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THE MEDICAL TIMES.

VOLUME I.—NO. 1.]

KINGSTON, (CANADA), SATURDAY, JULY 5, 1873.

[PRICE FIVE CENTS.]

PRACTICAL MEDICINE.

TREATMENT OF SICK HEADACHE

About a year ago there was published in the British Medical Journal the results of the experience of a large number of leading British physicians regarding the treatment of this distressing affection. The substance of the report amounted pretty much to this: that the relief afforded by the medical man was, as a rule, so trifling that the patient took the matter into his own hands and found by experience the best way to obviate or alleviate the attack, or made up his mind that the affection was incurable. Bromide of potassium was however, noticed as a drug, occasionally capable of affording relief. Dr Williams, of the Sussex Lunatic Asylum, also recorded the experience, at that institution, of Indian hemp as a remedy, and stated the opinion of his colleague, Dr Green, and himself, that this drug was worthy of extended trial. Since the appearance of our report, guarana or paullinia powder, a remedy for sick-headache which has been employed in France and elsewhere for some years, was brought prominently before the notice of the profession in this country by Dr Wilks. The results obtained are very various, and show that our knowledge of its modus operandi is most incomplete. An extended trial of guarana, and a careful observation of the class of cases in which it is of value, will probably lead ere long to a more definite knowledge of its therapeutical value. We are glad to have the opportunity of recording the views of Dr Wilks on guarana and the other remedies which his special attention to the subject has led him to employ since the publication of his first paper. The opinion entertained by him regarding the value of cannabis Indica is shared by another of the writers in the report. Indian hemp seems deserving of a full trial.

"As regards the treatment of sick-headache," says Dr Wilks, "I have until late years been able to do little more than recommend to my patients the avoidance of all those circumstances which they know by experience would induce an attack. I allude, of course, to nervous headache, for I believe that this is almost the only form for which we are consulted; a temporary disturbance of the head arising from various causes, requiring no medicine, or but a casual dose. During the last three or four years I have been able, with others in my profession, to do something more positive than preach hygienic principles to my patients, having in our possession three remedies which have been doing eminent service in this terrible complaint. In the first place, there is the bromide of potassium, which is so valuable a medicine in many cases of sick headache that it can scarcely be superseded by a better remedy. The patient who is very often a gentleman, comes home with a splitting headache, fatigued and tired after a hard day's work; he takes fifteen

or twenty grains of bromide of potassium, presently goes off to sleep in his easy chair, and wakes in an hour well. I have known this to occur in so many instances, that I cannot hesitate in my belief as to the efficacy of this medicine. It is one which I always first employ, having seen such eminent advantages follow its use. I have known many patients declare, that the bromide was the first medicine they had taken in their lives which had had the slightest effect in relieving their headache.

"About two years ago, I commenced to use the cannabis Indica, and I have no hesitation in saying that in this drug we possess a most valuable remedy against headache. I have never given it in large doses with the object of counteracting the pain by producing an immediate effect, but have employed it in doses of a few drops three times a day, and continued for some weeks. In several cases where my patients were subject to constant headache, great benefit was experienced, several of them having written to say they had got rid of their trouble, or it had been less frequent. I consider it superior to all other remedies in this respect that, if efficacious at all, it preserves the patient from his malady; whereas other medicines do little more than arrest the attacks when they have commenced. I have not given cannabis in the manner recommended by Dr Williams (of Hayward's Heath), in the form of a dose of the extract daily.

"Thirdly, guarana has been introduced to our notice as a remedy for sick-headache, and here, again, we have a very valuable addition to our pharmacopoeia. In many instances, especially those of ladies, I have had the most positive assurance given to me of the power of this drug in arresting headache, so that not the slightest doubt can be entertained of its immense value. A dose is usually taken when the headache is approaching and if this is not quickly successful in arresting it, a second powder is swallowed; after an hour or so if the remedy is to be useful, the headache has disappeared. I know of several cases in which the greatest enthusiasm is expressed by patients as to its merits. At the same time I am constantly hearing of cases where it has failed. I am now trying it in smaller doses by daily administration.

I feel certain that these three drugs—bromide of potassium, cannabis Indica, and guarana—constitute a most important addition to our nervous medicines, and that in them we have remedies against a terrible complaint which a few years ago constituted the opprobrium of medicine. I might say that I know of cases where galvanism has very speedily cured a pain in the head; and I can call to mind the case of a lady, where the application of the bisulphide of carbon invariably relieved the most severe headache.—Brit. Med. Journ.

WASHINGTON SURGERY.

DRESSINGS OF COTTON WADDING.

By WALTER REID, M.D., Surgeon, Royal Navy.

A new method of dressing wounds, at present attaining great popularity amongst French surgeons, is that which is known as the "pansement ouaté" of M. Alphonse Guerin, of the Hotel Dieu. It consists in the use of large quantities of cotton wadding, somewhat after the manner of treating extensive burns with the same material. About two years ago, towards the close of the war, and during the days of the Commune, M. Guerin first put this in practice in the Hôpital St. Louis. The properties which cotton wadding possesses of filtering the atmosphere, the regular elastic compression and uniform temperature which its application induces, were qualities which he thought might be turned to good account in the treatment of wounds and other surgical diseases. An attendance of nearly six months in the hospitals of Paris during the course of the winter has enabled me to write with some authority on this subject, which well merits the attention of the profession in this country.

The method is peculiarly applicable to cases of amputation, and in order to describe the manner in which I will suppose a thigh amputation at the thigh. Bleeding being carefully stopped, the ligatures are cut short, except that of the main artery, which is allowed to remain of the usual length. The wound is then washed with a solution of camphor and alcohol, of carbolic acid, or other disinfectant. The stump being now elevated and the loose integuments slightly stretched outwards by an assistant, portions of cotton wadding are inserted so as completely to fill without distending the cavity thus formed. Several layers of the same material are then applied over the stump, and carried in the form of broad rollers round the limb as high as the groin or pelvis. The volume of the whole ought to be at least three times that of the thigh, or about the circumference of the patient's waist. A number of bandages are then carefully applied, the constriction being at first moderate, but gradually increasing until it is as powerful as the hands of the surgeon can make it. The limb is now placed in a horizontal position, supported by a pillow, and allowed to remain so for twenty or thirty days.

The first thing that strikes the surgeon is that the patient, during the whole of this period is free from pain which neither comes on spontaneously, nor is it induced by the contact of surrounding objects, or by their shock. A peculiar odour is generally exhaled during the first ten or fifteen days, which, however, can be destroyed by the use of disinfectants applied to the outside of the apparatus.

I recently saw in the service of M. Guerin, the removal of the dressing in a case of amputation

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of the upper arm after thirty-two days' application. On arriving at the deeper layers of wadding, they were found to be firmly glued to the integuments in the vicinity of the wound. About half a wineglassful of matter came away with the dressing. It had a peculiar odour, not that of putrescent pus, but which M. Guerin attributes to the confined sebaceous secretion. The skin was quite normal, being free from redness, swelling, or any other sign of diseased action. The end of bone was well covered by a healthy granulating ulcer with the characteristic blue margins, showing that the process of cicatrization was going on. M. Guerin regarded this case as a good specimen of the ordinary result of the cotton wadding dressing. It was reapplied for another period, which he hoped would complete the cure. Two applications are generally sufficient; a few strips of adhesive plaster is all that is necessary afterwards, if the ulcer is not quite healed.

The dressing is also applicable to other diseases, such as abscess and sinus, especially when connected with joints. I saw a case of synovitis of the knee-joint with sinuses treated by M. Guerin. The sinuses were laid freely open, and the apparatus applied. It has been removed since my return to England, but Dr Blanc, of the Indian Medical Service, was present at the removal, and writes as follows:—"The result was beautiful, all the incisions healed, and the knee about the same size as the healthy one." In these cases it is necessary to apply the wadding from the toes to the groin, in the upper extremity from the fingers to the shoulder.

In having recourse to this method of dressing, various precautions must be attended to. The patient during its application ought to be removed to an apartment where the atmosphere is pure and then carried back to his own ward. The compression by the bandages ought to bear on all parts alike, and be at the same time powerful. It is therefore necessary, occasionally, during the first twelve days, to apply more wadding and bandages, so as to conduce to this end. In amputations at the thigh the stump is liable to elevate itself, and cause the bone to protrude; this will be avoided by maintaining it in the horizontal position. The temperature must be taken regularly every morning and evening, as it will give the first indication of anything going wrong. Nothing need be apprehended if it remains normal after the first forty-eight hours.

The advantages contended for by the advocates of the "pansement ouaté" are—

1. Avoidance of the action of the air, which irritates, not only by its physical properties, but also by reason of the minute organized bodies which it holds in suspension.
2. A compression, firm, elastic, and sustained, which moderates the afflux of the blood, and produces rigorous immobility of the parts, both in themselves powerful antiphlogistic agents in the treatment of wounds.
3. Remarkable diminution and frequently total absence of pain.
4. Constant uniform temperature of the parts, also an important agent in the treatment of wounds.
5. The ease with which it is applied, and the

avoidance of the evil consequences of dressing the wound daily or every two days.

6. The protection afforded locally, thus facilitating the transport of the sick and their dissemination in crowded hospitals.

Lastly, The statistics of M. Guerin show a very marked diminution in the mortality of his large operations since his adoption of this method. Thus, during the troubles in Paris, when his wards were crowded with wounded men under the worst conditions, nearly all his large operations were fatal; but after its employment he had nineteen successful cases out of thirty-four large operations.

I might also mention its safety. Out of numerous cases, I have not seen an untoward accident, nor have I heard of any which could be fairly attributed to this new method of dressing.

It seems destined to render great service to the practice of surgery, particularly to that of the navy and army, in the treatment, for example, of severe wounds or accidents on board men-of-war, when, owing to the motion of the ship, it is almost impossible otherwise to protect traumatic surfaces, or to obtain immobility of the parts. Again, on the field of battle there is no method likely to offer greater advantages in the treatment and transport of the wounded.

M. Guerin hopes in course of time by a modification of the process, to obtain union by the first intention in flap operations on the extremities. Experience is as yet wanting on this point.

Army Medical School, Netley.

## PATHOLOGY.

### ARTIFICIAL PRODUCTION OF EPILEPSY.

At one of the late meetings of the Société de Biologie, M. Brown-Sequard communicated to the Society the results of experiments he had made to determine the path pursued by irritation of the sciatic in order to reach the upper part of the spinal cord and to produce epilepsy. Section of the sciatic nerve near its origin, and, still more, the forcible ablation of the nerve, are constantly followed by epilepsy. Nevertheless section of the spinal cord immediately above the origin of the sciatic nerve does not produce epilepsy. This unexpected fact gives rise to the suspicion that the occurrence of epileptic symptoms is not due to the section of the fibres of the sciatic nerve proper, but rather to the section of the fibres of the sympathetic which unite themselves to the sciatic after its emergence from the spinal cord. M. Brown-Sequard naturally thought it would be interesting to divide the several sympathetic branches that pass to the sciatic; but, unfortunately, this is extremely difficult to accomplish. Division of the great sympathetic in the abdomen produces only transient effects—incipient symptoms, as it were, of epileptic attacks, but nothing positive or definite. On the other hand section of the roots of the last dorsal and first lumbar nerve produces epileptic attacks, and it is known that these roots furnish sympathetic filaments to the sciatic nerves. From all this M. Brown-Sequard concludes that it is to section of the sympathetic that we must essentially attribute the artificial production of epilepsy.—*Lancet*.

## THERAPEUTICS.

### RESIN OF COPAIBA AS A DIURETIC.

Dr. Wilks, of Guy's Hospital, speaks (*Lancet*, March 22,) with the greatest confidence of the value of the resin of copaiba as a diuretic. The ordinary copaiba has long been known for its action on the kidney, and is occasionally used in dropsy, but the nauseous taste of the oleo-resin has almost forbidden its employment. The oil, separated from the resin, is officinal, and is often prescribed in gonorrhoea instead of the compound substance. It is thought that the oil acts more especially on the mucous membranes, and is therefore useful in affections of the bronchial, vesical, and urethral surfaces. If this be so it is equally certain that the diuretic properties reside in the resin. Dr. Wilks has found it very difficult for patients to take the ordinary pharmacopoeial drug, and almost impossible to get general practitioners to sanction its administration in private practice; he therefore has substituted for it the simple resin, and finds it equally or more efficacious. He gave fifteen or twenty grains in mucilage and flavour-water three or four times a day, and has numerous cases showing its marked diuretic properties. There is now, in Guy's Hospital, a man who came in with ascites and who, after taking numerous other remedies, was ordered the resin. The amount of urine was at once doubled in quantity, and now, after a few days, the fluid has almost disappeared. Dr. Wilks says he has lately had as a private patient, a "drunkard builder," with cirrhosis of the liver and enormous ascites, for whom he also prescribed the resin; a diuretic action was at once effected, and the dropsy quickly disappeared. In heart cases, also, he has given it with great success. Lately there was in the hospital, a girl with mitral disease and considerable dropsy, who took the usual medicines without effect, and was then ordered the copaiba. It at once produced the desired result, and the fluid was dispersed. Dr. Wilks states that he has often given the remedy and failed; but, on the other hand, when it has succeeded, the result has been more striking than that arising from any other diuretic he has seen. He would wish it were placed in the Pharmacopoeia, as it is not kept by chemists or perfumers, and the resin is thrown away in large quantities as a waste material.

## GYNECOLOGY.

### LOCAL TREATMENT OF LEUCORRHOEA.

Dr. Clay advocates in this disease the process irrigating the vagina and cervix, twice a day—least with the "fountain" (recommended by Scanzoni), or Davidson's syringe. In no case where is not positively contraindicated would he suggest less than one gallon of warm water. He infinitely prefers the warm to the cold, in consequence of there being no shock or reaction afterwards, two very important considerations in the treatment of uterine disease. After each irrigation is finished the parts are in a condition to receive medication, either in the form of ointment, solution, or solution. He generally prefers the solution containing some of the preparations of iron, for instance—Ferr.

iodidi, ℞j; aque puræ, ℥viiij; or ferri sulph. in same proportions. Argenti nitras, cupri sulphas potassii iodidum, potassæ chloras, and the vegetable astringents are all excellent remedies for this purpose. After the cervix has been thoroughly exposed there will frequently be observed a thick, glairy, tenacious mucus, plugging the os, which will require for its removal some effort on the part of the operator. This is best accomplished by using small pieces of cotton, attached either to a sponge-holder, or a long delicate pair of forceps. The parts being in a condition for the application of remedies, he usually then uses chromic acid dissolved in water, one part of the former to two of the latter. While on the probe or sound, the cotton is saturated with the chromic acid solution and introduced gently into the cervical canal, fully one and a quarter inches, and allowed to remain only a few seconds. This application should not be repeated oftener than every six or eight days, and not then unless positively indicated. When the discharge proceeds from the cavity of the uterus, either from the body or fundus, he has found the acid nitrate of mercury invaluable for its relief, but great care should be taken to see that the os is well dilated before recourse is had to this remedy. His plan is to saturate a small pledget of lint or cotton with the acid nitrate of mercury, and fasten a delicate string around it, so that it can easily be withdrawn, and gently introduce it to the fundus, allowing it to remain for six or eight hours, and then remove it. Repeat this once or twice weekly for two or three weeks, and the result will be most satisfactory.—*American Practitioner*.

#### TANNIN IN PROLAPSUS UTERI.

Dr Hachenberg reports in the *New York Medical Record* several cases of the use of this remedy in prolapsus uteri, when other means had failed to afford relief. His method is as follows:—A glass speculum is introduced into the vagina so as to push the uterus into its place. Through the speculum a metallic tube or syringe, with the end containing about thirty grains of tannin, is passed. With a piston, the tannin is now pushed against the uterus, the syringe withdrawn, and the packing neatly and effectually completed with a dry probang, around the neck of the womb. After the packing is completed, the probang is placed against the tannin, in order to hold it, and the speculum is partially withdrawn. The packing is now fully secured and the instrument removed. The application of tannin holds the uterus firmly and securely in place, not by dilatation of the walls of the vagina, but by corrugating and contracting its parts. At first, the applications may be made weekly, finally but once or twice a month. It not only overcomes the hypertrophy and elongation of the cervix, but even, the writer thinks, induces a slight atrophy of the parts. As a remedy for leucorrhœa, where the seat of the inflammation is at the mouth of the womb or within the vagina, it actually gives speedy relief.

#### PUERPERAL CONVULSIONS.

In a paper on the treatment of puerperal convulsions, by Mr A. B. Steele, of Liverpool, the author maintains that this must be based on a

pure system of eclecticism. In plethoric conditions of the system, free general depletion was essential. The amount of blood to be taken depends, not, as has been laid down by authors, upon the severity or frequency of the paroxysms, but upon the state of the circulation in the intervæ. In an overloaded state of the vascular system, bloodletting had a directly sedative action on the spinal centres: while in an anæmic state of the system it only increased the mischief, by adding to the already augmented spinal irritability due to anæmia. Bloodletting in suitable cases had a twofold action—curative in its action on the spinal cord, preventive in its action on the brain, preserving that organ from the injurious effects of pressure liable to result from the continued pressure during the paroxysm. Convulsions had been attributed to cerebral congestion, but Dr Marshall Hall has shown that no cerebral disease can produce convulsions, which are exclusively a lesion of the true spinal system, although congestion or fullness of the cerebral vessels may indirectly cause convulsions by counter pressure on the medulla oblongata. In uræmic convulsions, bloodletting acted also as an eliminant, by removing at once and directly an appreciable quantity of the poisoned fluid. Manual dilatation of the cervix and immediate delivery has been recommended as a universal rule, on the ground that the uræmic condition was speedily fatal—first to the child and then to the mother. That this is a fallacy is shown by the fact that convulsions often persist for a long time after delivery, and, further, sometimes even terminate favourably both to mother and child after some hours' duration; besides, uræmia is not a constant condition in this affection. Early delivery, while proper in certain conditions, is hurtful in others, by adding to the already exalted excitability of the reflex system. Statistics have shown that the mortality is less when labour is not artificially hastened. The author attributed the death of the child to violent uterine action rather than to uræmia, and the maternal deaths were chiefly referable either to exhaustion or secondary cerebral mischief. Chloroform was most valuable under certain conditions, but could not supersede the necessity for depletion in cases of extreme vascular fullness.

#### SHORT NOTES.

##### VERATRUM VIRIDE IN ACUTE RHEUMATISM.

Heuser considers veratrum viride to be superior to any other remedy in acute rheumatism. He uses a mixture of 1 part of the tincture with 4 of rectified spirit and 5 of water. Three to five drops of this mixture are given every two hours, and the joints kept warmly rolled up. The author has also observed the best effects result from its use in pleurisy, and considers that it will supersede digitalis in pneumonia and bronchitis. He warns against the use of large doses, which impair the remedial action of the drug. Five drops of the tincture reduced the pulse rate to one-half, and produced vomiting, weakness, cold sweats, a feeling of tearing and numbness in the extremities and muscæ volitantes.—*London Med. Record*.

#### PLASTER SPLINTS.

There has been recently devised and used at Bellevue Hospital, a modification of the plaster-of-Paris splint. It consists in laying strips of tin or wire gauze, about three-fourths of an inch in width, lengthwise of the limb. The flexibility of these strips is such that they readily accommodate themselves to any unevenness upon the surface, and yet strongly resist any lateral displacement. The advantages derived from these strips are, that an equally firm splint is obtained as when the plaster alone is used, and a very much lighter one.

#### SCIATICA.

Some cases of this disease which had resisted a variety of treatment were cured at Bellevue Hospital, almost at once, by the hypodermic injection of morphia over the seat of pain, plunging the needle deep into the tissues, perhaps to the depth of one or one and a half inches.—*Med. Record*, March, 15, 1876.

#### LOCAL TREATMENT OF SKIN DISEASES.

In an article published by Dr Gamberini in the *Giornale Italiano delle Malat. Ven.*, the author gives a list of the various cases treated in the special department of the Hospital Sant Orsola of Bologna, and makes the following remarks as regards the local treatment of the skin manifestations: In soft ulcers iodoform combined with glycerine was eminently successful (two drachms and a half of iodoform to one ounce of glycerine). Carbolic acid and tincture of iodine were also highly beneficial. Depilation and parasiticidal lotion formed the treatment of the various kinds of favi. The non-syphilitic manifestations were attacked according to their fundamental cause; the arthritic by alkalies; the herpetic by arsenical preparations; the scrofulous by anti-scrofulous remedies; with the result of showing the excellence of Dr. Buzin's doctrines.—*Lancet*.

#### ABORTIVE TREATMENT OF FURUNCULI.

As soon as there is perceived on any part of the body that characteristic redness, round in form and variable in size, with a culminating point in the centre, which, red at first, soon turns to a greyish-white, pour into a little saucer a thimbleful of camphorated alcohol; dip three fingers of the right hand into the liquid, and gently rub the part, especially the middle; moisten the fingers, and rub again in the same manner eight or ten times, for half a minute each time. After this friction, dry the place well, and anoint it lightly by the finger with camphorated olive oil, to prevent the evaporation of the alcohol. It is rare for a blind boil or furuncle, at the moment of lessening, to resist four applications of this kind. Often they decrease in inflammation, dry up and disappear, after only one application. When many applications are necessary, it is well to let a certain interval of time elapse between them—for example, to make it morning, midday, and evening.—*British Medical Journal*.

#### SULPHATE OF ZINC IN EPILEPSY.

Dr. Oxley related to the Liverpool Medical Institution (*Brit. Med. Jour.* March 22, 1873,) a case of the successful treatment of epilepsy by sulphate of zinc where bromide of potassium had failed. The girl, aged ten, in good health, had three or four fits in a day. Bromide of potassium, in ten, and afterwards twenty grain doses, three times a day, had no effect. Sulphate of zinc, in doses of three grains three times a day was given. She had one slight fit, after which she was free for several days, when the fits returned. The medicine was renewed, and the fits entirely left her. Dr. Oxley had never before seen sulphate of zinc of service in epilepsy, but bromide of potassium had proved very beneficial.

## THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL SCIENCE, NEWS, AND POLITICS.

KINGSTON, SATURDAY, JULY 5, 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.

## INTRODUCTORY.

In issuing a new medical journal in Ontario it will be fitting to offer a few words of introduction in this our first number. Ontario, a province of the Dominion of Canada, whose population is rapidly increasing, has already within its borders a body of medical practitioners numbering nearly two thousand. The sister provinces are relatively to their area and population almost as well supplied with medical men. These members of the medical profession, it is due to them to say, are not behind the practitioners of other countries in point of aptitude, intelligence and attainments; and it has long been a matter of surprise that this intelligent body should be left without other media of literary intercourse than the monthly medical periodicals. The necessity for a weekly journal has been long felt, and it is to supply this want that THE CANADIAN MEDICAL TIMES has been projected and commenced. This paper seeks to establish itself in the confidence of its subscribers as a strictly independent medical journal.

It will be its object to advance the interests of the medical profession in Canada by contributing to the diffusion of information amongst its members. It will be part of the plan to give original papers on medical subjects; to give reports of whatever proceedings of professional interest are passing in Canada and beyond; to give medical news; and to enter into the domain of medical politics with a view to uphold all that is beneficial for the profession in this country. New books will be reviewed so as to give an idea of their contents and value. Considerable space is intended to be devoted to abstracts of lectures and papers and a digest of all the current facts, discoveries and practical information gathered from the various medical publications on this and the other side of the Atlantic. In this form we intend to present to the busy practitioner all the current information and all the new, useful, and practical facts of the science. As a weekly visitor, laden with such treasures, we trust the TIMES will be hailed with a kindly welcome.

Our journal will be at the service of the profession as a vehicle for correspondence. There are many points continually arising in practice, pathology and treatment about which medical men may do well to solicit an expression of opinion from their brethren; and in such cases they will have an opportunity of doing so in the columns of this journal. Medical ethics and medical politics are subjects also on which naturally there will be a desire on the part of correspondents to express their opinions. With respect to corre-

spondence, one rule will of necessity have to be observed. It must not be anonymous. The name of the writer must be affixed to his communication, not in all cases for publication, but as a guarantee of good faith. It will be desirable, however, that correspondents should append their proper signatures to their letters for publication, whenever these deal with subjects concerning which the editor can share no responsibility.

Eagerly desiring as we do to advance medical science in this country, we feel we have a right to call upon the members of the profession in Ontario and the other provinces of Canada to aid us in this good work. We desire their co-operation as subscribers and as contributors. We invite them to send in reports of interesting cases and notes in practice; reminding them that in return for these contributions to a common stock they are reaping in part the advantages continually derived from the great sources of valuable information supplied by our professional periodical literature. There is still a word to be said and this by way of petition; we beg the reader's indulgence over imperfections and shortcomings inseparable from a first number. We are conscious that in this issue there is a lack of freshness; but this, though unavoidable, will soon be remedied; and in succeeding numbers we hope to present the CANADIAN MEDICAL TIMES in the character constantly to be aimed at as a varied, concise and useful repertory of medical reading.

Trinity College, Toronto; Dalhousie College, Halifax; Bishop's College, Montreal, have each applied within the year to have their courses of study recognised by the Royal College of Physicians, London, as qualifications for admission to examination for the diploma. The several colleges have been informed that no definite answer can be given while the scheme for the formation of a Conjoint Examining Board for England is under consideration. We call the foregoing from the President's address.

We are glad to note the appointment recently of Dr Octavia Yates as an Associate Coroner for the city of Kingston. We believe the causes which led to his appointment are such as have a general application, and which make it advisable to have medical men as coroners in all localities in which this is practicable. We just hint at these causes. A non-medical coroner, appointed long ago for political reasons, blundered recently in a very important case. The defects in his conduct of the inquest were so glaring as to lead the government to make inquiries; and the result has been the appointment of a medical gentleman who is competent and willing to act.

It is singular how governments consider themselves entitled to free services from medical men. The new English Registration bill, introduced by the government, compels medical practitioners to give certificates of the causes of death of their patients. The Ontario Registration act embodies a similar presumption that medical men are to be called upon to do gratuitously that which in the case of a magistrate, notary, attorney or in any

other profession, would be a matter for pay. The government of Ontario does nothing in the way of aiding medical education or benefiting the profession, to entitle it to claim such gratuitous service, and the British government does exceedingly little to the same end. It is simply an idea they have that medical men will do their behests out of good nature, or mere passiveness and non-resistance. But in England the medical men are demanding a small fee to be paid by the government for death certificates, and if the agitation succeeds it will help Canadian practitioners to stand out for a similar recognition of the value of their time and services.

A contemporary recently alluded to the increased openings for medical practitioners in Canada at the present time. The observations referred to Lower Canada, but in Ontario also the openings for medical practice are increasing. It is true that the principal cities are somewhat overcrowded, but the smaller towns and country villages are not so well supplied; and the new townships that are rapidly opening up into prosperous agricultural districts by means of railways afford an almost unoccupied field. It is oftentimes a matter of wonder what can become of all the graduates of the medical schools, and where can they go to; but in this as in other things a natural law seems to be at work. It is the law of distribution based on demand and supply.

Another thing to be noted in this connection, and one that is equally encouraging to students attaching themselves to the medical profession, is the improvement in the scale of remuneration for medical services which is obtaining in this part of the Dominion. The fees are going up. This is both natural and proper. For many years past medical fees in the generality of cases have been far too low; but our people were poor or of limited income; and the cheap scale of living in Canada enabled a medical man to put up with small fees. But now the country is prosperous and the cost of living has become dearer, it is therefore just that the scale of fees to medical men should be increased; and not only bear some correspondence with the increased cost of living and the increased rate of wages and salaries to working men and officials, but also approximate to what is paid in other countries. The movement is tending in this direction, and we are glad to note it. How to assist this movement is a matter which we shall take up on another occasion.

There is a good deal of outcry against the expensiveness and inutility of the British General Medical Council. A student correspondent of the *Lancet* is dissatisfied with the payment he has to make to the Council, inasmuch as he sees no result or advantage from it. He especially complains that no assistance is given towards the repression of coarse and misleading quackery. "All I know," he says, "of the Medical Council is that at certain periods there appear in the medical papers long reports of their quarrelsome and never-ending speechifying, and I am further mortified to know that I and others are taxed for no apparent object except to secure its continuance."

Other letters of similar tenor have appeared. The Medical Council of Ontario has also disappointed the expectations of many by its failure to repress quackery, and Canadian students have a similar grievance that the expense of maintaining the Council falls upon their slender purses.

#### MEETING OF THE MEDICAL COUNCIL.

The Medical Council of the College of Physicians and Surgeons of Ontario held its annual meeting in Toronto on Tuesday, June 24th, and remained in session three days. The principal business done was a revision of the draft bill to amend the Medical Act. Some alterations with respect to conducting the examinations were considered. The meeting proved to be a very stormy one, owing to the extraordinary conduct of Dr. Campbell, the leader of the homœopaths, who as retiring Vice-President, looked forward to the President's chair and was disappointed, since Dr. Clarke was elected. Dr. Campbell became very personal, and eventually he and the other homœopaths withdrew from the Council, sending in their resignations, and declaring that the homœopaths had done with the Council and would have a board of their own. The same member had previously provoked much indignation by preferring a grave charge against Dr. Aikens, the Treasurer, which on investigation proved altogether unfounded. Dr. Campbell had charged the Treasurer with being the cause of a loss of \$6,000 to the Council, and the way he made it out was in this wise:—That Dr. Aikens had represented to the Parliamentary committee on the Medical Bill that a certain printing account of Hunter, Rose & Co. was paid and that a favourable balance remained in his hands to carry on the operations of the Council. The bill had proposed to levy an assessment of two dollars on the fifteen hundred medical men of Ontario, and the government had promised to give an equal amount of assistance. This was of course defeated by the failure of the Medical Bill. The committee of investigation completely exonerated Dr. Aikens from the charge, and censured Dr. Campbell for attempting to attach a stigma to the name and character of their Treasurer. Our space this week compels us to defer a more particular account of the proceedings of this body.

#### ANATOMY.

##### ANATOMICAL ANOMALIES.

By H. J. SAUNDERS, M.D., M.R.C.S.E.

Judging from the cases recorded in the *Lancet* during the past few weeks, the occasional absence of the pectoral muscles would appear to occur more frequently than is commonly supposed. I can add from my own observation another case to those already mentioned, which was noticed in a subject dissected in the Royal College of Physicians and Surgeons, during the past session.

The sterno-costal portion of the pectoralis major and the pectoralis minor were completely absent on the right side, with the exception of a few dense tendinous fibres attached to the third and fourth ribs and coracoid process of the scapula. The clavicular portion of the pectoralis major was present, and, with the deltoid muscle and rest of

the arm, was fairly developed. The pectoral muscles on the left side were normal. Of the effect of the deficiency on the man during life I know nothing, as I had never seen him till he was brought into the dissecting-room, and was unable to trace his history. He appeared to be about forty years of age.

Another congenital malformation noticed in the dissecting-room during the past session, which may be sufficiently rare to interest some of your readers, was a union of the kidneys by an arch across the aorta, forming the so-called horseshoe kidney, the compound kidney thus formed being supplied with blood by four renal arteries, two on each side, and each side having two ureters, which united about six inches from the kidney. As in the former case, I did not see the man till after death: but it is scarcely probable that such a condition of things could be detected during life; nor would it be of much practical use if it could, except possibly with regard to prognosis in any injury or disease affecting one side.

Kingston, June.

#### HEREDITARY TRANSMISSION OF IMPERFORATE HYMEN.

By Dr. HORATIO YATES, Senior Surgeon to the Kingston General Hospital.

Some time since a respectable farmer's wife brought her daughter to me for advice. The girl was a fine, well-developed young woman of 18. She had never menstruated, nor had ever any vicarious hæmorrhage. From her physical appearance, and from the history of the case, I at once suspected an imperforate hymen. The belly was only slightly swollen, and she had the ordinary monthly constitutional symptoms, but without any "show." I found, on making a vaginal examination, a convex, elastic bulging tumour at the orifice of the canal. After a dose of castor oil, followed by one of laudanum, I made a crucial incision large enough to admit the index finger, when there commenced to flow, in a steady stream, an inodorous, chocolate-coloured fluid, of the consistence of treacle, to the extent of forty-two ounces. The incised hymen was as thick as buckskin, and as firm as parchment. I kept her in town and in bed for four days, lest inflammatory symptoms should occur, and directed in the meantime tepid water injections slightly impregnated with carbolic acid, eight drops to the pint. The girl returned home all right, and I hear has remained in perfect health ever since.

Thus far is detailed an ordinary case of imperforate hymen, with the common treatment; and but for what is to follow, I should not think of making a public record of it.

The girl's mother informed me that another daughter of hers, an equally well-developed girl, had been affected in the very same way as this one; had never menstruated, and at twenty her belly had become so much swollen as to induce some of her kind neighbours to suspect pregnancy. Rather suddenly, she became ill, and, as suddenly, died, undoubtedly of peritonitis. She had been seen only by an ignorant quack. I concluded that without doubt this was also a case of imperforate hymen, some of the accumulated fluid ultimately finding its way into the peritoneal

cavity.] And it was this fatal issue which induced the mother to make the journey to Kingston with her second daughter. These two cases might be called a coincidence. But soon after my patient had returned home, there appeared in my office her brother's wife with two female children, one eleven months and the other three years old, and each of these had an imperforate hymen. This was too much to be called a coincidence. This was clearly an example of an hereditary, or at least of a family peculiarity, and the more curious, from the fact of a transmission through the father to the next generation.

Most medical observers have noticed peculiarities of formation or malformation of one sort or other running in families. There is now a man living in this town who has six fingers (i. e., five fingers and a thumb) on each hand, and six toes on each foot. He has a brother with the same redundancy, and he is the father of four children, all of whom have precisely the same redundancy. And there is also a woman living in this town who had a hare-lip, and on five of her seven children I have operated for hare-lip. The other two were unaffected. None of the five had cleft palata. Parallel cases need not be repeated, but, I doubt not, have been observed by most medical men.

#### MEDICAL ETHICS.

##### THE PRINCIPLES OF ETHICS.

It would be very useful if the ethics of professional relations with the public, and with brother practitioners, were more studied than they are. The broad rules to do justice and to love mercy, and to treat one's neighbour as oneself are far more easily enunciated than applied; and on many matters of ordinary conduct we are, perhaps, too apt to be guided by custom or by what is called etiquette, without sufficient thought about the principles upon which custom and etiquette should be based. It would always be a wholesome mental exercise to review dispassionately the various points of friction that are met with in the discharge of medical functions, and the exercise could hardly fail in positions of difficulty that must come to all, to strengthen the hands of those by whom it had been practised.

##### THE LIBERTY OF PATIENTS.

A patient has perfect liberty to have any doctor he pleases, within reasonable limits, and to change his doctor when he thinks fit, provided it is done courteously. It is infinitely better and more respectful to a medical man to make a change than to go on secretly disparaging him, and hankering after another medical adviser. No right-minded medical man would be willing to advise a patient who did not respect his advice, or who systematically preferred the advice of another practitioner. It is the privilege of the practitioner as well as of the patient to be independent.

Nitrite of amyl is proving of great service in spasmodic and convulsive disorders. Dr. Jenks, of Philadelphia, narrates a case of puerperal convulsions, which was immediately and satisfactorily overcome by the inhalation of nitrite of amyl.

## MEDICAL NEWS.

Preliminary steps have been taken at Munich for erecting a monument to the late Baron Liebig.

It has just come to light that during the last few years a large trade has been carried on in forged diplomas, purporting to be from the University of Marburg; no less than forty persons in England having purchased the worthless documents.

Scant consideration appears to be shown by the French government to Communists en route to Caledonia. The transport ship Orne, laden with prisoners, lately put into Melbourne short of provisions, and with 410 cases of scurvy on board.

One William Young has been convicted under the Medical Act in Scotland and fined a guinea for falsely appending M.D. to his name at the end of a certificate of death. The man's ignorance was manifested by such caecography as "dropey of the kidnies," "brunkatis of the lungs," and "dropey of the chest," assigned as causes of death. The prosecution was at the instance of the Procurator Fiscal, a kind of functionary very much wanted in Ontario to carry out the provisions of our own Medical Act.

We have a noteworthy instance of the munificence of a Spanish doctor. In Madrid on the 16th April was laid the foundation stone of what is destined to be a splendid museum of comparative anatomy, natural history and ethnography. The museum will be erected and completed at the sole expense of Dr. Don Pedro Gonzalez de Velasco, with the noble and praiseworthy ambition of advancing at one and the same time the cause of science and the progress of his country.

Another dodge of the unqualified is exposed in the *Lancet*. Some medical men leave in charge of branch practices unqualified assistants, and put in prominent type on the window the words "resident medical officer." The same words are used by the great unqualified in filling up death and vaccination certificates. These words clearly convey a false impression, and, if not illegal, are highly discreditable.

The Australian Medical Journal mentions that among six samples of Australian wine sent in to the committee of the Melbourne Hospital, and examined by them, none were considered suitable for hospital use. It would appear from this verdict that the cultivation of the vine in Australia, from which much has been expected, is in some measure a failure.

Each of the four large hospitals of Paris where clinical medicine is officially taught has recently been endowed with a special and complete laboratory for researches in morbid anatomy, histology, and medical chemistry. Morbid specimens will thus be examined in every way by the gentlemen attached to the laboratory.

The Italian journals mention the death of Professor Corticelli, of Florence, after a long and painful illness. The deceased, who was a physician of great erudition and an able teacher, had successively distinguished himself as Professor of Physiology in the University of Vienna, Professor of Hygiene at the School of Pisa, and, lastly Professor of Forensic Medicine at Florence. He was a member of the Municipal Council of this latter city, and at his funeral the municipal councils of Florence and Vienna, and the three universities to which he had belonged, were largely represented.

Another victim to the duties and dangers of our profession has just been carried off. Dr. Marc Girard, of Bordeaux, a young surgeon of great distinction, who promised to reach the foremost rank among the profession in the South of France, has just died, at the early age of thirty-five, through a slight scratch of the finger whilst performing disarticulation of the shoulder on a patient presenting symptoms of putrid infection. He died after a few short days of illness, during which he was perfectly aware of the fatal character of his disease, and prepared for his sad end. At his funeral, which was attended by a large crowd, the Mayor of Bordeaux M. Fourcaud, expressed the feelings of sympathy and condolence which the town of Bordeaux at large manifested on this occasion.

During the past year the General Association of the Medical Men of France has given away 30,000 francs in aid to widows and children of medical men. Its finances are in a prosperous condition.

The municipality of Berlin, alarmed at the 130 cholera cases at St. Petersburg since March, is preparing for the repulse of the disease. Meanwhile typhus fever abounds in the North German capital. Drainage operations, so loudly demanded by the Berliners, are about to commence, and a loan of 13,500,000 has been raised to carry them out.

The Tribunal of Correctional Police at Lille has just tried a dentist for the illegal practice of medicine and for homicide by imprudence. The defendant, at the request of a lady, who was about to have two teeth extracted, administered chloroform to her. She had inhaled it on a previous occasion without inconvenience, but this time it produced fatal effect, the lady dying under the operation. The dentist has in consequence been prosecuted, and the court, now holding that as he had no diploma he was not qualified to employ anaesthetics, condemned him to two fines of 15 francs each on the first count, and to one of 500 francs and a month's imprisonment on the second.

The Paris correspondent of the *London Standard* relates the story of an exciting scene which took place on a Sunday night lately at the Hospital La Charite. A young Corsican, who had been admitted with erysipelas brought on by alcoholic indulgence, was placed in a ward occupied chiefly by droupical and paralytic patients. When the high fever with delirium supervened, the man sprang out of bed armed with a long knife which he had managed to secrete under his pillow, and then appears to have run amuck among the other tenants of the ward, stabbing and cutting right and left. By the time he was secured seven patients had been more or less severely wounded, none of the wounds, however, being of a fatal character.

## MEDICAL ABSTRACTS.

## BROMIDES IN PRURIGINOUS AFFECTIONS.

Dr Gueneau de Mussy, in the *Gazette Medicale* extols the efficacy of the bromides applied locally in pruriginous affections of the external integuments. He recommends their use, especially in pruritus vulvæ. He employs the bromides either in ointment or solution.

## CHANGE OF COLOUR IN THE HAIR.

Several historical and well-known cases (as those of Maria Theresa, Ludovico Sforza, and Mary Stuart) corroborate the simple but affecting statement made by the Abbe Lefevre the other day in the *Tichborne* trial in reference to the sudden change of colour his hair had undergone. He had heard, he said, of the death of his father, and on the following night dreamt that the details of his death were enacted before his eyes. He awoke terribly agitated, and found his hair had become white. A curious instance lately came under our observation, in which a black retriever puppy received a violent kick from a horse, which caused fracture of the thigh. By the time the fracture had united the dog's hair had changed from a deep black to a light brindle. The dog is now fully grown, but the hair has not recovered its original colour. To what can this change be attributed? The answer is not easy. Is it to the extraction of air? Is it a consequence of the absorption of pigment or the result of the action of some chemical compound; as an acid, eliminated by the skin? Under any circumstances it is singular that the influence should be limited to the hairs alone, and should not apparently otherwise affect the integument. The circumstances under which it usually occurs point to the nervous system as a principal agent, and this is supported by the occurrence of white hairs in the eyebrows and temples after severe attacks of neuralgia. Still, it may be asked, is it an instance of the direct action of the nervous system on the hair cells, or indirect upon the vessels of the surface? It would be interesting to know how the white colour makes its appearance—from the apex to the root, or vice versa.—*Lancet*.

## PHOSPHORUS IN NEURALGIA.

Dr S. M. Bradley, of Manchester, states that he has frequently employed a solution of phosphorus in ether, and has found it of signal service for the cure of neuralgia. The dose is five drops, which contains about one twentieth of a grain of phosphorus, ether dissolving about one per cent. of phosphorus. This not only relieves pain, but lessens the attacks. Dr B. has found it most serviceable in subjects who add to a highly nervous temperament some cause of nervous waste.

## ONYCHIA MALIGNA.

Prof. Vanzetti, of Palua, has successfully employed the nitrate of lead as recommended by Dr Moorloose, of Ghent, for the cure of onychia maligna, an affection often rebellious to ordinary treatment. He excises the excrescence of the nail to the level of the ulcer, then covers it lightly with nitrate of lead, and afterwards envelops the part with a compress of linen. At first a thick, stony crust, adhering to the margin of the ulcer, forms, which falls off after a few days, leaving a wound which quickly cicatrizes.—*Abeille Medicale*.

## ACTION OF DIGITALIS ON THE BLOODVESSELS.

Drs Brunton and Meyer contribute to the *Journal of Anatomy and Physiology* an instructive paper on this subject. They conclude, first, that digitalin causes contraction of the arterioles. This is proved by the small height of the pulse wave, and by its descent becoming more gradual after the injection notwithstanding the increased blood-pressure. Second, that the slowing of the pulse is probably due in part to the increased blood pressure which results from the contraction of the arterioles.

## DIGESTION OF FAT.

Schiff has instituted a number of carefully devised experiments to determine whether the pancreatic secretion is essential to the digestion of fat. It appears from these experiments that without the pancreas, animals still retain complete power of digesting fat by means of their intestinal secretions.—*London Medical Record*.

## SUPERNUMERARY MAMMÆ.

Dr Handyside relates in the *Journal of Anatomy and Physiology* two cases of supernumerary mamme (quadrumple), the lower being rudimentary, in two adult brothers. He states that Dr A. Mitchell informed him that he had seen a similar case of quadrumple mamma in a farm servant, aged twenty-seven. Supernumerary mamme in males are rare, but less so in females.

## REMEDY FOR HÆMOPTYSIS.

Dr Holden states, in the *Medical Record*, that "he desires to call the attention of the profession to a method of treatment of hæmoptysis, which, while most simple and efficacious, he has not seen described by any one; namely, the throwing of the atomized vapour of a saturated solution of gallic acid directly into the mouth and throat. He has repeatedly found the most gratifying success to follow this treatment at once; even in cases of profuse hæmorrhage. Unlike other styptics thus administered, it quiets the spasmodic cough, which seems the direct result of the presence of the blood, requires but a moment to prepare, and, aside from its efficacy, it inspires immediately the confidence of the patient. For about two years he has adopted this method, and has been surprised that no similar experience has found its way into the medical journals. His habit has been to have an atomizer and bottle of gallic acid always at hand, and when summoned hastily, to mix the acid in a tumbler of cold water, and use even without waiting for the excess of acid to subside. It has proved successful in several cases where blood was streaming from the mouth with every expiration."—*Medical and Surgical Reporter*.

## APOMORPHIA.

The evidence in favour of the valuable emetic properties of apomorphia has received an important addition from the observations of Dr Siebert (*Archiv der Heilkunde*, December 1871; and *Gazette Hebdomadaire*, No. 22, 1872, p. 366). He finds that this agent does

not produce any effect on the digestive organs except the simple production of emesis. After its injection under the skin the pulse becomes irregular and slightly accelerated, and these changes are most pronounced at the moment of nausea and before vomiting, while after vomiting slowing takes place. In short, apomorphia affects the circulation in very much the same way as tartar emetic and ipecacuanha; a similarity that is shown by the lowering of the temperature which succeeds the emesis. It differs from these substances, however, in being altogether destitute of irritant property; its injection under the skin does not produce inflammation, and neither diarrhoea nor disturbance of digestion follows its administration. Dr Siebert found that the minimum quantity requisite to produce emesis by subcutaneous injection is, in man, from 0.09 gr. to 0.1 gr., in cats 0.03 gr., and in dogs 0.015 gr. to 0.03 gr. He could not discover the maximum dose that can be given to cats and dogs without producing injurious effects, because when doses 50 or 100 times as large as the above were given there were no symptoms of cerebral disturbance. He believes that in man the dose may be increased to 0.02 or even 0.05 gr. When given by the stomach much larger doses are of course required. Thus, a man of forty-nine years took 0.95 gr. and only nausea resulted, and when he took 1.5 gr emesis occurred, without any injurious effects.—(*Journal of Anatomy and Physiology.*)

#### DIGITALIS IN FEVER AND FAILING HEART.

Dr. James Little read a paper on this subject before the Medical Society of the College of Physicians (Jan. 8, 1873). After alluding to the well-known condition of the heart in fever, he advocated the employment of digitalis in cases in which the stimulants were either not well borne or were contra-indicated, as, for example, in most cases where there was renal affection; under such circumstances he (Dr. Little) has given digitalis in more than twenty cases, including six of typhus and one of rheumatic fever, the remaining being cases of enteric fever. He usually gave half-drachm doses of the tincture every three or four hours—rarely every hour—discontinuing the medicine when the pulse fell to 50; except in one instance wine and brandy were also given. Stimulants are indicated. The case in which digitalis alone was employed, was one of rheumatic fever, occurring in a merchant, aged 35, who had symptoms of rheumatism last October, and also had suffered six months previously, from dyspepsia, with considerable cerebral disturbance. On the 26th October he remained in bed, his heart was very weak, and his temperature 102 deg. He was ordered twenty minims of the tincture of the perchloride of iron every fourth hour. Four days subsequently symptoms of cardiac complication supervened. On the 11th November he was delirious at night. On the 18th November his pulse was 100, very feeble; the first sound of the heart was absent, and he had not slept for 100 hours. As stimulants could not be borne, tincture of digitalis, in half-drachm doses, was given every hour. After the eighth dose the patient fell asleep. In consequence of the subsequent occurrence of nausea the tincture was discontinued, and a hypodermic injection, composed of the one-eightieth of a grain of atropia, one-fortieth of a grain of digit-line, and one-fourth of a grain of morphia, substituted. The patient eventually recovered.—*Irish Hosp. Gaz.*, Jan. 15, 1873.

#### AMERICAN MEDICAL ASSOCIATION.

The twenty-fourth annual meeting of the American Medical Association was held in the city of St. Louis, on May 6th, Thomas M. Logan, M.D., of California, President, in the chair. Four hundred and forty-eight delegates were registered. The sections were re-arranged as follows:—

1. Practical Medicine, *Materia Medica* and *Physiology*. 2. *Obstetrics* and *Diseases of Women and Children*. 3. *Surgery and Anatomy*. 4. *Medical Jurisprudence, Chemistry, and Psychology*. 5. *State Medicine and Public Hygiene*.

Place of next meeting, Detroit, Michigan, on the first Tuesday in June, 1874. President—J. M. Toner, M.D., of the District of Columbia.

#### PRIZE ESSAYS.

For the purpose of advancing the cause of humanity under the symbol of the red cross in time of peace, Her Majesty the Empress of Germany, upon the occasion of the World's Exhibition at Vienna, has offered two prizes, in the sum of two thousand thalers each, for the following two essays:—

No. 1, for the best manual of technical surgery in war.

No. 2, for the best treatise on the Geneva Convention.

The manual referred to under No. 1, in describing the different methods of dressing wounds and applying bandages, and the surgical operations occurring in war, must concisely and briefly state the present standpoint of technical surgery in war, so as to form an indispensable companion and practical assistance for every army surgeon.

The prize essays, in German, French, or English, to be sent to the central committee not later than the 15th May, 1874. They must be without signature, but distinguished by a motto and accompanied by a sealed envelope, reproducing this motto on the outside, and containing within the name and residence of the author. Von Holleben, chairman of the central committee, Berlin.

#### NECROLOGIA MEDICORUM

##### JUSTUS VON LIEBIG.

Died at Munich, on the 18th April, Baron Justus von Liebig, in the 70th year of his age. He was born at Darmstadt on the 13th of May, 1803, and graduated as Doctor of Philosophy at the University of Erlangen in 1822. He then removed to Paris and prosecuted with zeal his chemical studies; and in 1824 communicated to the Institute of France his researches on Fulminic Acid and the Fulminates, which gained for him marked distinction. Through the exertions of Alexander von Humboldt he was made in that year Professor of Chemistry at the University of Giessen, and for a quarter of a century his laboratory was the centre of attraction for aspiring chemists from every quarter of the globe. In 1837 he graduated as Doctor of Medicine at the University of Göttingen. In 1845 Liebig was raised to the rank of Baron by the Grand Duke of Hesse; and academic honours poured in upon him from every country. In 1852 he accepted the Professorship of Chemistry at Munich, which he held until his death.

Liebig perfected the method of organic analysis, and may, indeed, be regarded as one of the creators of the science of organic chemistry. The works which he published were as valuable as are they numerous.

"Fuller of honours than of years the greatest of contemporary chemists has just passed away."

##### BENCE JONES.

Died at London on the 20th of April, of cardiac dropsy, Henry Bence Jones, M.D., aged 59 years. Dr. Bence Jones graduated as Bachelor of Arts in 1836, at Trinity College, Cambridge, and proceeded to study medicine at St. George's Hospital, London. In 1841 he enjoyed the benefit of Baron Liebig's instruction at Giessen, and in 1845 he was appointed physician to St. George's Hospital. He devoted special study to pathological chemistry of the urine. His contributions to the transactions of the various learned societies in England, and his independent publications are numerous, and have gained for him an enviable fame and many honorary distinctions.

In his death physiological chemistry has lost one of her most earnest and successful votaries, and the science of medicine one of her most useful and eminent cultivators.

#### 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 this 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, &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.

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

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Office of the Medical Times,  
Kingston, Ontario.

## MEDICAL CHIT-CHAT.

There is a curious tradition in one of the medical schools north of the Tweed, of failure on the part of friends to recognize the body of a deceased relative. It was in the days before the Anatomy Act, and a female body had been acquired in some irregular manner for the purpose of dissection. The friends of the deceased having found out the *locale* of their missing relative, came with many a threat to recognize and claim the corpse. This they did at once, but the dissecting-room porter showing them that they were mistaken as to the sex, they admitted their error and retired. The long hair had been shaved off, and the porter had had the audacity to practise a bold deception which proved successful.

A London journal says of the late John Stuart Mill, that he was one of the most impulsive of men, swayed by sentiment almost to a feminine degree. Indeed, he owed his death to the gratification of affections well nigh morbid in their intensity. To be near his wife's tomb at Avignon, he purchased a house and grounds beside the cemetery, in a situation far from healthy, and rendered damp and gloomy by the dense trees, which he refused to cut down lest the nightingales might quit the spot. Erysipelas, a disease endemic at Avignon, seized him in the beginning of May, and ran a course so rapid as to prove fatal in four days.

A recent commission has shown that in some districts of France 4000 out of 14,000 conscripts, and in one district 14,600 out of 24,600, had been rejected as unfit to bear arms—the disqualifying characteristics being dwarfed stature, special infirmity, and deficient vital power. The protracted monotonous drudgery, on Sundays and saints' days, to which the small French landholders will subject themselves, their wives and their children, is something incredible; but the phenomenon of passive submission to the most grinding labour becomes yet more remarkable in the manufacturing centres. For France the remedy for this state of things is of greater importance than for Germany and Switzerland, where effective measures are already in force to mitigate the severity of female and juvenile labour. Profligacy in the great cities, from the capital downwards, and toil degrading at once to mind and body, in the manufacturing and rural districts, are not precisely the conditions under which France will resume her place in the political foreground, rebaptize Elsass and Lothringen as Alsace and Lorraine, and repeat the boast that when she is satisfied Europe is at peace.

The enmity between France and Germany has been transferred from the battle-field to the lecture-room, and M. Quatrefages has been eagerly followed in his damaging speculations as to the genesis of the North German race. M. Quatrefages, on the publication of his views last year, was held to have done more damage to his own reputation than to the Prussians, and scarcely deserved the elaborate and conclusive refutation he experienced at the hands of Professor Virchow. If M. Quatrefages could prove that the Prussians came originally from the tablelands of Central Asia, he would only be doing what Dr. Prichard long ago did for the whole Celtic race—the French part of it included. But arguments from anatomical structure and moral development apart, the question of language is enough to dispose for ever of all attempts to find a Mongol progenitor for the North Germans—a question in which the French *savants* are as little a match for their German antagonists as Benedetti was for Bismarck, or Macmahon for Moltke.

## MEDICAL NEWS.

The executive committee of the British Medical Council have accepted the estimate of Messrs Spottiswoode for printing ten thousand copies of the Addendum to the Pharmacopœia.

The death rate for the last few months in the chief towns of Scotland shows considerable diminution in the average mortality of the corresponding period for the preceding ten years.

A druggist named Foster living at Preston, has been summoned for the twenty-fifth time for the non-vaccination of his child. He probably enjoys being summoned and looks upon it as a form of martyrdom.

Dr Sharpey, the distinguished Professor of Physiology in University College, London, recently underwent at the hands of Mr Streatfeild, a successful operation for the extraction of a senile cataract from the left eye.

In its issue of May 9th the London Globe denounces the practice of inserting in the leading daily papers long strings of advertisements of medical works. It says:—"It is impossible these books can be intended for the public, for unprofessional readers would never think of buying them. If they were written for medical men, the authors would be content to have them advertised in the journals devoted to the special subjects of the faculty." We are forced, then, to conclude that they are got up as a profitable speculation, certain weak minded persons being more likely to call in a man whose name appears in the title page of a medical work than one who has only professional skill and good sense to recommend him.

The present system of sanitary organization in the French army is to be continued on account of the failure to agree upon any improvement by the committee charged with this matter.

The wife of Professor Owen died in England recently. The King of Bavaria has given a thousand florins towards the erection of a monument to Liebig at Munich. A local committee is actively engaged in the preliminary steps.

The practitioners of the old Indian school of medicine the Hakims, as they are called—have protested against the replacement of their own by the European Pharmacopœia. A company of them have lately opened an "Indo-European Medical Hall" where only native drugs are vended.

The medical men of France are complaining bitterly of the indifference manifested by members of the National Assembly who recently refused to consider various questions of professional interest brought before them.

The French Minister of Agriculture and Commerce has bestowed a number of gold, silver and bronze medals on several medical men who had distinguished themselves in the provinces, and rendered good service by their labours as members of the various local councils of health which are officially instituted throughout France.

Professor Huxley, as Lord Rector of the University of Aberdeen, proposes certain changes in the medical examinations. Some two hundred of the students of medicine had petitioned him to have a substitute for Greek in the preliminary examination, and this Prof Huxley supports, the proposed option being German or French. He has also expressed the opinion that the examination in Natural History and Botany should take place at a much earlier period of the curriculum than that they do at present, so as to leave the student's time more free for professional studies.

The last official report of the Botanical Garden plantation in the island of Jamaica, gives an encouraging account of the cultivation of cinchona, jalap, and senna.

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## TEACHING STAFF.

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