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THE MEDICAL TIMES.

VOLUME I.—NO. 22.]

KINGSTON, (CANADA), SATURDAY, NOVEMBER 29, 1873.

[PRICE FIVE CENTS.]

SURGERY.

ON CANCER OF THE BREAST.

We select the following from the discussion concerning Cancer of the Breast, at a recent meeting of the Medical Library and Journal Association of New York.

Dr. Fordyce Barker: Mr. President, my apology for departing from my usual rule with regard to surgical questions and operations is, that I may perhaps suggest some new fields for inquiry and observation, and perhaps bring out some new ideas in the discussion by these suggestions. In regard to surgery, I am no expert. I do not pretend even to interfere with it, and it is therefore somewhat embarrassing to speak upon a subject which really belongs to the surgical department. I have, however, had occasion to study the subject of cancer, with great interest, and perhaps with a large experience, and have, therefore, for many years taken every pains to inform myself with regard to the progress of science, and have felt an interest in its bearing upon the question of its manifestation in the form in which it occurs secondarily, which in its most frequent form is that of cancer of the breast.

In alluding to certain points in connection with the general subject, I will refer to one or two cases in connection with my own personal experience. Previous to my coming to this city, I was obliged to practice more or less in general surgery, and in the course of that time I was called upon to amputate the breast thirteen times, for what I supposed to be cancer of that organ. I have listened to the statistics from the gentleman who has already occupied your attention, with great interest and with great pleasure, because, in almost every point, while they have not corresponded with published statistics as we now have them, they have corresponded with my own. In four of these thirteen cases in which I operated for cancer of the breast, I know nothing of the results. Two of the thirteen cases are still living. All of the seven remaining cases died at periods varying from eighteen months to four years after the operation. A curious point in relation to them was, that the one who lived the longest—and this point I have not seen alluded to by any author—was the patient who was the oldest. That patient was 71 years of age when I operated, and had been afflicted with the disease some four or five months when I first saw her.

There was no apparent return of the disease until several months afterwards, and then there was probably a return of the disease to some internal organ. The point is this: whether the progress of pathological changes is not exactly in the same ratio as the metamorphosis of tissue in relation to age; whether in persons of advanced life we may not account in this way for the long

er exemption from a fatal termination of the disease than when the disease occurs in those who are less advanced in age.

In 1858, although I had refused to have anything to do with general surgery, and confined my operations entirely to the obstetrical department, I had one patient who absolutely refused to permit any one else to operate upon her except myself. I accordingly removed her breast. The axillary glands were not involved, but the disease returned within a very few months, and the patient died eleven months after the operation.

The second case which I will refer to is a rather curious and rather exceptional one. It occurred in the year 1860, in a lady 43 years of age, and she had the disease for several months when I first saw her, and in what I regarded as a very malignant form. That person, again, utterly refused to have an operation performed unless I would perform it myself, and I accordingly performed the operation, assisted by Dr. Foster Swift and Dr. Charles Phelps. In that case acupressure was employed, as I believe, for the first time in this city, and I was very much interested and pleased with the effect of acupressure in diminishing the amount of suppuration, which in that case was very slight indeed. The patient was operated upon in April, 1860. In my own belief, and in the belief of the microscopist, it was one of the most malignant forms of this disease of the breast, and yet the woman was alive in 1871. I simply mention this case as a small contribution to the number of successful operations in the sense of curative, in cases of carcinoma of the breast. That specimen was afterwards presented at the New York Pathological Society, and the minutes of the meeting, which were published in the *Medical Record*, represented it as being presented by Dr. Swift and that the operation had been performed by Dr. Parker, which is a fair illustration of the uncertainty of surgical glory. With regard to statistics in determining whether a surgical operation shall be performed or not, most modern writers agree that operations do, in a certain proportion of cases which are judiciously selected, absolutely and positively prolong life, relieve suffering, and in some cases actually save life. The diametrical opposition which the statistics of some surgeons have to those of other surgeons who are equally well situated for making observations, may perhaps be explained in this way. One surgeon may be of the opinion that the disease is, primarily, always a local disease, and that its constitutional character is secondary to the local disease, which manifests itself differently in different cases. If this theory be correct, the proper method of treatment is the early extirpation of all suspicious-looking growths. On the other hand, other surgeons are of the opinion that the disease is a constitutional disease; that operations are deleterious in their effects, and should

not be resorted to until all other means have failed to arrest its progress.

Again, some surgeons who have a greater fondness for operations than others, will remove a suspicious-looking growth much earlier than those surgeons who are less fond of operations, so that in some cases it may be that the delay in the performance of the operation has permitted the disease to make such extensive ravages upon the general system, that the operation, if performed at all, can be performed with the expectation of giving some relief from distressing symptoms.

I began in early life as a most enthusiastic believer in the numerical system, regarding it as a most efficient means for advancing our knowledge of disease. But my experience has proven to me that statistics which ordinarily receive publication are extremely unreliable, and that they form a most unstable foundation upon which to predict future action, whether it shall be for the formation of an opinion or made the basis of an operation. The statistics which the author of the paper has given us relative to the comparative frequency of cancer of the breast singularly accord with the statistics from the cancer hospitals in the city of London. Out of 7,800 cases which were under treatment in that city between the years 1851 and 1861, 4,388 were cancer of the breast. This is from an entirely different sphere of observation, and yet the result of the observation shows that the female breast is one of the most favourite places in the human body for the development of this disease. It seems to have an elective affinity for the female breast, and perhaps in the progress of etiology and the science of physiology the reason for this elective affinity will be discovered.

The next point which I will notice in connection with the paper, is with regard to hereditary predisposition to the disease. I feel quite confident that I should never have read a paper which I did read, and which was published by the Academy of Medicine, upon "The Clinical Study of Cancer of the Uterus," had I not been thoroughly convinced upon this point. When I came to study my own observations, I found that some of them were so different from the published statements in published works that I felt doubtful about reading them without consultation with some of my personal friends. My own statistics with regard to hereditary predisposition to cancer of the uterus almost exactly correspond to the observations of the author of this paper with regard to hereditary predisposition to cancer of the female breast.

Another very interesting point to me was, that the author of the paper has found so much larger proportion of cases of cancer of the breast where hereditary predisposition to cancer was entirely absent, but where hereditary predisposition to tubercles was present. The results of his ob-

servations upon this point give the same relation which are found in my own statistics, and I believe that the idea of hereditary predisposition to cancer should be denounced, and that this denunciation should be pronounced boldly by physicians.

There were a few points to which no allusions were made, and concerning which I wish to make some inquiry.

What is meant by a cancerous cachexia? In my earlier experience I was always looking for something like a cancerous cachexia, but my later experience and observation have taught me to become a non-believer, and I do not now believe at all in cancerous cachexia, as the term is commonly used. I have seen patients in the most advanced stages of cancer of the uterus, and in almost all its various phases, when they presented the appearance of robust health. The cachexia, when it does appear, is to my mind not a measure of the influence which has been produced by the simple presence of cancer in the system, but rather from associated lesions of the various organs of the body.

These are my observations with regard to cancer of the uterus, and I should like to know whether the same thing has been observed with regard to cancer of the breast.

Another point, which was not alluded to, and concerning which I should be pleased to gain some information, is, with regard to the value of pain as a symptom in cancer. I am of the opinion that it is a symptom of uncertain value in aiding us in determining the existence or non-existence of cancer of the uterus. I have seen patients in the advanced stages of the disease without the slightest symptom having been raised with reference to the presence of the disease by any pain. My own opinion is, that pain is simply a measure of the influence which the disease has had upon the contiguous and adjacent tissues. Cancer may occur so as to interfere with the functions of the uterus, or affect the subperitoneal tissues; and when these tissues are affected we are sure to have pain, and in some of these cases the pain is most atrocious. In other cases, where the disease presents more malignancy, the pain is sometimes very trivial. Whether the amount of pain is in relation to the amount of influence which the disease has upon the adjacent and contiguous tissues, I am not able to say, but simply throw it out as a question for consideration.

From time immemorial there has been an attempt made to destroy cancer by the use of every variety of known caustics. It has been a favourite resort of empiricism, and the most successful and perhaps the most lucrative of all charlatanism has been most seen in the use of caustic agents to destroy the local manifestations of cancer. As a consequence of this, of course, a great majority of the surgical world have been satisfied with regard to the uselessness of such attempts. My own prejudices have always been against this method of treatment. I once attempted to make some observations respecting this plan of treatment as it was then adopted in St. Bartholomew's Hospital, and the whole process was so revolting that I did not pursue my investigations

farther, and the result of my observations was not at all favourable.

In the year 1870, however, I was consulted by a lady who had a tumour in the breast which was very suspicious in its character, and which I watched for some weeks, when I regarded it as cancer, and urged upon my patient the importance of having it removed at once. But the patient utterly refused to have any cutting operation performed. At that time I had been studying up the subject somewhat, and among other works which I had read was Marsden's work upon the use of caustics in the treatment of cancer.

The same summer, while abroad, I visited the hospital in which Dr. Marsden had made his observations and applied his treatment, and saw the results of this treatment. I became so much interested in this plan of treatment and was so highly pleased with it, that, upon my return, I recommended to my patient to submit to the treatment by the use of caustic. After some delays she consented. The form of cancer from which she was suffering was apparently of the most malignant type, and at the time I commenced the treatment the mass was about two inches in diameter, which is the extreme limit in size permissible to be treated by this method. In the course of eighteen days after the first application was made, the mass came away, the process of cicatrization was completed in a short time, and there has not been the slightest appearance of return up to this time.

Another case to which I wish to make reference, was in a patient who had had two sisters die with cancer of the breast, but her father and mother were still living at the time she consulted me. Not the slightest suspicion of cancer could be traced in either member of the family. One sister died some six or seven years ago from cancer of the breast. The other sister I was called to visit, and I found the axillary glands involved in the disease; there were evidences of what is known as the cancerous cachexia, and I called for counsel. Dr. Van Buren was called in consultation, but the case was regarded as utterly hopeless, and the patient died without an operation.

The third sister came under my observation for epithelioma of the uterus. That patient I operated upon in 1866, removing the cervix uteri by amputation. It is now seven years since the operation was performed, and she remains in the most perfect health.

About five years ago a lady consulted me with regard to a suspicious-looking tumour in her right breast. She was under my observation for about two years, and received treatment, but I never was of the opinion that the growth was malignant. At the end of two years it entirely disappeared. In February, 1873, that patient came back to me with a tumour in her left breast, which I regarded as true cancer of the breast. The tumour had been observed for more than a year, and when I saw it, the nature of the case seemed clear and positive. Its removal was recommended. Consultation was held, to satisfy the patient with regard to its nature, the propri-

ety of its removal, and if decided to remove it, how it should be removed. It was decided to remove the tumour by Marsden's treatment, and the treatment was accordingly commenced on the first day of April. The amount of pain which the patient has suffered during the course of treatment has been very insignificant indeed. She was up most of the time, has been able to be out riding some of the time, and it is now eighteen days since the first application, and the slough is just ready to come away. The treatment of this case thus far has been very pleasant. What the result of the case may be it is impossible at present to decide.

I will now describe the plan of treatment as given by Dr. Marsden—the plan which he professes to have derived great success from, not only in a very considerable number of cases of cancer of the breast, but in the treatment of cancer of various parts of the body, and even of cancer of the neck of the uterus.

The method of treatment is limited to cases in which the surface of the tumour does not extend over two inches. Care must be taken that the paste is of sufficient consistence so as not to flow beyond the point to which it is applied. The general formula for the preparation of the caustic is to combine arsenious acid and mucilage in such quantities as to make a thick paste, and the formula commonly employed for the purpose is—

R Arsenious acid, . . . ℥ij;
Mucilage, . . . ℥j.

This paste is spread over the surface of the tumour, and two or three layers of lint spread over that. The lint absorbs all the surplus paste and protects from further cauterization. The first application is left on for twenty-four or forty-eight hours, according to the extent of surface, and then removed by gently soaking it with warm water. After the old paste has been removed in this way, one judges from the impression made with regard to a further application of the caustic. These applications are to be continued until a line of demarcation entirely surrounding the diseased structure is shown. Then the lint is soaked and removed, and bread-and-water poultice applied, and changed every few hours. At first there is considerable inflammatory action set up, but the amount of pain is very inconsiderable as compared with the use of the knife, and the process of cicatrization is equally painless and satisfactory.

The shock to the system, as a rule, is very much less. The constitutional effect of the arsenic in this case was very slight, lasting only a few hours, and then passed away. Indeed, the moderate constitutional effect of arsenic I have long believed to have a certain positiveness in the treatment of cancer, in that it retards the proliferation of cancerous tissue. I mention these cases with the hope that it may contribute something to our knowledge of means by which we may meet this most terrific disease.—[Medical Record.

PRACTICAL MEDICINE.

TINCTURE OF DIGITALIS AND CHLORAL HYDRATE IN DELIRIUM TREMENS.

By E. CHEWERY, M.D., Boston.

Having in the course of twenty odd years, seen numerous cases of delirium tremens under various kinds of treatment, it is with peculiar pleasure that I record the following very remarkable success as a result of chloral hydrate in conjunction with tincture of digitalis.

Mr. B., a Scotchman, aged thirty, accustomed to army life, was for many years connected with the Indian service in the west. During this time he acquired the habit of using alcoholic drinks, which has followed him till a few months ago, when he was induced to reform. He got on very well for a time, when the old appetite was aroused in him by the thoughtless use of some light beer which he made and sold in connection with his other business, and in which there was a free amount Sanford's ginger. Strong drink was now called for, ana, becoming incapable of carrying on his business, "he went on a time." Alcohol became more and more the substitute for food, till his system became poisoned, his tongue parched and swollen, his face congested, his breath fetid and he could neither eat nor sleep. When I first saw him, he had neither taken food nor slept for nearly a week, and rejected everything which was put into his stomach; his mind was greatly agitated, and his whole muscular system was in a state of continual unrest. His pulse was feeble and frequent, amounting to 120, and could not be counted at the wrist on account of its commotion among the tendons. He had taken bromide of potassium, without effect, before my visit. A strong mustard plaster was applied to the pit of his stomach; when well under way, fifty grains of chloral were given and, in two minutes, twenty drops tincture digitalis. These were both retained and had a favourable effect upon the tremors. Ten minutes after the digitalis, a dose of thirty grains of chloral soon brought on a sleep of three hours, when he awoke with relief to his trembling and in a much better state of mind. A raw egg and some milk were then given with another portion of digitalis, and, in a short time, thirty grains more of the chloral. From that time, he passed off into a sleep of many hours and awoke refreshed. The digitalis was given several times a day for several days, partly to moderate the pulse which remained at a hundred, but mainly for its eliminating effects upon the kidneys; and small doses of the chloral as occasion required. An infusion of quassia with a return solid food, as his appetite required and his stomach would bear, completed the cure, which, taken all in all, was the most satisfactory that could have been desired.

This was not caused by leaving off his cups, but the direct result of their excessive use. From the moment he came under treatment he was not allowed another drop, except what was in his digitalis. That he would have recovered without treatment is quite doubtful, since he was then in a gradually sinking condition and had not for days taken a mouthful of food which he

did not instantly reject, even a teaspoonful of milk being as quickly rejected as it was swallowed, though it is possible that he might have been sustained by nutritious injections till the alcoholism wore away. Opium was obviously contra-indicated by the parched mouth and fetid breath, for whatever advantage might have been hoped for from sleep, which it might be expected to give would have been more than offset by the increased retention of the alcoholic poison and other effects matter which required to be eliminated. The chloral then to produce sleep and to quiet the nervous agitation, and the digitalis to reduce the frequency of the heart's action and to promote elimination by the kidneys, was evidently the rational indication, which the results fully justified. The mustard over the pit of the stomach and a small dose of chloral at first were necessary, in order that the first dose might be retained and prepare the way for a full dose which could not be given at once. Moderate doses of chloral, to be repeated as circumstances justify, are all that any case of delirium tremens is likely to require, since, as Dr. Murchison thinks, there are grounds to believe that the existing impurities of the blood in such a case favour the action of the chloral by its more speedy conversion into chloroform.—
[Boston Medical and Surgical Journal.

GOAT'S MILK.

Dr H. MacCormac maintains that goat's milk may be abstracted from the living animal, and transferred at once to the infant's stomach, by means of a tube provided with an artificial nipple. In this way, it is thought, the mortality hitherto attendant on artificial lactation may be greatly diminished.

ON THE BRAIN.

Professor Ferrier delivered a lecture in the Section of Biology, at the British Association for the Advancement of Science, "On the Localization of the Functions of the Brain," in which he stated the results of a series of experiments which he had conducted during the last year upon the brains of living animals by means of a small electrical machine. His first object had been to stimulate the brain, with a view of ascertaining whether, in opposition to the theory of Brown Séquard, he could in this way produce activity of the brain. In carrying on these experiments, he had dealt with cats, dogs, rabbits, guinea pigs, fish, a jackall, and a monkey; and had obtained results which led to the discovery of an entirely new system of phrenology. Applying the electrical stimulus to certain convolutions of the brain of the inferior animals, he almost invariably produced certain motions—thus establishing the existence of a close connection between those portions of the brain and the action of particular muscles. Pursuing his investigations, he also established a similar connection between other portions of the brain and the senses of hearing, seeing, and speaking; and speculation enabled him to guess, with tolerable accuracy, at those parts of the brain which were the seat of thought, memory, and sensation.—*Dublin Medical Press and Circular.*

MEDICAL NEWS.

Cholera has appeared at Antwerp and Rotterdam. At the former port fifteen deaths out of a total of thirty cases have occurred.

We regret to have to record the death, from hepatic cancer, of Dr. Robert William Smith, for many years Regius Professor of Surgery in the University of Dublin.

Small-pox is said to be steadily on the increase in Montreal, and complaint is made that the city authorities are not taking any steps to prevent it from extending into an epidemic.

Typhoid fever, superinduced by wall contamination, has broken out in the neighbourhood of Wellington, Herefordshire, thirty cases having already been reported. It is said that the district is utterly unprovided with any system of drainage.

The Hospital Sunday movement is making marked progress in Manchester. From a report issued, it appears that while in 1872 the amount raised was 6971 pounds, the collections for the current year have reached 8668 pounds.

The town of Faridabad, near Delhi, is suffering from a fatal form of disease, which at first was thought to be cholera, but is now said to be fever accompanied by diarrhoea and vomiting. The mortality, according to the latest returns, had reached the enormous rate of 110 deaths per 1000.

The entries at the German universities for the year 1873-4 are 7467; 3904 being for the winter, and 3563 for the summer session. The number of medical students 2479. The total number is 851 less than the previous year, there being a falling-off of 444 in the medical entries alone.

An advertisement was recently inserted by the authorities of a small hospital in the south of London for a secretary, who, in return for five hours' work a day, was offered a salary of 150 pounds. It is interesting to know that the answers to the advertisement exceeded 300 in number, and among the applicants were a colonel in the army and a titled member of a noble family.

There is to be another medical college in Philadelphia—the Medical Department of Lincoln University. This institution, located at Oxford, Chester county, Pennsylvania, was established some years ago, and is rapidly growing in importance. It is intended especially to meet the educational wants of the negro, Mongolian, and Indian races. The medical department is now fully organized, and its early removal to Philadelphia is contemplated, where the students will have the advantage of clinical instruction in one or two of the prominent hospitals. An effort is now being made to raise funds for establishing a dispensary and hospital in connection with the department, and the indications are that the effort will be attended with success. There is no hospital in Philadelphia for the exclusive use of coloured people, and the prominent and wealthy citizens among them will, no doubt, make generous contributions to, and use their influence on behalf of the object.

The announcement of the death of Mr. Grace Calvert, F.R.S., of Manchester, will not be received without great regret by those to whom he was known as an energetic and fruitful labourer in the field of pure and applied science. To the public at large and to sanitarians Mr. Calvert is chiefly known as the author of improvements in the production of carbolic acid, which have led to its extensive use as an antiseptic and disinfecting agent. It has proved also to be a therapeutic agent of no small value. It is by this, probably, that Mr. Calvert will be best known. His researches, however, extended over a wide field, and included the investigation of many abstract researches, and on one occasion he nearly fell a victim to an explosion occurring during the prosecution of experiments in the production of sulphuric acid. His death was due to the sequela of typhoid fever contracted recently in Vienna, while he was staying there in the discharge of his duty as a juror at the International Exhibition.

THE CANADIAN MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL SCIENCE, NEWS, AND POLITICS
KINGSTON, SATURDAY, NOVEMBER 29, 1873.

TO CORRESPONDENTS.

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

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REMITTANCES:

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

It must be very gratifying to medical men to observe that with the local government of Ontario the question of medical coroners is apparently a settled thing. Of late all appointments of coroners have been filled by selecting medical practitioners. The peculiar fitness and qualification of medical men for these functions are evidently recognized, so that the battle which has long been fought by the profession on this question now goes in our favour. We trust that the day of appointing political personages to these offices for the mere purpose of gratifying a personal ambition, or tickling the vanity of an active electioneering agent, has gone by in this province never to return. The mischief done by this class of incompetent persons has been sufficiently obvious, whereas the special knowledge of the medical man fits him to conduct an inquest; and his keener acumen and higher training better fit him for becoming acquainted with the legal technicalities of the office; and consequently he is able to discharge the duties with more satisfaction to the public, and to do better service to the State. The concession thus paid to the medical profession, is a very small one compared with the prizes that fall to the lot of the legal fraternity; but such as it is, it is coveted apparently by very many of our body; and where a coroner is needed, and a medical man is to be found willing to accept the office, it is but just on many considerations that he should get the appointment. The justice of this claim is evidently recognized, and we are well satisfied that it is acted upon.

The great question of professional remuneration is an active one, not only in this country, but almost everywhere abroad. In Switzerland, in Spain, in France, and in Great Britain the medical fraternity are now struggling to advance their pecuniary interests by obtaining increased remuneration for professional work. The increased cost of living in all these countries and the higher rates of wages and salaries which the working and official classes have been able to obtain justify the doctor in demanding a higher fee. It would seem to be a fact that of all avocations that of the medical practitioner is the last to be adequately remunerated when the tendency of wages is upward.

Our readers will no doubt have been interested in the remarks on this head in the *Lancet*, which we reprinted last week, showing the endeavour which is being made in London to double the rate of consultation fees. It would be gratifying to witness the success of this movement, for assuredly the profession at large benefits by the success of and increased consideration paid to its leading members in any country.

In Ontario the medical profession is in a position to demand a higher scale of remuneration, and ought speedily to obtain it. It is preposterous that with higher rents and the greatly enhanced cost of almost every necessity of life, medical fees should remain almost what they were twelve or even twenty years ago, when the cost of living in Canada was so widely different from what it is now. How strongly does this state of things demonstrate the need of harmony and association amongst medical practitioners, instead of rivalry and a competition which is ruinous and destructive, and at the same time degrading to the profession.

We can only repeat the extreme advisability of forming medical associations and the framing of tariffs, soon destined, we hope, to have a legal effect and power, under the Medical Act, which aims at legalizing such tariff as reasonable scales of charges, and so making the proof of this fact quite easy in a court, instead of having to prove it by calling medical witnesses.

THE OURE FOR QUACKERY.

The Richmond and Louisville Medical Journal speaks boldly and justly on the cure for quackery. "There is but one remedy; it is a radical one, powerful, entirely efficient, if it be used. This is the medical press. Unfortunately, most of these presses are afraid to deal with this stupendous evil, and are as cowardly as most medical societies. Those presses that use every means to suppress charlatanism are abused and maligned, and have the most despicable motives attributed to them. It remains to be seen who are the strongest, the medical quacks and the scamps sustaining them, or the medical press."—*Boston Medical and Surgical Journal*.

NECROLOGY.**THE LATE SIR HENRY HOLLAND.**

Sir Henry Holland, Bt., M.D., F.R.S., D.C.L. Oxon, died at his residence in Brookstreet on Monday, the 27th October, on his eighty-sixth birthday, having but just returned from a continental tour with his son, the Rev. F. J. Holland, in which, as mentioned in the daily papers, he was present but a few days since at the court-martial of Marshal Bazaine.

The deceased baronet was a remarkable instance of a man rising to eminence in his profession whilst entirely cut off from all professional interests. He was never connected with a hospital (though his name was proposed and withdrawn when Dr. Frederick Chambers was elected to St. George's); he never held office in the College of Physicians, though one of its oldest Fel-

lows; nor was his face ever seen in public medical circles or at the Royal Medico-Chirurgical Society, though he contributed a paper "On the Pella, a disease prevailing in Lombardy," to the eighth volume of the Society's Transactions in the year 1817. Yet no name was better known in polite society during the last fifty years, and few failed to recognise the slight figure, bowed of late by age, and the intellectual face with its piercing eyes. Sir Henry was essentially *homme de société*, and having early in life gained his footing as a practitioner among the "upper ten," it was his pleasure—perhaps his foible—to be on intimate, or apparently intimate, terms with everyone of note. Whether in actual medical attendance or not upon any sick celebrity, Sir Henry's carriage was to be seen waiting at the door, and he always had the latest bulletin of the invalid's health. Admitted as a medical friend where others were denied, he enjoyed great opportunities of thoroughly knowing all those with whom he was intimate, and his remarks upon deceased celebrities in his "Recollections of Past Life," have thrown light upon the characters of many of the brilliant circle of wits and *littérateurs* with whom he was brought in contact.

It is, however, as a veteran traveller that Sir H. Holland was most remarkable. From the year 1814 to the present year, he never, we believe, missed taking a lengthened autumn holiday, and had energy enough this summer to visit St. Petersburg, and having returned to London, to start again for Munich. Few men not professionally bound to travel could speak of eight visits to America, and probably no other pen could have written the following sentences, which occur early in his "Recollections":—"The Danube I have followed with scarcely an interruption, from its assumed source at Donau-Esching to the Black Sea—the Rhine, now become familiar to common travel, from the infant ream in the Alps to the bifidus tractus et junctus paludibus ora which Claudian with singular accuracy describes as the end of Stilich's river journey. The St. Lawrence I have pursued uninterruptedly for nearly two thousand miles of its lake and river course. The waters of the Upper Mississippi I have recently navigated for some hundred miles below the Falls of St. Anthony. The Ohio, Susquehanna, Potomac, or Connecticut rivers I have followed far towards their sources; and the Ottawa, grand in scenery of waterfalls, lakes, forests, and mountain gorges, for three hundred miles above Montreux. There has been pleasure to me also in touching upon some single point of a river, and watching the flow of waters which come from unknown springs or find their issue in some remote ocean sea. I have felt this on the Nile at its time of highest inundation, in crossing the Volga when scarcely wider than the Thames at Oxford, and still more when near the sources of the stream that feed the Euphrates, south of Trebizond."

As President of the *Real Institution* Sir Henry Holland was able to popularise science by rendering the Friday evening lectures popular amongst the leaders of fashion. He was always

ready to secure the services of any lecturer who had knowledge and talent, and both Faraday and Tyndall were supported by him in their efforts to improve the institution over which he presided. He was an elegant scholar and a facile and prolific writer.—[Lancet.

DEATH FROM THE INHALATION OF ETHER.

We have this week to make the sad announcement of a death from the inhalation of ether. It occurred at the Royal South Hants Infirmary. We shall be glad of the comment of Dr. Morgan and of our Boston contemporaries. David Newman, aged 14, a strumous lad, who had suffered from repeated attacks of corneitis, was admitted an in-patient of the above institution on September 25, 1873, under the care of Dr. Lake. On Wednesday, October 1, he was brought into the operating-room in order that iridectomy might be performed. When on the table he exhibited considerable alarm, and required some persuasion before he was induced to lie down. Dr. Griffin having taken charge of the pulse, half an ounce of ether was poured on a sponge contained in a cone of spongio-piline, and the latter was closely applied to the mouth and nose. After a few minutes' inhalation, the ether being nearly exhausted, three drachms more were poured on the sponge. Shortly after commencing to inhale this second quantity he began to struggle violently, getting at length into a state bordering on opisthotonos, his face becoming intensely scarlet. Dr. Griffin then announced that his pulse, which up to this time had been perfectly natural, had become very feeble. The ether was at once discontinued, when, the pulse having improved, Dr. Lake operated, no more ether being administered. At the close of the operation, which occupied only a few seconds in its performance, and before the eye could be bandaged, the pulse became imperceptible, the breathing was suspended, and the countenance livid. The tongue was drawn well out of the mouth and held there, the calves of the legs were vigorously flagellated, and the chest freely slapped with a wet towel. The effect of these measures was to cause the patient to breathe freely, to cry out lustily, and to kick about on the table; but this improvement did not last long,—probably about a minute. The pulse at the wrist did not return, and the breathing again stopped. Artificial respiration—at first by Silvester's method, afterwards by Marshall Hall's—was then had recourse to; at the same time an intermitted current of faradic electricity was passed in the course of the phrenic nerve: this at first caused strong periodic contractions of the respiratory muscles; but after about ten minutes or a quarter of an hour these ceased to respond to the current, and it became evident that life was extinct. These measures were, however, still persevered with for about three-quarters of an hour. At the necropsy, twenty-one hours afterwards, the brain was found to be healthy, and not much congested. The right cavities of the heart were full of dark fluid blood, but the left cavities contained only about a drachm of a similar fluid. The valves

were healthy. The muscular structure, although somewhat flabby, presented no decided evidence of fatty degeneration. The lungs were congested, and of a somewhat bright red colour. The other organs were healthy.—*British Medical Journal*.

A NEW DEPILATORY.

Under the above title Böttger, in the *Memorabilien*, says that we possess a new material for destruction of hair, of a most suitable description, in a mixture of one part of crystallised sulphhydrate of sodium with three parts of fine carbonate of lime mixed and reduced to a very fine powder. This mixture can be kept any length of time without alteration in well-closed bottles. When moistened with a drop of water and laid by means of the back of a knife on the part of the skin covered with hair, we see in a few minutes and find the thickest hair turn into a soft mass, easily removed by means of water. If it remain on the part long it will cause a slight irritation of the skin.

THERAPEUTICS.

BELLADONNA IN DIABETES INSIPIDUS.

Dr. Gueneau de Mussy recommended strongly in 1872 the administration of full doses of belladonna, and sulphurous baths, in the treatment of diabetes insipidus. He has twice found belladonna to accidentally produce anuria. Its use in incontinence of urine is well established. Systematically employed in diabetes insipidus, it has diminished the quantity of urine passed from ten pints two pints per diem. The sulphurous baths bring the skin to the relief of the kidneys.

Dr. Madison Marsh, Port Hudson Louisiana, writes to the *Philadelphia Medical Times* a graphic account of his personal experience in the matter, which, like most personal histories from physicians, is worth putting on record. He was at the failure of remedies when, in accordance with Dr. de Mussy's suggestion, he adopted the following following:

R. Ext. Belladonna . . . gra. xvij.
Ft. pil. No. xxxvi.
S. Take one three times a day.

'I took them, with the following physiological effects.

'After three days I felt some dryness of the fauces, but no dilatation of pupils; after continuing eight days, copious evacuations of the bowels, but no abatement of the diuresis. On the twelfth day, after taking a brisk walk, feeling badly, and some impairment of vision, I immediately returned to my room, and found my pupils were much dilated, and, feeling very sick, I took at once about one half grain of morphia. Awoke in the night, found my friends round my bed in considerable alarm, thinking I had been drinking to excess. I told them I was feeling unwell; I had taken some morphia, and I feared an overdose. During that night and till night next day I had a complete ischuria. Commenced retics, nit. pot., squills, spts, ether nit., and digitalis, but for six days the secretion did not exceed six ounces in the twenty-four hours, very high colour-

ed, and apparently very thick. I had no fever, no pain, no appetite, but a general uneasiness. I could not lie in bed or sit up more than fifteen minutes at a time, and felt, as patients have described their feelings to me, as though I was going crazy. This condition of poison from urea, or belladonna, lasted two weeks. At last, fearing constantly coma and death, I sent for a bottle of Wolf's Schiedam Schnaaps, and commenced on it with about two ounces; in half an hour repeated the dose; in an hour more urinated freely. It gave me so much relief and I was so much elated, although I had not been out for two weeks, I mounted my horse and rode to a neighbouring town, fourteen miles distance, and in the trip finished my bottle of Schnaaps. The next day I was sick from the overdose of gin, but urinated freely, and in a few days it assumed its natural colour, and has since been voided to the amount of from ten to fourteen ounces pretty regularly every day. I am disturbed only two or three times during a night, and that, I think, more from habit than excess of urine. I conclude in this case belladonna has effected a very satisfactory cure.

SHORT NOTES.

HYPODERMIC INJECTIONS OF BINIODE OF MERCURY.

Dr. Ragazzoni has happily modified the formula advocated by Gamberini by adding to the solution of biniodide a little iodide of potassium, which ensures a complete dissolution of the salt. His formula is: biniodide of mercury, half a grain; iodide of potassium, sufficient quantity; distilled water, half a drachm. This liquid injected at once never produces an eschar, if it is introduced properly into the conjunctival subcutaneous tissue; and not the derm.

ACTION OF VALERIAN IN DIABETES.

Dr. Bouchard, of La Charité Hospital, has been making a trial of valerian in diabetes. In diabetes without sugar the medicament did not seem to diminish the quantity of urine, but azoturia was obviously amended. The quantity of urea discharged in the twenty-four hours was much diminished; it decreased from forty-five grammes (about eleven drachms) to ten grammes (two drachms and a half). The same results were observed in diabetes mellitus. In these cases, when there existed azoturia together with glycosuria, the quantity of urea always diminished under the influence of valerian. In some cases there was less excretion of water and sugar; but these effects seemed uncertain. But decrease in the production of urea was invariable. Valerian therefore prevents denutrition, and may be considered a saving medicament (*médicament d'épargne*). Dr. Bouchard, in respect to this latter quality, quotes the custom of various Indian tribes, among whom the warriors, during a month previous to going out to fight, make use of valerian in every shape—in baths, in frictions, and internally. They ascribe to the substance the strength and courage which they feel in going through long marches, fatigue, and privation of food. This property of valerian has been observed in arsenic and bromide of potassium. Dr. Bouchard commenced with weak doses, which he gradually increased to one ounce of extract of valerian without noticing an inconvenience.

OBSTETRICS.

ON THE USE OF THE FORCEPS.

By JAMES MORE, M.D., Rothwell, Northamptonshire.

My late revered master, Sir James Simpson, in lecturing to his class, used to warn all young accoucheurs against the habit of carrying the forceps with them when called to a labour. This caution, however, arose as much from a laudable desire on his part to restrain the too ambitious interference of the beginner as from any positive belief as to the danger in the application of this instrument.

In one of his most brilliant papers—that on the numerical method as applied to surgery—he clearly shows the value of statistics in all clinical work; and surely, if they are of any value at all, they are eminently so when applied to the results of the different methods of treating and delivering the parturient female.

No one doubts now that these and similar investigations all point to the one great law (law in the sense of an observed order of facts) that, beyond a given point, the longer the labour the greater the danger to mother and child; and, as a corollary of the above, the longer the labour the more tedious the recovery of the mother.

As has been pointed out of late by two or three writers on this subject, the teaching of the schools is not in accord with the actual practice of many practitioners, both in town and country. We are told in our manuals and by our teachers that the forceps is a perfectly safe instrument, and yet so many obstacles are thrown in the way of its justifiable use that the generality of practitioners look upon it with dread and suspicion, and use it only when they are obliged to do so, and only when the safety of any instrumental interference has been eliminated from the case. That I am not singular in holding this idea is very evident from what Dr. More Madden says in his interesting pamphlet on this subject: "Some years ago the forceps was hardly ever resorted to until the parturient woman, worn out by the protracted sufferings she had endured, was almost moribund, and when, too, the child was probably dead in consequence of the long-continued pressure it had been subjected to. And yet, as I could show you by a reference to the statistics of this hospital (the Rotundo), in forceps cases the mortality to the mother is always less in proportion to the frequency of the operation, as well as to its early performance in those cases which require it."

Keeping in view the law, that the maternal and infantile mortality attendant upon parturition is in a ratio progressive with the duration of labour, are we not justified, nay, are we not bound, to use every means in our power to shorten that duration; provided always that can be accomplished with safety to the mother and child? Many maintain that as long as the head advances, though ever so slowly, instruments should not be employed. Some say, Wait on, leave it to nature! And even though the head be stationary or fixed in a position favourable for the use of the forceps, wait, they say, four, six, or even twelve hours before you attempt to deliver the woman from her sore travail.

With all due deference to the mighty ones who have laid the foundations and further advanced the structure of this branch of our art, I humbly enter my protest against any such principle. If it is at all justifiable to assist in the delivery of a breech case, or of the placenta, it must be so to apply the forceps. We help the breech down, and are justified in doing so, in cases where we know Nature could and would ultimately accomplish delivery. We extract the placenta almost immediately after the child is born, and are justified in doing so; yet Nature would, in a large proportion of cases, accomplish this some time within the hour. I have a very high respect for Nature as a *vis medicatrix*, but, so far as my individual experience goes, she makes a sorry midwife. Why, even among the lower animals, especially those in a state of domestication, we find that unless art step in, the parturient female often fails to bring forth its living offspring. Any shepherd could tell of ewes and lambs lost from causes similar to, if not identical with, those seen in women. Delay with them seems fraught with very decided symptoms. In the mare, too, the average duration of labour is so short that the careful attendant knows well that if his case goes beyond a certain time there is danger. "Is not a cow like a duchess?" She is, and in so far as that the *ars obstetrica* must come into play in the one as in the other. It is not so with those animals which are, strictly speaking, feral, but with animals which are domesticated, and lead a somewhat artificial life, the act of parturition is fraught with contingent evils, over which mother Nature has little or no control. It may be difficult to say with precision what is a state of nature as regards woman, but we do know that women in the higher circles of life do not, as a rule, represent this ideal. We know also that since the introduction of machinery, more notably the sewing machine, neither the lady in the middle nor the factory girl in the lower class can be looked upon as living under any other than artificial conditions. Nature can, and does accomplish much, but she cannot accomplish the delivery of women under conditions as favourable as those brought about by the art of the moderately skilled accoucheur; and simply because, as society is at present constituted, there are introduced into this natural process of parturition adverse conditions, pathological states and complications, which quite place that process beyond the control of the venerable mother.

There would seem, then, to be a point of time beyond which danger or unfavourable conditions are apt to manifest themselves; and it may be broadly stated as a fact that labours of six hours are safer (other things being equal) than labours of twenty-four hours' duration. And Sir James Simpson shows by statistics that the mortality to mother and child is tenfold greater in labours prolonged beyond thirty-six hours than in labours terminated within the first twenty-four hours.

It is unnecessary to enumerate the complications which may and often do arise in tedious and protracted labour, but these would seem to range themselves under one or other of the following heads:—

1. Danger arising from exhaustion, either of the nervous, muscular, or circulatory systems.

2. Dangers arising from mechanical pressure.

It is only necessary to mention, as coming under the first category, rupture of the uterus and post-partum hæmorrhage; while in the second we have placed prominently before us inflammation or sloughing of vaginal, rectal, or vesical walls, with all their concomitant evils—these on the part of the mother; on the part of the child, death or cerebral lesion from compression.

It is with something akin to pain that I look back on the early years of my career as a country accoucheur. Imbued with the scholastic dread of interfering with "old Nature," and consultation not always being attainable, I have painful memories of allowing these poor but confiding women to remain in strong labour for ten, fifteen, or even twenty-four hours, knowing well all the time that harm would accrue. But why, asks some accomplished accoucheur, did you not help with ergot?—why, asks another, did you not use forceps? Simply because, in the first place, my experience of ergot, even then, was that in a large proportion of cases it did more harm than good; and, in the second place, I had been taught to avoid the use of instruments as long as there was any progress, and my ideas of the forceps were (something like a Calvinist's in matters of his religion) more imbued with the dangers than with the advantages, more alive to the horrors than to the blessings of the instrument. Then do I blame my teachers? Certainly not. They taught up to the thought of the day. But gradually and surely our ideas are undergoing modification on this point, and ere long, we think, it will be forced upon the attention of the schools the propriety of establishing a more thoroughly competent system for teaching surgical midwifery. Since commencing practice I have had nearly one hundred forceps operations, and looking over those of them which I have carefully tabulated I am forced to the conclusion that the mere use of this instrument does not interfere with, nor retard, but rather tends to help, the recovery of the mother, and that "the timely use of the forceps, shortening the second stage of labour, is the great practical improvement in recent midwifery." (On this point see the evidence of Dr. Thorburn, Mr. Rigden, Drs. Hamilton, Lawrence, Milne, and last, though not least, Dr. Clarke of Oswego, whose paper is quoted in the Dublin Quarterly Journal of Medical Science, Jan., 1872.)

I must here mention that a great portion of my midwifery is what is called by the financial part of the profession "low midwifery,"—i. e., made up of that unfortunate class who cannot afford to give the accoucheur a higher fee than ten or fifteen shillings. Luckily the chief aim and end of our profession is not that of taking fees. We are not tradesmen grubbing for money, but we are, I hope, men of science searching for truth; and so it comes about that these poor and heavily troubled creatures are not all obliged to yield themselves up to the limited skill of the venerable mother aforesaid, or to the greed and ignorance of the great unqualified.

But, though paying so low a fee, these cases

furnish to the accoucheur data of great and special importance, and for this reason: The wife of a working man, as anyone but the financier may know, has "no time to lie a-bed," and does invariably get up on the third or fifth day, seldom, if ever, keeping on her back till the ninth day, which is the legitimate and correct period of the higher and more respectable classes. The very necessity of getting about as soon as possible at once furnishes us with a standard of comparison of very great value. Thus, if I look into the details of the last fifty cases of forceps operation on my register, I find these women commenced their usual household or their factory work at periods ranging from the third to the tenth day, under circumstances completely favourable as to feeling, actual state, and general condition. Now let any accoucheur compare these results with those obtained from an observation of fifty cases of natural and uncomplicated labour, and he will perforce come to the conclusion that the forceps cases made as good and as quick recoveries as the cases of strictly natural and unassisted labour. Again take these same fifty forceps cases and compare them with another series of fifty cases of tedious or protracted and unassisted labour, and it will be found that, while the former approach very near unity as to rapidity and perfection of recovery, the latter depart considerably from this standard of excellence—if I may be allowed the expression—inasmuch as, setting aside altogether the rate of mortality, many will make more tedious recoveries and depart further from the healthy or natural standard as measured by time, and this we would set down as the tenth day. In plain English, the assisted cases get about sooner and feel better than the unassisted cases do. If this be the case—and who will now deny it!—can we doubt that the more frequent use of the forceps becomes not only justifiable, but a matter of duty? By their more frequent use we would not only lessen the maternal and infantile death-rate, but, by eliminating all or most of the causes of death and other pathological states, we would bring our patients nearer a healthy standard of recovery.

But it may be objected that the duration of recovery is too uncertain a quantity to be used as a standard of comparison, and that my statistics must be too elastic, and only an approximation to the truth. But the same objection can be urged against vital statistics of all kinds. Medicine is strictly an uncertain science, and all that the numerical method can do is to give an increased weight of probability to the truth of our investigations. Dr. Barnes, in his admirable lectures on the Convulsive Diseases of Women (The Lancet, May, 1873), says: "The laws of numbers are infallible, but not so the perceptions and the reports of observers; nor are individual cases of disease constant uniform quantities like abstract figures. I think the true clinical physician will prefer to base his judgment as to the value of different methods of treatment upon careful observation of the action of remedies and close critical comparison of cases." This if all I pretend to do. I compare the recovery in a given number with the of tedious and protracted labours, using the tenth day as the general and natural standard, and I find the forceps cases have had the best of it.

In conclusion, I would just enumerate the class of cases in which I think it justifiable and obligatory to use the forceps.

1. In all cases where the first stage of labour is completed and the head stationary in a position favourable for their use. Under these conditions I would not wait longer than two hours.
2. In cases where, though the head is advancing, the labour is tedious, from the fact of the pains being too weak or having almost ceased.
3. In cases where the pains are stronger than is warranted by the advance made.
4. In hæmorrhage, if excessive; and in some cases of convulsions.
5. In cases, favourable for operation, where the patient is very desponding or impatient.
6. In cases of a tedious nature where there is a rigid fourchette or a lengthened perineum, especially where the pains are not steady in rhythm and force, and where mother Nature seems bent on rupture. In reference to this class of cases I make no apology for quoting from a report of Dr. Clark's paper in the Dublin Quarterly Journal of Medical Science, Jan. 1873. He says: "If rigid peritoneal tissues be the obstacle, the danger of their laceration will be lessened by the forceps. The wedge-like form of the proximal end of the locked blades is an important aid in dilation. It prepares the way; meanwhile it diffuses the bearing of the uterine force along the longitude of the vagina, lessening its intensity at any point. Moreover, the experienced practitioner will remember that a majority of the cases of laceration of the perineum occur when, after long delay at that point and many ineffectual pains, the uterus, as if vexed with the futility of its efforts, with one tremendous throes suddenly bursts through the obstacle. Reflex power, when repeatedly foiled, does thus accumulate. The forceps, by securing the steady progress of the head, in some degree obviates the danger."

7. In cases of occipito-posterior positions, unless the labour is advancing quickly. I have had four cases of the above presentations during the last year. Three were in the third position and one in the fourth. There was delay in all. All I had to do was to rotate the head so that the presentation became occipito-anterior.

8. The second twin, if a head-presentation, and not advancing quickly after the first.

9. To save time—i.e., if the case is favourable for forceps—I do not scruple to use the means at my command of relieving the woman from travail and myself from work.—[Lancet.

ACTION AND SOUNDS OF THE HEART.

In a paper on the action and sounds of the Heart, read before the British Medical Association, Dr. George Barton maintained that it was a mistake to believe that the ventricle is dilating when the arterial systole takes place. He summed up his views as follows:—1. The distended aorta reacts in immediate connection with the ventricular systole, crossing the sigmoid valves as its impulse is imparted to the wave. 2. The sound produced in closing the sigmoid valves terminates the first sound of the heart. 3. The second sound is produced by contraction of the auricles, as they propel the blood through the auriculo-ventricular foramen, distending the ventricle. It appears to follow the first sound, but represents the commencement of a new beat.—[The Doctor.

PROSPECTUS.

THE CANADIAN

MEDICAL TIMES.

A NEW WEEKLY JOURNAL,

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

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

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

THE CANADIAN MEDICAL TIMES, appearing weekly, will serve as a vehicle for correspondence 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, Colleges and University pass-lists, public and professional appointments, the outbreak and spread of epidemics, the introduction of sanitary improvements, &c. Many interesting items of this nature, it is hoped, will be contributed by gentlemen in their respective localities.

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

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

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

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

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MEDICAL NEWS.

From various parts of England there is evidence that the Adulteration Act is being rigidly enforced. A batch of shopkeepers in Newcastle were charged lately with selling adulterated milk, and a conviction, accompanied by a fine, was obtained in each case.

According to the report of the Amazon Exploring Commission, it is common to find on the Amazon children of three years of age smoking, and "not averse to run." Adults and children are given up to the filthy habit of geophagia, or dirt-eating, a practice productive of innumerable physical evils. Malarious fever is prevalent on both banks of the river.

Hospital Sunday in Birmingham has this year been more than usually successful. A larger sum has come in already than has ever before been received so soon after the day of collection, and it is estimated that the minor charities of Birmingham, which this year receive the funds collected, will have at least 5200 pounds divided amongst them.

Professor Palmieri, director of the observatory of Mount Vesuvius, has constructed for the Empress of Russia a metallic thermometer, which gives a signal at every change of temperature. The apparatus is so sensitive that the indicator is almost always moving. When the variations of temperature reach a certain degree, little bells begin to ring, and notice is thus given of the rising and falling of the mercury. The instrument also marks the highest and lowest degrees of temperature which have taken place during a certain period.

Dr. Nelaton, on the night before his death, said to his son, "Do as much good as you can in life,—above all, without noise." The first phrase in his will is thus written: "I desire that my wife shall bring up my son to respect religion, honour, and work." His codicil expressly requested that no discourse should be pronounced over his tomb, and that the funeral should be as simple as possible. By taste, and somewhat through vanity, he avoided a display of instruments in his operations; he called it "surgery with a big orchestra." He had a small, dry hand, with pointed fingers and a long thumb. This hand was his principal instrument. His coolness equalled his dexterity. "When you have a correct diagnosis, you know where you are going, and you don't risk anything," said he. One day, after homoeopathy had secured a foothold in France, a doctor of that school, rubbing his hands with exultation, said to Nelaton, "You see, we are gaining ground every day." "Yes, in the cemeteries," added he. The Emperor said to him, when he cured his son in 1867, "I thank you, Monsieur Nelaton; you have saved my son." "I am glad of it, sire," was his answer, "for I have at the same time saved my reputation." Dupuytren, the greatest genius in the science of surgery of modern times, was his master. The pupil did not equal his master, but he had a greater number of clients among distinguished people. He was a hard worker, and gifted with a rare intelligence. He possessed, too, a certain talent for elocution which tempted him to compete for the professorship of the surgical clinic. He failed the first time, in 1850, but the second time, in 1851, he won, and the occasion was memorable on account of the number and character of his competitors. The faculty of the college had reason to congratulate itself on having attached him to the institution. His teaching was brilliant, and he drew around him a numerous following of studious young men. His successes in the hospital, the certainty and the precision of his diagnosis, his sure judgment and astonishing dexterity, all joined to much gentleness of manner towards patients, soon created for him great reputation. He became the surgeon of Louis Napoleon; extracted the ball from Garibaldi's foot,—the story of which is now legendary,—and honours reached him from all sides. Clients came to him in such numbers that he was obliged to give up his professorship. Soon after he was made Senator and Grand Officer of the Legion of Honour, Royer, Michael Levy, and Ricord being the only other physicians who have received this honourable distinction.

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., Fdin.; 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 NEISE, M.D., Professor of Descriptive and Regional Anatomy.
THOMAS R. DUPUIS, M.D., Professor of Botany.
NATHAN F. DUPUIS, M.A., F.B.S., Fdin., (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. SAUNDEPS, M.D., M.R.C.S.E., Demonstrator of Anatomy.

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