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## PRACTICAL MEDICINE.

### HYPOCHONDRIASIS.

This disease or misery is the subject of a lecture delivered by Dr. Chambers at St. Mary's Hospital, and published in the *British Medical Journal*. Dr. Chambers says bodily pain is not misery; but this last is 'a constitutional disease, idiopathic, not dependent upon external circumstances for its origin.' According to the nomenclature of the College of Physicians, hypochondriasis is defined as 'some disturbance of the bodily health, attended with exaggerated ideas or depressed feelings, but without actual disorder of the intellect.' This definition does not quite satisfy Dr. Chambers, as he is of opinion that the disturbance of the bodily health does not always precede (as the definition might lead one to expect) the deranged feelings, but that in a great many cases 'the pasty tongue, the difficulty of swallowing, the loss of appetite, the painful and slow digestion of the stomach, the flatulence in the bowels, the weak, languid circulation, the loss of adipose tissue, and in long cases the atrophy of the heart, liver, pancreas, are consequences of the imperfect innervation.' The hypochondriac regards the present as worse than the past or the future—'hora novissima, tempora pessima.' The suddenness of the attacks is noteworthy, as in the case of John Bunyan, who was a very good type of a hypochondriac. Dr. Chambers remarks that 'a vague idea of impending evil very frequently accompanies the misery, and sometimes (as in Bunyan's case) it takes the concrete form of a dread of hell, and thoughts about devils.' Hypochondriasis may occur at any age, sometimes appearing very early in life. 'Often it comes on in manhood, rarely after the meridian of life.' There is generally a family history either of some neurosis, as insanity, hysteria, or of chronic invalidism.

Hypochondriacs are not wanting in intellect, usually quite the reverse. Dr. Chambers has 'not found hypochondriasis oftener preceded by excess of brain-work or of desk work, than by athletic training.'

A temporary loss of power in the voluntary muscles of a part, or more often of the whole body, paresis subitanea, is a common symptom in this disease. This paralysis affects most frequently the lower extremities; there is no anaesthesia, not even giddiness. 'The patient can stand, but he cannot go. These attacks of paresis come on in fine bright weather, just the opposite of what one would expect.

Hypochondriacs generally complain of pain, which is not of a sharp, stabbing neuralgic character, but a dull sort of burning sensation, deeply seated in the interior of the body. It moves about but slowly, and when it begins to move is usually moving off. Sometimes what the patient calls a 'scratching' or a 'scraping,' and which

pathologists Latinise into 'formication,' is felt more superficially than the deep burning. The back of the head and neck, the soles of the feet, the palms of the hands, are favourite points for this sensation; but some also describe it as occurring in the abdomen. A feeling of weight in the rectum, in the uterus, or in the bladder, is often experienced, though they may be all no fuller than natural.

Hypochondriacs suffer from constipated bowels, owing to the paresis subitanea affecting the involuntary muscular fibres. Patients also complain of gaseous distension of the intestines, the gas not being the product of decomposition in the tube, but consisting chiefly of atmospheric air and carbonic acid exhaled from the blood. Indigestion is not an essential feature of hypochondriasis, although it may arise if paresis of the bowels be long continued or frequently repeated.

In protracted cases of hypochondriasis, there is almost invariably a loss of weight during the attacks, which quickly disappears on a normal condition of feeling being recovered. There is frequently derangement of the male genital functions in this disease. The urine is wanting in its normal acidity, and its specific gravity is variable. It often contains crystals of calcium oxalate, and an excessive quantity of renal and vesical epithelium. 'Mucus also often is formed in excess in the urethra, and is squeezed out during straining at stool, or even stains the linen.'

Hypochondriacs generally consider themselves the victims of some organic disease, which has no real existence.

Hypochondriasis sometimes, though rarely, affects women. Patients labouring under the disease are for the most part truthful and confiding.

With regard to the pathology of hypochondriasis, Dr. Chambers regards it as a 'drain upon the voluntary nerve-force beyond the supply,' the supply being deficient in this disease, which probably has its seat in the grey matter of the nervous centres. Sometimes the cure of piles and ulceration of the rectum will also cure hypochondriasis.

Dr. Chambers divides the treatment of this disease into physical and moral. The physical measures he recommends are such as tend to keep up the due nutrition of the nerve substance. Devonshire cream, bacon, olive oil, pancreatic emulsion, or cod-liver oil, the last-named being the best if the stomach can tolerate it. Strychnine and henbane may be required to improve the digestion. A large amount of bodily rest is necessary for some patients; exertion frequently retarding recovery.

To prevent constipation of the bowels, which the excess of rest is apt to produce, Dr. Chambers recommends green vegetables, salads, taraxacum, or salted water taken as a regular diet. If these do not suffice, a pill containing one-eighth of a grain of extract of belladonna com-

bined with one grain of aloes may be given occasionally.

With respect to the moral treatment of the disease, the patient must be encouraged to be hopeful as regards the future. Much may be done for hypochondriacs by interesting them in thoughtful works of charity, and by leading them to ornament life with beauty and pleasure. They must hate ugliness in any shape, not for their own sake, but for that of others.

Dr. Chambers tells us that the medical treatment must be combined with the moral; neither alone is generally sufficient for a cure. The patient should not be advised to give up his usual occupation, as idleness is even much worse than worrying hard work. Opiates and alcohol are only admissible in those cases of hypochondriasis in which there is an actual deficiency of sleep, confirmed by independent evidence. But the sedative that is chosen must be given in very small doses, and, above all, must not be increased.

## SURGERY.

### ELECTROLYSIS IN SURGERY.

Dr. Groh, Prof. of Clinical Surgery in the University of Olmutz, has made an important contribution to electro-surgery, in which he relates the results of his clinical experience of the effects of electrolysis. He has modified the method of application introduced by Dr. Althaus, inasmuch as he does not make exclusive use of the negative electrode, but inserts the positive likewise into the tumour. The author uses Fromhold's battery, which consists of zinc, lead, and platinum moor; and resorts to a powerful current applied for a short time under chloroform, or to a gentle current for days and nights consecutively. The needles which he employs are either of steel, zinc, or platinum; and he finds it advantageous, where the parts which are to be destroyed are highly vascular, to use zinc needles which are dissolved at the positive pole by the nascent chlorine, so that there is not only primary but secondary electrolysis. The eschar at the positive pole looks under these circumstances like one produced by ordinary chloride of zinc paste; viz, it is a greyish white, firm, and dry. At the negative pole there is a rapid development of foam (hydrogen) which generally appears white, and more rarely brownish red, this chiefly where the tissues are very vascular. The tissues become more tense by the quantity of gas which is set free, and the epidermis or mucous membrane becomes raised; discolouration of the tissues appears at first round the needles, but afterwards at a distance, and they assume a dark brown or livid tinge. Where this is distinctly perceptible, there is generally so much destruction that the tissues do not recover themselves after the application has been discontinued. The author thinks

it important to introduce the positive needle first, and the negative afterwards, inasmuch as the former becomes so firmly glued to the tissues after the current has commenced to act, that it is very difficult to push it forwards.

Groh considers the following to be the *advantages* of electrolysis. Very extensive tumours may by its aid be destroyed without the loss of a drop of blood; which is of great importance in cases where there is great prostration of strength. In three of his patients, the use of electrolysis enabled him to do without resection of the lower jaw, which otherwise would have been necessary, and would have given rise to great disfigurement. In a case of cancer of the rectum, where subcutaneous injection of morphia produced only slight and temporary relief of the intense pain, and where there was a most offensive smell from the ulceration, both smell and pain disappeared after the first electrolytic application. In a case of epithelioma of the lip, where the right submaxillary gland was considerably swollen, this swelling was dispersed a few days after one electrolysis. Finally all cases progressed favourably, without any bad accidents. The pain never continued beyond the application itself; there was only slight local and general reaction; the eschars which had been formed were rapidly thrown off, there was copious granulation, and such an amount of cicatricial contraction as to cover the loss of substance caused by the removal of the growth.

The *drawbacks* of electrolysis are the following. The batteries are expensive; it is not always easy to introduce the needles so as to destroy as much as possible in the shortest time; where extensive tumours are to be destroyed the applications must be frequently repeated or prolonged for a considerable time. Groh thinks that surgeons will gradually find special indications for electrolysis as for any other operative procedure. Where the knife is the more simple instrument, and equally devoid of danger, they will not think of resorting to electrolysis, but will only use the latter where it either appears to offer special advantages, or where no other means can be employed.

The author has described all the cases which he has thus treated, and brought them into two classes, viz., first, where a powerful current is used for a short time; and, secondly, where a gentle current was used for a prolonged period.

1. Ten cases of naevus; all cured. Groh thinks electrolysis, from the absence of danger, and the avoidance of bleeding and disfigurement, preferable to any other operation hitherto devised for naevus. Two cases of lupus; four cases of sarcoma, cured; eighteen cases of cancer, chiefly epitheliomata of the lip, thirteen cured, two improved, in two no result, one death. In these cases it is necessary to destroy not only the growth itself but also its next neighbourhood, in order to avoid subsequent infection. In some of these cases, only one, in others two or more applications were necessary. In one case there was not only ulceration of the lower lip, but also of the whole chin; the corresponding part of the lower jaw was covered with detritus: some teeth

had fallen out, and those remaining were so loose that they could be extracted by the finger. Both submaxillary glands were engorged. Four applications were sufficient to produce destruction of the tumour, which was followed by good cicatrization.

2. Prolonged electrolysis with a feeble but perfectly constant current, such as is produced by Daniell's battery, does not necessitate the administration of chloroform, and causes hardly any pain at all. A tumour of any size may be destroyed by this proceeding. The author relates three cases; one of myxosarcoma of the left leg, of the size of a child's head, in which the current was made to act from Jan. 27 to Feb. 13; suppuration supervened, and the patient was discharged cured on April 15; another case of osteosarcoma of the right thigh, larger than a child's head, which also yielded, although not so rapidly, as several relapses took place; and a secondary cancerous tumour of the mamma, which was quickly removed.

## GYNÆCOLOGY.

### PELVIC CELLULITIS.

Dr. Bartholow reports the following case: A lady six months after marriage, the menstrual flow having been absent for six weeks, was taken with violent hæmorrhage, for which vaginal injections of ice-water were advised by her attending physician. Almost immediately after taking the injection she was seized with violent pelvic pain, which was soon followed by symptoms of peritonitis. She became very ill, and continued so for two months. Suppuration was supposed to have followed the pelvic peritonitis or cellulitis, for she discharged, per rectum, an ounce or two of purulent matter with marked relief to the symptoms. A cure, however, did not follow. She had frequent attacks of pain, with some febrile movement, followed by a discharge of a more or less purulent matter. She continued in this state for several years, never in good health, but not confined to the house. When she came under my observation, in September last, she was passing several times daily, about a tablespoonful of purulent matter. She was emaciated, feeble, and had a countenance strongly indicative of suppuration. I ascertained the existence of a tumor of considerable volume in the left iliac region. It could be felt distinctly over the pelvic brim, and projected downward almost to the floor of the pelvis. It was distinctly fluctuating. I regarded the case as one of chronic pelvic abscess which had never been thoroughly emptied. The frequent recurrence of pain and soreness, followed by discharge, indicated reaccumulation of the pus. It seemed to me that the opening into the rectum was not in a situation to effect complete evacuation of the pus; therefore I proposed to puncture the abscess through the vaginal roof, so as to permit drainage from the most dependent part of the sac. This was assented to, and with the aspirator I drew off about a half pint of fetid pus; thus confirming my diagnosis. Hoping that simple evacuation of the sac would be sufficient, I withdrew the canula. Unfortunately a

violent attack of septicæmia followed, and I almost despaired of the life of my patient. The sac filled again. At the expiration of three months I again tapped the abscess with a long curved trocar, and permitted the canula to remain in, fastened by a tape passed through the eyelet and attached to a band passing around the waist. A rubber tubing provided with a stop-cock was attached to the canula, and I was thus enabled to wash out the sac and inject medicated fluids, by means of the pump of the aspirator. This arrangement worked very happily for a time. I washed out the sac daily, and injected solutions of iodine. These solutions were increased in strength until at last I was able to inject the officinal tincture of iodine. Collapse of the sac followed, and matter after a time ceased to be produced. Whilst I was debating as to the propriety of removing the canula, it one day slipped out and I was unable to reintroduce it. Subsequently I made an attempt to introduce a self-retaining canula, but the sac had so diminished in size that I found it impracticable. Since the abscess has been evacuated, my patient has gained in weight, has a good appetite, and appears, indeed, to be recovering permanently.

This case taught me the danger of interference with such an abscess without making provision for permanent drainage. Violent septicæmia followed the first tapping of the sac, but when, after the second operation, a canula was retained, no constitutional disturbance occurred. The safety and advantages with which drainage-tubes may be inserted and retained in cavities have been repeatedly exhibited in empyema and hydrothorax. The utility of washing out retained fluids, and of injecting medicated solutions, has also been abundantly demonstrated in the same cases.—*Cincinnati Academy of Medicine, (The Clinic).*

## MATERIA MEDICA.

### ON THE ACTION OF CALOMEL.

In a paper read before the Royal Medico-Physical Academy of Florence, and published in *Lo Sperimentale* for June, Dr. R. Bellina, professor of experimental toxicology in the Royal Institution of Florence, examines elaborately the change which calomel may undergo when taken into the mouth, or applied externally or hypodermically. He sums up his results in the following conclusions.

1. Calomel ingested during fasting is converted, in very small proportion in the stomach, in a much larger proportion in the small intestines, into a soluble compound of mercury.

2. This change is produced in the stomach by the alkaline chlorides and lactic acid; in the small intestine by the alkaline carbonates of the enteric juices.

3. In suckling women, in whom the large intestine does not lodge sulphydric gas, a soluble mercurial compound is formed in the lowest tracts by the action of the lactic acid and chloride of ammonium, which are there present; but in non-suckling women, where this gas is present, sulphide of mercury is formed.

4. Calomel taken into the stomach during the digestion of protein aliments is entirely or in part decomposed in that viscus.

5. In this decomposition metallic mercury is first set free, and a soluble compound of it is then formed.

6. Calomel taken into the stomach during the digestion of bread, starch, soup, gelatine, &c., undergoes the same changes and in the same manner when taken during fasting.

7. This reaction, which takes place in the course of the intestinal canal when calomel is ingested, is attended with a greater or less increase of the alkaline chlorides in the system.

8. The alkaline chlorides when in small quantity diminish, and when in large quantity neutralise the action of the carbonates of the calomel.

9. In cases where sulphurous waters or sulphur are taken into the stomach, or in indigestion or acute or subacute gastric catarrh, the sulphydric gas which is formed converts the calomel into sulphide. If, however, the quantity of the gas be so small that it is all used in the formation of sulphide of mercury, the alkaline chlorides and the lactic and hydrochloric acids of the gastric juice are still capable of acting on the sulphide, so that the action of the calomel, or rather of its soluble compound, is only delayed, not neutralised.

10. During and after the administration of calomel, acid drinks and fruits should be taken very sparingly or none at all.

11. Magnesia or its carbonate favour rather than impede the local effects of calomel.

12. As little common salt as possible should be mixed in the soup and broth given to those who are under the action of calomel.

13. The purgative effect of calomel is increased by taking milk during or shortly after its administration.

14. Calomel may be injurious when given during the administration of acetate, nitrate, carbonate, succinate, benzoate, &c., of ammonia or to persons suffering from ammoniaemia, uraemia, cholera, typhus, &c.

15. Injurious results may also follow the administration of calomel simultaneously with chloride of ammonium, the alkaline and metallic iodides and bromides, and the alkaline sulphites, bromates, and iodates.

16. Although the hyposulphites produce a soluble compound of mercury by their action on calomel, they neutralise its action if given with it during digestion: for the hyposulphites are decomposed by the acids of the gastric juice, and sulphur is precipitated, which, coming into contact with the nascent hydrogen from the food, produces sulphydric acid; and this forms, with the calomel, an insoluble and inert sulphide of mercury. On the other hand, the hyposulphites rather increase the action of calomel, and may even render it deleterious, when given with it on an empty stomach.

17. Chocolate, sugar, gum, aloes, and soap, mixed with calomel in various officinal preparations, do not give rise to the formation of a soluble mercurial compound, and do not therefore, increase the effect of calomel.

18. Opium and its preparations diminish the

effect of calomel, not by any chemical action, but by blunting the sensibility of the organic fibre to the action of calomel.

19. Severe symptoms may follow the administration of calomel by the mouth to persons who for a day or two only discontinued the use of the alkaline iodides, bromides, and sulphites.

20. When calomel is given on a full stomach to persons who have been taking hyposulphites until a day or two previously, it may remain without effect in consequence of the presence of the sulphydric gas produced from the hyposulphites which have not yet been eliminated.

21. Calomel applied to healthy or diseased external parts, or injected subcutaneously, is rendered soluble by the alkaline chlorides present in the system.

22. Severe local and constitutional symptoms may follow the local application or the subcutaneous injection of calomel in the case of persons who are taking the alkaline iodides, bromides, or sulphites.

23. Grave results may also follow the application of calomel to healthy external parts or its subcutaneous injection, in persons who are taking internally alkaline hyposulphites, or sulphur in small and repeated doses. On the other hand, calomel may, notwithstanding the internal use of the above-named remedies, produce no such effect when applied to wounds or ulcers with secretions which rapidly become acid.

24. Clinical observation fully confirms the results obtained from chemical experiments and from those made on animals.

#### A CAUTION IN REGARD TO THE UNGUENTUM ZINCI OXIDI OF THE NEW U. S. PHARMACOPEIA.

Formerly the unguentum benzoini which forms the base of this ointment was prepared by boiling benzoin in lard. A small quantity only of the benzoin was in this way dissolved, sufficient however to obviate the rancidity of the lard. In consequence of the objections made to the mode of preparing it, that the resulting ointment was of a dirty-white colour, and deposited a portion of the benzoin when heated, it is directed in the new Pharmacopoeia that the ointment shall be made by melting the lard with the tincture of benzoin. By this process it appears that a larger portion of the benzoin is incorporated in the lard, and the zinc ointment made with it becomes hence irritating. In a case in which we had occasion recently to prescribe anew some benzoated zinc ointment, we were surprised to find that it proved highly irritating instead of soothing, as formerly. We were hence led to examine the ointment, and its appearance was so different from that previously used that we inferred the apothecary had made some mistake in its preparation, but we were informed by him that it had been prepared according to the formula of the new U. S. Pharmacopoeia.

We call attention to this because the use of the officinal ointment in the instance referred to caused great suffering, and if the experience of other practitioners should be in conformity with ours it will be prudent to abandon the new formula.—*Med. News.*

## PRACTICAL MEDICINE.

### TREATMENT OF CONSTIPATION.

Dr. Mascario, of Nice, in a communication to the *Lyon Medical*, observes that in treating constipation most practitioners confine themselves to enemata, laxatives, or more or less irritating purgatives, which in point of fact rather aggravate than cure the affection. He therefore wishes to make known what he says may be truly termed a "heroic" remedy, which he has employed during twelve years with such constant success that he cannot but regard it as infallible.

Constipation, as every one knows, may be produced either by intestinal excitement with deficiency of secretion (nervous constipation), or in consequence of deficient contraction of the muscular coat of the intestine. Here it is produced by atony or intestinal indolence, which bad anti-hygienic habits have induced and keep up. The prolonged contact of the feces with the rectum blunts the sensibility of the mucous and muscular tissues, and the synergical contraction of the upper portions of the large intestine either does not take place or does so in an insufficient degree, constipation being the result. In nervous constipation the following pill should be given: Pure sulphate of iron ten centigrammes, siccotine aloes five centigrammes, atropia from one-third to one-half of a milligramme. In the atonic form, for atropia one centigramme of powder of nuxvomica may be substituted. By the aid of these pills regular stools may be procured, even in the subjects of obstinate constipation due to ramollissement of the brain and chronic myelitis with paraplegia. Dr. Mascario gives from one to three pills immediately after dinner, the object being to produce one easy, natural, non-diarrhoeic evacuation. If more than this is effected, the dose is to be diminished, one or two pills sufficing in most cases. The use of these "anti-styptic" pills ought not to be continued indefinitely, a longer interval being allowed to elapse between their administration in proportion as the constipation diminishes, it being of importance to allow the organs to resume their spontaneous action without any auxiliary. If the constipation returns the pills can be again had recourse to.—*Med. Times and Gaz.*

### ERGOT IN CONGESTIVE HEADACHE.

Dr. R. Silver of Sidney, Ohio, states that ergot is better for headache than any other single article in the materia medica. He recommends it to patients who are subject to the malady thus:—R. Squibb's fl. ext. ergotæ, grs. x—xx for one dose. To be repeated every half hour until relief is obtained, or four or five doses are taken. The primary effect of opium is to produce hyperemia of the brain. To neutralize this action Dr. Silver employs with it fluid extract of ergot, and says the combination has a happy effect in cases in which opium alone would be contra-indicated by the fluxion of the brain. He does not regard ergot as a specific for headache, but thinks thousands of people are made miserable once a fortnight or once a month, who, by the use of it, may be made, for the time, comfortable.

## THE CANADIAN MEDICAL TIMES.

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

The Hospital Sunday movement finds an advocate in the United States in the *Buffalo Medical and Surgical Journal*, which is anxious that some such plan should be introduced in Buffalo for the support of the local charities.

The London *Lancet* speaks of the Canadian camp at Wimbledon as one of the greatest attractions for the public who visited Wimbledon Common during the fortnight's "campaign." A small hospital and an ambulance waggon, which attended the field movements of the volunteers, formed a feature at this gathering of riflemen.

At the same time that the Canadian Medical Association is sitting at St. John, New Brunswick, the British Medical Association holds its annual meeting in London. The programme shows that the meetings of the British Medical Association will be held at King's College, Strand, under the presidency of Sir William Fergusson, who was to deliver the inaugural address on Tuesday, Aug. 5. Dr. Parkes, of Netley, was to deliver the address in Medicine on the afternoon following; an address in Surgery by Prof. Wood, and one in Physiology by Prof. Bardon Sander-son, were arranged for succeeding days. The Lord Mayor had made arrangements to give the Association a reception.

The £27,000 collected in London on "Hospital Sunday" has been distributed to 126 institutions, viz. hospitals 64, dispensaries 47, other institutions 15. The hospitals are to receive £24,571; the dispensaries £967, and the other institutions £881, or as much more in proportion as the completed sum will yield. The sums awarded to hospitals vary from £3,833 to the London Hospital, to £19 to the Hospital for Hip Diseases in Children. The average sum awarded to hospitals is £323, that to dispensaries £20. The dispensaries appear to have received comparatively small awards. The Distribution Committee has no doubt had a very invidious task to perform, and ought to be judged generously in this its first effort to divide so large a sum among so many claimants.

The new St. Thomas's Hospital in London is a magnificent range of pavilions, but its cost has been enormous. The site on the Thames embankment alone cost £148,545; the buildings have cost £783,948; the furniture upwards of £10,000; and the entire outlay has been more than

half a million of money—in exact figures, £552,000. Of this sum the museum and medical school are chargeable with £30,000. The hospital is designed for 600 beds, and deducting the cost of site, medical school, etc., the cost per bed has been £530. This is undoubtedly a high rate, but the hospital has been intentionally constructed on a scale of great magnitude and completeness; and it forms a striking monument of the munificence of British charity, and of that Christian enterprise which is a feature of our modern civilization, and which finds no counterpart in the boasted civilization of ancient Greece and Rome. The Londoners may well be proud of St. Thomas's Hospital.

A great war always forms an era in medical and surgical history. Not only military surgery and military medicine and hygiene gain by the enlarged experience of campaigns, but civil medicine also reaps an advantage from the rapid accumulation of experience derived from a great war. The Crimean war did much to revive military surgery among British practitioners, scarcely cultivated as it had been since the days of Cooper and Guthrie, and dating almost all its annals to the Peninsular campaigns of Wellington; then the Schleswig-Holstein campaign, and later the Prusso-Austrian campaigns, gave their contributions to military surgery. The great American civil war of 1861-65 was most fruitful of lessons in all the departments of hygiene, medicine, and surgery. So, also, the more recent war between France and Prussia teemed with results that have served to advance the medical art.

It does not always happen, however, that the full benefit of this experience is speedily available to the general profession. Bit by bit, the more remarkable points are given in articles contributed to the magazines and journals. Sometimes we find these contributions taking a larger form and appearing in the shape of a book written by some distinguished or experienced surgeon. Later on the salient points of these contributions are incorporated in the newer editions of text-books, and so become fixed in science. A great deal of experience thus gained, however, falls of publicity, and so makes no impress on our collective knowledge.

Great wisdom and liberality have been shown by the United States government in seeking to turn to proper account the immense accumulations of the civil war. Reports have been kept and official reports carefully compiled; an army museum has been established and arranged, which is rich in pathological and surgical specimens acquired during the war; and, lastly, a full and careful history has been prepared at the public expense, giving to the world a detailed account of the medical and surgical history of the war. In this way the observations and progress made during the war will become common property.

The first instalments of this history have recently made their appearance in two handsome Royal quarto volumes, issued from the government printing office at Washington. One of these volumes is devoted to the Medical History of the war, and has been prepared by Assistant

Surgeon J. J. Woodward, having an appendix of reports, edited by Dr. Woodward and Assistant Surgeon George A. Otis. There are some eleven hundred pages of reading matter in this volume. It is the first of three or more intended to embrace the medical history of the war. The Surgical History is a volume of upwards of eight hundred pages, which has been prepared by Dr. Otis of the U. S. Army. The whole work has been prepared under the direction of Surgeon General Barnes.

These magnificent volumes contain an immense array of facts, which must ever remain as important contributions to medical and surgical knowledge. It is not intended to refer in this place to the order and contents of the books, but more particularly to note that the American government has been very profuse in bestowing copies of this great work. Indeed, it is already reported that nearly the entire issue has been given away, so that it becomes a matter of regret that the work is not to be obtained by purchase. It appears that Members of Congress have received presentation copies intended for distribution in their respective districts, and these presents have consumed nearly the entire edition. There are many surgeons out of the United States who would gladly obtain a copy by purchasing it from a publisher, but this want appears to have been overlooked; and it is only by picking up odd copies from Congressmen and others willing to part with them that they can be obtained. This inconvenience is much to be regretted. We should imagine, however, that it has only to be brought to the notice of the American authorities to be remedied as far as possible, say by supplying a reissue at cost price to a publishing firm, or by the department having charge of public documents undertaking to sell and forward copies at a fixed price.

Our contemporary the *Canada Lancet*, referring to the withdrawal of the Homoeopaths from the Medical Council and the probable establishment of a separate board for themselves, says:—"Come what may, we must insist upon an uniform standard of matriculation for all; also an uniform curriculum and examination in all branches common to the various schools, on such subjects as anatomy, physiology, chemistry, diagnosis and pathology, medical jurisprudence and toxicology, sanitary science and botany. The students may then be passed to either section—[The *C. L.* contemplates a division of the Council into sections]—to be dealt with as such body may deem proper. We believe this is the only plan which will give satisfaction; each section of the profession will then have full control of the final education and registration of its own students; but the same matriculation and primary examination on the above subjects should be undergone by all."

A plan like this would no doubt be satisfactory to the general profession, and its justice ought to commend it to the Legislature; but would it satisfy the Homoeopaths? We think not, for the reason that it would operate, as essentially the same arrangement has operated during the

past four years, and prevent the Homeopaths from obtaining a single Canadian graduate. It has been abundantly proved that students who acquire the preliminary knowledge imparted in the Canadian medical schools do not seek to qualify in homeopathic medicine, but prefer to join the ranks of the regular profession. There has been no accusation of unfairness against the board of examiners, and no deterring influence has been or could be brought to bear against any student wishing to become an Eclectic or Homeopathist; but the fact remains that not a single student has offered himself to the Homeopathist examiners. There is consequently a prospect of extinction and nonentity before this sect; and there would be the same prospect under the proposal in question. If the Homeopaths see it in this light we could not expect them to be satisfied with it, although it is a measure which our profession and the public have a right to insist on, so long as the principles embodied in the Medical Act are put in force towards graduates of Universities.

It would appear from the observations of the *Canada Lancet* that the Homeopaths have not yet sent in their official resignations, and are not likely to do so until they have brought their alleged grievances before the Legislature, and have received a favourable reply from that body. If this be so, a solution of the difficulty will not be reached for several months; and in the meantime the public may be left in the dark as the nature of the demands which Dr. Campbell and his friends will make upon the Legislature.

#### THE PNEUMATIC ASPIRATOR.

The Pneumatic Aspirator of Dr. Georges Dieulafoy is now coming into more general use, and promises to become an essential instrument. It consists of a small suction-syringe fitted with stopcocks to take the place of valves as in a pump, and is provided with long needle-like canulas, as in the hypodermic syringe. The whole apparatus packs away in a small pocket-case. The invention seems to have grown naturally out of the hypodermic syringe and the exploring trocar. Already modifications of construction are being carried out by different makers, and the price of the instrument varies according to style. A very nicely finished one is sold in New York for fifteen dollars. Probably, as the demand increases and the manufacture becomes established, they may be had for ten dollars. As in the case of the hypodermic syringe they are sure to become cheaper in course of time.

#### THE GALVANIC ÉCRASEUR.

It is well known to those familiar with electrical science that if a galvanic current of high intensity meets with resistance at any point along the path of its circuit, its electrical force will then be converted into heat force and the effects of heat will be manifested at that point. If a current travelling along a larger copper wire be made to enter a finer platinum one the resistance causes the finer wire to become red hot. This effect has been turned to account in firing off gunpowder; and in surgery has found an application in the galvanic cauterizer. Still another and most

useful application of the same effect in surgery has been lately introduced in the galvanic écraseur for the removal of tumours and parts without hæmorrhage. This instrument seems to be a great favourite at University College Hospital, where Mr. Erichsen and other surgeons have employed it for the removal of epitheliomata of the tongue and other cancerous growths. It consists of a small écraseur, the loop of which is of fine platinum wire. It is of course fitted with a screw to tighten the loop, and the wires are connected with a galvanic battery by means of suitable adjustments. There is besides an ivory knob, commanded by the thumb of the operator, by which the current can be stopped at pleasure. Cauterization and constriction proceed together, and there is no hæmorrhage. By this instrument the removal of the tongue or a part of it ceases to be formidable; and not only is it much easier to perform, but the safety of the operation is very much increased. It is thought to be a great advantage to have the tissues surrounding a cancerous growth cauterized by means of this instrument. In London it has become a practice to let out on hire the galvanic écraseur and its accompanying battery.

#### SURGEY.

##### A CASE OF STRICTURE TREATED BY GOULEY'S CATHETER.

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

In the *Lancet* of July 5 is an article by Mr. Teevan, in which he speaks very highly of a stricture dilator invented by Professor Gouley, of New York, consisting of a filiform whalebone bougie with an olive shaped point, over which after introduction a catheter is slipped having a short canal at its end and a groove on the convex surface. Mr. Teevan has improved this, the original form, by slightly lengthening the canal, and by having a slit the width of the whalebone bougie cut in the convex surface of the catheter instead of the compressed groove as devised by Gouley. By Mr. Teevan's plan, he says any silver catheter can without much trouble be converted into an instrument as efficient as, or more so, than Professor Gouley's; more efficient because the calibre of the catheter is not diminished by the groove and a smaller size can be used.

This instrument, I believe, is likely to prove extremely useful, and will frequently obviate the necessity for puncture of the bladder or perineal section, as the whalebone bougie, though not much larger, is easier to introduce than a catgut bougie, not being softened by the heat and moisture of the parts. The following case will, I think, illustrate its use.

G. H.—, at 40, auctioneer, contracted a gonorrhœa some 18 or 20 years ago, which was treated without injections, and from which he recovered with a stricture; he suffered no inconvenience from it, however, till the latter part of May last, when he found himself suddenly unable to micturate, and being in the woods where he could obtain no relief rupture of the urethra took place with extravasation of urine into the scrotum and perinæum; in this condition he was ad-

mitted (May 28th) into the Kingston Hospital, with two or three fistule in the scrotum and perinæum. Efforts were made by the house surgeon and attending physicians to introduce a catheter, but without success, and for some weeks most of the urine was passed through the fistule, enough coming per urethram to show that it was not wholly closed up. It seemed probable that perineal section would have to be resorted to, but before doing so Dr. Oliver, the attending physician, kindly allowed me to try a Gouley's catheter I had brought from England during a recent visit there. With some little trouble I succeeded in passing the whalebone bougie into the bladder, and then slipped the catheter over it, using force where necessary to overcome the strictures, of which there appeared to be two; on withdrawing the stylet between two and three pints of urine came away. Next day Dr. Oliver without much trouble passed a small bougie, and since then (July 24) dilatation has been practised at regular intervals, and the fistule are healing up. I yesterday passed easily a No. 7 bougie. The Gouley's catheter used was about the size of a No. 2 bougie, and was made by Baker, of Holborn, London.

Kingston, Aug. 9, 1873.

#### CANADIAN MEDICAL ASSOCIATION.

The annual meeting of the Canadian Medical Association was held at St. John, N.B., on Thursday, the 7th August, Dr. Grant, President, in the chair.

Dr. Maraden, of Montreal, was elected President; Dr. Wright, Toronto, Vice-President for Ontario; Dr. Hingston, Vice-President for Quebec. Dr. David, of Montreal, was elected General Secretary, and Dr. Robillard, of Quebec, General Treasurer.

It was resolved to hold the next meeting at Niagara Falls.

After some regular business and scientific discussions, the Association were entertained at a luncheon given by the resident members of the profession. This was given at the Asylum whither the party (consisting also of ladies) were conveyed by special train. The affair is described as one of the most enjoyable ever held in that part of Canada. The Lieutenant-Governor of New Brunswick was present, and made a humorous speech on medicine, but finally paid a handsome tribute to the medical profession, and toasted the health of Dr. Grant. Other speeches followed. We defer a fuller account.

#### MEDICAL NEWS.

Professor Virchow is visiting London to take part in the meeting of the Medical Association.

Sir Charles Wheatstone has been elected Foreign Associate of the French Academy of Sciences, to fill the vacancy occasioned by the death of Baron Liebig. The election was all but unanimous.

The following gentlemen have been appointed examiners in medicine by the Senate of Toronto University:—Physiology and Comparative Anatomy, G. Wright, M. B.; Surgery and Anatomy, J. E. Graham, M.D.; Medicine and Therapeutics, J. W. McLaughlin, M. B.; Midwifery and Medical Jurisprudence, T. White, M.D.; Chemistry, W. H. Ellis, M.A., M.D.



## OBSTETRICS.

## THE INJECTION OF PERCHLORIDE OF IRON.

By Dr. ROBERT BARNES.

In discussing the action of powerful styptic injections in arresting flooding after labour, the conditions under which the practice I have recommended is indicated have not always been accurately appreciated. The great agent, of course, in stopping hemorrhage, is the constriction of the uterine vessels by the muscular wall in which these vessels run. All the ordinary means of arresting hemorrhage are aimed at producing muscular contraction. But muscular contraction depends on nervous power. Thus cold, grasping the uterus, introducing the hand, galvanism, all depend for their efficacy upon the spinal cord being able to respond to the peripheral call. When, therefore, these means prove sufficient, the inference is generally warranted that the case, although serious, is not desperate. The condition is very different when the excito-motor function is suspended; when neither by peripheral excitation, nor by centric stimulus, the nerve-force can be drawn or sent from the spinal cord to the uterus in sufficient intensity to cause contraction. At this point, unless the bleeding is arrested by syncope, or by temporary enfeeblement of the circulation, the patient is in the most imminent danger of death. The slightest shock or disturbance will extinguish the flickering spark of life. Under such circumstances I have known death follow, to all appearance immediately caused by the injection of cold water, or passing the hand into the uterus. If, instead of cold water we inject a solution of perchloride of iron, the same catastrophe may ensue. Is it more likely to ensue? Very careful observations are required before this question can be answered in the affirmative. People are apt to think that cold water is so simple a thing that it cannot do any harm. But if it cannot do any harm, is it not probable that it is, under the conditions discussed, equally powerless to do any good? Harmless remedies, as a rule, fail in great emergencies. Now, cold water fails not because it is harmless, for the shock and depression which it causes are extremely dangerous; but it fails because, nervous power being exhausted, it cannot excite uterine contraction, and it has no other virtue in arresting hemorrhage.

Here, then, it is that styptics come to the rescue. The emergency is extreme, and would be desperate but for the new power invoked. If blood be still running, it is instantly seized at the mouths of the vessels, which become sealed up by coagula. It also constricts the inner surface of the uterus, and thus further closes the vessels. The system then has time and opportunity to rally, and by and by the contractive power returns. In estimating the relative value, then, of cold water and perchloride of iron, we must reflect that iron acts and saves life when water is inert or injurious. If occasionally death follows, and is apparently accelerated by, the iron injection, we have, on the other hand, to remember that it was used as a last resource, when the patient was likely to die even if nothing were done

and that even under these unpromising conditions many lives, to all appearance, doomed have been saved.

The great lesson to learn is to use the styptic in time; that is, before the vital power has sunk too low. It was not to be expected that a remedy powerful enough to save under the last extremity should be altogether free from danger. But I have seen so many women bleed to death, and have seen so many saved by the timely use of the iron injection, that I am much more afraid of the bleeding than of the remedy.

In some cases, there is reason to believe that the iron enters the uterine vessels. I have known intense pain in the uterus follow immediately on the injection. How is this explained? If blood were present in the vessels, it is a chemical necessity that contact with the iron would cause coagulation. I infer, then, that there is a certain amount of suction-action induced by the relaxed state of the uterus, and by the lateral or semiprone position of the patient. I would therefore urge that the patient be placed on her back, and that the uterus be grasped firmly between the two hands of an assistant during the injection.

In some cases, it is easy to carry a swab or sponge soaked in the iron solution into the uterus. In this way probably some of the risk attaching to injection is avoided. The persulphate of iron, which is preferred by our American brethren, may have its advantages. Its styptic force is probably greater. It may be used in the form of one part of the liquor ferri persulphatis of the British Pharmacopœia to six or eight of water. The proper strength of the perchloride solution is one in ten.

## ERGOT OF RYE IN RELATION TO RETENTION OF URINE.

In No. 23 of the *Centralblatt*, Dr. Wernich calls attention to a physiological circumstance which should be borne in mind in the administration of the ergot of rye. It has long been remarked in the autopsies of persons dying after poisoning by this substance that the bladder is so constantly found distended that this must be regarded, not as an accidental circumstance, but as due to a causal connection. The explanation, indeed, is not difficult, as the action of ergot on the sphincter of the bladder has often been resorted to in therapeutics—e.g., in enuresis, incontinence of the aged, paraplegia, etc. Moreover, in a numerous series of experiments performed with ergot for other purposes, the author found in numerous instances that although the bladder was emptied before the application of ergotin, yet very soon after this had been accomplished the organ was found enormously full. It is evident, therefore, that some other factor must have come into operation besides the spasmodic action of the sphincter excited by the ergot.

However, Dr. Wernich does not attempt the explanation of the phenomenon on this occasion, confining himself to the obstetrical point of view, and in this giving a useful practical hint. He refers to two cases in which ergot had been administered on account of cessation of pain, but in

which effective pains seem to have been kept off by reason of a distended bladder; and he wishes accoucheurs to bear in mind not only that the condition of the bladder should be ascertained prior to any manipulation being undertaken, but also that when secale has been administered a long time without effect they should have recourse to the catheter. It is, he says, highly probable that a large portion of the instances of the failure of ergot is not due to the bad condition of the drug, or its erroneous employment, but to the obstruction to delivery caused by the coexisting distension of the bladder.—*Med. Times and Gazette*.

## SHORT NOTES.

## ACTÆA RACEMOSA.

Actæa (according to Mr. J. J. H. Bartlett, of Kensington,) is a most useful drug in the treatment of chronic and sub-acute rheumatism and lumbago. Out of fourteen cases of lumbago eleven were cured, and out of fifteen cases of chronic and sub-acute rheumatism eleven were cured. The actæa should be given in doses of half a drachm of the tincture three times a day. In the case of two children the dose was ten and twenty minims, respectively increased to twenty and thirty minims. Giddiness, headache, nausea, and irregular pulse are the symptoms produced by an overdose. The tincture should be freshly prepared.

## THE PROCESS OF TAKING COLD.

Daily experience teaches the medical practitioner that persons who guard most anxiously against every possible chance of taking cold are most frequently its victims. Geiger in an article on the mortality of children at Würzburg, Germany, translated by Ch. Rauschenberg, M.D., Atlanta, Ga., shows that diseases of the respiratory organs cause, in the first year of life, the death of relatively many more legitimate than illegitimate children; while the contrary is true of diseases of nutrition, proving that the too great care of fond mothers to their offspring frequently produces what it is intended to prevent.

## MODIFICATION OF ACUPRESSURE.

The great objection to acupressure (says Dr. Will, of Aberdeen,) is the disturbance of the tissues caused by the "corkscrew" of wire during its withdrawal, and the consequent danger of disturbing the clot. This difficulty may be overcome by using silk or catgut instead of wire. The needle is to be passed under the vessel, and its point made to emerge beyond it. A double ligature is then to be passed under the point, then brought backwards and tied in the usual surgical under, but a little to one side of the proximal end of the pin. Of the four ends of the ligature three should be cut off neatly, leaving the fourth. Two loops may seem unnecessary, but it is not so, for, when only one is used, it takes such a firm hold of the tissue about the vessel that, during its removal, the safety of the clot is endangered. To withdraw: first remove the pin by a gentle twisting motion; after which, the knot being liberated, the ligature can be readily pulled out.

## DRESSING WITH MAGNESIA.

Dr. Ohleyer advocates, in *Allgemeine Med. Cent. Zeitung*, No. 47, 1873, the use of magnesia, which he has found very successful in the dressing of certain ulcers when fermentative processes retarded healing. Magnesia neutralises the acids present, prevents the access of oxygen to the surface, and protects the granulations. The author especially applies it to (1) atonic ulcers; (2) cases in which the skin is without epidermis and in which there is danger of suppuration (3) inflamed and painful sores; (4) wounds which require to be stimulated or to be withdrawn from the influence of air, or in which suppuration should be diminished or modified. Dr. Ohleyer has also used magnesia with good results in erysipelas of the face, as an isolating substance.

## TREATMENT OF CHILBLAIN BY ELECTRICITY.

Dr. Santopadre makes known, in *Gaz. Med. de Provincie Veneta* a means which he has employed with success for the treatment of chilblain—namely—electricity. He makes use of Gaiffe's electro-magnetic apparatus, and of a current of middling intensity. The positive pole is placed in the neighbourhood of, and a little above, the inflamed spot, and the negative pole to the inflamed spot itself. The sitting lasts about ten or fifteen minutes, and is repeated if necessary the following day. Generally after the very first sitting the itching ceases and the pain is much abated. After the third or fourth sitting recovery is complete.

## GUAIACUM IN AMENORRHEA.

Professor Cleland, of Galway, considers guaiacum in ten grain doses, once daily, a remedy of considerable value in ovarian amenorrhœa, i. e., to stimulate the secretion when the uterus is healthy and the ovarian action is alone required.

## ETHER V. CHLOROFORM.

According to Dr. Coles, one death in 2872 cases occurs from the use of chloroform, whereas only one in 23,204 occurs from the use of ether.

## TRANSFUSION OF MILK IN CHOLERA.

Dr. E. M. Hodder, of Toronto, has practised the transfusion of milk, freshly drawn from a cow, into the veins of two patients in a state of collapse from cholera. The effect after injecting fourteen ounces in the first case was rapid recovery, the purging and vomiting ceasing at once, and the pulse returning at the wrist. The milk was injected into a vein of the arm by means of a simple syringe. The syringe and bowl for the milk were heated to the temperature of 100 deg.

## CHLORIDE OF POTASSIUM IN EPILEPSY.

Dr. Lander uses chloride of potassium instead of bromide of potassium in epilepsy. He mentions the following advantages in the employment of the substance:—It is more active, is but one-sixth of the cost, and has not the secondary effects of the bromide. He begins with small doses, but has been able to continue the use of the substance for months without any inconvenience, in daily doses of from one drachm to a drachm and a half. According to Dr. Lander, bromide of potassium is transformed into the chloride in the stomach. This is, therefore, an additional reason for prescribing it at once in this latter form.—*Scolpel* (Belgian).

## MEDICAL NEWS.

Statistics show that hydrophobia is periodic in character.

The Pennsylvania College of Dentistry will not, in future, receive any female students.

The death rate of Quebec, from recent returns, appears to be forty-one per 1,000 annually.

Advices from Jonesboro, Tenn., state that 50 families have left the town through fear of the cholera.

Baron Adolphe de Rothschild proposes to build and endow, at Geneva, Switzerland, a hospital for eye-diseases, at a cost of 100,000 dollars.

Germany has sustained a severe loss in the deaths of Dr. Brandis, her first meteorologist, and Gustav Rose, her greatest mineralogist.

The Hon. T. S. Faxon, of Utica, has given fifty thousand dollars for founding a hospital within the limits of that city, to be called "The Utica Faxon Hospital." Probably about 100,000 dollars will be added to the original amount.

Public analysts have been appointed under the Adulteration Act by the city of London and most of the district boards and vestries of the metropolis by about two-fifths of the counties and about sixteen cities or towns in England and Wales, by three places in Ireland, and two in Scotland.

The late Lord Westbury, like not a few lights of the bar, was the son of a physician at Bristol. It would be interesting to show how often legal paternity is followed by great medical proficiency in the son, and how often medical parentage has been the precursor of forensic distinction.

According to the London correspondent of the *Canada Medical and Surgical Journal*, Mr. Erichsen says that the galvanic ecraseur is the most beautiful adaptation of science to surgery of late years. He has removed several togues with it, and the penis also, and always with the most satisfactory results.

Mr. Lewis Audeureid, an opulent gentleman of Philadelphia, has given 100,000 dollars in seven per cent first mortgage bonds, the interest of which it is to be paid to any hospital or hospitals in Philadelphia, whether connected with a medical college or not, that may be designated by his friend, Dr. William Forbea.

One of the causes of the failure of the Dutch in their Atchin campaign was the want of medical officers. These are still much in request by the Dutch Government, which has already offered a premium of 4500 florins, but in vain. Are there none among our young Canadian graduates who will join the service of the East Indian Army of Holland?

The late Dr. Nelson, of Staten Island, in 1829 was the first surgeon in Canada to ligature the scrotid artery. Before he left Montreal, and while a young man, he operated sixty-five times for urinary calculus very successfully. He translated "Hufeland's System of Medicine," also published a treatise, in pamphlet form, on "Ovariotomy."—*N. Y. Med. Record*.

## STATISTICS OF THE AMERICAN WAR.

The medical and surgical history of the rebellion (1861-65) has been issued in two large and well illustrated volumes by the United States Government. It contains, of course, a great mass of interesting facts. Reducing the enlistments to a standard of three years, the number of enlisted white men appears to have been 2,073,112. The total number of commissions issued to white officers was 83,935, and the total number of coloured enlistments was 178,897. From the tabular statements of deaths it appears that of 280,185 deaths from known causes, the proportion of violent deaths to the whole number was one out of every three deaths, giving an annual 88 per 1,000 of average aggregate mean strength; or an average annual ratio of 33 violent deaths and 55 deaths from disease, per 1000 of aggregate strength. The deaths from disease of the volunteer army showed an annual excess of 23 per 1,000 compared with those of the regular army. This is attributed to the imperfect examination and inferior stamina of volunteer recruits.

## PROSPECTUS.

## THE CANADIAN

## MEDICAL TIMES.

A NEW WEEKLY JOURNAL,

DEVOTED TO PRACTICAL MEDICINE.

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 being reference more particularly to the proceedings of city and county Medical Societies, College and University pass-lists, public and professional appointments, the outbreak and spread of epidemics, the introduction of sanitary improvements, etc. Many interesting items of this nature, it is hoped, will be contributed by gentlemen in their respective localities.

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

Original articles on medical subjects will appear in its pages. The growth of medical literature in Canada of late years encourages the hope that this department will be copiously supplied. Notices of cases have been kindly promised, and an invitation to contribute is hereby extended to others who may have papers for publication. If the profession would encourage the establishment of a 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 quarterly newspaper of twenty-four wide columns, containing a large quantity of reading matter, and be issued weekly at the low price of Two Dollars per annum. For cheapness this will go beyond anything as yet attempted in a medical journal in Canada.

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

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

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

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

Address all orders to the Publisher,

JAMES NEISH, M.D.,  
Office of the Medical Times,  
Kingston, Ontario.



## DIATERIA MEDICA.

## SACCHARATED PEPSIN.

Owing to the ready adulteration of this medicinal agent, great care is necessary in its selection, and it has been recommended that pharmacologists should, when practicable, prepare it themselves. By the process given by Mr Scheffer, of Louisville, Ky., it may be easily and expeditiously obtained, and at a very moderate price. This consists in precipitating it from its acidulated aqueous solution by saturation with chloride of sodium.

The stomachs of pigs are the best sources of pepsin, the yield from which is said to be enormous if the proper means are employed to secure it. The stomachs should be quite fresh and well cleaned. They are then cut into thin shreds by means of scissors, macerated for two days in a large volume of acidulated water, of the strength of half an ounce of muriatic acid to one gallon of water. This quantity is sufficient for one stomach. The acid liquid is then poured off and the stomachs are again macerated for two days longer, with a similar quantity of acidulated water; and this operation may be repeated three or four times with profit. The liquid obtained from the several macerations is treated with about one-fourth its weight of chloride of sodium, and the precipitated pepsin, which accumulates in flakes on the surface of the liquid, is skimmed off, strained, and pressed. The moist pepsin is then mixed with a weighed quantity of milk sugar, and dried. It is then weighed, and enough milk sugar added to make the final weight of the mixture equal to ten times the weight of the real pepsin. Cold weather is the most suitable time for manufacturing pepsin, as the stomachs will remain fresh a much longer time than in warm weather. The yield of pepsin from six stomachs is about four ounces, and when the milk sugar is added it will make about forty ounces. Thus it will be seen that the outlay incurred is very little, and the remuneration, aside from the fact of having a genuine article, is sufficient to reward the labours of the chemist abundantly.

## KINGSTON MEDICAL ASSOCIATION.

A meeting of the medical practitioners of Kingston was held in the office of Dr. Evans on Tuesday evening, with the object of considering the formation of a city medical association. The meeting had been convened by circular and was attended by a dozen medical gentlemen. Some others were unavoidably absent. Dr. Evans was appointed chairman, and Dr. Dupuis secretary. After some discussion it was resolved to constitute the members present into a Medical Association for mutual improvement and protection; and a committee was appointed (consisting of Dr. Evans, Dr. Dupuis, and Dr. Octavius Yates) to draft a constitution and by-laws. It was also arranged to hold the next meeting on Thursday, Aug. 21, in a lecture room at the College, granted for the purpose, and to hold stated meetings on the second Thursday of every month. The following attended the preliminary meeting:—Dr. Evans, Dr. Sullivan, Dr. O. Yates, Dr. Maclean, Dr. Dupuis, Dr. A. S. Oliver, Dr. Neish, Dr. Saunders, Dr. McCaunon, Dr. Wafer, Dr. Fee, and Dr. Bigham, of Cataract.

## 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.

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