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PATHOLOGY.

ON THE PATHOLOGY OF PHTHISIS.

From the Address in Medicine before the British Medical Association, by Dr. PARKER.

If the doctrine of inflammation has thus, as it appears to me, made the full circle of change, the same may be almost said of phthisis pulmonalis. Laennec's genius, so sure and accurate when he was dealing with the interpretation of physical phenomena, failed when he attempted a definition of phthisis. Like many a geographer, he wished to fill up his blank map, to insert a coast line here and a watershed there, and to have everything defined, described, and completed. It was an impossible attempt, for the country had not been surveyed.

Laennec's opinions on tubercle were widely influenced by those of Bayle, and doubtless his interest in the subject was heightened by the fact that, like Bayle, he was himself the subject of phthisis. Influenced probably also by reflection on the hereditary derivation of phthisis, he at last elevated tubercle into a special and peculiar product, and as the only sign and cause of phthisis; he took tubercle out of the category of common inflammatory changes, and made, so to speak, an entity of what may be merely a form. His influence was so great, his hypothesis (for it was no more) so exactly chirographed in with many of the facts of phthisis, and gave an explanation so simple and complete, that it met with general acceptance.

But in this country there are not wanting those who, from both clinical and pathological standpoints, never accepted Laennec's theory in its integrity. The masterly descriptions of Thomas Addison, of Guy's Hospital, published nearly thirty years ago, show how completely that great and original physician had seen the imperfection in the favourite view of tuberculosis. But Addison was not alone in this. It is but just to the memory of a man whose extraordinary talents did not save him from mistakes which eventually overshadowed a brilliant career, and left him in his old age neglected and stranded on the shallows whither a false light had enticed him; it is but just to John Elliotson to recall the fact that he constantly asserted the production of phthisis pulmonalis from common inflammation, and the identity of many so-called tuberculous and inflammatory processes. So also it is but justice to C. J. B. Williams, a pupil and follower of Laennec, to say that he also brought into great prominence the intimate connection between inflammation and tubercle.

But it was not until 1847 that Laennec's theory in its exclusiveness was to receive its death-blow. In that year Reinhardt, himself, like Laennec, soon to be a victim of phthisis, published his exhaustive examination of the microscopical characters of tubercle, and asserted that

there was no difference between tubercle and common inflammatory products.

Then, gradually, opinions seemed to settle down in three directions. There were some who held to the old theory of Laennec, that there was a specific tuberculous product or deposit; some who followed Reinhardt, that the deposit was of a common inflammatory nature; and some who steered between the two, and considered phthisis pulmonalis to be a generic term covering two, if not more, distinguishable morbid conditions. How we now stand in this matter it would be rash to assert, but it seems to me that the late able discussions in this country and in Germany tend more to the idea that the tubercular character is the consequence merely of an anatomical condition, and that the greater or less amount of lymphoid tissue in the lungs and the fact of its involvement will account for the peculiarity of form.

Time, indeed, has added two important facts to Reinhardt's masterly description; the one is the implication of the lymphoid tissue in the most typical form of tubercle, and the other is the demonstration of the infective character of phthisical inflammation, for which we have much to thank Villemin, Simon, Andrew Clark, Burdon Sanderson, Wilson Fox, and others.

There was a moment, indeed, when Villemin first announced the production of tubercle by inoculation, when it seemed as if the specific nature of tubercle might after all be true; but the researches in this country soon proved that the inoculation of many kinds of noxious matter might give rise to tubercle, and that there need not be anything special about the introduced starting point; and so tubercle has, perhaps, come to this, that it is merely a form of those common changes which are most conveniently grouped as inflammatory, with this addition, that the presence of a special structure impresses on it a special form. The tendency of inquiry seems to me to indicate that we must look to the anatomical condition of the bodily tissues, and especially to the abundance or special condition of the lymphatics in the lungs or throughout the body, to explain the hereditary nature of tubercle in certain cases, and also to account for those instances of general tuberculosis which formed the basis on which Bayle built up his hypothesis of phthisis.

But how in this whirl of controversy, in this endless assignment of names, and discussion, of what these names mean—how has the practical physician who had to treat phthisis found his practice changed? In some ways favourably, in others, as I conceive, unfavourably. The principal change in the treatment of phthisis has been the introduction of the supporting plan, based on the idea of tubercle being the indication of a weak, morbid nutritive condition. Cod-liver oil, practically unknown in my student days, reintroduced in this country (after long years of forget-

fulness) by Hughes Bennett, and tested by Charles Williams, has become an article of commerce on an enormous scale; good feeding in other respects, and exercise and pure air to improve the pulmonary circulation, are the main grounds on which many practitioners treat phthisis; so far, the effect of the view of phthisis to which I have referred has been most useful. But, in another aspect, I doubt whether we have not somewhat lost in the little attention paid until lately to the inflammatory conditions. Formerly there was a vast amount of local counter-irritation, and even local blood-letting, which certainly seemed to be very useful, and of measures used with the idea of removing exuded inflammatory products, such as the preparations of iodine and even mercury. There are many cases of phthisis which appear to be largely benefited by measures of this kind, or by a union of the two plans, and, in so far as the common notion of the peculiar specific nature of tubercle discouraged the use of anti-inflammatory measures in some cases, so far I conceive harm was done.

In two points late researches have, I think, influenced our view of looking at phthisis. In the first place, it has been shown how many cases of phthisis are caused by removable conditions: breathing of impure air, constrained positions, syphilis, &c., are now known to produce many cases of wasting lung disease; and as it is possible to prevent these, and thus to lessen the prevalence of phthisis, we have now a greater element of hope than formerly. On the contrary, the evidence of the so-called infective nature of phthisis—that is, the way in which it can originate in the lungs from distant infected parts, the way in which it extends to adjoining parts, or, perhaps, to distant parts of the lung by absorption from a diseased lung centre, and thus returns and returns until fatal inroads are made on the organ or the system at large—the constant production, in fact, of fresh centres of spread—is a discouraging aspect. On the whole, the last thirty years have done much for the treatment of phthisis, but it is not all unmixed gain, and the amount of future progress is uncertain.

MATERIA MEDICA.

OPIUM CULTURE IN GERMANY.

* Mr. Julius Jobst states that the cultivation of the poppy for its opium is carried on to an important extent in Wurtemberg, and that the quality of the opium yielded is superior to the oriental product, containing from twelve to fifteen per cent. of morphia. During a tour in Asia Minor, in the winter of 1871, he became convinced that the climate of Wurtemberg is in every respect as well suited to the culture of opium as is that of Asia Minor, where, for example, it is regarded as a necessary condition to a good opium crop "that the poppy-field should be covered with snow during

several months." Jobst secured a quantity of poppy-seeds from the district producing one of the most valuable varieties—Boghaditsch opium—with which he has made comparative experiments with the following results: The oriental poppy-plant is of a lighter colour than the indigenous poppy, has dark, violet-coloured flowers, remarkably few leaves, and reached a height of two feet; the capsules are small, but well filled with extremely small bluish seeds. Owing to its small growth it is not exposed to the same extent to the influence of storms as is the taller indigenous variety, and it ripens several weeks earlier. The oriental variety yielded a little less opium than the indigenous variety, but the morphia strength of the two opiums is nearly the same—opium from oriental seed containing 19.5 per cent. morphia, 0.12 per cent. codeia; opium from indigenous seed containing 12.8 per cent. morphia, 0.09 per cent. codeia. The author states that in the neighbourhood of Saarau and Bohrau, Silesia, opium has been cultivated which yielded thirteen to fourteen per cent. morphia, three to four per cent. more than oriental opium yields.

From the report of the Chamber of Commerce of Breslau, 1872, it appears that the experiments upon opium culture have been discontinued in Silesia, as it has become evident that, while the cultivation of the poppy for its seeds is very remunerative, its cultivation for its opium is unprofitable. The yield of opium is small, and its collection causes a diminution of the seeds.

But this does not agree with the experiments of Julius Schrader, who has found that the annual yield from capsules from which opium had been collected was the same as from capsules which had remained intact. The opium obtained was a fair yield, and contained eleven per cent. of morphia. There was no difference in the yield of fixed oil from the seeds as obtained from the two sources.—*Am. Practitioner.*

ACONITE ROOT.

At the last meeting of the American Pharmaceutical Association, Dr. Squibb called attention to the bad quality of the aconite root frequently met with in commerce. This he considered (*Transactions*, 1872, p. 229) to be due partly to its being collected by ignorant women and children, who take it at any season of the year and dry it in the easiest and quickest way. Some parcels, however, lead to the suspicion that the roots have been partially or entirely exhausted; since, although no doubt exists as to the identity of the root, there is no season of the year, age of the plant, or probable mode of drying, which would yield it so insipid and devoid of activity as these specimens are. If it be true, as is now generally believed, that the growth of microscopic plants and animals destroys the active principles of many substances, it may be that mouldiness would be a cause of inertness in aconite, although such mouldiness would probably be removed before offering it for sale. Dr. Squibb considers that, if the drug can be obtained of good uniform quality, and the preparations be made with care and skill, the alkaloid is not only an useless but a dangerous reticement, which, though variation of

species or of mode of manufacture, is as deficient in uniformity as the commercial root. He gives the following as a 'simple, practical, easy, and effectual way of testing aconite root by tasting it.' The root is to be broken across near the middle, and a piece half the size of a pin's head, taken from near the edge of the place of fracture, chewed between the incisor teeth in contact with the tip of the tongue until reduced to a pasty mass, and then ejected from the mouth; and the parts which have been in contact cleansed as thoroughly as possible by the flow of saliva which is produced. If the root be inert, the fragment is nearly or quite tasteless; but if it be a good root, a bitterness is at once manifested, in proportion to the activity of the root. This bitterness is removed by the cleansing of the mouth, and is followed by an interval of a minute or more of tastelessness. The peculiar and perfectly characteristic aconite impression then comes on gradually, beginning with a sense of tingling, which soon becomes a pricking sensation, and passes into a local numbness, that once felt cannot be mistaken. This is not taste, but rather a paralysis of all sensation in the part, and is persistent for from one to three hours, according to the strength of the root and the quantity taken. It is not painful or even annoying, nor is it hurtful when properly managed; but, in using the test, the virulently poisonous character of the drug should never be forgotten—one aconite impression being allowed to disappear entirely before another root is tasted. Both the taste and aconite impression vary much in intensity; but Dr. Squibb thinks that no parcel of roots should be accepted as officinal, in which more than two or three roots in ten fail to give the aconite impression or numbness within ten or fifteen minutes.

PRACTICAL MEDICINE.

ON DELUSION.

Delusion is not an indefinite disorder of the intellect and fancy coming on, no one knows how, without warning of any kind, but a very definite disorder, taking many shapes, each of them associated with some morbid mental condition from which it can not be disassociated, and often receiving this shape, as it would seem, as a natural consequence of the mind having been allowed to go wrong in the direction of some particular morbid mental condition, intense self-conceit, misanthropy, melancholy, or other. Nothing is more certain than this, that by indulging in a perverse way of feeling or thinking, sooner or later, the reason and will are mastered by this feeling or thought, and that when this point is arrived at the feelings and thoughts and actions, as a matter of course, become more or less irrational and involuntary. Arrived at this point indeed, any delusion, any fancy may easily take undisputed possession of the mind. And thus the delusion, instead of being something almost unintelligible, becomes little more than a natural consequence of the unresisted continuance of the particular morbid mental condition with which it is associated, and from which it cannot be disassociated.

If the mind be allowed to rest too long in any

of these morbid mental conditions which are constantly associated with delusion, the will and reason are deposed and feeling is enthroned in their stead. This is all; for when feeling is raised above will and reason the result of necessity is not only disorder but delusion. And thus insanity becomes somewhat more intelligible, inasmuch as it reduces itself to little more than the natural consequence of the mind having been allowed to go wrong in the direction of some perverse feeling until a point is arrived at in which the will and reason have no longer any control over it; an end in which—for all the unchecked evidences of the mere feelings are delusive—delusion in one form or another is the inevitable result.

And if delusion take these different forms, and is brought about in these different ways, it is plain that there are several very definite indications of treatment, which may be followed out in a very hopeful spirit. The case is not one in which delusion is no one knows what, coming about no one knows how, in which the physician is left in a state of uncertainty as to what ought to be done to prevent it and to cure it. The case is definite enough. There are several morbid mental conditions as intense self-conceit, misanthropy, melancholy, uncontrollable impulsiveness, and the rest, preceding insanity, continuing when insanity is actually developed, and each of them leading naturally to the delusion which is the conclusive evidence of insanity. There is, in fact, a definite morbid mental condition other than delusion to be dealt with. By dealing with it delusion is to be prevented; nay more, by dealing with it delusion is to be counteracted and conquered. It is as much a duty to deal seriously with this morbid mental condition as it is with the actual delusion—for delusion is the natural consequence, sooner or later, of leaving it to itself. Every effort must be made to teach the patient that he is responsible for his feelings and thoughts as well as for his actions; that he can and must master them; and that if he does not try, his will and reason may soon become too powerless to prevent his feelings and thoughts and actions from becoming involuntary and irrational, as in insanity. He must be helped and made to try to do all this in every possible way. A proper mental discipline must be enforced, upon the details of which I cannot and need not enter.

Nor is a different course to be followed when matters have gone further wrong, and there is actual delusion. Certainly all is not done in this case when the lunatic is provided with a comfortable home, and when every conceivable care is taken of his body. All that is wanted and more also—much more, if what I have said about mind be true. What is wanted is that medical and clerical aid should be brought into closer conjunction than they are at present, with clearer notions in both physician and clergyman as to autocracy of *mind*. What is wanted the co-operation of educated persons, similarly enlightened as to mind, who will as a labour of love tend upon the lunatic, giving him the helping hand which now in so many instances they are giving to the ordinary sick. What is wanted also are more carefully-trained ordinary attendants. With res-

pect to the ordinary nursing of the insane indeed a great revolution is necessary, akin to that which is being brought about in ordinary nursing by Miss Nightingale by the Misses Merryweather, and by their fellow-philanthropists.

CHLORATE OF POTASH AND GLYCERIN INJECTIONS IN CHRONIC DYSENTERY.

Dr. Theodore Mead advocates the injection in chronic dysentery of half a drachm of chlorate of potash rubbed up in half an ounce of glycerin and mixed with three to four ounces of warm water. This should be thrown into the bowel thrice daily, and should be retained as long as possible. He gives two cases as illustrative of the results of this plan of treatment.

1. A young man, *æt.* 27, was first attacked with dysentery in 1861, and had never been rid of the disease, or had a natural stool, up to June, 1868, when he came under notice. He was then having twenty to thirty stools in the twenty-four hours; was weak and anemic; muscles atrophied; skin dry; pulse weak, and his general appearance indicated approaching dissolution. The use of opium and whisky, which had always been ordered him in large quantities during his sickness, was at once prohibited; he was given quinine, iron, strong beef-tea, and forty grain doses of subnitrate of bismuth suspended in mucilage. The injections were at once commenced, and at first gave him intense pain and were rejected as soon as thrown up, but a decided effect was produced. In a short time the unpleasant sensation subsided, and in a few days he could hold the injections an hour. In twelve days his stools were reduced to eight or ten in the twenty-four hours, and were almost free from pus or mucus. In three months he was able to resume daily work, and has continued it ever since, with no return of his dysenteric troubles.

2. In the second case the dysentery followed an attack of bilious fever, was very obstinate, resisted all the ordinary remedies, and brought the patient to the verge of the grave. The treatment was substantially the same as in the other case, and recovery was complete in two and a half months.—[*New York Medical Journal*, Sept.

SURGERY.

ON THE DRAINAGE OF WOUNDS.

By Prof. Wood, Kings College.

I attach much importance, as I have said, to free drainage in dressing wounds, and when made by the surgeon a good deal more may be done to favour this by a judicious choice of the direction of the incision in resections, &c., and the position of the flaps, &c., in amputations. The plan of making a puncture in the political space, proposed and practised by Mr. Jonathan Hutchinson in excision of the knee-joint is one which illustrates my meaning. The wound would, if possible, be made to slope towards that part which is most dependent when the patient is laid in bed. In amputations of the thigh, I think, for this reason, that the circular operation is most objectionable, on account of its forming a hollow funnel-shaped wound, which, in the necessarily raised position of the stump

upon a pillow, holds the discharge like a bucket, only slightly tilted. Very good drainage is accomplished in the late Mr. Teale's excellent plan of a single square anterior flap. I have practised Mr. Teale's method with the best results, but for other reasons I prefer in the thigh an oblique double flap, with the outer end of the incision placed lower than the inner, and the front flap placed somewhat outside the limb, and longer than the hinder. After many trials, I am quite convinced that this both gives the most complete drainage, prevents the bone protruding, and makes a very shapely and serviceable stump, with the cicatrix placed well behind the point of pressure. An important point bearing on this matter, in favouring the escape of discharges from the interior of a wound, lies in the manner of securing the arteries. When an artery is twisted in, as in the ancient Roman system, revived by Amussat and Velpeau, and lately tried by Mr. Cooper Forster (*Trans. Clinical Society*, 1870), and Mr. Bryant ("On the Torsion of Arteries," *Med-Chir. Trans.*, ii., p. 199), or when it is secured by a pin or wire, as advocated by the late Sir James Simpson, and practised at Aberdeen and elsewhere, or when it is secured by an antiseptic catgut ligature, cut off short on the vessel, as revived by Professor Lister, and tested and practised by Mr. T. Holmes, the theory is, that the wound should heal in the deeper parts as well as in the more superficial by the direct adhesive process. But this in the amputation of an extremity, or a large resection, is not the rule, and, moreover, in large cities is not usual.

Now the parts that are most disposed so to heal are the smoothly-cut, self-adapting, and vascular cutaneous tegumentary structures, and these sometimes close up by adhesion, leaving interior cavities, especially about the bone and between the muscles, containing decomposing blood or pus, which afterwards accumulate, burrow, give trouble, and delay the cure, or cause by pyæmia the death of the patient. To prevent this subsequent inconvenience, after experience of it, seems to be the only rational explanation of the continental method still employed, of stuffing the whole wound with charpie, so as to ensure healing from the bottom, which seems so strange to our notions. If we could be quite sure that by torsion, metallic or antiseptic ligatures, we could secure complete adhesion throughout, the case would be made very much stronger in their favour. But this is certainly the exception, and not the rule. There are other elements at work influencing this, even more powerful than the local treatment. Now I believe, with my esteemed colleague, Sir W. Fergusson, that so long as we have this want of entire union, ligature threads may have the advantage of keeping open channels for the escape of discharges from the close neighbourhood of the tied arteries, the accompanying veins of which are frequently the sources of effusions of blood after the wound is dressed, which afterwards clot, and may putrefy. These ligature-threads I usually have well steeped in carbolic oil, and saturated so as to be unable to absorb discharges, but utilised to spread around an antiseptic influence sometimes in deep narrow wounds. I place them within or alongside of a drainage-tube.

They can thus be made into channels for the introduction of antiseptic agents to the deeper parts, and this consideration may add to the much greater sense of security given to the patient, as well as to the surgeon's mind on leaving him, by the use of a safe knot, and a string to remove it by when it has performed its work. There is one point in the section of flaps which may I think have influence sometimes upon the introduction of pus or septic matter into the cut veins. When these are cut obliquely with the face of the flap, they are opened in a large conic section in the shape of a pen, and left, when placed on the underlying flap, in an attitude well adapted for receiving and conducting into their interior pus and putrid discharges which gravitate from the surrounding hollow and often funnel-shaped sides. To obviate this, I invariably, after a flap amputation, cut off the larger veins transversely.

OBSTETRICS.

BREECH PRESENTATIONS—RAPID DELIVERY.

The infant's body is delivered with its back superior, the patient lying on her back. First draw the cord down a little way; then, if the head has passed the superior strait, the face is in the hollow of the sacrum; if not, bring it down, according to the usual rules, as rapidly as possible. Then introduce the index finger of one hand into the mouth of the child, drawing the chin down; at the same time with the fingers of the other hand push the occiput up, thus securing perfect flexion. This accomplished, the face of the child will present at the vulva; and immediately withdraw the finger from the infant's mouth, and pass two fingers into the rectum of the patient, and you readily reach the vertex and use these fingers as a lever, lifting *upward* and *outward*, while a similar movement is communicated to the body of the child with the other hand placed below it. If you are on the patient's right side, your index and middle fingers of the right hand will be against the vertex of the child; if upon your left, those of your left hand. If unfortunately you have failed to deliver the body with the back superior, and you have the face towards the pubes, the same general steps are necessary, save that the finger of your right or left hand, as the case may be, should be kept in the child's mouth while the upward and outward movement is made with the fingers on the vertex. This method of delivery is applicable to all cases where the body of the child is born first. By it the head can be delivered in less time than required for the application of forceps, and it is much safer for the mother at least. Pursuing it, I have never lost a child, in breech presentation, or in podalic version.—*Dr. Langdon, in the American Practitioner.*

THE PNEUMATIC ASPIRATOR.

An interesting case is reported by M. Dieulafoy, in which an infant six hours old, was poisoned by a dessertspoonful of laudanum, and from whose stomach the poison was extracted, before it had taken fatal effect, by means of the pneumatic aspirator.

THE CANADIAN MEDICAL TIMES.
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TO CORRESPONDENTS.

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

The following is from Dr. Parvin's address before the American Medical Editors' Association:—As Robert Southey well says in "The Doctor":—"Man is a dupable animal. Quacks in medicine, quacks in religion, quacks in politics know this, and act upon the knowledge. There is scarcely any one who may not, like a trout, be taken by tickling." A church dignitary once said, "*Populus vult decipi; et decipietur.*"

According to the latest official announcement, the following are the medical schools and hospitals in the Dominion of Canada from which certificates of professional education of candidates for the Membership of the Royal College of Surgeons, England, will be received for the year commencing the 1st of August, 1873:—The University of Toronto; the University of Victoria College, Toronto; the University of McGill College, Montreal; the Royal College of Physicians and Surgeons, Kingston; the University of Laval, Quebec. It will be observed that the list does not include all the medical schools in operation in Canada.

A report reaches us from Toronto that Dr. Campbell has prepared his bill for the re-incorporation of the Homoeopathic Board, and is already canvassing for Parliamentary support for his measure. The energy and activity of Dr. Campbell are on all hands admitted, and no doubt he will make the best of his opportunities. But it is doubtful whether he will be able to command a majority of the House of Assembly, though it is thought quite likely that he may obtain a committee of inquiry which will examine into any allegation of unfairness on the part of the Medical Council. It is also understood, as we are informed, that the Provincial Government will range its power and influence on the side of the Medical Council, provided it can be shown that no act of unfairness has been committed towards the homoeopaths or the eclectics. It is held by the Government to be desirable to maintain the leading principles of the Medical Act and to keep the profession united. It follows, therefore, that Dr. Campbell will have to make out a strong case to get his proposition entertained.

The arrangements of the Medical Council of Ontario with respect to the appointment of certain members of the Council to the Examining Board, and the holding of the annual meeting and the examinations consecutively have been

made with a view to economy. By the new arrangement, it is supposed, a saving of \$500 may be effected. At its June meeting the Council laid great stress on the necessity for economy by the Examining Board, and here we have an instance. Economically managed, as the affairs of the Council ought to be, there is no reason why its revenues should not prove sufficient without having to resort to an assessment of the profession, as proposed in one of the clauses of the new bill. It is well known that the proposition of an assessment proved fatal to the Medical Bill last session, and the same feeling is to be apprehended again. Last year letters poured in from the medical constituents of members, urging them to oppose this part of the bill. If the Council therefore can render itself independent of any such special legislation its continued existence and popularity will be assured.

A correspondent, "Viator Medicus," deals with the question of female physicians in a way to command attention. We should be reluctant to specify anything like the weighty charge he prefers against the sex, and might even doubt the justice or foundation for such a condemnation were it not that he speaks from contact and experience in the United States, and were it not also notorious that certain Russian and American female medical students at European schools have been loose in their behaviour. The Russian ladies, indeed, have been expelled from Zurich, and refused admission to the schools at Prague, Strasburg and Giessen, and have been charged with leading dissolute lives. One might reasonably fear that such characters would become insidious and dangerous abortionists, and that the sense of shame lost in their student days, the sense of responsibility and moral duty would be lost also in the days of practice. But while the conduct of these females has been such as to bring discredit on the cause of female medical education, it must be said that there are many ladies—very many, we would hope—against whom no breath of scandal could possibly be raised. However, our correspondent has pointed out a danger which must be taken into account, and which we trust will be well weighed ere the Canadian schools are thrown open to female students. But for other reasons than this particular risk, we should wish our Canadian sisters not to get infatuated with the notion of entering the medical profession.

It is a noticeable fact that nearly all the candidates at the examinations for admission to the army and naval medical services of Great Britain are graduates of the Dublin medical schools. Formerly the great medical school at Edinburgh used to furnish a large quota; but now, according to the remarks of Professor Turner, delivered in an address to the graduates, private practice offers a more profitable and inviting field for Scotch graduates. The national medical services have been rendered very unpopular by the economical retrenchments effected by the present ministry. The withdrawal of the allowance to army medical officers in lieu of forage has caused great dissatis-

faction. Professor Turner referred to the following causes which had tended to diminish the attractiveness of the public medical services:—the moderate scale of payment, the slowness of promotion, the routine character of the life in times of peace, the inadequacy of the retiring pension after years spent on foreign service, and with the health broken perhaps by a residence in unhealthy climates, and the doubt which unfortunately prevails lest privileges granted one year will not, after the lapse of a few years, be again withdrawn. Professor Turner concluded his address as follows:—"Though in more stirring and warlike times, when the pulse of the whole nation throbs at the recital of deeds of daring, when the love of adventure—which acts as a powerful incentive to so many men—is aroused, and when opportunities for obtaining personal distinction can be obtained, the services may regain their popularity with our students, it must be confessed that in these days of peace, when men look at things in a calmer and more practical way, and are disposed to follow that line of life which is likely to prove most lucrative, the inducements to enter the services are not so powerful as to outweigh those which are offered by even a moderate amount of success in private practice."

DR. O. B. RADCLIFFE ON "DELUSION."

By an oversight Dr. O. B. Radcliffe's name has been omitted from the heading of the article on Delusion on page 106 in this issue. It may also be noted in this place that the article in question is not only worthy the attention of physicians, but of clergymen and all men of intelligence and position in society. To be productive of a proper amount of benefit, indeed, Dr. Radcliffe's views require to be widely known.

**PROSTITUTION CONTROLLED BY
SANITARY LAW.**

Many European cities have attempted to restrain and regulate this evil, which law can nowhere suppress. Their success has been but partial; never quite satisfactory, yet on the whole such as warranted the continuance of the system of public regulation. Recently, it has been tried in England, under the "Contagious Diseases Act," which applies only to the population of certain naval and military towns. It would appear, from the British medical journals, that the effect of the law in diminishing venereal diseases in the public service has been most gratifying, and great efforts are now making, with a general but not universal support from the medical profession, to extend the provisions of this act to the whole English population.

It is a little remarkable that a law of this character should prove to be better adapted to English than to Continental communities, and even more surprising that it should be found to work still better in an American city. Yet this seems to be the case. The city of St. Louis, with a present population of about 400,000, has been trying this experiment for several years. It seems to have been adopted by the medical profession acting through the Board of Health, and by the police, as the best available means of diminishing

disease and crime; of ridding the dispensaries and hospitals, and private practitioners of a flood of venereal cases, and of ridding the streets, bar-rooms, courts, and public places of scenes of scandal and disorder. It is claimed by the medical and police authorities to have accomplished all this in a quiet way, without oppression, and, moreover, that its operation is satisfactory, even to the parties whose freedom is put under restraint. Every prostitute is registered, and visited and examined for signs of disease once a week by medical officers appointed by the Board of Health. For this examination, a fee of a dollar and a half is collected, and every keeper of a bawdy-house pays fourteen dollars a month. All cases of venereal disease are transferred immediately to a hospital outside the city, which has been built for the purpose, where they are treated without charge. There are about 700 prostitutes in St. Louis, and the number is not greater now than six years ago, notwithstanding the prodigious increase of the general population.

The revenue to the health authorities from the special taxes above named amounts to \$55,000 a year.

Venereal diseases have greatly diminished in number in St. Louis. This is true of private practice and of public institutions, and seems to be the universal judgment of the medical profession.

That there is violent opposition to this law on moral grounds is not to be overlooked. All the clergy oppose it, and even some physicians, while recognising its good effects, believe that the means employed are unjustifiable. Meanwhile, the people seem quite willing to have the experiment go on. It is certainly one of extreme interest, and it will be carefully watched by other communities, both in this and foreign countries.—*Boston Med. and Surg. Journal.*

DR. NELATON'S ILLNESS.

This morning (August 20th) when I called to enquire, his condition was said to be exactly the same—namely, extreme prostration. Turning over the pages of the book which is kept for the inscription of visitors' names, and which is covered with signatures, I noticed the autographs of some of the most illustrious people here in politics, finance, science, arts, &c., and saw the names of Thiers, Barthelemy, St. Hilaino, Marahal Canrobert, Pereire, General Bourbaki, Comte Serurier (for the Society of Help to the Wounded), &c. A great many names are followed by the words "a grateful patient." The illness of the renowned surgeon is a subject of extreme interest and sympathy here, not only in professional circles, but with the public at large. The papers publish a daily bulletin of his health, and when fears of his death are mentioned the subject is spoken of as if it would be a real national loss. The name of Nélaton, especially since his voyage to Caprera, and extraction of Garibaldi's bullet, had become most popular, and his reputation was elevated and heightened by the fact of his being the only practising medical man made a Senator and Grand Officer of the Legion of Honour during the time of the Empire. He is considered here and abroad to be the highest representative of French surgical science, and there is no doubt that, as such, his death would be a matter of universal regret, and his loss very severely

felt. Nélaton inhabits a large and most elegant hotel, of which he is the proprietor, which he built a few years ago when he was in his zenith of professional success. It is situate at the corner of the Rue François Premier and the Cours la Reine, opposite the quay, and quite near the Champs Elysées, the most fashionable quarter of the town. Dr. Nélaton's private apartment is on the first floor. His wife and children are with him. Except his medical attendants and one or two friends, no one is admitted to see him, though visitors daily flock to his house.—*Paris Cor. of the Lancet.*

CORRESPONDENCE.

"JUVENILE SUBSCRIBER."—Your queries may be answered as follows:—(a) Yes; (b) partly by mechanical force and partly by emotional influences; (c) on the cessation of the menses.

J. S., Ottawa.—Correspondents must observe the requirement to enclose their names, not necessarily for publication, but in confidence to the editor as a guarantee of good faith.

"MEDICUS," Hamilton.—The preparation you refer to was devised by Dr. Easton, Professor of Materia Medica in the University of Glasgow, and termed by him "Syrupus ferri, quinis et strychnis phosphatum." Under a different name it has been sold as a proprietary medicine in the United States. Vide Aitken's Practice of Medicine, article Anæmia, for full details of its preparation.

"STUDENT."—Balfour's "First Book of Botany" is exceedingly cheap, very simple, and would be a useful introduction to a beginner preparatory to entering college. For an advanced student Gray's works are better adapted, and more interesting to a Canadian as dealing with the flora of North America.

A CASE OF UNETHICAL BEHAVIOUR.

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—Your editorial remarks in your last week's impression on the criticism of physicians' prescriptions by druggists or their clerks, were timely and good. There is, however, a similar offence chargeable to some members of our own profession in exactly the same direction and which your remarks remind me of.

I refer to the almost daily overhauling by one medical man of another practitioner's prescription file at his apothecary's store, accompanied by open, unreserved remarks thereon, as well as pseudo-derogatory comments uttered in full hearing of patients awaiting the dispensing of prescriptions of their doctor undergoing comments and criticism at the tongue of this medical Paul Fry aforesaid!

Apart from exhibiting his bad taste and lack of professional business, it is very apt (by reason of self-exposed ignorance) to lower such a would-be critic, rather than the prescribing physician in the eyes of the apothecary. Such delinquencies do not escape observation, and always obtain their proper verdict. To such an offensive extent was this carried on by a party in Belleville, that my apothecary was obliged to find another and out-of-the-way depository for my prescriptions, safe alike from intrusion as well as ignorant and jealous criticism.

This is one of the many and varied "hydra-heads" of unethical behaviour that has been, and is yet, the great bane of the medical profession (as contrasted with our sister profession of the Law), to the great let and hindrance of its advancement, as well as to the prevention of harmony and good working in the attainment of noble objects; not to mention the low status and contempt that it entails upon the medical profession generally in the eyes of the public.

Unfortunately, we are not prepared with the means for remedying the more flagrant breaches of medical etiquette that the legal profession is, although let us hope the time is not far distant when we may be as fully able to deal with derelicts as they are at present; perhaps,

however, some good may be wrought by showing up offenders in print, and that the fear (or shame?) of figuring in our medical periodicals may compel a proper observance of those rules which an utter want of the instincts of a true gentleman, or the dictates of professional duty fail to comprehend or obtain compliance with.

I am, Sir, yours respectfully,
R. C.

Belleville, Sept. 1873.

MEDICAL NEWS.

Dr. Nélaton, the celebrated French surgeon, died in Paris on Saturday night, Sept. 20. He was born in June, 1817.

It is officially reported that there have been 2755 cases of cholera in Vienna since the outbreak of the disease, and of that number 1,110 were fatal.

Yellow fever has made its appearance in Mobile, Alabama. In Memphis there were 13 deaths last Saturday. Reports from Shreveport say that the yellow fever is not abated. Many prominent citizens have perished. The victims up to the present time amount to over 200. New York, Philadelphia, Boston, and all the important cities of the United States are aiding the sufferers, money alone being needed, as there are plenty of persons in the South who can be procured as nurses.

The consumption of horse flesh is rapidly increasing in France. During the first half of the year 1867, 893 horses or mules were slain for consumption and afforded 320,000 lb. of meat; during the corresponding period of the present year, 5186 animals have been slaughtered, affording about 1,900,000 lb. of meat for public consumption. This is an enormous increase, and the utilization of horses unfit for work, but thoroughly healthy, and not worth more than about twenty dollars, will, it is reckoned, increase the public wealth by 400,000,000 of francs.

European papers state that in Munich, where several cases of cholera have occurred, the rooks and crows which before flew about the steeples and through the trees of the public promenades had all emigrated. The same thing happened during the cholera seasons of 1836 and 1854. According to Sir Samuel W. Baker ("Eight Years' Wanderings in Ceylon," chap. viii.) the same phenomenon occurred at Mauritius, where the martins, which exist in immense numbers the year round, wholly disappeared during the prevalence of the cholera.—[Philadelphia Medical Times.]

THE CHOLERA IN EUROPE.

The report from Berlin on Sept. 2 is, that since the outbreak of the disease there had been 292 cases, of which 185 had died, and only 15 had recovered, 92 remaining under treatment. During the day, from the 1st to the 2nd, 19 cases and 9 deaths were reported. In Prussia the returns up to August 30 give 4,611 cases, and 2,474 deaths. In Dresden, up to August 17, there were 125 cases and 76 deaths. In Munich the number of cases was increasing on August 30. On the previous day there had been 38 cases and 14 deaths. The total number of cases from the commencement was 618, and of deaths 260. In Koenigsberg, during the week from August 24 to 30, 381 cases and 174 deaths were reported. In Wartenburg, a town of 4,000 inhabitants, there had been daily about 20 cases and 15 deaths for some weeks. In some statistical returns published on Aug. 30, the number of cases that had occurred in the German Empire is stated to be 4,611, and that of deaths 2,474. In Vienna, during the week ending August 29, there were 156 deaths. Cholera is reported to have appeared in St. Petersburg. The disease continues to make victims at Havre, principally among persons of intemperate habits, living in unhealthy dwellings. Two fatal cases are reported to have occurred in Caen; and at Bretteville, a small commune a few leagues distant, there have been 5 or 6 deaths. In Rouen, from Aug. 27 to 30 inclusive, there were 38 deaths; on the last-named day, 42 cases remained under treatment. There have been numerous cases in the neighbourhood; and at Bolbec, on Sept. 1, there had been 20 deaths.

CORRESPONDENCE.

FEMALE RESIDENT MEDICAL OFFICERS.

TO THE EDITOR OF THE MEDICAL TIMES.

Dear Sir,—An article in your last issue touching the appointment of a "*Medical Female*" to office in the Bristol (Eng.) Hospital for sick children and the consequent resignation of the entire staff of medical men connected with the Institution leads me perforce to venture a few remarks upon the much vexed question at the present time as to the expediency of admitting women to full medical honours and degrees, or of licensing them to practise even if they do attain to a full curriculum of college study and pass the necessary examinations to secure a diploma, whether it be obtained at a Women's Medical College (as in the United States, and I believe now also in London) or at a great sacrifice (!) of feminine delicacy and dignity in the ordinary way. I have for years past been watching critically this new ambition of women to engage practically in the public arena of medical life, as tho' the "home circle" was, nowadays, so narrowed, and still narrowing, as to drive them forth to fill a great hiatus in the busy world as well as gratify their private vanity and feelings. Whenever I have been asked (and how very often in company when a gentleman is at a disadvantage to expatiate fully and reasonably too, is one taxed in this way) "Now, Doctor, what do you say against women becoming medical practitioners?" &c., &c., I briefly answer, "Let 'em try it on, instead of our being *jealous of competition*,"—an expression always sting in our teeth—we know that other causes are at work which will effectually drive them out of our way and give us the victory eventually. Not to harp upon sex and its unavoidable infirmities or disqualification, there is even the bugbear exhaustion looming in the distance, and if hard work breaks down so many medical men what is to become of the medical women, most of whom present the very opposite physique and constitutions necessary to a successful prosecution of the profession even half-way satisfactorily to themselves or the public. Again I say, How do you expect to make a living after all the necessary expenditure of time and money? My wife and her lady friends vow beforehand that they would never entrust themselves or their babies to a doctress! Men, only for a practical joke perhaps, might occasionally consult you. None but some renegade medical man desirous of currying favour or notoriety would meet a doctress in consultation, and thus your sphere of usefulness would be so cut down as to almost cease. Then are the advocates of medical degrees silent if I in turn put the questions, "Are the ranks of physicians so thinned out as to require recruiting from those of women, with no home duties requiring attention, or dying of ennui? Or are the functions of existing physicians and surgeons so badly, imperfectly, or unsuccessfully performed as to need the undertaking of them by women? Finally, to avoid multiplying questions, is there any necessity—for who denies the *ability of woman* to qualify herself in any and every particular of medical science—to lure women into false hopes by opening up

avenues for medical vocations of a *special* or general character only to end in disappointment and disgust, if not to that worse and inevitable result, the degradation of a noble calling and dishonor to themselves, perhaps disgrace and punishment eventually at the hands of the law?

It has always appeared strange to me that the old University of Edinburgh should have entertained the admission of women for one moment in the face of facts so easily obtained; it would, however, seem that the Regents are coming to their senses on this matter, judging from their recent action.

The "Jex Blake" party (fit name for such a wild goose scheme) are baffled but not disheartened, kept at bay but not routed; even in view of the enormous costs their recent fight with the University of Edinburgh entailed upon them, (amounting to over \$4,000, I believe) they hold up their heads defiantly. How very much it savoured of the "*Female physician*" à la Yankee when Mrs. Doctress Etheridge Walker undertook to lecture the poor of London on the desirability of curtailing their prospective growing families; and this under the very noses of the profession in that great metropolis. Truly the devil was showing his cloven foot in such a transaction, and if once tolerated there would at once be an exodus of these medical parasites from the United States and the establishment of grand headquarters in London somewhat similar to "*Madame*" Restell's unblushingly gorgeous "*Bagnio*," "*Seraglio*" or "*Women's Retreat*" in New York, known well among the female population, not only of that city, but with a widely extended reputation all over the United States as an abortion den, carried on by a staff of these "*female physicians*," not only with safety but with secrecy (as regards patients and their family connections) and almost incredible pecuniary profits. Twelve years residence and practice in the United States has opened my eyes considerably in this matter of admitting females to medical college education and "I speak therefore of what I have seen, and testify of what I do know." With many of these doctresses I have had to live alongside; have known them attend lectures at college with the rest of male students, *sans peur sans reproche*, but their private practice carried on insidiously consisted of deeds of darkness which brought them much gain and comparatively easy livelihood, for they shirked the regular routine of hard work which would otherwise fall to their lot if practising legitimately. But philanthropy and "*a delicate consideration for their sisters' weaknesses and ailments*," &c., &c., with all such canting hypocrisy, is not their aim at heart. "This is a progressive age," (of course) "this is a rational age when *reason*, not religion rules our actions," (of course) and "*we hold—reason tells us—that if a woman cannot do her duty by a large fan—!*" (of course). To all such specious cant have I often had perforce to listen, but the thin end of such an immoral wedge in an ignorant community is calculated to do immense harm. Now is their opportunity. Did anyone ever know a Yankee to lose a chance for doing "*biz*," male or female? At the present time the United States of America having led the

van, continue to turn loose upon the world the great majority (if not all, in fact,) of doctresses or female physicians, and if their necessity and degree is admitted (no matter how well they may pass examinations) they will obtain a foothold and work incalculable mischief, poisoning the minds as well as ruining the bodily health of the female community. It is so easy a matter for a female physician to engage in private confab with a girl, or married woman, and broach the subject of abortion (a thing which no medical man would ever be guilty of) and thus "*evil communications corrupt good manners*." And when a medical man hears (as I have more than once heard) of small hand lamp chimneys being used as specula with knitting needles as stillets, or again of gum catheters with tip cut off and the accompanying wire rod together with the *modus operandi* being *partially* or *wholly* understood, not only by married women, but, *mirabile dictu*, by young girls in the United States, one may well shudder at the state of moral as well as physical life across the lines, and cease to wonder at the physical decay of nationalities. But the contamination thus spoken of has even a wider spread influence, for the regular medical man may be tempted into collusion with these harpies of female physicians, for the gains are great, and medical men are apt to remember at how little their sacrifices and services are estimated by the public generally; and, as said Shakespeare's poor apothecary, "*My poverty and not my will consents!*" Many a \$100 bill has the writer of this article had to refuse for conscience sake, and known it go into the hands of other and less scrupulous practitioners in the same town, who knew probably well enough that if he did not secure it some female physician would! It is not many days since I was approached by one of these harpies, a Yankee parasitical "*female physician*," (God save the mark) a recent importation from New York state, who informs me "*of the good success she had in those cases*," and "*of how she played into the hands of various medical men in S—*," and with a knowing leer and wink of the eye and a business-like shake of the head, gave me to understand that "*there was money in it*," there being no such "*femyle doctress*" in these parts! &c., &c., ad nauseum! I listened, moralized, and bowed her out. This class of women are representative in their way, and find numerous clients for their services, and being experts in this their peculiar art are able to divest the consequences of "*prurient desires*" or regular, and continued illicit love of more than half its terrors, and being females, to shield them with all the greater secrecy. To such harpies more readily than to a medical man will married as well as single women flock; the former with (very often without) sometimes the leave of their husbands; anyhow an abortion is desired and procured, and the first foundation laid of a life of sickness or debility unfitting them for the duties of housewife or mother, and entailing a degenerate progeny or enfeebled population on the nation.

I argue, Mr. Editor, that it is not only the practice but the possession of knowledge as gained in a medical college of any kind that should b

withheld from women if possible, for, as is well known, (in this as in other respects) when feminine delicacy and modesty are blunted *once*, legitimately or illegitimately, they become hardened as never man becomes, and callously indifferent to the finer instincts of our nature. Let, however, the modern Mephistopheles but whisper "money, riches, ease, dress, style," &c., &c., in the ears of these women, words so consonant with the spirit of this very enlightened (!) and progressive age (!) of women kind, and all their angel-like attributes take wing; "a ministering angel" she falls as it were from Heaven and becomes the attendant devil of the arch-fiend himself. In these unmeasured terms do I denounce (advisedly) the vocation of "female physician" together with all the machinery for their manufacture, and pray Merciful Heaven to preserve Canada from this "plague spot," and lay not this sin to the charge of the medical profession. I enclose my card, and remain,

Respectfully yours,
VIATOR MEDICUS.

Sept. 1873.

GYNÆCOLOGY.

PROGNOSIS IN CASES OF UTERINE INFLAMMATORY DISEASES.

Dr. E. J. Tilt considers that the danger to life from uterine inflammation is very slight, unless it gives rise to some complication such as ovaritis or peritonitis. The prognosis is bad if the patient comes of sickly parents, or has had herself an unhealthy girlhood, or other mucous membranes show a marked tendency to catarrhal inflammation. When the inflammation occurs in young women, as the result of a sudden checking of the menstrual flow, the prognosis is favourable, unless the passion of the patient be very strong, in which case relapses will be apt to occur. Occasionally, however, the inflammation comes on during the period known as the change of life or even subsequent to that; in these cases the prognosis is bad. Under the most favourable circumstances, the length of time required to effect a cure will be, to a certain extent, proportional to the duration of the disease before a proper treatment was begun. So long as the disease is limited to the cervix uteri, the prognosis is good, but the case is very different when the inflammation has passed from the cervix to the mucous membrane of the body of the uterus. If the body of the womb is found to be larger and harder than normal, the prognosis is very bad. Acute endometritis is a rare disease, and Dr. Tilt states that he has never seen a case of it where there were not evident signs of a pre-existing chronic inflammation of the body or neck of the uterus. —*Boston Med. and Surg. Journal.*

MEDICAL NEWS.

Two of the Edinburgh ladies, Miss Dakins, and Miss Bovell, have recently transferred their seat of study to Paris, where they have been allowed to count their previous lectures as if taken at the Paris Faculty, and have been admitted to the usual examinations in due course. Miss Dakins has thus passed her first professional examination, and Miss Bovell her third. The Paris Fac-

ulty require five examinations prior to conferring the degree of M.D. The ladies have all passed with very good notes, Mrs. Ella Lawson and Miss Bovell receiving the note "bien satisfait."

The Russian lady medical students, who were lately obliged to leave Zurich, have been refused admission to the Universities of Prague, Strasburg, and Giessen.

From a recent return it appears that there are 7,187 persons confined in the various lunatic asylums in Ireland.

James Johnston, of Indianapolis, has endowed the Medical College of the Northwestern Christian University (Indiana) with half a million dollars and a site for its location. —[The Clinic.

Mr. Broughton, the government quinologist at Otacumund, in a report to the Chief Secretary, denies that Eucalyptus globulus contains quinine, quinidine, cinchonidine, or cinchona, in any such proportion as has been asserted.

We regret to see that the intention is announced of discontinuing the Madras Monthly Journal. This excellent monthly has apparently succumbed to the competition of more frequently published papers, such as our able contemporary the Indian Medical Gazette.

The following appeared in the Cincinnati Commercial of August 26:

"BIRTHS.

August 25, to Mr. and Mrs. Lang T. Anderson, and daughter; weight 12 pounds. Thanks to Dr. Comery."

The comparative mortality of lying-in women delivered in hospitals, in the homes of midwives, and in their own homes, published by the Department of Public Relief of Paris, gives the following results for the current year. In hospital 127 deaths among 3,353 women; with midwives 13 deaths among 1,006; at home 22 deaths among 3,605. Thus the deaths among women delivered in hospital appear to be more than five times as numerous as among women delivered at home. This difference is more than sufficiently great to point to the desirability of developing to the utmost, domiciliary midwifery, and reducing lying-in hospitals to their smallest and simplest forms, if not of abolishing them altogether.

The Chancellor of the German Empire has requested the Governments of the various States, and the Chief of the Admiralty, to institute inquiries in accordance with the plan drawn up by the special commission appointed to investigate the causes of cholera and their prevention. The plan embraces the following subjects of inquiry:—1. The place, and time, and appearance of cholera. 2. The objects to which the contagion can adhere and by which it may be caused. 3. Individual susceptibility to the disease. 4. The occurrence of cholera in prisons, hospitals, schools, factories, garrisons, and especially in ships. 5. The influence of telluric and atmospheric conditions on the epidemic occurrence of cholera. 6. The means of preventing the outbreak and diffusion of the disease.

A man was hanged lately at San Francisco, according to the Philadelphia Medical Reporter, for murder with a weapon of a peculiarly dangerous, and for a long time mysterious nature. This is a sand-club, formed by filling an eel-skin with sand. When this instrument was first brought into use, the authorities were greatly puzzled by deaths, apparently from violence, yet no marks could be found on the outside of the body. A burglar was finally captured with a sand-club in his possession. Being closely questioned, he explained its use. When the victim is struck, for instance, on the head, he drops insensible, and soon dies from congestion of the brain. Often the skull suffers no injury from the stroke; and if the person struck recover sensibility, he gradually relapses into a condition of idiocy. Sometimes a man struck in the body will be knocked down by the force of the blow, and feel no immediate results from it. In a few weeks, however, the flesh will begin to mortify under the line of the blow, and rot down to the bone. Heller, the celebrated pianist, is supposed to have met his death in Mexico, from this diabolical weapon.

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 above have been hitherto attempted in this country, do not at times fully serve the requirements of the controversies and pieces of correspondence which spring up. It necessarily diminishes the interest of a correspondence to have to wait a month for a reply and another month for a rejoinder; and it is in consequence of this drawback, no doubt, that many important or interesting points are not more fully debated in the monthly medical journals.

THE CANADIAN MEDICAL TIMES, appearing weekly, will serve as a vehicle for correspondence on all points of purely professional interest. It is also intended to furnish domestic and foreign medical news: the domestic intelligence having reference more particularly to the proceedings of city and county Medical Societies, College and University pass-lists, public and professional appointments, the outbreak and spread of epidemics, the introduction of sanitary improvements, etc. Many interesting items of this nature, it is hoped, will be contributed by gentlemen in their respective localities.

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

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

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

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

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

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

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Address all orders to the Publisher,
JAMES NEISH, M.D.,
Office of the Medical Times,
Kingston, Ontario.

GLYCERINE AS A MEANS OF DISGUISSING MEDICINES.

The *Philadelphia Medical Times* calls attention to the use of glycerine as a means of disguising medicines, especially those of an oily nature. Some time since it was announced that if castor oil be mixed with an equal part of glycerin and one or two drops of oil of cinnamon to the dose, it can scarcely be recognized. "We have used this mixture a great number of times, and can confirm all that has been said of it. Children take it out of the spoon without difficulty. We have given it to doctors without their discovering that they were taking castor oil.

"In typhoid fever and other diseases in which turpentine is indicated, patients often object very much to its taste. The addition of half an ounce of glycerine to a six-ounce emulsion disguises almost completely the turpentine, especially if a drop of oil of gaultheria or of other volatile oil be added for each dose.

"No doubt the principle is capable of wide extension. It is said that cod-liver oil may be disguised with glycerine and whiskey; and Dr. Herbert L. Snow writes to the *British Medical Journal* that an addition of a small quantity of glycerine (about half an ounce to an eight-ounce mixture) will altogether obviate the sensation of astringency produced by the chloride of iron dissolved in syrup."

INFUSION OF WILD CHERRY BARK.

In a paper published in the *American Journal of Pharmacy*, Mr. J. B. Moore criticises the formula of the United States Pharmacopœia for preparing the infusion of wild cherry bark, and says that an infusion of water alone represents only the sedative properties of the drug, and contains but a meagre proportion of the bitter tonic principle. Of this, that glycerine is one of the best solvents, and proposes the following formula, which he says gives an infusion superior to the official one:—

Powdered wild cherry bark, No. 60 . ʒss
Glycerine fʒij
Water, temp. 86°
Water, of each a sufficient quantity.

Moisten the powder with six fluid drachms of water at 86°, and allow it to stand for about two hours in an air-tight at about the same temperature; then pack firmly in a percolator, and then pour on gradually the glycerine previously mixed with ten fluid ounces of water at 86°, and when all is passed continue the percolation with water until one pint of infusion is obtained. A more concentrated infusion, with which the dose might be reduced from two or three fluid ounces to two or three tablespoonfuls by using double the quantity of bark.

They have rather a rapid way of living and dying in Memphis. Dr. Miller, of Atlanta, who was in Memphis while the cholera had prevailed there, narrates a sprightly incident. At 7 o'clock a man went to market and bought his breakfast, went home, cooked it, and was eating it, when he was taken with cholera. He sent for Dr. Miller, who visited him at 9 o'clock, prescribed, and told him he would be back in an hour. At a quarter past 10 he returned. The man was not only dead, but had been buried, and the room swept and garnished for another occupant. What could Dr. Miller have given him?—*New York Tribune*.

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

TWENTIETH SESSION, 1873-74.

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