in catarrh of the bladder, where the urine tends to undergo ammoniacal fermentation, in venereal runnings, in specific ulcerations, etc. It acts in dissolving and destroying organic corpuscles, the globules of pus, and all the microscopical parasites which produce corruption. It also seems to exert a certain action on the tissues. In their communication to the Academy the authors draw the attention of the profession to various other therapeutical properties of the salt, but they add that as yet they are not able to assert the perfect harmlessness of silicate of soda taken internally.—*Lancet.*

USES OF CARBOLIC ACID.

By J. F. Macdonald, M.D.

About four years ago I began to use carbolic acid in the treatment of inflammatory sore throat and tonsillitis, in which I found it very useful. I use a gargle of a weak solution of carbolic acid, with chlorate of potassa. In severe cases I apply, by means of a camel-hair brush or wisp of cotton, a solution of the acid and water in equal parts.

In October, 1870, I first used carbolic acid in the treatment of diphtheria, and have thus far, found it eminently successful. I apply, by means of a camel-hair pencil or cotton wisp, to the part affected, carbolic acid 15 parts, water 5 parts, or equal parts of each. I also use a gargle of a solution of the acid and chlorate of potassa. In toothache it acts like a charm; in most cases relieving pain almost instantaneously. I apply the pure acid on lint to the carious tooth, repeating, if necessary, till pain is relieved. The acid kept in solution by adding one-twentieth of its bulk of water is preferable. It will not injure the sound teeth.

I have treated some skin diseases successfully by means of carbolic acid. In scabies I never knew it fail. I have found it safe, and not unpleasant. A professional friend told me a year ago that "Carbolic acid was the specific in treatment of itch."

In herpes, eczema, tinea, psoriasis, and acne, I have found it very useful. In eczema infantilis it is especially useful. I have never seen it fail in producing a speedy cure.

The solutions I generally use are, acid. carbol. ʒj, or ʒij, aq. ad Oj, or what is better, the acid dissolved in glycerine. In tinea tonsurans I apply, by means of a camel-hair pencil, acid carbol. 15 parts, water 5 parts; it will rarely need a second application.

Internally I have used carbolic acid, but cannot say that I have seen any benefit from its use. In nausea and vomiting of pregnancy, in my hands, it has been a failure.

Hopewell, Nova Scotia.

GYNÆCOLOGY.

DR. TILT ON THE PROGRESS OF PELVIC PATHOLOGY.

At the meeting of the Obstetrical Society of London, Dr. E. J. Tilt, the President, read a paper on the Progress of Pelvic Pathology during the last twenty-five years. He briefly sketched the state of ovarian and pelvic pathology since the revival of gynæcology in 1816 up to 1850, when he published his work on Ovarian Inflammation, and on Diseases of Menstruation, the main points of the work being embodied in the following propositions:—1. That the recognized frequency of inflammatory lesions in the ovaries and the tissues that surround them, is of much greater practical importance than is generally ad-

mitted. 2. That of all inflammatory lesions of the ovary, those involving destruction to the whole organ are very rare, while the most numerous, and therefore the most important, may be ascribed to a disease that may be called either chronic or subacute ovaritis. 3. That as a rule pelvic diseases of women radiate from morbid ovulation. 4. That morbid ovulation is the most frequent cause of ovaritis. 5. That ovaritis frequently causes pelvic peritonitis. 6. That blood is frequently poured out from the ovary and the oviducts into the peritoneum. 7. That subacute ovaritis not unfrequently causes and prolongs metritis. 8. That ovaritis generally leads to considerable and varied disturbance of menstruation. 9. That some chronic ovarian tumours may be considered as aberrations from the normal structure of the Graafian cells. Dr. Tilt pointed out that the teaching embodied in these propositions was now to a great extent accepted, notwithstanding the adverse criticisms of Dr. Rigby, Dr. West, Dr. Henry Bennet, and Dr. Fleetwood Churchill; and the author claimed that what he had taught in 1850 had been amply demonstrated, clinically and necroscopically, in the subsequently published writings of Aran, Bernutz, Negrier, Gallard, and Siredy. Dr. Tilt particularly noticed the vast importance of peritonitis as cause, sequel, or factor in many pelvic diseases; and he thought we had still to find the origin of that acute peritonitis sometimes met with in connection with salpingitis, and in absence of any disease of the ovaries. Adhesive bands, the result of pelvic peritonitis, firmly binding down the womb to the rectum, or elsewhere, were represented as frequent and remediable unless they encountered the gradually increasing strain of a pregnant womb; and Dr. Tilt inferred that these strong adhesive bands would render useless, if not dangerous, any long-continued attempt to restore the womb to its right position by intra-uterine pessaries.

FRENCH UTERINE SURGERY.

A late sitting of the Paris Society of Surgery was taken up by two interesting discussions on subjects of uterine surgery. Dr. Courty, of Montpellier, first read a paper on the Surgical Treatment of Stricture of the Cervix Uteri. He stated that forcible or slow dilatation was not sufficient to dilate in a permanent manner the vaginal orifice of the cervix uteri, and that surgical means were necessary for stopping dysmenorrhœa of a special mechanical character, and in some cases, removing sterility. Dr. Courty has employed three methods—1. Instantaneous bilateral loosening by means of the knife or double hysterotome. Dr. Courty prefers, however, a tenotome with a blunt point, a narrow blade, and a long handle. Cicatricial tissue soon narrows again the cervical canal, so that Dr. Courty employs this proceeding only in cases where a folded mucous membrane shows that there is tissue enough for providing for the process of retraction. 2. In order to prevent cicatricial retraction of the angles, M. Courty makes use of a special instrument, which consists of two metallic rings passed trough the substance of the cervix, one on the right and the other on the left, like rings of the lobule of the ear. Both of the rings cut, and the result of the section is added to the normal orifice. 3. When the preceding methods are insufficient, the author has recourse to autoplasty, for performing which he has adopted three different procedures. The first consists in making an incision on each side of the cervix, and a suture of the external mucous membrane with the internal one, when they are loose enough to be brought together. By the second procedure, M. Courty cuts a quadrilateral mucous flap in front and another behind; he dissects the two flaps and excises the prominent part of the cervix uteri; he then concludes with a suture. Thirdly, instead of cutting out anterior and posterior flaps, M. Courty cuts two lateral flaps of a triangular or quadrangular shape. Into each bleeding commissure of the uterine tissue he introduces a flap of mucous membrane, which he maintains by means of a suture. This last proceeding he has employed twelve times during the last four years with excellent results. Out of his twelve cases of operation he had not lost one patient. In all the cases the symptoms had disappeared after the operation. Of course there were other causes of sterility besides narrowness of the orifice. In one of his cases, however, with an excessively conical cervix and a very narrow orifice, fecundation took place so speedily after the operation that it was difficult not to ascribe it to the procedure.

In the debate which followed, Dr. Duprès made remarks on the rarity of strictures of the cervix; out of 4000 patients he had observed at Lourcine, he had only seen two cases of stricture.

SHORT NOTES.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM WITH HYDROCHLORATE OF TRIMETHYLAMIN.

An interesting case of the above is recorded by Dr. Martineau in the last number of the *Gazette Medicale de Paris*. Since the experiment of Dr. Dujardin-Baumetz with trimethylamin in the treatment of articular rheumatism the profession in France has been making trials of the salt, and Dr. Martineau in the above case was induced to try the hydrochlorate of trimethylamin as a more stable and trustworthy substance. The results were very remarkable. In three days a very severe attack of articular rheumatism was entirely cured without any critical phenomena or metastasis. The effect on the fever is especially worthy of being noted. The pulse, which was 89 on March 8th, fell to 69 on the 9th, 60 on the 10th, and to 51 on the 11th. Dr. Martineau thinks the action of the drug on the cardiac muscle more powerful than digitalin, or any other heart sedative, and considers that it is called upon to play a most important part in the treatment of fever. The drug was administered in the following form and doses:—Tilleul (linden-tree leaves) water, three and a half ounces; peppermint water, one ounce and a half; syrup of bitter-orange peel, one ounce; hydrochlorate of trimethylamin, ten grains; one tablespoonful every two hours. On the third day the dose was reduced to a tablespoonful every four hours, on account of the fall of the pulse.

TREATMENT OF CONSTIPATION BY ARSENIC.

Dr. Isnard of Marseilles has employed arsenical preparations for the treatment of constipation, with success. The preparation which he prefers to all others, as being especially easy to use and sure in its effects, is arsenious acid in doses of about three to four grains to one litre of distilled water. Each teaspoonful of the solution thus contains about one-sixty-sixth of the substance. The usual dose is from six to ten teaspoonfuls, taken in the course of the day, and preferably at meals with wine and water. In some individuals the dose must be less, according to special circumstances, in others the dose may be increased temporarily to twelve or fifteen teaspoonfuls, after which it must be lessened as soon as the constipation has lost its obstinate character.

PHOSPHORUS IN DISEASES OF THE NERVOUS SYSTEM.

Dr. Dickinson has been experimenting clinically with phosphorus in cases of affections of the nervous system characterized by deficiency of nervous energy, and has obtained decided evidence of the value of this remedy. He recommends a method by which phosphorus can be given in a form at once active and inoffensive, namely, dissolved in oil or lard, and enclosed in a gelatine capsule; the dose is about one-thirtieth of a grain, and it may be taken two or three times a day, always after food.

DISLOCATION OF THE FEMUR.

In the Canada Medical and Surgical Journal for May, Dr. A. Dixon Wagner relates a case of dislocation of the femur into the thyroid foramen in a girl ten years of age, in which reduction was effected, after three trials, eight weeks after the injury occurred. The reporter believes that in time the patient will regain the entire usefulness of the limb.

CONNECTION BETWEEN MENSTURATION AND SMALL-POX.

Dr. Otto Obermeier, after careful investigation of 104 cases of small-pox in women, has come to the following conclusions:—1. Menstruation generally coincides with the first period of small-pox (in three-fourths of the cases), and comes on generally at the time of the eruption. 2 The disorders of menstruation are not so frequent as is generally stated (only one-fourth of the cases); the supervention of the disease, especially the eruptive period, hastens the appearance of the menses, whilst their retardation is exceptional, as also their absence and suppression; and it is very seldom that small-pox brings on real hæmorrhage. 3. It is most common to observe a coincidence of normal, regular menstruation with the first period of small-pox (in more than one-half of the cases), and the fact probably depends on some physiological modification of the period of incubation. 4. The pathological influence of small-pox on menstruation depends less on febrile irritation, as suggested by Perroud, than on the morbid process itself (eruption). 5. The menstrual flux which comes on after the disease is generally weak and retarded.—Virchow's *Archiv*, Heft 1, 1873.

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL SCIENCE, NEWS, AND POLITICS.

KINGSTON, SATURDAY, JULY 19, 1873.

PUBLISHER'S NOTICE.

GENTLEMEN to whom specimen copies are sent will confer a favour by intimating their intention to subscribe, and any necessary change of address. This journal is published on the system of cash payments in advance. A remittance of ONE DOLLAR secures the MEDICAL TIMES for Six Months; two dollars one year, etc. The friends of the journal are requested to make efforts amongst neighbouring practitioners to obtain subscribers.

JAMES NEISH, M.D., Kingston.

The withdrawal of the homœopathists from the Medical Council has not caused anything at all like a commotion in the ranks of the regular profession. It has in fact been viewed with true professional composure. Being a matter of no vital concern, and having been looked forward to as something destined to happen in due course, the event has not occasioned surprise. The completeness of the one-portal system established under the Medical Act will be destroyed should the seceders succeed in re-establishing a homœopathic board; but it does not follow that the system, broken in this part, will be shattered in whole. Many, indeed, are glad at the rupture, and view the withdrawal as the termination of a discreditable compact. We have already felt disposed to congratulate our readers that relief and advantage will follow. We find this feeling that a reproach has been removed or is about being removed, pretty generally shared. The relief then is felt; the advantage consists in the lessened prestige with which the sect must now attempt to justify their separate existence before the public. Their union with the general body of practitioners has been destructive to them. As they were making no recruits from the ranks of medical students fully educated as required by law in all the other branches of medical study, they would necessarily diminish in numbers and influence, and ultimately die out in this province, unless saved from such a fate by importations from the United States. It was undoubtedly this prospect of extinction that influenced Dr. Campbell and his associates to withdraw. The outburst of natural feeling against him in the Council for making his unsupported and unfounded charges against Dr. Aikins, the Treasurer, was simply the occasion, and he lugged in his grievance of a personal disappointment in not being promoted from the Vice-presidency to the President's chair as another cover to his action. The very reasons actuating the homœopathists are the justifying reasons for pointed to by the general body of practitioners submitting to a distasteful alliance with a sect whose medical principles can command no respect and whose medical practice can only be regarded as so much humbug and imposition. Happily there is an end to this enforced coalition; and the circumstances of the rupture, when properly understood by the public, must serve to lessen the prestige of the homœopathic body. It must ever stand against them that they could not induce a single Canadian medical student to embrace their doctrines and present himself to their examiners for qualification as a homœopathist during the four years that the system of union has been in force.

It may be remarked that hitherto the homœopathists have wielded a certain amount of political influence, and no doubt they are influential enough to have their board re-established on a demand being made to the legislature. Dr. Campbell is very energetic, and he will be playing his forte when he seeks the support of members of the House to his new bill—very different from his last one, as a disjunctive instead of a unifying measure—which will probably become law. The legislature cares nothing for the demerits of homœopathy as a system of charlatanism; it is guided simply by an instinct to give every clamorous applicant what is wanted, and therefore we expect things to assume their old shape by and bye so far as the Homœopathic Board in Ontario is concerned.

The Massachusetts Medical Society has expelled seven members for being members of an exclusive medical sect, and advertising themselves as practitioners of a special system of treatment. The members thus expelled were homœopathists. The Boston *Medical and Surgical Journal* congratulates the society "that it is in a way to be at length delivered of a source of annoyance to itself and of reproach from without." This is the feeling and action evinced towards sectaries by a body of practitioners perhaps the most sagacious and highly cultured of any in the United States.

The scheme for a Conjoint Examination of candidates for the qualifications of the Royal College of Physicians and the Royal College of Surgeons, in England, has advanced so far that the committee of reference has presented a second report, dealing with the payment of examiners and the expenses incidental to the examinations. This report has been discussed at the College of Physicians, and apparently it is likely to form a financial basis on which the Conjoint Board will be established. The committee of reference are now engaged in preparing regulations relating to the preliminary and professional education of candidates, and these regulations will from the subject of a third report. Until this matter is settled, therefore, the conjoint scheme will be imperfect; but it is likely that it will soon approach completion, as undoubtedly the most difficult matters have been already got over. The Conjoint Examination scheme, we believe, is destined to be realized. We may note, for the information of those who contemplate procuring a double English qualification, that the fee to be charged each candidate for the two examinations is placed at thirty guineas; fifteen guineas to be paid before admission to the first examination and fifteen guineas before admission to the pass examination.

We are glad to note that the genial Dr. Druitt has been made the recipient of a very handsome testimonial in the shape of a silver cup and a balance of £1284. Dr. Druitt, so well known in Canada by his popular text-book on Surgery, is travelling in India for the benefit of his health.

SURGICAL CLINIQUE.

TRAUMATIC ANEURISM OF THE FEMORAL ARTERY.

DR. NEISH—My Dear Sir,—In response to your request that I should contribute something for your new medical journal, I will endeavour to describe one of the many interesting cases which occurred during last winter at the Surgical Clinique of the University of Michigan.

The notes taken at the patient's bedside I am so unfortunate not to have by me at this moment, nevertheless the practical points of the case may be quite as well described without them.

The patient was a man, aged 45, a German farmer, unable to speak a word of English, of a very phlegmatic temperament, and low intellectual organization. The only interesting thing about the man was his surgical affection, which, however, went far towards compensating for his congenital deficiencies.

This affection was a traumatic aneurism of the femoral artery, which completely filled Scarpa's triangle, had existed for several years, and which had recently grown so rapidly and given so much trouble, that the patient was advised to come from Saginaw, Michigan, to the University for treatment. On questioning the patient through an interpreter, we learned that three years ago, while standing near his daughter, who was mowing, he received a wound from the point of the scythe in the upper part of the thigh, and that the hæmorrhage had been all but fatal, he having bled till he fainted, when a surgeon arrived and succeeded in arresting the hæmorrhage and closing the wound. In a short time a tumour appeared at the seat of the injury, and had continued to grow and become more and more painful, and to interfere more and more with the usefulness of the limb, until the annoyance had become unbearable.

On examination the tumour was found to measure seven inches in length, with strong pulsation, thrill, and bruit. The upper end of the tumour was at Poupart's ligament, and the lower at the apex of the triangle, and the muscles forming the boundary were displaced to a considerable degree. The cicatrix of the original wound could be plainly seen; but, owing to the irregularity of the tumour, it was difficult to measure precisely the distance of the old mark from Poupart's ligament. It appeared to be about 3½ inches.

The diagnosis of the case was sufficiently plain, but the particular method of treatment was not so readily determined. Ligature of the external iliac suggested itself; and to the majority of the gentlemen who saw the case with me appeared to be the best course to pursue, and had it been quite clear that the point of injury in the artery was above the profunda (that is, in the common femoral), of course there would have been no choice, as no sane man would dream of tying the common femoral even supposing there had been room to do so without opening the sac of the aneurism, which in this case there was not. As the cicatrix appeared to be about 3½ inches below Poupart's ligament, and as the profunda is generally given off at a distance of from one to two inches below that structure, I was led to believe that it

was the superficial femoral that had been wounded, and that the opening in the vessel was far enough from the profunda to admit of a good clot forming between my ligature and that branch.

In this belief I determined to cut right through the sac of the aneurism, and place a ligature above and below the bleeding point of the vessel. I did not overlook the possibility of the profunda being given off much lower down than it usually is, and the certainty in such circumstances of fatal secondary hæmorrhage, neither did I overlook the risk incurred in laying open such an immense aneurismal sac and attempting to secure the vessel at the point of injury; but on weighing carefully all the chances I arrived at the conclusion that although ligature of the external iliac would be the easiest, and so far as the operation was concerned, the safest thing to do; still the best chance of saving the man's life was by laying open the sac and tying the superficial femoral. In discussing the case before the class, I took occasion to read from John Bell's "Principles of Surgery," the account of his celebrated case of traumatic gluteal aneurism, and also Syme's *similar cases in which I had myself assisted, and from* which a good idea could be formed of the great difficulties and dangers which attended this method of operating, as executed by these distinguished surgeons. Mr. Bell, especially, in his own quaint and forcible style, lays down the rule that in such a case nothing is to be gained by caution, that all depends upon the boldness and coolness of the operator. In his case the patient lost so much blood that he was thought at one time to be dead, and it was several hours before he could be removed from the "great operation" table.

In Syme's cases I could myself testify to the terrific nature of the hæmorrhage. In the performance of this operation Syme had the great advantage over Bell of chloroform; and, thanks to Professor Lister, I had besides this another advantage over Syme, viz., Lister's Aortic Compressor.

The operation was performed in presence of the class, all the faculty, and a number of practitioners. Chloroform was used, and I got a clamp made after the pattern of Lister's aortic compressor, with which I hoped to control, to some extent at least, the hæmorrhage which, without this modern improvement, would no doubt have been very serious. As soon as the patient was fully under the influence of chloroform, the clamp was screwed down until all pulsation in the tumour, as well as the femoral artery of the other leg, was stopped, and then, with the utmost deliberation, I made an incision from one end of the tumour to the other, turned out the clots, found the opening in the artery, dissected the vessel up to the requisite extent, and placed one ligature above and another below the slit, which was found to be about one inch in length. The clamp was then gradually and carefully unscrewed, and everything was found to be quite secure. The amount of blood lost during the whole operation was not sufficient to saturate a common-sized sponge, and the patient was entirely unconscious of pain.

Mr. Syme used the compressor in his latter day— —tient, was the very first to try it, although the suggestion came from his now celebrated son-in-law; but could John Bell have beheld the execution of this modern procedure, he could not have failed to admit that his favourite art had progressed almost to the extent of revolution since the time when he adorned its ranks. True, he might have thought that a great deal of the "poetry" was taken out of the operation; but when by "poetry" you mean inexpressible agony and extreme danger to the patient, to say nothing of the anxiety and risk to the operator, we may well afford to dispense with the "poetry."

To return to this history. The patient suffered almost no shock. His appetite was good, and all his functions normal for several days after the operation. The large sac suppurated freely, and then granulated and contracted within a week to one-third the original size.

At the end of this time, that is to say, on the ninth day after the operation, he appeared particularly well, so much so that his brother, who acted as interpreter, and on whom he was exceedingly dependent, thought all danger was past, *and without a moment's warning left him and* returned to his home. Almost immediately after his departure the patient became very restless, and even got up out of bed. Diarrhœa very soon came on, and although every precaution was taken to keep him still, he moved about almost incessantly; and suddenly hæmorrhage appeared in the wound, not rapid, but pretty free oozing, which, however, was arrested before I got to the hospital by my colleague, Prof. Frothingham. On my arrival I proceeded to examine the wound, and at once was relieved to find that the upper ligature was quite firm, and that the hæmorrhage was from the neighborhood of the lower ligature. I immediately applied a ligature to the bleeding points, and no more hæmorrhage occurred.

Although comparatively little blood had been lost, the patient experienced a severe shock, for which his brother's inopportune departure was as much to blame as the hæmorrhage. The diarrhœa became very much worse, and treatment failed to relieve it. The utmost efforts were made to stimulate him, but he obstinately refused all kinds of food, his pulse became gradually but steadily weaker, and he died about twenty-four hours after the departure of his brother.

A post-mortem examination was made next day with the following results. In the first place, the abdominal organs were examined and found free from the slightest appearance of contusion or injury of any kind from the clamp. In the second place, it was seen that the profunda artery was at least two inches above the upper ligature, and that the superficial femoral between that branch and the ligature was completely occluded by a well organized clot. Thirdly, that the hæmorrhage had been due to a small muscular branch which was given off immediately below the lower ligature.

The use of the clamp and the ligature of the femoral in preference to the external iliac were most fully vindicated.

The patient was a poor, spiritless creature, and a very slight shock in addition the desertion of his brother sufficed to overwhelm him altogether.

As to the aortic compressor, I would just observe, in conclusion, that it is a very simple contrivance, and one that I am sure is calculated to be of immense utility. In all operations about the femoral or pelvic regions, where there is danger of serious hæmorrhage, and especially amputation of the hip-joint, and even in post-partum hæmorrhage, I should not hesitate to use it.

I remain, yours truly,

DONALD MACLEAN.

Kingston, July, 1873.

BARON LIEBIG ON BEEF TEA.

The question as to the nutritive value of extract of meat has again been discussed by Baron Liebig, in a paper in which he carefully reviews the leading objections which have been urged against it. The veteran chemist's vindication of his opinions is of considerable interest, as he there sets forth his views on this subject shortly and precisely, and endeavours to correct the misrepresentations of the doctrine which he really *teaches and which he asserts that he taught from* the beginning. He wishes it to be well understood that "he never asserted that beef tea and extract of meat contained substances necessary for the formation of albumen in the blood or muscular tissue;" and "that by the addition of extract of of meat to our food, we neither economize carbon for the maintenance of the temperature nor nitrogen for the sustenance of the organs of our body; and that, therefore, it cannot be called 'food in the ordinary sense,' but we thereby increase the working capabilities of the body. and its capacity to resist exterior injurious influences, *i. e.*, to maintain health under unfavourable circumstances." Those constituenus of meat which are soluble in boiling water take no part in the formation and renovation of the muscular tissues, but by their effect on the nerves they exercise a most decided influence on the muscular work, wherein meat differs from all other animal and vegetable food. He therefore places extract of meat, and with it tea and coffee, under the head of "nervous food," in contradistinction to articles of "common food," which serve for the preservation of the temperature and restoration of the machine. Beef tea and extract of meat are of themselves incapable of supporting nutrition or maintaining life. Liebig, however, with justice, condemns the conclusions of those who, from comparative experiments on the nutritive value of fresh meat and meat-extract, taken *per se*, argue that the latter is not only useless for purposes of nutrition, but positively injurious. It should be clearly understood that beef tea and extract of *meat are only to be regarded* in the light of auxiliaries to food, rather than independent articles of nutriment.—*London Med. Record*, April 16, 1873.

At Allahabad the 19th Regiment of Foot is suffering from small-pox.

Dr. Bazin, the well known professor of Dermatology at the Hospital of St. Louis, was recently made an Officer of the Legion of Honour on retiring from his hospital office.

HOMŒOPATHIC PILULES.

The *Practitioner* (April, 1873) has recently analyzed some of the more commonly used homœopathic pilules of the "second dilution," purchased of two leading homœopathic pharmacists of London, with the following results :—

Sulphate of Copper Pills.—First sample, no copper could be detected in 100 pilules; second sample, no copper could be detected in 200 pilules. The quantity of sulphate of copper in the above pilules should have been 0.006 and 0.012 grain respectively. If even as little as 0.0001 of a grain of the sulphate had been present, it would have been detected.

Corrosive Sublimate Pilules.—It was just possible to detect mercury in 200 of the pilules. The amount was, however, less than corresponds to 0.0005 grain of corrosive sublimate, whereas 0.012 grain of this salt should have been present.

Nux Vomica Pilules, Belladonna Pilules.—No strychnia or atropia respectively could be detected, even when 300 pilules were employed. In the case of nux vomica, e. g., 300 pilules should have contained about one ten thousandth part of a grain of strychnia. Now, so small a quantity as one seventy thousandth part of a grain of strychnia is well known to give distinct reactions to chemical tests, but no reaction could be obtained in the present case.

So far, then, it would appear that we must place any cures following the use of pilules similar to the above to the credit of the imagination. The Practitioner promises to continue the subject on a future occasion, and the further results shall be laid before our readers.

PROPAGATION OF TYPHOID FEVER BY MILK.

In the summer of 1872 an epidemic broke out in the village of Armley (in the borough of of Leeds, England) which Dr. Ballard, in an official report just published, proves, beyond reasonable doubt, was propagated through the medium of the milk supply. It will be remembered that a similar epidemic broke out at Islington, and which Dr. Ballard proved to the same cause.

Dr Ballard in his report of the epidemic at Armley, shows how remarkably the fever picked out the customers of the dairyman, who is believed to have contracted the fever in a neighboring locality five or six weeks before the epidemic began; how the largest consumers were among the earliest and the smallest among the latest attacked; and from the different facts stated and line of argument indicated he comes to the conclusion that the outbreak was due to the distribution of milk from the particular dairy of the infected dairyman, which milk had in some way become contaminated with the poison of enteric fever. He then proceeds to show how this contamination may have occurred, and proves that a well in the dairyman's yard used for dairy and domestic purposes was liable to be contaminated by the contents of a privy and a dung-hole, into one of which, if not both, the discharges of the dairyman when ill would be thrown; and he further shows that the sudden outburst of fever occurred within a fortnight of the period when the well would most probably have become polluted in the foregoing manner, while the time of its cessation followed the closure of the well at an interval consistent with the theory of the polluted water (added doubtless to the milk) being the efficient agent in the propagation of the fever.

RELATION OF THE PULSE TO THE CONDITION OF THE STOMACH.

Important observations have recently been made by Mayer and Pribram on the reflex relations of the stomach to the centres of innervation for the circulation (*Centralblatt*, March 22,1873). The previous experiments of Goltz showed, what has ever since been accepted, that irritation of the wall of the stomach reduces the frequency of the pulse. The present experiments have determined that this slowing is accompanied by a rise in the arterial blood pressure; and that the same result is obtained whether the irritation applied to the gastric wall is electrical or mechanical—for example, pinching the stomach with forceps. The rise in the blood-pressure is plainly reflex, and its causation from contraction of the smaller or peripheral arteries. Similar results were obtained by inserting a bladder in the stomach and inflating it. On the other hand, the application of cold to the stomach, either by means of iced water or or by ice itself, yielded no positive result, provided mechanical irritation was carefully avoided. Further experiments seemed to refer the effect on the circulation to irritation of the serous and muscular coats of the stomach while irritation of the mucous membrane only did not evidently affect the pulse.

These results may help to explain the sudden death which is frequently seen in severe injuries to the stomach. The experiments point out that the opinion of Guy is also in agreement with the results at which they have arrived—that the frequency of the pulse falls under vegetable diet.—[Med. Times and Gaz., May 10, 1873.

Alex. Macalister has compiled a descriptive Catalogue of Muscular Anomalies in Human Anatomy (*Trans. Royal Irish Acad.*, vol. xxv.), which will prove of great value to all students of this branch of anatomy. He has made a careful search through the extensive literature of the subject, has classified the variations which have been described, and has incorporated with them a number of examples that have come under his own observation.

Mr. Lutwidge, the Commisioner in Lunacy who, while visiting an asylum near Salisbury, was stabbed in the right temple by one of the patients, died on the 28th ult., a few minutes before the arrival from London of Sir James Paget. The fatal blow was inflicted with a long nail, and was followed by a paralytic affection, from which he never rallied.

In connexion with the Social Science Congress, to be held at Norwich, from the 1st to the 8th of October next, there will be an exhibition of educational, sanitary, and domestic appliances, based on the experiment which proved so successful at Leeds in 1871. The object of the exhibition is to bring under the notice of the public generally, and particularly those who are interested in social, sanitary, and educational questions, the latest scientific appliances for improving the public health and promoting education.

MEDICAL CHIT-CHAT.

There are some amusing passages in Dr. Druitt's new book on cheap wines. Speaking of Burgundy, he says:—"Of course, like all great artists, I am drawing from the live model. I write with a bottle before me, which I am sacrificing for my own inspiration and my reader's profit." All readers of Dr. Druitt's easily flowing and elegantly constructed periods will thank him for his consideration; and we should advise those authors who have lately been so cruelly handled for defects of style, to follow his example. If we look to the internal evidence afforded by this work, and if we class wines according to their power of lubricating the writing and inditing machinery of our author, we should certainly place the wines of the Bordeaux and Burgundy districts first. The chapters which deal with the properties of these wines were evidently written *con amore*, and are, consequently, the best in the book. Those which detail the tastings of less known varieties from Italy, Greece, Hungary, etc., have about them an air of "duty," and lack the smack of "love" which makes our author so entertaining.

Dr. Wardrop was in the habit for many years of giving advice to "poor people" at his house in Charles street, St. James's Square, and was induced to discontinue the practice from the following circumstances:—He had been called out one morning early to a patient in the neighboring square. On returning home he saw alighting from a coroneted carriage a somewhat shabby old man, whom he recognized as one of his gratuitous morning patients. He made a detour, and returning inquired of the footman the name of his master, whom he ascertained to be the Earl of ——. When his turn came the pauper patient was ushered into the consulting-room of the great surgeon. Wardrop, in his blunt and decisive style, addressed the impostor by his name. The surprise of the latter may be conceived. Wardrop, who kept notes of all his cases, ascertained that he had been defrauded of somewhat about twenty guineas. This sum he demanded under a threat of exposure of the culprit, and was successful in obtaining it. We have heard Wardrop relate this anecdote, and describe in his graphic manner, the miserable appearance that the old rogue presented. The circumstances detailed took so strong an effect upon Wardrop that he determined to discontinue a vicious system. Frauds of this description are so frequent since the establishment of proprietary special hospitals and dispensaries that surgeons in general practice, particularly in the metropolis, are robbed of a large portion of their income.—[Med. Times and Gaz.

In the "struggle for existence," how does the pheasant, which, from nesting on the ground, is peculiarly exposed to four-footed or ground vermin, maintain herself and her eggs intact? Mr. W. B. Tegetmeier, in his work on "Pheasants for the Covert and the Aviary," suggests an answer. The peculiar specific odour of the bird is suppressed during incubation, not, however, as a voluntary act. This suppression, Mr. Tegetmeier ascribes to vicarious secretion—the odoriferous particles usually exhaled by the skin being, for such time as the bird is sitting, excreted into the intestinal canal, most probably into the cæcum or cloaca. For example, the excreta of the bird, when not sitting, have when first discharged no odour akin to the smell of the bird itself; whereas the excreta of a sitting hen have a most remarkable odour of the bird, but highly intensified. The explanation is, therefore, this—the suppression of the natural scent is essential to the bird's security during incubation.

THE CHOLERA IN THE UNITED STATES.

This pestilence is evidently making steady advances over the country, It appears to have been introduced into New Orleans about the latter part of May, by a German Emigrant vessel, and after committing some ravages in that city, it advanced up the Mississippi, Ohio, and Tennessee Rivers, spreading to the towns on their banks. Memphis, Tenn., has suffered rather severely, the deaths from the epidemic in that city on the 22nd of June numbering 55. We hear of it prevailing also at Nashville, Gallatin, and other towns in Tennessee. Advancing up the Ohio River, its prevalence is announced in Evansville, Indiana, Cincinnati, Ohio, and Wheeling, W. Va. From Memphis it appears to have also deflected eastward, still following, as usual, the main lines of travel. Then it is reported to have appeared in Washington, D.C., thus leaping from the valley of the Ohio to that of the Potomac, skipping over the intervening towns. These may hereafter suffer or escape entirely as has so often occurred in the history of this epidemic.

The epidemic appears from the reports received to be less fatal and to attack a smaller proportion of the population than at its previous visitations.

At the South it has been far more fatal, according to all the reports, to the coloured than to the white population.

DEATH FROM CHLOROFORM.

The following case is reported in the Am. Practitioner for June, 1873:—

Chloroform was administered in a napkin to a youth aged 12, for the extraction of a tooth. Before coming under its influence he vomited. After nausea had subsided he was again slowly brought under the influence of chloroform, and complaining of the pain given by the extraction of one of the roots of the tooth, a little more of the anæsthetic was administered. Simultaneously with the extraction of the remainder of the tooth, the pulse flickered and a sudden pallor came over his face.

All efforts at resuscitation were in vain. The amount of chloroform (Squibb's) used, including that which was inhaled prior to the vomiting, was about half an ounce.

An autopsy does not appear to have been made.

DEATH DURING ANÆSTHESIA.

Dr. Cabot reported to the Boston Soc. for Med. Improvement (Feb. 24, 1873), a case showing what he considered the only danger in the use of ether as an anæsthetic, and a danger common to all anæsthetics.

The patient, an old man, weak, but not excessively so, had undergone an operation which lasted three-quarters of an hour. He was removed from the operating room, and the usual orders to watch him were given. Five hours afterwards he had a violent attack of dyspnœa, and died. Food was found in one of the bronchial tubes.

He also referred to a similar case which had occurred some time ago. A fat woman, while lying on her back, under ether, vomited, and some of the vomitus, getting into the trachea, killed her.— Boston Med. and surg. Journ. May 29, 1873.

DRINKING FOUNTAINS.

It is highly gratifying to learn that the Metropolitan Drinking Fountain and Cattle Trough Association, which has just held its fourteenth anniversary, is in a very flourishing condition. During the past year the expenditure amounted to nearly 3000 pounds, and the financial year closed with a balance in hand of over 600 pounds. Up to the present time more than 300 troughs and fountains have been erected by the Association, and the boon thus conferred upon men and animals is incalculable. The opportunity of water-drinking thus offered to the metropolitan populations is apparently not lost upon them, for the report stated that as many as 8000 persons had drunk at one fountain in a single day, and that the water-rate payable by a single trough or fountain was in some cases as much as 30 pounds per annum. The latter fact brings the value of water before our eyes in a rather startling manner, and one cannot but wonder that this grimiest of cities, densely over-populated as it is, should retain its high standard of healthiness notwithstanding the great obstacle to cleanliness which is entailed by the high price of water. The Association, in its report, ventures to hope that it has done good work in lessening drunkenness, and it puts forward the suggestion that water-drinking and alcohol drinking bear an inverse proportion to each other. The yearly increasing revenues derived from the Board of Excise seem, however, entirely to negative such a supposition.—[Lancet.

MEDICAL NEWS.

A meeting was held at Birmingham lately, chiefly attended by ladies, for the purpose of forming an association for promoting the admission of women into the medical profession.

The Law Magazine states that the crime of murder is considerably on the increase in Scotland, one judge at Glasgow having on a late occasion to try no less than six cases of murder alone. Our contemporary is "afraid that the crime is only too likely to increase under the present system of no punishment, or uncertainty of punishment, which is much the same thing."

Last Sunday morning, at St. George' Hospital, a night nurse by mistake injected the vagina of a patient with strong carbolic acid. A solution of one part i forty of water had been ordered. The cries of the patient prevented the nurse completing the injection, but sufficient was used to produce a painful caustic action on the vulva, thighs, and nates. We had hoped that the recent fatal result at St George's Hospital of the careless use of carbolic acid would prove effectual in preventing the repetition of such blunders. This makes, to our knowledge, the third accident at St George's Hospital with carbolic acid. Have the night nurses of that institution neither wits nor noses?—Lancet.

The annual meeting of the Irish Medical Association took place on Monday, the 2nd inst., the chair being filled by Dr. Hynes, president. The report of the Council referred, amongst other things, to the need of increased pay to the medical attendants of the Royal Irish Constabulary, the objections to the new Army Medical Warrant, and to Mr. Headlam's Bill, which it was considered required amendment before it should receive support. Resolutions were agreed to relative to an application to Ireland of the Public Health Act, and of sympathy with the militia surgeons who have been injured by the recent Army Regulation Act.

The case of the Fenian convict Redding, who was concerned in the murder of constable Brett at Manchester, came before the Court of Queen's Bench the other day. He accused the medical officers of Chatham and Millbank of cruelty, inasmuch as when suffering from incipitent paralysis he was treated as a malingerer. To test the genuineness of his "symptoms," he was subjected to galvanism, he had a hot poker applied to the inner aspect of the femur, and a quill was passed gently along the soles of his feet. His complaint that these operations caused him severe pain convinced the surgeons that their suspicions of malingering were justified, and he was treated accordingly. On the expiry of his term of imprisonment he applied for a criminal information against the surgeons for cruelty, and a rule nisi was obtained. The Attorney-General showed cause against the rule on Wednesday, the 28th ult., and Thursday, and the Judges decreed that it ought to be discharged. Mr. Justice Blackburn said that Redding had greatly exaggerated his treatment, and Mr., Justice Quain expressed himself still more strongly. In descharging the rule. the Court gave costs against Redding.

The following letter is one of that kind which "speaks for itself:" We are glad to note another instance of a surgeon being officially rewarded:—

Superintendent,s Office, Auckland, 3rd Feb., 1873.

Sir,—The Provincial Government desire to testify their appreciation of the zeal and attention displayed by you in your capacity as provincial surgeon, during the recent visitation of small-pox in Auckland.

It is due to you to express their opinion that the speedy and effectual extinction of that terrible disease was mainly owing to your unceasing efforts for the public welfare; efforts that must have involved very great self-sacrifice throughout the continuance of the epidemic. I have much pleasure in handing you the enclosed cheque for 100 pounds awarded by the Government in recognition of your services.

I have the honour to be, Sir, your most obedient servant.

THOMAS R. GILLIES, Superintendent.

Thomas Moore Philson, Esq., M.D., Provincial surgeon, Auckland.

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 continuously being made in the medical art. Obviously the sooner a medical practitioner hears of an improvement the sooner he can put it in practice, and the sooner will his patients reap the benefit. In this manner, the value of a weekly over a monthly or semi-annual medical journal may sometimes prove inestimable. Medical papers and clinical lectures, in abstract form or in extenso, will regularly appear and constitute a considerable portion of the new journal. In this way it is intended to furnish the cream of medical literature in all departments, so that a subscriber may depend upon its pages as including almost every notice of practical value contained in other journals.

Original articles on medical subjects will appear in its pages. The growth of medical literature in Canada of late years encourages the hope that this department will be copiously supplied. Notices of cases have been kindly promised, and an invitation to contribute is hereby extended to others who may have papers for publication. If the profession would encourage the establishment of a worthily 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.

A NEW SUBSTITUTE FOR QUINIA.

Among the specimens of drugs exhibited in the International Exhibition in Vienna is the *Echitess scholaris*, a plant of the natural order *Apocyneæ*. It is especially abundant at Luzon, in the province of Batangar, in the Philippine Islands; and its bark has long been used by the natives, under the name of *dita*, as a remedy in all kinds of fever. Herr Gruppe, an apothecary in Manila, has found in it an uncrystallizable very hygroscopic bitter substance, to which he has given the name of *ditain*. The principal Spanish physician in Manila, Dr. Miguel Zina, has given it to numerous hospital patients under his care, and has found that ditain is not only a perfect substitute for quinea, but that its use is not followed by the disagreeable results which often attend the use of quinia. It is given in the same doses and in the same way as quinia. In many cases, also, its activity as a tonic was well marked. The ditain is prepared from the bark in the same way as quinea from chinchona: 100 *grammes* of bark give 2 *grammes* of ditain, 0.85 *grammes* of a perfectly inactive extractive matter.

A single tree yields a large qurntity of bark without injuring its growth. It is calculated that the price of ditain in Europe would be about 160 *francs* per kilo (3s. 6d. to 4s. per ounce).—*Brit. Med. Journ.*, June 7, 1873.

PUBLIC HYGIENE AT ROME.

If it is "never too late to mend," it is never too late to begin, and the Eternal City, roused to activity by complaints of its unhealthiness, has taken steps to right itself in the eyes of the world. The Communal Council has decided that five "pharmacies" will remain open during the night, and that a physician and surgeon (double qualification) will be permanently retained at each of these pharmacies to meet, on the moment, the wants of all comers; while the Directors of Public Health have accorded a fee of five francs for each night of effective duty to the physicians attached to said pharmacies. The Directors urge upon the profession in Rome to make not a minute's delay in applying for these posts, and in lodging at the same time their diplomas as duly qualified practitioners. Such is the announcement from the Capitol, and we hope the hot haste of candidates for its tempting offer will not degenerate into an "ugly rush," or at least, that they will be able to stop themselves before taking a header off the Tarpeian Rock or into the forum. Five francs for a whole night's active duty, summer and winter! Waiters in Rome get ten francs and their supper in the season for doling out refreshments at a dancing party. On the same night the pianist earns his fifteen or twenty francs for playing to the guests (supper also included). But, for the half of the smallest of these sums, the physicians must sleep every day so as to be in readiness every night to wait upon the scores of cases that one of the unhealthiest of modern cities can supply. Verily dat Galenus opes.—[Lancet.

The parliamentary return lately issued of the number of accidents which had occurred during the past year shows that in London, with a population of 3,885,641, there were 139 people killed and 2961 maimed or injured. In Birmingham, with a population of 343,787, there were 8 people killed and 26 injured. In Leeds, with a population of 259, 212, 10 people were killed and 35 injured. In Liverpool, with a population of 493,405, 23 people were killed and 436 injured. In Manchester, with a population of 351,189, 18 people were killed and 231 injured. In Sheffield, with a population 239,946, 9 people were killed and 30 injured. In Dublin, with a population of 336,600, 23 people were killed and 227 injured. In Glasgow, with a population of 466,693, 18 persons were killed and 156 injured.

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.

TEACHING STAFF.

JOHN R. DICKSON, M.D., M.R.C.P.L., M.R.C.S.E., and F.R.C.S., Edin.; PRESIDENT, Professor of Clinical Surgery.
FIFE FOWLER, M.D., L.R.C.S., Edin., REGISTRAR, Professor of Materia Medica.
HORATIO YATES, M.D., Professor of the Principles and Practice of Medicine, and Lecturer on Clinical Medicine.
MICHAEL LAVELL, M.D., Professor of Obstetrics and Diseases of Women and Children.
MICHAEL SULLIVAN, M.D., Professor of Surgery and Surgical Anatomy.
OCTAVIUS YATES, M.D., Professor of the Institutes of Medicine and Sanitary Science.
JAMES NEISH, M.D., Professor of Descriptive and Regional Anatomy.
THOMAS R. DUPUIS, M.D., Professor of Botany.
NATHAN F. DUPUIS, M.A., F.R.S., Edin., (Professor of Chemistry and Natural History, Queen's University), Professor of Chemistry and Practical Chemistry.
ALFRED S. OLIVER, M.D., Professor of Medical Jurisprudence.
HERBERT J. SAUNDERS, M.D., M.R.C.S.E., Demonstrator of Anatomy.

The College is affiliated to Queen's Univeasity, wherein the degree of M.D. may be obtained by its students.

Certificates of attendance at this College are recognized by the Royal Colleges of Surgeons of London and Edinburgh; and either the degree of M.D. or the License of the College entitles the holder thereof to all the privileges in Great Britain that are conferred upon the graduates and students of any other Colonial College.

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