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# THE MEDICAL TIMES.

VOLUME I.—NO. 2.]

KINGSTON, (CANADA), SATURDAY, JULY 12, 1873.

[PRICE FIVE CENTS.

## SURGERY.

**THE ANTISEPTIC SYSTEM AT EDINBURGH.**  
By RICKMAN J. GODLER, R.S., Surgical Registrar at University College Hospital.

Although the vital importance in surgery of the antiseptic system is now very generally recognized, it is difficult for those who have had little experience of the advantages to be derived from the treatment to form a just appreciation of its merits, even though fully convinced of the truth of the great principles upon which it is based. To such, therefore, an account of the comparatively recent improvements in practical details may not be without interest, illustrated by notes of a few cases, showing the character of the results which are now obtained in Mr. Lister's wards at the Royal Infirmary of Edinburgh; and as I have during three months of last session enjoyed unusual opportunities for observing for myself the efficiency of the treatment in his hands, I have asked and obtained his consent to the publication of the following facts, some of which have not hitherto been laid before the profession.

Mr. Lister principally relies at the present time on three antiseptic agents: carbolic acid, boracic acid, and chloride of zinc, each of which is possessed of peculiar properties, which render their employment advisable under different circumstances. The first differs from the other two in being volatile, and is therefore employed by preference in every case in which a cavity exists, into which regurgitation of air is liable to occur, both during and after the changing of the dressing; any such air is deprived of its septic influence by the vapour of carbolic acid which exists between the meshes of the gauze or amongst the drops of the spray; but it would be quite unaltered after passing through a substance containing a non-volatile antiseptic salt, such as boracic acid, the action of the latter being confined to the objects with which it comes into actual contact. The proportion of the ingredients with which the gauze is saturated is as follows: by weight—carbolic acid 1, resin 5, paraffin 7. The resin is employed on account of the tenacity with which it holds the carbolic acid, the paraffin (which gives it up with great readiness) being added to give the mixture a suitable consistence. In making a dressing a sufficiently large piece is folded in eight layers to overlap the wound in all directions, to a greater or less extent, in proportion to the amount of discharge that is anticipated. Between the two outer layers a piece of thin macintosh cloth (stained red for distinction) is interposed, by which the discharge is made to traverse the whole of the seven layers before it becomes exposed to the causes of putrefaction by reaching the surface. Without such an arrangement the continual flow of the fluid would soon exhaust the carbolic acid from the part of the gauze immediately over the wound, and this would then cease to form a barrier to the spread of decomposition inwards.

For use as a lotion, carbolic acid is dissolved in water in the proportion of 1 part to 20 or 1 to 40; the weaker solutions being now abandoned, as they did not appear to be perfectly trustworthy. The 1 to 20 lotion is employed for destroying already existing organisms, as—a. g., in the injection of a recent compound fracture, for purifying the epidermis of a part on which operation is to be performed, or for the cleansing of an ulcer in which putrefaction has been allowed to take place. The solution of 1 in 40 of water is used for the spray, and during the changing of an ordinary dressing, and for most purposes it will be found a lotion of very convenient strength. Before an operation some of the instruments, such as the saw and cutting pliers, are purified by smearing them with a solution of one part of the acid in ten of olive or other sweet oil, and the same is used as a temporary dressing after operations on some putrid cases; but for cleansing knives and most other instruments, for which the oil has no special virtues, either in facilitating their working or in penetrating intricacies of their surface, dipping in 1 to 40 watery solution is quite sufficient. It is of great importance that catheters, &c., should be freed from septic germs before use, as there can be no doubt that in very many cases decomposition of urine has followed the introduction of instruments into the bladder. For this purpose a 1 to 50 of oil is found to be sufficiently powerful, and it does not, as do stronger solutions, prove in the least irritating to the urethra.

The antiseptic qualities of boracic acid were discovered a short time ago in Sweden; but though used for preserving articles of food, it had not proved of any value as a surgical application until its slight solubility in water was ingeniously turned to account by Mr. Lister, for the purpose of storing up a supply of the acid in the so-called boracic lint. As boracic acid is much more soluble in hot than in cold water, the effect of soaking lint in a saturated boiling solution, is a copious deposit of the crystals throughout its substance on cooling and drying; and as these will be but slowly acted upon by the discharges from the wound, which are at or below the temperature of the body, the lint remains for a considerable time efficacious as an antiseptic application. A cold saturated solution of the acid is also employed as a lotion, with the assistance of which a moist dressing may, if required, be made by wetting with it the boracic lint, over which is placed a piece of ordinary oiled silk or gutta-percha tissue. But, as a general rule in cases free from putrefaction it is used as a dry dressing, overlapping a piece of the protective moistened with the lotion, and it is often found very convenient to fix the lint by means of collodion, its edges having been previously frayed out with a pin for the purpose. The special advantage of boracic acid is its extreme blandness; it is in substance al-

most tasteless, and as the crystals themselves are very soft and almost greasy, resembling closely in physical properties those of the crystallizable fats, it acts but very slightly either as a mechanical or chemical irritant; but its non-volatility, for the reasons before mentioned, limits its application to superficial sores, in the treatment of which it will be found invaluable.

Chloride of zinc, though long known as a surgical remedy, owes its reputation largely to its employment by Mr. Campbell de Morgan, of the Middlesex Hospital. It is remarkable as well for the potency of its action as for the duration of its effects; thus, besides being a most efficient corrector of putrefaction, it has the advantage of preserving or pickling the part to which it is applied for about three days. But as, like boracic acid, is non-volatile, and is moreover a powerful caustic to the tissues, its employment is confined in Mr. Lister's practice to a limited number of cases. He makes use of a solution of forty grains to the ounce of water for application to the surface of the wound, after operating on a part where decomposition is already present, or on one which communicates directly with one of the natural cavities of the body (as, for example, after removing piles or cutting a fistula); and in this way, even if putrefaction be not completely eradicated, its noxious products cannot influence the general cavity of the wound during the three days prior to granulation, when the tissues are specially prone to irritation and absorption. For the method of employment in the former class of cases, I may refer to that of J. W—— given below, and to that of W. M' K——, who, besides other injuries, had sustained a severe compound fracture of the ring-finger of the right hand, which was not submitted to Mr. Lister's inspection till several days after the accident, when it was found that the wound had putrefied and was much inflamed, having assumed a sloughy appearance, while the proximal phalanx was necrosed.

Mr. Lister amputated the finger, removing the necrosed phalanx with dressing forceps, and fashioning two lateral flaps from the inflamed tissue. After removing as far as possible the adherent sloughs, the raw surfaces were freely treated with the solution of chloride of zinc, and a piece of lint soaked in carbolized oil (1 to 10) was inserted between the lips of the wound, which were not brought together at all, and the whole hand was loosely enveloped in the antiseptic gauze. The oiled lint was changed by the nurse every three hours during the first day, and afterwards the little and middle fingers were bandaged together and the ordinary gauze dressing applied, the case being from this time treated as though it had been "aseptic" from the first. The wound rapidly assumed a healthy appearance; while the discharge, which had previously been copious and foully offensive, became serous, and rapidly diminished in amount, remaining free

from putrefactive odour to the last. Very soon after the operation symptoms of tetanus appeared, which eventually proved fatal to the patient; but it must be added that this is only the second case of tetanus that has occurred in Mr. Lister's practice during the last six years, and, as in both of these decomposition had been allowed to take place, it is only fair to infer that in them, at least, it had something to do with the disease.

It is also worthy of remark that in Mr. Lister's wards all arrangements as regards bedding, utensils for urine, &c., are so planned as to avoid as much as possible the vitiation of the atmosphere by putrid emanations, and this circumstance no doubt aids the antiseptic management of the cases in bringing about the perfect immunity from pyæmia and hospital gangrene, which, considering how crowded the beds are, constitutes one of the most remarkable as well as beneficent features of the treatment.

After operations about the face or mouth, the action of chloride of zinc is found to be exceedingly beneficial. Thus in the case of S.F.—, half of whose lower jaw was removed by Mr. Lister on Jan. 15th, 1873, on account of a very large and rapidly-growing sarcoma, the chloride was applied freely to the surface of the wound, while over the incision in the skin a boric dressing was placed, under which union by the first intention went on without interruption. There was not the slightest offensive smell about the patient's breath on the second and third days after the operation, and he was thus saved from the irritation, to say nothing of the risk, which is so often connected with this period in such cases.

All those who have applied a lotion containing carbolic acid to a raw surface must have noticed, as a result, that the serous discharge of the first few hours is much greater in amount than that which occurs in similar cases where simple water is used; and this evil—for an evil it is—probably a necessary one in connexion with the antiseptic treatment, as it can hardly be supposed that an agent powerful enough to destroy the living causes of putrefaction should be absolutely unirritating to the higher animal tissues. It involves, however, the necessity for providing a very free drainage at first; but as, if decomposition do not occur, no subsequent inflammation is anticipated, and as in most cases early union of the cutaneous surfaces is of very great importance, the simple method of attaining this result by leaving a wide interval between the stitches is seldom advisable. Accordingly, Mr. Lister makes use in almost all his cases of the drainage-tube, his modification of which is as follows: A piece of india-rubber tubing provided with suitable holes is cut obliquely at the inner end, so that it may not be closed by pressing against the flat surface of the interior of the wound, while through opposite sides of the tube, close to its outer extremity, two pieces of silk are passed with a fine needle, and the ends of each are cut at a distance of about two inches, and fastened together by a knot. It should be of such a length that when inserted as far as possible into the wound, its outer end, previously cut obliquely or transversely, according to the direction of the sinus, may be exactly level

with the surface of the skin, a position which the pieces of silk will be found to maintain. With such an arrangement the discharge is shed with great perfection, and the surgeon may place the stitches as close together as he pleases.

Another way of accomplishing the same thing is by means of the sponge, the use of which is indicated in those cases where a cavity remains, the walls of which it is desired to keep in apposition by the uniform pressure which this method provides. The sponge, previously soaked in a strong watery solution of carbolic acid and thoroughly squeezed, is applied over the wound between the protective and the folded gauze, the whole dressing being firmly secured by a bandage. Unless combined with a drainage tube, a pretty wide interval must be left between the stitches. As an example of its employment, I may refer to the case of E. F.—, a young lady four years of age, from whom Mr. Lister removed an enchondroma the size of a hazel nut, growing from the posterior border of the scapula. At the operation, which took place on March 5th, 1873, the arm was held well back by an assistant, so as to render the tumour prominent under the skin, and an incision  $1\frac{1}{2}$  in. to 2 in. long was made down on to this parallel to the edge of the bone; while another 1 in. long, was carried outwards at a right angle, from the centre of the first. After cutting through the superficial fat, an oblique notch was made in the scapula on each side of the tumour, and the piece enclosed between the two was then removed with cutting-pliers. When the arm resumed its natural position, the edge of the bone was at some distance from the wound. No stitches were employed; but protective was placed on the incision, and over this the sponge, and then the gauze dressing, and the whole was well secured by a bandage. The sponge was removed on the 6th March; and neither then nor at any subsequent period could anything be pressed out of the wound, nor was a trace of pus seen from first to last. On March 21st a sound cicatrix, evidently some days old, was disclosed on finally removing the dressing.

(To be continued.)

#### SHORT NOTES.

##### USE OF BORAX AND NITRATE OF POTASH IN SUDDEN HOARSENESS.

Dr. Corson, of Orange, who is at the head of a special service for diseases of the lungs and throat, has tried a mixture of the above two salts with success in cases of sudden hoarseness produced by the action of cold. With special application to speakers and singers, Dr. Corson recommends the following means, which often produces an instantaneous and magical effect. A bit of borax, not larger than a pea, is allowed to melt slowly in the mouth about ten minutes before speaking or singing. This brings on an abundant secretion of saliva which moistens the mouth and throat. The effects of this sort of cold may often be stopped at the outset, and the action of borax is helped by the use of ultrate of potash. On the eve of the day when the speaker or singer is to appear in public, he is made to take about as much as a pea of the nitrate in a glassful of warm

water before getting into bed, and he is to be warmly covered. It is quite obvious that these means do not apply to chronic cases or to acute attacks of inflammation, which demand quite a different kind of treatment.—*New York Medical Journal*.

##### TINCTURE OF CHLORIDE OF IRON FOR CORNS.

Dr. C. Barber states (*Lyon Medicale*) that he has cured three cases of corns on the toes by the application of a drop of the tincture of chloride of iron applied on the corns night and morning. This application was continued for fifteen days in one case, when the corns from which the patient had suffered for thirty or forty years were entirely destroyed, and pressure on the part gave not the least uneasiness.

##### THE SULPHITES IN INTERMITTENT FEVER.

In an exhaustive treatise recently brought before the Royal Institute of Lombardy, Dr. G. Farally, after examining critically the results of all the therapeutical experiments that have been made until now with the sulphites, especially in intermittent fever, arrived at the following conclusions, which he considers to be definitive:—1. It is not shown that intermittent is of a zymotic character. 2. However, the sulphites in many cases cure intermittent fever, though their action is not so rapid and constant as that of quinine. 3. Their mode of action seems to depend on their reductive, rather than on their anti-fermentative power. 4. The only result really due to them, and established by a number of accurate observations, is the greater rapidity with which they seem to combat abdominal phenomena. 5. Their protracted use brings on a certain degree of anæmia, and thus favours the development of paludal cachexia. 6. Their prophylactic property, which had been imagined *a priori*, is not established by accurate observations, as is that of sulphate of quinine. 7. In the treatment of intermittent fever the sulphites are much less efficacious than cinchona and its preparations, and it is only when these have failed that recourse may be had to the sulphites. 8. Preparations of arsenic, which should seldom be used in miasmatic fever, are yet better than the sulphites in combating paludal cachexia. 9. Out of the three methods generally employed in the treatment of periodic fevers, the sulphites and hyposulphites, manifestly inferior to quinine, both as a prophylactic and curative means, must be considered as even less efficacious than the preparations of arsenic.

##### TREATMENT OF DYSENTERY.

Dr. Amelung, basing his views of the treatment of dysentery on the anatomico-pathological fact that the disease consisted in diphtheria of the larger bowel, had recourse to the use of carbolic acid during the recent epidemic which prevailed in Germany. When the large intestine contained a quantity of hard fecal matter he prescribed an emulsion of castor oil, followed the next day by a dose of carbolic acid. When the stools were already mucous and bloody, and accompanied by great tenesmus, he immediately administered the acid. From two to five days after the beginning of the treatment the stools would become quite watery, and then he gave tannic acid and opium, or

tincture of catechu when diarrhoea was persistent. The strength of the solution used was one part carbolic acid to two hundred of water, with the addition of a little tincture of opium. In his article on the above, recorded in *Berlin Klin. Wochenschrift* (No. 11, 1873), the author does not venture on any explanation of the drug's action, whether due to direct local influence or to its effects through the medium of the blood. Out of eighty cases thus treated only two ended in death.

#### TREATMENT OF INFANTILE CHOLERA.

In *Jahrbuch für Kinderheilk.* (Jahrg. vi., Heft 2, 1873), Dr. Wertheimer, of Munich, advocates, as the result of his extensive experience of diseases of children, the use of preparations of ammonia and China tea administered alternately in cases of the above. Besides their stimulating influence on the activity of the heart and slackened pulmonary circulation, the preparations of ammonia have the advantage of neutralising the acids developed in the stomach by the fermentation of non-digested milk. The tea acts energetically on the state of drowsiness, and causes the little patients to revive rapidly. At the same time, and as adjuvants, he employs large mustard plasters, and repeated friction with camphorated alcohol on the surface.

#### DEATH THROUGH GONORRHOEA AND CHORDEE.

This remarkable case occurred in the wards of Dr. Villeneuve, in one of the Marseilles hospitals. The patient was a man of twenty-three. The gonorrhoea was very intense, and accompanied by chordee and continual erections. Six leeches were applied to the root of the penis. Two days after an eschar formed on the most culminating situation of the penis, and, on falling, uncovered the corpora cavernosa and urethra to the extent of three or four centimetres. Rigor occurred five days after, followed by pain in the joints of the upper limbs. Some amendment ensued, but on the fifth day later purulent effusion in the left elbow was discovered; delirium then supervened, and the patient died after an arterial hæmorrhage through the wound in the penis. At the post-mortem the following lesions were observed:—Denudation of the corpora, phlebitis of the prostatic plexus, metastatic abscesses in the liver and left lung, pus in the muscles and elbow joint of the right arm. The course of the disease had been as follows:—Urethritis, inflammation of the corpora, phlebitis of the plexus of the penis and prostate, pyæmia.

#### THE OXALATE OF PROTOXIDE OF IRON.

At a recent meeting of the Académie de Médecine (*Bull. de l'Académie*, Oct. 12) M. Caventon delivered in his report on this substance, which had been laid before the Academy two years since by M. Girard. The reporter stated that the mode of preparation recommended by M. Girard is in no wise different from that usually employed in laboratories. Its therapeutical properties have been carefully tested by M. Hérad in cases of chlorosis, anemia, and these prove to be worthy of attention, presenting a preparation of iron which, while proving efficacious, has no tendency to produce constipation. The preparation is almost insipid, is readily taken by patients,

and easily borne by the stomach. Given in doses of from ten to twenty centigrammes per diem it increases the strength and cures chloro-anæmia as well as other good preparations of iron, while it establishes a peculiar claim by not causing constipation. Indeed, by raising the quantity to from thirty to fifty centigrammes, an aperient action is obtained. M. Caventon considers that his remedy should be indorsed with the recommendation of the Academy, which is necessary for the authorization of new remedies during the intervals that elapse between the editions of the Codex.

#### QUINA NOT AN OXYTOIC.

Dr. A. D'Arcour, ex-division surgeon of the French Army, now of Thebes, Alexander Co. Ill., writes that for over 25 years he has used quina in large doses for the cure of intermittent fever, in pregnant women as well as in other patients, without any symptoms of uterine disorder in the former resulting; and in 98 or 99 cases in a hundred the malarial affection has been controlled early, and such has been the result of this treatment in every latitude.

#### LIQUOR PICIS ALKALINUS.

Dr. L. D. Buckley, of New York, gives the following formula for this preparation, which was originally devised by his father: R. Liquid pitch ʒij; caustic potash ʒj; water ℥v. Mix and dissolve for external use. This mixes with water in all proportions, and only moderately discolours the skin. It dries rapidly and leaves very little stickiness. He has used it in all degrees of strength, and regards it as the best preparation of tar.

#### TREATMENT OF CHILBLAINS.

F. Rhien recommends an aqueous solution of iodine and tannin as a remedy for chilblains. He says that the result exceeded his expectations—five applications of the remedy being successful. The application has also been tried by others with good results when properly applied. The solution is made as follows: About an ounce of tannin is dissolved in half a pint of water; seventy-four grains of iodine are dissolved in an ounce and three-fourths of spirit of wine; the two solutions are then mixed, and enough water is added to make up the whole to two and a half pints. The remedy is applied once daily, the best time being before going to bed. The mixture is gently warmed over a very slow fire; the affected part is dipped in it while still cold, and held there until the liquid, on being stirred, feels uncomfortably hot. The vessel is then removed from the fire, and the part is dried over it. The vessel used must be of earthenware or porcelain, not of metal. Care should be taken not to use too great a quantity of iodine, especially when abrasions are present.

#### METHYLENE ETHER.

Mr. T. Easter, dresser in the eye wards at Guy's Hospital, states that methylene ether has been administered ten times for operations on the eye, at Guy's Hospital. In five of the ten cases there was vomiting within five minutes of its being inhaled. The vomiting was slight in only

one of the five cases. Insensibility was generally produced in four minutes; two, three, or four drachms of the methylene ether being used to attain that state. Struggling and excitement occurred very much as with chloroform. Two patients, who had taken chloroform badly, were readily rendered insensible by the methylene ether. As a rule, the pulse became rather stronger; in one case it became very irregular. The operations were of the following kinds:—On the eyelids, 3; on the iris, 4; on the cornea, 1; on the sclerotic, 1; on the capsule of the lens, 1.

#### ACID BREATH IN DIABETES.

M. Duboué, of Pau, has observed a peculiar acid smell of the breath in four patients affected with diabetes. The symptom may be of use in certain cases where the existence of diabetes had not been previously suspected.

#### THE ABUSE OF CHLORAL.

We regret to say that from various quarters we have received trustworthy reports which leave no doubt that this very valuable medicine is being grossly abused by the public. Hydrate of chloral has received no more than its just praise from those medical writers who have described it as the best and safest soporific medicine in existence. But no medical authority has ever dreamed of sanctioning its employment except under direct medical order; yet the public are, to a large extent, taking it on their own responsibility. In this busy and distracting age the demand for sound and undisturbed sleep is one of the most urgent calls of jaded nature, and it is not unnatural that people should catch at anything which seems to promise to give repose with certainty and safety. This makes it all the more necessary that the public should be plainly told that chloral is no more to be administered safely by unskilled hands than is opium or strychnia. There are several ways in which its improper use may cause serious mischief. In the first place, a single overdose may cause death by failure of the circulation, and there seem to be very great differences between persons as to the dose which can be taken without any danger of this fatal catastrophe. The other possible evil results of chloral are chronic. Where it is taken without proper reasons repeatedly for a considerable time, it may produce either or both of the following effects: it may seriously affect the intelligence and memory, or it may produce partial paralysis of the limbs. The latter is a fact which we have not seen recorded anywhere, but is becoming known to observant practitioners, and will henceforward have to be reckoned as a possible consequence of the rash use of chloral.

Besides all these things, chloral is fully as guilty as opium or any other recognized narcotic of the tendency to render those who take it the slaves of habit; and we are not sure that the moral enfeeblement which it thus induces is not even greater than that of opium-eating, unless the latter be carried to great excess. In a word, chloral is a valuable medicine in the hands of a judicious doctor, but it is also a most dangerous plaything or luxury in the hands of people who merely wish to escape from the sleeplessness of anxiety or of fashionable *ennui*.—*Lancet*.

## THE CANADIAN MEDICAL TIMES.

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

KINGSTON, SATURDAY, JULY 12, 1873.

## PUBLISHER'S NOTICE.

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

JAMES NEISH, M.D., Kingston.

The withdrawal of the homœopathic members from the Medical Council under the leadership of Dr. Campbell is a matter on which we are free to congratulate our readers as likely to be attended with relief and advantage. The circumstances of the withdrawal are such as to exhibit the homœopaths in the light of a body of men swayed by the personal feelings and wounded vanity of a single man; and if this action should result in the entire break-up of the unnatural alliance that has been enforced under the Medical Act of Ontario, as threatened, it will further be a matter for congratulation. We have termed the alliance unnatural; it has also cost the profession in Ontario some degradation in the eyes of foreign friends,—a feeling which we trust will soon be removed. Harmonious co-operation with the homœopaths having proved a delusion and an impossibility, it is well that the attempt at union and co-operation should cease; and for the sake of public opinion and influence it is also well that the first step in this action should be taken by the homœopaths themselves. As for the regular profession, its members must simply view the attempt at alliance as a justifiable experiment, which, while it has come to an end in four years, and has so demonstrated intrinsic elements of failure, has yet served to bring out some important results. It has been shown that students who have to prepare themselves in all the fundamental branches of medical science as thoroughly for eclectic and homœopathic practice as regular students, will not of themselves elect to be examined in homœopathic medicine. They prefer to become "regulars" while they have the opportunity. Not a single student has presented himself before the homœopathic examiners in four years; and this fact shows that under the system of a one portal, homœopathy would soon be extinguished in Canada. The alliance has demonstrated this inequality; and having demonstrated it, it has perhaps done all that could be expected from it.

One natural effect of the homœopathic rupture has been to attract more strongly to the affairs of the Medical Council the attention of the public. Accordingly, the secular press of the Province has been much more occupied in presenting medical matters to general readers than otherwise would have been the case. It may be noticed that the *Globe* now advocates what may be called free-trade in medicine, and recommends the discontinuance of protection by certificate. The *Globe*

having always dealt tenderly with the homœopaths, even now is blinded by sympathy. There is much in the tone of the *Globe's* remarks that is objectionable, and which betrays great ignorance on the part of the writer of the real position of modern medicine; but in the suggestion of free-trade in the practice of physic it will probably find an unexpected echo from many in the profession. We know that there has been of late years a current of opinion in medical ranks setting in this very direction; and though it is a minority opinion, yet it has been more generally looked forward to as the alternative of defective legislation than is possibly supposed. In such a case the efforts of educated practitioners would be directed to means of protecting themselves by establishing local and general medical societies, very much in the manner that is followed in the United States. They would depend upon a system of censorship for keeping out unqualified men; and as for the rest, it would have to be left, pretty much as the *Globe* wishes it to be left, for the public to find out who are and who are not qualified for the successful practice of medicine. Our people, however, have been too long familiarized with the system of legal qualification to lightly throw such a system, with its manifest advantages, aside; and under present circumstances it is not likely that a demand for its abolition will proceed from medical men. It could only be in the case of the Legislature refusing to legislate on the proposed Consolidated Medical Act, or in the case of great political grievance that any such demand would come from the profession.

Statistics compiled by the Registrar General of England show the following results with respect to the proportion of medical practitioners and population. Taking the whole of England and Wales, the proportion of qualified practitioners is about 9 for every 10,000 of the population; but in London the proportion is nearly 20, while in Wales it is less than 6, and in Cheshire and Lancashire less than 7. It may be held that in the settled parts of Canada a district must have at least a thousand of population to constitute a field for practice for one medical man. And this is about the average proportion, though in the cities the number of doctors is much exceeded, while of course, in the rear townships and poorer settled districts, medical men are very scarce, and the proportion is reversed.

A London contemporary very properly objects to a misuse, by hospital governors, of contributions given for the use of the sick. It appears to be a plan adopted by some of these institutions, to spend the greater part of a small donation in advertising its receipt in the "agony column" of the leading daily journal. Our contemporary observes:—"Take, for example, last Monday's paper. It may be gratifying to the honourable gentleman and lady who gave £1 to the funds of the institution to know that just half that sum has been expended in advertising the receipt of the donation; but it not unfrequently happens that the sum received (from donation box, &c.) is

absolutely less than the cost of the advertisement. Is it any wonder, then, that wards still remain unopened?" There is no doubt a great deal of hospital mismanagement in London and elsewhere, but as a rule no class of institutions are better managed.

Professor Struthers, in a letter recently published, states that the total annual value of bursaries in the University of Aberdeen is as follows:—in Arts £3646 16s; in Divinity £650; in Medicine £16; in other words, that the Arts bursaries are in the proportion of two to three students; the Divinity bursars are to students as 29 to 44; the medical bursaries are almost of no value. Dr. Struthers argues that such a state of matters gives the Arts and Divinity students an advantage over medical students. Nevertheless, he shows that while the Arts classes have in point of numbers stood still, and the Divinity classes have rather decreased, the Medical classes have been steadily increasing. We venture the remark that a much similar condition of things would on investigation be found to exist in the Universities of Canada. Nearly all these hold out great inducements to students in Arts in the shape of bursaries and scholarships, and comparatively little inducement of the same kind to students in Medicine; indeed, in one institution that could be named the medical bursaries and prizes are nil. And yet an increasing preponderance of the number of medical over students in other faculties at all these institutions is to be noted. There is no doubt something fascinating and attractive in the study and practice of medicine which accounts for the choice of young men in thus selecting their profession. At all events it is apparent that teachers of medicine in colleges need not place any dependence on such artificial helps to obtain students as bursaries and prizes. The less any faculty depends upon such aid the better; and yet when we see such a disparity in the rewards held out to students of medicine and consider the growing cost of a medical education, we cannot but think that donors to Universities might well hold in their memory the struggles of the poorer class of medical students and award to them some share of their generous assistance. The foundation of prizes in medicine might also well engage the thoughts of moneyed men desirous of advancing the cultivation of medical science and of associating their names with such a worthy object of ambition and utility.

## NOTES IN PRACTICE.

## ANGEIOLEUCITIS FROM VACCINATION—DEATH.

By THOMAS R. DUFFIN, M.D.

Being desirous of adding a trifle to the matter of your weekly visitor, I cannot, in the hurry of business, do more at present than relate the following interesting case.

On the 9th ult. I was called in consultation with Dr. Meacham, of Odessa, to visit a gentleman, who, from the effects of vaccination, was in a precarious condition.

I found him with grave typhous symptoms.

very weak, pulse 100 to 120, and the affected limb largely swollen for some distance above the knee joint, and exhibiting irregular patches and lines of redness. The enlarged and hardened lymphatics which had previously been quite distinct, were now nearly indistinguishable, but the absence of diffuse and continued redness, and the fact that a hard cord had extended upwards from the wound proved that the diagnosis was correct. As the patient was evidently sinking, the only treatment that could be prescribed with any hope of benefit was stimulant and tonic—general supporting measures, in fact—with iron to improve the blood, and warm fomentations and anodyne applications locally. All in vain were our efforts—the patient sank and ultimately died about the tenth or twelfth day from the beginning. The same vaccine matter, I believe, with which he had vaccinated others in the neighborhood, he had used on himself, and inserted it in the calf of the leg because it would not act in the arm. Two or three days after its insertion into the leg, the part began to pain and swell, and red streaks to run up the leg, while, in addition, chills and uneasy sensations invaded his body, so that the constitution began to suffer.

The reason of this untoward course of vaccination at certain times, or in certain persons, I cannot explain; and I dare not now hazard the opinion whether these results are the effects of some change in the matter used, or some peculiarity in the person operated on, or because one of the lymphatic vessels itself may have been wounded, and become the recipient of the virus.

Certain it is that this result of vaccination is alarming, and calls for extreme caution in the use of matter and the choice of means and circumstances with which vaccination is performed.

This is the second case I have visited in nearly the same neighborhood since last fall, in which vaccination was the starting-point of disease. The other was in the arm, and seemed to have more the character of erysipelas. She, however, recovered after a long sickness, which was accompanied with a great deal of suppuration in the arm.

Kingston July 9, 1873.

## KINGSTON HOSPITAL.

### CASE OF APOPLEXY.

Under the care of Dr. A. S. OLIVER. Reported by K. N. FENWICK.

Ann Bulger, *æt.* 60, while engaged at her occupation as charwoman, was attacked with giddiness, severe headache, and a feeling as if she had been shot through the head. She speedily became unconscious, her breathing became laborious and noisy: her pulse small and infrequent; pupils dilated and immovable; cornea perfectly insensible; eyes closed; whole body flaccid and motionless, and if the limbs were raised they fell passively to the ground. Immediately after the seizure she vomited a little, and there was difficulty of deglutition, so that she could not be made to swallow any liquid which was offered to her. There was slight paralysis on the left side. She was removed to the Hospital as soon as possible, when the following treatment was had re-

course. The head was raised, and cold cloths applied constantly to it. Vomiting was encouraged by the application of sinapisms to the epigastrium. An enema of soapuds and croton-oil was administered, but no response took place. Sinapisms were applied to the soles of the feet for two hours without the least effect. She continued in the same state until 5:50 next morning, when she died. A post-mortem was held the same day, when a large clot of blood was discovered on the right side of the brain, owing to a rupture of the middle cerebral artery near its junction with the right internal carotid. There was some evidence of meningitis from adhesions of the dura mater, and the convolutions were somewhat softened. The heart was perfectly sound, of normal size, and the valves were perfect.

### FRACTURE OF THE SKULL.

Thomas Eword, *æt.* 37, admitted May 18th, with fracture of the skull. On Wednesday night, the 14th, while among some drunken fellows, he got into a dispute, and received a blow on the head from a sharp stone. He made some exclamation, and went into the house, holding his hand to his head. He then walked home, slept some that night, and next morning became delirious. On Friday he was seized with convulsions, which commenced by twitching of the right hand, becoming gradually more extensive, severe, and frequent.

His power of speech was completely gone, probably owing to paralysis of the right side of the tongue, or from paralysis of the organ of speech, which some physiologists suppose to be located near the fissure of Sylvius on the left side. His right cheek and arm were paralyzed, but neither legs were affected. The convulsions continuing, and becoming more frequent, it was decided to operate on Monday afternoon. A Y incision was made so as to extend the wound, and some pieces of bone were elevated and removed. The dura mater was found to have been pierced, and on removing a piece of bone about one inch in length some brain substance exuded. Some other small pieces of bone were removed, also, and two stitches put in the wound. A piece of lint soaked in aqua carbolicæ, (1 to 40) was applied, and over all a cold wet cloth was placed, to be frequently changed. Half a grain of morphia was administered, and he slept quietly all evening. At night his pulse was 82; temperature 101.2; bowels regular, and urine normal.

May 20, 9 a.m.—Pulse 80, temperature 99°. Has had no convulsions since the operation, with the exception of a slight one while sitting up in bed to take his supper last night. Sleeps nearly all the time, unless when spoken to. He seems quite sensible, putting out his tongue when asked, and nodding assent or shaking his head in the negative, quite rationally. The aphasia continues.

May 22.—This afternoon the discharge from the wound is more profuse, and some loose brain substance came away. Temp. 100.8°. Appetite has been very good all along.

May 25.—Has been progressing very favour-

ably until this evening, when he appears rather restless. As he had no sleep for two or three nights back, Chloral Hydrate grs 20 was administered, followed in an hour by twelve grains more, but this had no effect whatever in causing sleep, or removing the restlessness.

May 27, 9 a.m.—Pulse 64; temp. 90°. Has been dosing asleep all night, is quite unconscious, now, and cannot be roused at all. 3 p.m.—Pulse, 114; temp. 101.8. He still continued unconscious until 4:30 p.m., when he died. He had a slight attack of bronchitis when admitted, and towards the last as he became unable to expectorate, the mucus got down into the air-vesicles, and produced a sort of pulmonary congestion.

On the 28th May, a post-mortem was held, and the following state of affairs was found. The fracture was a compound, comminuted one, situated a little in front of and above the left ear, being through the parietal bone where it is overlapped by the squamous portion of the temporal bone. The calvarium was removed, and a hole about an inch square, was found where the blow had been received. There was a hole through the dura mater at this point, and pus mixed with brain substance exuded. A spiculum of bone, about an inch long and quite thin, being a piece of the inner table, was found sticking through the dura mater into the brain, along with three or four small pieces. The inner plate was extensively splintered, and the large piece that was removed by the operation, together with the piece found sticking in the brain, were found to fit exactly into the inner side of the fractured skull; and some other pieces of the inner plate were sprung in so as to press on the brain, but were not detached. The brain was then removed, and on opening the left ventricle an abscess was found to extend from the wound all through the left side, the whole of the left hemisphere being disorganized. On the surface of the hemispheres the vessels were slightly congested on the left side, and very much so on the right side, probably owing to the contrecoup. The lungs were found congested and void of healthy crepitation, but the heart and all the abdominal viscera were quite healthy.

K. N. FENWICK, House Surgeon.

Sir Henry Holland has been elected President of the Royal Institution for the ensuing year.

The Cholera appears to be abating in Tennessee, but cases have occurred along the rivers, and fresh outbreaks are feared.

From Monte Video we learn that the yellow fever is fast disappearing and that the port of Buenos Ayres will soon be reopened.

A Liverpool druggist has been fined for selling adulterated quinine. A direct operation of the Adulteration Act will probably be the elimination of a great deal of quinoquina, salicine, &c., from the drug market.

The Paddington Board of Guardians have resolved to introduce singing birds into the sick-wards of their workhouse, which they hope will help to lighten the weariness and monotony inseparable from the condition of a pauper invalid.

Asiatic Cholera has been introduced from Poland into two small villages in the Province of West Prussia. The authorities have, in consequence, taken precautionary measures by establishing a visiting station at Grand, and ordering persons coming from the infected places to undergo a quarantine of five days.

**MEETING OF THE MEDICAL COUNCIL**

The annual meeting of the Council of the College of Physicians and Surgeons of Ontario was held in the Court House, Toronto, commencing on the afternoon of Wednesday, June 25th. Dr Dewar, President, occupied the chair.

Dr. Aikins moved that Dr William Clarke, of Guelph, should be the President for the ensuing year.

Dr. Adams nominated Dr Campbell, of Toronto.

Dr. Clarke was elected—years 13, says 8.

The retiring President then delivered a short address.

Dr. Clarke on taking the chair, referred to the importance of the Council, which represented some 1600 medical men of the Province, and thanked the members for the honour they had conferred upon him.

On motion Dr. Muir was elected Vice-President.

Dr. Campbell having handed in some charges against Dr. Aikins, Treasurer,

Dr. Brouse moved, seconded by Dr. Grant,—That the charges of Dr. Campbell be referred to a committee of five members of the Council, who shall investigate and report as speedily as possible and that the said committee be composed of Drs. Hyde, Hodder, Muir, Bethune, and Berryman. Carried.

A resolution of condolence was tendered to the widow and family of the late Dr. Agnew.

Dr. Campbell explained the action of the Legislative Assembly with regard to the Ontario Medical Act, and moved that the proposed Act to amend the Medical Act be taken as the report of the committee appointed for the purpose of considering the subject by the Executive Committee and be referred to a committee of the whole on the following day. Carried.

The Standing Committees were appointed as follows:—

Printing.—Drs. Campbell, Eastwood, Springer, and Cornell.

Finance.—Drs. Hyde, Vernon, Fields, Hillary, Coburn, and Macdonald.

Rules and Regulations.—Drs. Adam, Cornell, and Berryman.

Education.—Drs. Brouse, Grant, Aikins, Berryman, Dewar, D. Clarke, Edwards, and Lavell.

Registration.—Drs. Lawrence, Bethune, Hodder, Campbell, Bogart, and Dewar.

**SECOND DAY.**

Dr. Brouse presented the report of the Education Committee, which was received. It stated that the committee had had under consideration two communications from the Board of Examiners, and they had arrived at the following conclusions:—That at present it is not advisable to institute an extended competitive system of examination; that the examination should be partly oral and partly written; that, if possible, the examining body should be reduced, in order to lessen the expense of the Council; but that under all circumstances a certain standard should be exacted. As far as possible the marks made over and above the required number should be recorded, in order to the forming to some extent of a

comparative estimate of the excellence and proficiency attained under the prevailing system of education. In all cases, too, where more than ordinary ability is evinced, the examiners should have the power to accept the written answers of the candidates as being sufficient without subjecting them in addition to an oral examination. Sixty marks to be considered evidence of such proficiency.

The Council went into committee of the whole on the bill to amend the Medical Act, and reported progress.

A report was presented from the committee on Education, recommending the appointment of the following Examiners for 1874:—Dr. Aikins, Surgery and Surgical Pathology; Dr. Hodder, Anatomy, Descriptive and Surgical; Dr. Lavell, Midwifery and Diseases of Women and Children; Dr. Berryman, Materia Medica and Botany; Dr. W. Clarke, Medical Diagnosis; Dr. D. Clarke, Chemistry; Dr. Dewar, Medicine, Medical Diagnosis and Pathology; Dr. E. G. Edwards, Physiology; Dr. Macdonald, Medical Jurisprudence and Toxicology. Homeopathic—Drs. Campbell and Field. Eclectic—Drs. Cornell and Bogart. On motion the names of Dr. Bogart for Botany, and Dr. Vernon for Sanitary Science, were added. Report adopted.

Dr. Hyde presented the report of the special committee appointed to investigate the charges preferred by Dr. Campbell against Dr. Aikins:—That the gross charges that were made by Dr. Campbell as against Dr. Aikins, accusing him of having wilfully and fraudulently misled the Parliamentary Committee of the House of Local Legislation, and thereby having defrauded this Council of \$6,000, find that after proper and careful examination of the charges made by Dr. Campbell, they are proved to be entirely without foundation; and the committee appointed to carry out the investigation are of opinion that such rash and reckless charges without mature evidence deserve the censure of this Council. Carried—years 15, says 5.

Several members and the President spoke in relation to this matter, and strong language was used in denouncing the conduct of Dr. Campbell.

Dr. Aikins remarked that the spontaneous manner in which his colleagues had supported him was more than he expected. He gave an explanation of what course he had pursued with regard to the Medical Bill, and concluded by thanking the members who had spoken in his behalf.

**THIRD DAY.**

The Council went into committee on the Medical Bill, and considered a number of clauses and amendments. The bill as finally passed through committee will soon be printed.

The Finance Committee presented a report, stating the balance in the hands of the Treasurer to the credit of the College to be \$1,196 46, that the Treasurer's books were so thoroughly correct and satisfactory, that they felt it their duty to record the indebtedness of the Council to him for his many disinterested and unrequited services.

The books of the Registrar, Dr. Fyne, were found correct. The committee recommended the

collection of matriculation fees, and expressed an opinion that in the present state of the finances the matriculation fees should be reduced to \$2 per student. It was recommended to pay resident examiners \$15 each, and Drs. Berryman, Morrison, Muir, and Field \$20 each, travelling expenses exclusive. The committee find there will be a balance left to the credit of the College of about \$550, out of which they recommend payment to members attending the session of \$5 per day each, together with travelling expenses.

Mr. Archibald McMurphy, M.A., Rector of Toronto High School, was appointed Matriculation Examiner at Toronto.

Dr. Berryman moved a resolution, seconded by Dr. Dewar, thanking Dr. Campbell for his labours in connection with the Medical bill, which was carried.

Dr. Campbell returned thanks for this unexpected kindness. But he said that this was the last time that any homeopaths would ever sit in the Council, for it was intended to send in the resignation of all the homeopathic members, and they had done for ever with the Council. The reasons were, that after exerting himself as hard as he could, and filling the office of Vice-President energetically, he had not succeeded to the office of President, which he looked for as a matter of course. He was told indirectly that the reason of this was that it would be a monstrous thing to be said in the country that a homeopathist was at the head of the medical profession. He was also told by his friends outside that he would never get the other members of the Council to look on him with cordiality. He told them he was always met with courtesy and kindly feelings, and that any prejudice would soon wear off. But when he was told that in four years there had not been one homeopathist who presented himself for examination, he thought this was sufficient argument to go the country and put an end to the Council so far as the homeopathists were concerned. They would establish a homeopathic board. In conclusion, Dr. Campbell wished the Council good evening, as his connection with the Council had ceased, and his official resignation would be sent in with that of the other homeopathists.

The President said he could not allow it for a moment to go to the country that it was, because Dr. Campbell was a homeopathist he was refused the chair. (Several members—No, nothing of the kind.) He told Dr. Campbell that the reason why he was not chosen President was a personal consideration alone.

Dr. Campbell withdrew from the Council. Some discussion followed on the conduct of Dr. Campbell towards the Board of Examiners, which the President and members condemned in very severe terms.

The President drew attention to the matter of medical men being required to furnish particulars respecting the deaths of persons without any remuneration. He thought the Council should consider the matter.

The Council adjourned *sine die* after some customary votes of thanks.

## NECROLOGY.

## WILLIAM TYLER SMITH.

It is our sad duty to record the death of Dr. William Tyler Smith. This took place suddenly at Richmond on Whit-Monday, exactly forty years from the day on which he entered the profession in which he rose to such a distinguished position. Never robust, he had been ailing in health for some years. Several severe attacks of epistaxis had prostrated him at no very long intervals. For more than a year he had been known to have albuminuria, his heart was weak, and he was subject to purpura. Some months ago he had an attack of uræmia, under which he was insensible for some hours. Conscious of the necessity for rest, he had lately spent from Friday to Monday in the country, and he was staying at Richmond when the end came. He had gone down to the river-side, where he was found at half-past five in the afternoon, sitting on a garden step insensible. Mr. Hills, of Richmond, who was on the bridge, was called, and had him removed to the Infirmary, where he was seen almost immediately after by Mr. Withecomb. It is needless to say that every attention that skill and kindness could prompt was given. He never rallied, but sank soon after eight the same evening. Dr. Gustavus Murray, who had seen him in the uræmic attack already mentioned, believes that the fatal attack was of the same nature. At a coroner's inquest held next day, a verdict of "Died from natural causes was returned. Such was the end of a man whose remarkable abilities had earned for him eminent success in practice and a name which can never be discovered from the history of obstetric medicine.

He was born in the neighborhood of Bristol on the 10th of April, 1815. He entered the medical school of that city, and became prosector and post-mortem clerk. He was a zealous student, and was a member of a debating society.

Tyler Smith, like so many others who have shed lustre upon their vocation, was in the most absolute sense of the word, a self-made man. Of feeble health, his early education had been necessarily neglected. This circumstance, which to most men, would have been an irreparable misfortune, was to him, always self-reliant and ambitious, the spur to the attainment of the noblest and best education for work, that which a strong mind achieves for itself. He entered the medical school at Bristol; and when it is told that no other door to the Temple of Medicine was open to the poor scholar, the provincial schools have more than justified their existence. The great metropolitan and university schools have in our day produced few greater men. We believe his medical education was entirely carried out in Bristol: but he sought a career in London. He took the degree of M.B. at the University of London in 1840, and that of M.D. in 1848. He passed the examination for the Licence of the College of Physicians in 1850, and was made a Fellow in 1859. He held the office of Examiner in Obstetrics at the University of London for the usual period of five years.—*Lancet*.

## MEDICAL NEWS.

The Grocer's Company of London has given a munificent donation of 20,000 pounds towards the erection of a new wing of the London Hospital.

Mr. THOMAS BOND, F.R.C.S., and Gold Medalist in Surgery at the B.S. examination in 1866, has been elected Assistant-surgeon to the Westminster Hospital, in the vacancy caused by Mr. Bernard Holt's retirement.

It is so rare to find a member of our profession leaving a fortune behind him, that we are sure our readers will rejoice with us in the knowledge that the late Dr. Benca Jones, whose will was proved on the 13th inst., left personal property to the amount of 50,000 pounds.

A COMPROMISE has been effected in the Court of Session case between the managers of the Edinburgh Royal Infirmary and the representatives of the late Mr. Allen of Haddingtonshire, by which the Infirmary receives 5000 pounds and defrays the expenses of the action.

Dr. THURNHAM has sent a valuable and as regards the earlier series, unique collection of British crania to Cambridge. They are being arranged by Professor Humphry in the Anatomical Museum, where they will be accessible to those who desire to see and study them.

Sir James Hannen, Judge of Probate, has rendered a decision in a will case which recognizes partial insanity, a view carried out by some other eminent jurists, but which is opposed to the teaching of many psychologists.

The Registrar-General's Report for Ireland for the year 1872 gives the number of births registered during that period as amounting to 149,292, affording a ratio of 1 in every 95.96, or 2.78 per cent. of the estimated population, and the deaths to 97,577, affording a ratio of only 1 in every 55.01, or 1.82 per cent.

A DUEL was fought with cavalry pistols, in Algeria, a few weeks ago, between Dr. Maurin and a newspaper editor, when the former gentleman was severely wounded in the thigh. The ridiculous affair was characterised by even more than usual Gallic ostentation, both combatants advancing towards each other from a given distance like dancing masters, but thoroughly convinced that they displayed courage and élan.

DURING the month of May the city analyst of Dublin made 76 examinations of food and drink. Of 36 samples of coffee, 24 were adulterated with chicory and burnt sugar; the quantity of diseased meat condemned amounted to 23,000 pounds weight, whilst 250 pounds of bad fruit and bad vegetables were seized, and 150 pounds of spurious tea were destroyed. Fines from 15s. to 10 pounds were imposed, but in no case was imprisonment substituted for a fine.

At a late meeting of the Woolwich guardians, it was decided that the drugs for the infirmary and dispensary should be purchased at two separate establishments, and that a report should be brought up by the medical officers at the end of three months, stating which supply had been found most pure and efficient. It is a very difficult task that the guardians have given their medical officers.

Ninety "non-collegiate" students have been admitted at Cambridge under the new regulations. This plan permits a student to keep his expenses within fifty pounds a year, while enjoying all the advantages of the University. It is thought that in consequence of this reduction in the cost of a university education many more English medical students will prepare themselves for their profession by an academic course at Cambridge.

A second human skeleton is now said to have been discovered in the caves of Mentone. Human remains have also been found near Laval. The cave in which they were found contained chipped flints, incised bones, and a hearth with calcined bones, together with the remains of many animals, among which the cave hyena, the common fox, the rhinoceros, the horse, and the reindeer are enumerated. In a quarry in the neighborhood of the cave an interesting series of animal remains has been found, including the cave hyena, the cave lion, the marmot, a large hare, the mammoth, and the woolly rhinoceros, besides the fox, bear, horse, and several oxen and deer. Numerous bones of birds were also found.

## 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 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.

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.

## MEDICAL CHIT-CHAT.

## DISCOVERY OF HUMAN REMAINS IN A PEAT BOG.

A very singular discovery of the remains of a human being has been made in a bog near Omagh.

It appears from an account furnished to a local paper, the *Tyrone Constitution*, by the Rev. Geo. Sidney Smith, D.D., rector of Drumragh, that a short time ago some turf-cutters were engaged at their work near his residence when the spade cut out what appeared to be a human hand. On further search, nearly the whole skin of a man of large size was recovered. The antiseptic properties of peat bog are so well known that they need not be dwelt upon, and it is consequently not very wonderful to learn that the structures were found in a perfect state of preservation, as if tanned; but what does not seem so easy of explanation is the fact that no bone of any kind was discovered. When the skin was spread out on the ground much of it was torn in strips, but there remained the whole arm like a coat-sleeve, only split up from the wrist to the shoulder. The right hand with the nails—and very large ones—attached, the skin of the foot with the great toe-nail, reaching up above the ankle, about twelve inches altogether, were recognized. Neither the hand nor foot was split, but whole. The other portions of the integument looked like the coverings of the back, shoulders, chest, and possibly the face; and the remnants were sufficient in quantity to account for the whole skin of the body.

In appearance the structure was black, and as thick as buckskin. It was found about two feet below the surface, and partly covered over with a piece of timber which has since proved to be of oak. From the position of this plank the remains would appear to have been interred. We are glad to learn that they, together with the piece of plank, have been secured by Mr. M. G. Buchanan, who informs us that the tracings of the nails are perfectly distinct, and that the oesophagus and mesentery are both present. The rector writes that it might be supposed to be the skin of a man that had been flayed, were it not that the hand and foot (both of which are very well preserved) exhibit no incisions such as would, he thinks, have been necessary for stripping the skin off. He adds that it may, in probability, have lain in the bog for a century or more. The most curious thing is the absence of all bones, for it seems impossible to conceive that the bog should have exerted any solvent action capable of removing these. It is not stated whether the front and back surfaces of the hand and feet are both present, and the information is deficient in several details of importance; but we have placed ourselves in communication with Mr. M. G. Buchanan, who has kindly offered to answer any inquiries on the subject.

The finances of the British Medical Council are in a flourishing condition. The income for 1872, was £6106, 16s, 7d, or £1169, 15, 4d more than in 1871, a result chiefly due to a great increase in the number of registrations. This income is largely in excess of the expenditure, and the Council is investing its funds in Consols. But why should the profession be taxed so highly in excess of requirements? It is demanded that the registration fees should be reduced.

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