

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

PATHOLOGY.

ON THE TRANSMISSION OF TUBERCULOSIS.

Professor Chauveau, the able physiologist, to whom we are indebted for our present knowledge of the intricate nature of some viruses, made an extremely interesting communication at the medical section of the French Association for the Advancement of Science, "On the Transmission of Tuberculosis through the Digestive Organs." He called attention to this question as one of great importance to the public health. During several years he has made numerous experiments on animals. He administered tubercular matter with their food, and he arrived at the conclusion that the bovine race only is susceptible of contracting tuberculosis.

Professor Chauveau has repeatedly administered tubercular matter to calves; the animals continue in good health for about six weeks, but soon after that lapse of time they begin to lose flesh and ail. All calves to which tubercular matter was administered with their food presented on post-mortem examination evident and numerous signs of tuberculosis, some in an acute, some in a chronic form; the disease affects generally the lungs, and pervades to a variable extent the glandular system.

In order to show these facts to the members of the Association, Professor Chauveau prepared the following experiment. He purchased four calves. Two of them were born the same day and on the same farm, the other two were of about the same age and size, and came from farms situate in the vicinity of the first. They were brought to the Lyons Veterinary School on the 17th of June; until the 25th of that month they were all fed alike on milk and barley-meal. The animals thrived well. On the 25th he selected the two strongest calves, and administered to them, mixed with water, fifteen grammes of tubercular matter taken from the lungs, bronchi, and glands of a cow that had died of tuberculosis. This was again administered to both of them, and in the same way on the 26th and on the 30th of June; on the 6th of July a fourth dose was given; this time the tubercular matter was mixed with flour to a pasty consistence, and made to be swallowed as boluses. During five weeks the calves continued in good health. At the date of the meeting (22nd August) one of the calves only was ailing; he had lost flesh and swallowed his food with some difficulty. The two calves not subjected to the ingestion of tubercular matter seemed in perfect health.

At Professor Chauveau's request a committee was appointed by the Medical Section to make a post-mortem examination of the calves. In their report the committee stated that they had found in the calves to which tubercular matter had been administered extensive infiltration of tubercles in

the lungs and in many of the glands. In one of these they found deposits of tubercles in the cervical glands and a large tubercular ulceration in the pharynx.

The two calves to which no tubercular matter had been administered were also examined. Here also tuberculosis was present, but in a much more limited and less advanced condition. This fact, which at first sight seemed to disprove the views held by the learned professor, were found on investigation to strongly corroborate them, and afforded a still greater proof of the high contagious power of tubercular matter. Professor Chauveau had been absent for some weeks, and the feeding of the calves had been entrusted to one of his subordinates; the calves had been kept apart, as directed, but fed all of them from the same bottle. It is probable that some tubercular matter from the pharyngeal ulceration of one of the calves adhered to the mouth of the bottle, and thus inoculated the healthy calves with the disease. In order to test the value of this explanation and ascertain if tuberculosis were not a common disease among calves in that neighbourhood, the lungs and glands of ten calves were carefully examined, and in none of them the faintest traces of tuberculosis could anywhere be found.

PRACTICAL MEDICINE.

ON INFLAMMATION OF THE THORACIC DUCT.

Dr. Chouppe, of Paris, has just published a thesis in which he has collected five cases of the above rare and, as yet, not well known affection. The five cases collected by Dr. Chouppe are the only ones hitherto placed on record. In three of the cases the inflammation was secondary, and, in two, primary. In order to distinguish this latter form from the former, Dr. Chouppe has conducted a series of experiments on animals. The points brought out by the two cases and by the author's experiments are very interesting. In both cases the inflamed thoracic duct had thrown a quantity of pus into the general circulation through the subclavian vein, and it might be said that the patients had had a sort of pyæmia through an internal course; yet, during life, typhoid fever, meningitis, and articular rheumatism were successively suspected, whilst purulent infection was not even thought of. Another point of interest was the obliteration of the subclavian vein in one of the cases; it could only, however, have occurred during a late period of the disease, as symptoms of pus in the blood had been previously observed. Notwithstanding the great importance of the thoracic canal, as conveying all the chyle produced by digestion, and the most part of lymph, no disturbance in the digestive organs or in the functions of nutrition was observed. Moreover, Dr. Chouppe stated the existence of pulmonary infarctus, caused, according to him,

by the pus producing embolisms. The other symptoms were redness of the surface in various parts, inflammation of the sheaths of tendons, and of several joints. In both primary cases the onset of the disease was sudden; in one case it came on with violent pain in the stomach and intense fear; in the other, with a violent and protracted fit of rigor. In the two cases these symptoms were followed by high fever, prostration, loss of strength and flesh.

Dr. Chouppe has arrived at the following conclusions on the important questions which he has investigated:—Primary inflammation of the thoracic duct does exist; it is attended by general symptoms of purulent infection and by local symptoms; it cannot be diagnosed as yet during life by the help of known symptoms, but its presence may be suspected; it is likely that it has been sometimes overlooked, and that it occurs occasionally.

THE ENDEMIC AND NON-INFECTIOUS CHARACTER OF DIPHTHERIA.

Dr. W. Carr read a paper on this subject at the recent meeting of the British Medical Association.

The object of his paper was to support the following inferences: 1. When diphtheria breaks out in a family, attacking one or more of its members, the cause will be found in some local sanitary defect. 2. The family should at once remove from the infected house—a measure at once obligatory and preventive. 3. Imported diphtheria does not, as interpreted by the cases, spread in a family. Comparing the well-known histories of the spreading, by importation, of scarlet fever, etc., with diphtheria, we are forced, resting our conclusions on the cases narrated in this paper, to accept the teaching that diphtheria is neither infectious nor contagious, but strictly a preventable endemic disease, whose extermination will be, in due time, one of the victories of sanitary science.—*Brit. Med. Journ.*, Sept. 6, 1873.

THE INFLUENCE OF THE EMOTIONS.

The *Clinic* gives the substance of an interesting article by Dr. Kohts, of Strasburg, on the influence of the fright, occasioned by the bombardment of Strasburg on the development of disease. During this bombardment, the German artillery fired 193,722 shots at the city and fort; that is, 6,249 per day, 269 per hour, four or five per minute. The author details cases of nervous disease, such as tremor, paralysis agitans, paralyses, softening of the spinal cord, paraplegia, uterine diseases, abortions, diseases of the circulatory apparatus, &c., all clearly due to the effects of anxiety, fear, and other depressing mental emotions. As a prelude to his cases he cites the following remarkable instances on record. Sophocles died of joy in his eighty-fourth year upon the crown-

ing of his tragedy with the prize at the Olympic games; the Lacedæmonian Chelion in the same way when his son brought him intelligence of a like reward. Leo X. died of joy on hearing of the reconquest of Parma and Piacenza. The niece of Liebnitz died of joy on discovering 60,000 ducats under the philosopher's bed. Louis of Bourbon was so violently seized upon the exhumation of his father's bones, that he died of fear. Ambrose Paré states that Vesalius died of fright and grief soon after having dissected a woman whose heart was found to be still beating. The sudden blanching of the hair from fear or grief is too well known to require examples. Rostan mentions the case of two women in whom fright suddenly turned the skin black; in the one upon the communication of the death sentence; in the other as she saw her daughter with her two children fall from a high window.

MATERIA MEDICA.

ON THE PREPARATION OF COURT PLASTER.

A writer in the *Journal of Pharmacy* gives the following details. The difficulty in making a court plaster in most cases is generally that of cracking and breaking, which the addition of glycerine prevents. The following formula produces a superior quality of court plaster, that will not crack or break:

R Russia isinglass, ℥j;
Water, Oj;
Alcohol, ℥ij;
Glycerine, ℥ss.

Soak the isinglass in the water for one day, then dissolve it by the aid of a gentle heat, after which strain it and add the alcohol and glycerine. The mixture, being now ready for use, is spread on a fine quality of silk stretched on a frame, each successive coat being allowed to dry before applying the next. Heat should not be used in drying the plaster, as it is apt to drive the glycerine out and leave the plaster streaked.

By another formula, court plaster is made in the following manner:

R Russia isinglass, ℥iss;
Resin, ℥xiv;
Alcohol,
Water ℥ā q. s.;
Glycerine, ℥ss.

Beat the resin in a mortar until perfectly powdered, then dissolve it in alcohol q. s., and mix with the isinglass solution; strain and add the glycerine.

Court plaster made in this way is very adhesive, but not as handsome as when made by the previous formula.

In another formula, gelatine is used instead of isinglass, and makes a very handsome plaster.

R Gelatine, ℥iss;
Water, Oj;
Glycerine, ℥ij.

Soak the gelatine in the water for one day, then dissolve it by the aid of a gentle heat, and after it is dissolved add the glycerine.

This mixture, if spread on coarse and heavy silk, makes a white and opaque plaster; while if spread on thin and finer silk, the plaster will be nearly transparent and of a yellowish tint.

HOSPITAL NOTES.

BELLEVUE HOSPITAL, NEW YORK.

Reported by W. H. FARRINGTON, M.D.

POPLITEAL ANEURISM.

J. P., æt. 26, waiter, coloured, admitted August 6, 1873, had syphilis eight years ago; with this exception, has always enjoyed good health. Three months ago, patient fell through a hatchway, injuring his back and right leg. Two weeks later, he noticed a feeling of weariness in the right leg and a dull aching pain in the popliteal space. Shortly afterwards he noticed a swelling in this space, of the size of a cherry. This tumour gradually enlarged its growth, causing increased pain down the limb.

On admission, patient is a stout and apparently healthy man. On examination, a pulsating tumour is found in the right popliteal space, of the size of an orange. The pulsation is distensible in character and synchronous with the radial pulse. A double bruit is heard in the tumour. Firm pressure on the femoral artery as it passes beneath Poupart's ligament causes diminution in size of the tumour and cessation of pulsation and bruit; but these return immediately when the pressure is removed. Measurement of the right knee exceeds that of the left by $3\frac{1}{2}$ inches. Digital compression on the femoral as it passes beneath Poupart's ligament was employed, with few intermissions, until August 21, with no apparent benefit. At ten P.M. a shot-bag of ten pounds' weight was placed over the artery, in Scarpa's triangle, assisted by digital pressure. By this means pulsation, etc., entirely ceased in the tumour, and did not reappear when pressure was removed at the end of ten hours. Repeated examinations failed to detect the slightest pulsation, the tumour remaining firm and solid. Slight pressure was kept up for several days by means of a shot-bag. This continued pressure was well borne by the patient, who said that he experienced very little actual pain.

September 15.—Patient is to-day allowed to sit up out of bed. The tumour is as solid as on the day pressure was discontinued. The leg, which during the time compression was used was cold and required the application of external warmth, has since then resumed its natural temperature. No internal medication was employed.

A case of diffused popliteal aneurism in another ward was treated on essentially the same plan, but with no benefit up to the present.

PELVIC HEMATOCELE.

A case of extensive effusion of blood in the pelvis, forming a tumour which occupied the hypogastric and iliac regions and extended quite up to the umbilicus, has been treated by the inunction of equal parts of unguent. belladonnæ and glycerine, hop poultices being applied over this. The relief to pain was marked and the tumour rapidly softened and disappeared. Internally, iron was given, and an occasional anodyne.

ASPIRATION IN RETENTION.

The following are the notes of two cases in which aspiration was employed to relieve over-tension of the bladder in retention.

Case I.—G.B., æt. 13, three days before admis-

sion, slipped from an iron railing on which he was standing, striking on the perineum. He experienced acute pain in this locality, and, shortly afterwards on attempting to urinate found himself unable to do so. His family physician failed on attempting to introduce a catheter. On admission, patient says that he has not passed water in two days; is suffering very acutely from abdominal pain and desire to micturate; bladder enormously distended, extending above the umbilicus. Perineum red, swollen, and painful. Catheter meets obstruction five inches from the meatus. Dieulafoy's pneumatic aspirator being obtained, a small-sized trocar is introduced, in the median line of the abdomen, an inch above the pubes, and large quantity of urine withdrawn, some being left in the bladder for fear of hæmorrhagic cystitis, which is apt to arise if the bladder be too suddenly relieved of its contents. External perineal urethrotomy was performed, and an extensive rupture of the urethra found at the membranous portion. An incision was made in the wall of the canal anteriorly and posteriorly to the point of rupture. Two months after the operation the wound had closed, and a No. 10 sound could be passed into the bladder without difficulty.

Case II.—J. W., æt. 18. Patient states that he had gonorrhœa two years ago. Within the last two weeks has had considerable difficulty in passing his water. On the morning of the day of admission he was seized with retention, and when admitted, late in the evening, had not urinated in twenty-four hours. On admission patient is suffering acutely from constant desire to urinate. A catheter is introduced, passing a slight stricture at the meatus, and meeting obstruction three inches from the meatus at a second stricture. Efforts to pass through this failed, and, the patient suffering greatly, the aspirator was employed to relieve him.

Steurer's modification of Dieulafoy's instrument was used, and a large quantity of urine withdrawn, the point of puncture being as in Case I, the patient experiencing immediate relief, unmindful of the slight pain caused by the puncture. A whalebone guide was passed the next day, and forcible dilatation made.

ACUTE ARTICULAR RHEUMATISM.

The alkaline treatment is the one most generally adopted in the medical wards. A prescription which has found great favour is as follows:

R Sodæ bicarb., ℥ss;
Potass. acetat., ℥ss;
Liq. ammon. acetat., ℥ijij;
Aque, q. s. ad Oj. M.
R Acid citric., ℥ij;
Aque, ℥j. M.

℥ij of each q. 3 vel 4 h.

This forms an agreeable effervescing mixture, rendering the urine alkaline very quickly. The frequency with which it is given depends upon the degree of alkalinity obtained as tested morning and evening.

On another division an effervescing draught is made without the addition of the salts of potassa. As a local application, tincture of iodine is sometimes employed. By some the painting is limit-

ed to the integument immediately over the joint; by others, the integument corresponding to the blood-supply of the joint, a broad band above and below the joint answering very well.

Usually, however, cotton dusted with potassa nitrat. and covered by oiled muslin is applied to the joints, affording marked relief. An opiate is given at night:

R. Sol. morph. sulph. (Mag.), ℥_{lxxx};
Tr. belladonnæ, ℥_{xvj};
Aq. fœniculi, ℥_j. M.

Sig. ʒj p. r. n.

If a friction-murmur develop in the pericardium or pleura, an attempt is made to arrest the inflammatory process by vesication, collodion cum cantharide being used for this purpose. If, however, this fails, hot fomentations are applied to the affected side. Spongio-piline wrung out in hot water and covered with oil silk is generally used. A young girl developed acute pleuritis, left side, and pericarditis, in the course of an attack of rheumatic fever. Spongio-piline applications to the side, changed every two hours, relieved wonderfully the intense lancinating pain she experienced, and appeared to hasten the absorption of the effused fluid. Alkalies were not used in this case. Tr. scõnit. rad., ℥_j q. 1 h., was given, modifying the amount of febrile disturbance. The patient rapidly convalesced.

In subacute rheumatism, iron, quinine, and cod-liver oil are given internally, with nutritious diet. Occasional revulsives, as tincture of iodine, are applied, as in the acute disease.

In chronic rheumatism, in addition to tonics, a large number of cases have been treated by painting the joint with hydrarg. et anorph. oleat's, most of them receiving considerable benefit from its use, especially in the alleviation of pain.

SURGERY.

FORCIBLE RECTIFICATION OF IN-KNEE.

M. Delore read a paper on this subject before the French Association for the Advancement of Science. In-knee is a common result of rickets and scrofula, which prevail so extensively at Lyons. M. Delore states it is principally due to exaggeration of the natural curvature of the femur and tibia, accompanied by great depression of the internal tuberosity. In 350 cases he has rectified it by forcible pressure under chloroform; continued until the periosteum is detached and epiphysis is separated as announced by a cracking sound. The position is maintained by a starch bandage, and in a month the cure is complete. No accident has occurred, but the operation should not be performed after the fifteenth year or on weak subjects.—*Med Times and Gaz.*, September 6, 1873.

FOREIGN BODY PERFORATING THE BLADDER.

A case is reported (*L'Union Medicale*, Aug. 21,) which is instructive in its results. A man, aged twenty-four, had introduced into his urethra a lead-pencil, which presently slipped from his hand, and the efforts made to extract pushed it

into the bladder. Two days afterwards he was admitted to the Hôpital St. Louis, in a state of much anxiety; the belly was painful, and the scrotum, root of the penis, and perineal region tumefied, red and œdematous. The indications called for immediate operation, and M. Péan performed the prerectal operation for lithotomy; the pencil, ten and a half centimètres long and one half centimètre in diameter, was extracted intact. No alleviation of the local or general symptoms followed, and the patient died in a few days with the signs of intense peritonitis. The necropsy showed a small infundibuliform perforation of the fundus of the bladder, implicating the whole thickness of the walls; through this the urine had infiltrated, giving rise to the fatal symptoms. A second gutter-shaped wound was observed in part of the prostatic portion of the urethra. The case illustrates not only the dangers arising from the presence of pointed foreign bodies in this locality, but also the danger that efforts directed in the dark to their extraction may increase the injury which they inflict.

SHORT NOTES.

RETURN OF MENSTRUATION IN A SEPTUAGENARIAN.

Born in 1800, this lady menstruated regularly up to 1849, when this function ceased. In 1868 it again returned, and has now been perfectly normal in appearance and regularity ever since.—*Rivista Clinica di Bologna*, July 25, 1873.—*The Clinic*.

L'QUID NOURISHMENT FOR SICK STOMACH.

An egg, well beaten up, to which add one pint of good milk, one pint of cold water, and salt to make it palatable; let it then be boiled, and when cold any quantity may be taken. If it turns into curd and whey it is useless.—*H. S. Malahan*, in *Dublin Medical Journal*.

THIRD ATTACK OF MEASLES.

I have a young lady about twenty-three years of age, suffering for the third time from an attack of measles! All the characteristic symptoms, such as the eruption, the deeply-congested state of the mucous membranes of the eyes, nose, larynx, and bronchia, are most pronounced.—*Charles Anderson*, in the *London Lancet*.

NATURE IN DELIRIUM TREMENS.

Dr. Van de Warker believes (*New York Medical Journal*, August, 1873) that opiates, stimulants, and narcotics generally do harm in the treatment of delirium tremens, and that the proper plan is to provide for the nutrition of the impoverished brain and nerve-centres, by the free administration of food which can be easily digested and assimilated. Beef-tea, raw eggs, and milk, with attention to the condition of the bowels, have given him very satisfactory results.

ACUTE ANEMIA DUE TO FRIGHT.

An interesting case presented itself at St Bartholomew's Hospital, in the person of a young woman, æt, 20, pallid, bleached, not menstruating, and with the typical aspect of an anæmic female. She stated that ten weeks previously she was in perfect health, had a good colour, and menstruated regularly. At that time a fire had broken out in

a house adjoining that in which she lived, and she had been exceedingly alarmed. Since then her menses had ceased and she had assumed her present appearance. There can be no doubt that anæmia is too frequently regarded and treated as the result of a constant blood-defect—the consequence of a chemically altered circulating fluid. Such cases direct attention to a deeper and more significant pathology for some forms of anæmia,—an altered condition of the nervous system.—*British Medical Journal*, Aug. 23, 1873.

OCCLUSION OF THE EUSTACHIAN TUBE.

Dr. Rudinger, in *Monatshrift der Ohrenheilkunde*, No. 3, 1873, after a series of experiments carried on upon himself, has arrived at the conclusion that the Eustachian tube is habitually closed. When it is accidentally opened through a contraction or cramp of the dilating muscle of the tube, the voice has a peculiar sound for the person who is speaking, and resumes its natural sound only when the tube is again closed.

NEURALGIA OF THE TESTICLES.

In a number of the *Wiener Medicinische Press*, Dr. Lazarus investigates the condition called "painful testicle," "neuralgic testicle," &c., and sets down the following plan of treatment, which he states has been very successful: Sulphate of zinc internally (four grains of the sulphate of zinc in seven ounces of water, a tablespoonful three times daily); and subcutaneous injections behind the scrotum (with the needle syringe) of a solution of ten grains of sulphate of zinc to two and a half to three drachms of water.

CULTIVATION OF IPECACUANHA.

Dr. G. D. Henderson, in his report on the Royal Botanical Gardens, Calcutta, published in the *Calcutta Gazette* of June 25, describes the progress which has been made in the cultivation of ipecacuanha. There are now about seven thousand plants either at Rungbee or Calcutta, and no difficulty appears to exist in propagating the plant artificially. The conditions under which it will flourish in the open air have not been as yet determined. Experiments are, however, being made in this direction. Dr. Henderson has also tried to cultivate the *Eragrostis purga*, which yields the jalap of commerce, but as yet without success.—*Indian Medical Gazette*.

ATROPIA IN CHOLERA.

During a recent outbreak of cholera, Dr. R. Saunders obtained excellent results by the hypodermic injection of one-fiftieth to one-thirtieth of a grain of sulphate of atropia. In some cases the relief afforded was astonishing: the more distressing symptoms—vomiting, purging, and cramps—were ameliorated almost at once; the skin grew warm, the pulse rose, the surface, previously clammy and shrivelled, assumed its natural condition, and in some instances the patient slept soundly for ten or twelve hours, the bowels remaining undisturbed during the entire time. These effects, however, only followed when the atropia was used in sufficient quantities to produce the specific scarlatina rash, dry throat, and dilatation of the pupils.—*The American Practitioner*.

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, OCTOBER 25, 1873.

TO CORRESPONDENTS.

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

TERMS OF PUBLICATION.

THE MEDICAL TIMES is supplied six months for ONE DOLLAR. Address orders and remittances to JAMES NEISH, M.D., Kingston.

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

REMITTANCES.

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

The College of Physicians and Surgeons of Lower Canada at its recent meeting gave authorization to the Secretaries to issue a notice to the effect that stringent measures would be taken against unlicensed practitioners and graduates of universities practising in the Province of Quebec, who neglect to take the license of the College. It appears there are several graduates of universities who are practising without the license of the College and are not therefore, strictly speaking, and in the eye of the law, duly qualified practitioners. These will be required to present themselves before the College board next May or else they will be stringently proceeded against.

Dr. John Harley advocates a State order of merit for medical men. In a recent public address he observed that entrance to the medical profession at once relieved its followers of the temptations and chagrins which attend the pursuit of wealth. "Titles, too, ill become the man whose deep knowledge of life teaches him to put no high estimate on artificial distinctions. But an order of merit to distinguish its possessor from the less industrious and less skilled of his confrères is a different thing. Such an order, though so tardily bestowed, would be a graceful compliment to a profession which has long served the State for a remuneration altogether inadequate to the charges imposed upon it; a profession which, at risks as great as those to which the soldier is exposed on the battle-field, is laboriously and successfully engaged in freeing suffering humanity from the bonds of disease; a profession whose members, occupying as they do the foremost place in the pursuit of science, have done more for the advancement and enlightenment of the world than those of any other."

The *Lancet*,—taking its cue from a sporting journal which has lately hinted that the medical profession is hardly alive to the health-giving value of sport,—advises a little more attention to be given to this kind of physical enjoyment. It says:—"Many of the foremost men of our own profession have been and are noted for ardour in the prosecution of field sports. There is one sport of a mild kind which is open to many of our profession—viz, driving; and there are several

of our foremost London practitioners who are noted for the dexterity with which they drive their mail-coaches. We have always silently admired the wisdom of these medical Jehus. When a doctor leaves the harassing case, over which perhaps he has been sorely anxious, and takes the ribbons to drive to his next patient, he must, willy-nilly, get his nose off the grindstone, and the excitement of threading his way through the London thoroughfares must for the time drive away the cares of practice. His animated countenance is generally a striking contrast to that of his professional brother whom we see boxed in his brougham poring over his morning paper or his visiting-list." Undoubtedly physical exercise in the open air is as invaluable and as necessary to medical men as to any other class of persons. The *Lancet* might have suggested horseback exercise as a still more vigorous sport in which practitioners in town or country could engage. If a vehicle is used in making visits, it should not be too luxurious. A noted doctor in Philadelphia discarded his spring-carriage for one without springs; and the additional exercise thus forced upon him by the jolting was held to have prolonged his life. A doctor is expected to be healthy and vigorous, and he should avail himself of all means within reach calculated to maintain or improve his physical health.

We are inclined to the opinion that State Medicine is advancing rapidly in Great Britain, and that it is destined speedily to make more rapid strides towards its proper position in the political system of that country. There are medical men in England, however, who claim that State Medicine is comparatively neglected and its value unrecognized in the political world. Mr. Morris, of Middlesex Hospital, is one of these. Said he, when addressing the students of the present session in an introductory lecture:—"State medicine, or public health, though one of the very corner stones of the social safety of mankind, was far from taking that position which even any tyro in political science would give it, modelling out a perfect political society. When hundreds, nay thousands of our fellow-countrymen were annually destroyed by preventable diseases, no one could deny that the want of a properly adjusted system of sanitary medicine was one of the greatest imperfections of our political community. Instead of working invisibly but efficiently, as an agency of prevention should work, we had lately seen it 'humbly petitioning' a Minister of State that it might be administered by competent authorities, and now we saw it groaning under an Act of Parliament which had excited surprise, dissatisfaction, and indignation. The medical officers of district schools and the medical health officers were subject to the opinions of lay inspectors unacquainted with the cardinal principles of sanitary science. In an African settlement, where the drainage and water-supply were recklessly neglected, and where small-pox and fever were rampant, not only was the sanitary inspector not a medical man, but the administrator was a military man, who first erected an arrangement for accumulating stinking refuse of all kinds under the nostrils of the residents, and then complained

that he found doctors the very bane of his existence." Mr. Morris, it will be noted, cites a colonial example to justify the severity of his animadversions; it is taken too from a Crown settlement. Here, in a colony where we have responsible and representative government, things are no better; and were Mr. Morris acquainted with the utter neglect of State medicine in this country,—where our vaccination laws are inoperative; where no precautions are taken in the care of the public health save when the very outbreak of an epidemic incites a spasmodic and temporary activity; and where, in short, we live amid governmental apathy and neglect, compared with which the state of things under the Public Health Act and the administration of the Local Government Board in England are activity itself,—he would probably have been more content. It is right, however, that he and other progressionists should go on demanding improvements and advances, never resting satisfied till an attainable state of perfection is reached.

ON THE INFLUENCE OF FASHION IN
THE EMPLOYMENT OF DRUGS.

Dr. Edgar Sheppard, in his introductory lecture at King's College, remarked that it was curious to note how a kind of fashion extended to the administration of drugs. A few years ago the rage was for what is called vegetable calomel—the resinous extract of a North American plant, *Podophyllum peltatum*. There was a little epigram floating about the town on its virtues. Alluding to our patients, it ran—

"If you want to gripe and kill 'em, give peltatum podophyllum:
If to cure resultant colic, give them something alcoholic."

The now fashionable drug is chloral, to whose great advantages over opium in the treatment of insanity he was in a position to testify. But it is a dangerous remedy, and should not be resorted to without legitimate sanction. Ladies kept it in their medicine chests, and coroners had been under the painful necessity of sitting upon it. This fashion extended also to larger procedures, and to systems, and might yet have a scientific basis. He remembered the time when nearly every disease was treated by venesection. But a great physician, whose name and memory were revered in that College, taught us to *renew* life, and not to weaken it. Dr. Todd stopcocked the life-blood of the whole nation by throwing down the lancet and taking up alcohol. Alcohol became the fashion; it was pushed to an extreme, and ran its little day. We had now sobered into the healthy mean.

THE DIFFICULTIES OF THE YOUNG
PRACTITIONER.

The difficulties of a start in the medical profession are much greater than in that of law or divinity, and this by reason of its complex and inexact nature, as also by the issues which it involves. 'It seems to me,' says a quaint Dutch writer, 'the first fire of *Æsculapius* must be of a deadly nature, when his later and calmer zeal may still prove so dangerous.' 'Aye, there's the rub'—that first fire. A young lawyer may make his first will without much anxiety or

doubt; a young clergyman preaches his first sermon, and though of course he may be very nervous, he can't do much harm, and he may do some good. At all events he will excite sympathy. He did his best, he meant well, and such like. But there will be no sympathy for you if you poke out a man's eye even after the most approved fashion, and with the best possible intentions. Even the best educated and most skilful of young practitioners must feel the tremendous responsibility of (say) his first case of typhoid fever, in an influential household; or (say) his first case of strangulated hernia at the hospital to which, after much rivalry and contention, he has just been elected; or (say) his first unnatural presentation in midwifery, among the croaking gossips who swarm round their sisters in the agonies of abnormal parturition. There is always some one to think and say you have done wrong in a fatal case; and even those who think you have done right may be reluctant to say so. And more than this; our doubts and difficulties extend in some measure over our whole subsequent career.—*D.P. Edgar Sheppard.*

ON THE SCIENTIFIC USES OF THE IMAGINATION IN MEDICAL PRACTICE.

Mr. Brudenell Carter, in the course of an introductory address to the students of St. George's Hospital, observed that the scientific uses of the imagination were due to the fact that the boundaries of exact knowledge, on every subject, whether human knowledge in the aggregate or that of any individual, were separated from the darkness of the unknown by an intermediate region, into which some light had penetrated. This region was the province of the imagination, or, if the phrase were preferred, of disciplined and rational conjecture. Our minds, in relation to it, might be likened to the explorers of a strange country, who were fully acquainted only with those regions that they traversed, but who had also gained such notions, of the belt separating them from the horizon, as enabled them to determine in what directions they would endeavour to make further progress. As soon as we became possessed of certain facts we called upon the imagination to account for their occurrence, and it furnished us with some suggestion upon the subject. This suggestion was a hypothesis, which might or might not be verified by further inquiry. Its proper use was to determine the direction in which we should pursue that inquiry; and we should be prepared either to adopt or to abandon the hypothesis, according to the results that the inquiry might produce. He had heard of two students, who examined the same patient in order to compete for a clinical prize. The first, who possessed great powers of observation, had his imaginative faculty for the moment dormant. He was struck by a very remarkable discoloration upon some portion of the patient's body; and, accepting the presence of this discoloration as an ultimate fact, he carefully described it in his account of the case. He made a drawing of its very irregular outline, and took careful measurements of its principal dimensions. The second student, when he came to the bedside, also saw the discoloration, but he was more imagina-

tive than his predecessor, and his imagination led him to frame the hypothesis that the phenomenon was due to the presence of dirt! He tested the accuracy of this hypothesis by means of a sponge and warm water, and established it by washing the stain away. The incident, although trivial, was not the less instructive, and might well serve to teach the attitude of mind in which we should approach the investigation of disease.

PRACTICAL MEDICINE.

CASE OF CHRONIC CYSTITIS.

CHRONIC CYSTITIS OF FIFTEEN YEARS' STANDING
—ACCIDENTAL RECOVERY.

My patient is a farmer 30 years of age. Two years ago on passing his house I was called in to have a talk about his case as he himself said for my own information. His history as gathered from himself is somewhat as follows:—Was run over by a waggon when about 15 years of age; passed bloody urine at the time which was arrested, but some after and ever since has had all the symptoms of chronic cystitis; has been married seven years, and has consulted several surgeons, but without any beneficial result. I examined the urine and found an enormous quantity of tenacious mucus tinged with blood. I suggested stone, and asked him to be sounded, but he refused on the ground that he was afraid of a sound as he had to use the catheter himself occasionally and he dreaded it. Besides, he said if there was a stone he would surely have touched it accidentally at some time when using the catheter. I, of course, yielded to his wish, and promised to give him a mixture. The staple of this mixture was copalba, and so satisfied was he with its effects in reducing the quantity of mucus and the frequency of micturition, that he expressed it as his belief that if I tried my best and stuck to the case I could cure him. This improvement of his symptoms, coupled by a still farther improvement after another bottle of the mixture, led me to change my diagnosis to simple chronic catarrh, the result of some cause not then directly operating. My patient continued to improve for several months; the complaint was alleviated, not eradicated. The medicine was therefore suspended for some time, and was again tried, but without the same effect as at first. Naturally discouraged, the patient desisted from taking any medicine, and I heard nothing definite from him for some time. Suddenly, when the spring of the present year commenced to open, I was called in the middle of the night to see him and told that he was dying. I found him in the extreme of pain, having passed about a quart of blood, and praying for relief or death. I immediately used the catheter, with instant relief to the intense vesical tenesmus, but in 10 or 15 minutes the severe straining again commenced. The catheter was again used, with the same beneficial result. I then gave him 50 drops of Tr. Opii, but not with immediate benefit, for the catheter was used three times after, but at progressively longer intervals. In the morning I left him in comparative ease, and a mixture containing Tr. Opii and Tr. Ferri perchlorid. This mixture, with a little variety,

such as the addition of ergot, &c., I continued for two weeks. The hæmaturia ceased in a week, with the exception of hæmorrhage to the extent of two or three ounces, three days after my first visit. That day I was sent for to use the catheter, but the clots at the neck of the bladder had been forced away, the pain had subsided, and catheterism was unnecessary. For five months there has not been the first symptom of chronic cystitis. He says he "is as sound a man as there is on the line," that he is a wonder to his former medical attendants, his neighbours, and, I add, to myself. The cause of the attack of hæmorrhage, according to the man himself, was fishing for suckers in the cold freshet water. Now, was this man's case one of vesical congestion, the result of a mechanical bruise, and this congestion pushed to hæmorrhage by another intense exciting cause, and was this congestion permanently relieved by the enormous local hæmorrhage, as I have seen a case of asthma (bronchial) so relieved? If not, what was the cause of the cystitis, and what was the *modus operandi* of the cure!

D. HEGGIE, M.D.

Brampton, 11th Oct., 1873.

THE YELLOW FEVER AT SHREVEPORT.

All of our readers have of course heard of the frightful epidemic of yellow fever which depopulated the little city of Shreveport, driving away one-half of its population and killing ten per cent of the remainder. Like most other similar visitations, this one is the result of a total neglect of all sanitary rules. Shreveport is the second city of Louisiana,—the great trade centre of the Red River country, so famous for its cotton and sugar,—and is estimated to have a population of from 10,000 to 13,000. It is on the Red River, at the head of steamboat-navigation, and fifteen miles below the great Red River raft, which is one of the most remarkable formations in the world, being a mass of logs and drift-wood over forty miles long, and entirely choking up the great stream, which is ever twelve hundred miles long or, including the South Fork, twenty-one hundred. This raft turns the water of the river over the adjacent country, forming great bayous, through which, at high water, steamboats pass around the raft; and it is now being blasted away by the general government.

The city is on a bluff at the river-bank, and is well situated for drainage. The whole country around is flat, and for miles and miles there is one continuous succession of marshes, swamps, and bayous. Though at low water a great surface is exposed to the action of the sun, making the surrounding country subject to malarial influences in the hot season, still the health of the city has generally been good; but this is the third time it has been visited somewhat severely by the yellow fever, the first time having been in 1853, and the second in 1867. It seems that, owing to the contending factions which have reduced the government of Louisiana to chaos, and which would have brought about a Mexican-like civil war had it not been for the strong arm of the Federal Government, Shreveport has been for some months without a regular municipal government. Those having control of the city have been utterly negligent of their duty, and have left the streets in an indescribably filthy condition. Under the hot semi-tropical sun, the reeking heaps of garbage, the swollen, bursting carcasses of all sorts of animals, the stagnant pools full of uncleanness, have become the resting place of the poison. Filth and exposure begot recklessness, and recently a most extraordinary attraction was added to the already too pressing invitation to epidemic disease. It is said (Vicksburg Herald) that a boat, having on board a hundred or more Texas cattle, recently sank in the Red River, very near to Shreveport, and the dead animals were fished from the wreck and taken ashore. After having been skinned for their hides, the bloated bodies were permitted to remain exposed to the rays of a burning sun, until they poisoned the air with their sickening effluvia. Under these circumstances, is it a wonder that another tale of sorrow and desolation, another frightful warning, has been added to the long list, which should teach the world, if it would only learn, the importance of sanitary science.—[Philadelphia Medical Times.

OBSTETRICS.

SORE NIPPLES.

Dr. Fordyce Barker, in an instructive lecture on this subject, says:—

"The forms of sore nipples are, first, inflammation. This generally occurs in those cases where the nipple is naturally contracted, or in those cases, which are not at all infrequent, where the nipple is almost completely absent. The child when placed at the breast has great difficulty in getting hold of the nipple, especially when the breast is distended, which renders the nipple still more retracted; it pulls away at it, and as a result of the irritation to the breast an inflammation of the nipple takes place. This inflammation of the nipple may by propagation pass into the lacteal ducts, and we may have mammary abscess as a consequence of that. Second, fissure or erosion of the nipple. These fissures of the nipple are of two forms. One comes from inflammation of the nipple; but there is another form which exists just at the base of the nipple, and gives the most intense pain and suffering, the patient perhaps bursting out into a profuse perspiration as the child is placed at the breast. The next form of sore nipple is where the surface of the nipple is red and denuded of its cuticle. The nipple is very much retracted, and in this case there is a fissure at the top. The pain is very intense, and it may be that the woman experiences as much suffering from this as from anything else during the entire puerperal period. The process does not generally confine itself to the nipple alone, but the areolar tissue around the nipple becomes inflamed, and as the inflammation becomes more intense perhaps one-half or two-thirds of the nipple becomes entirely destroyed in the process. These three forms are distinctly and readily recognized; and now a few words with regard to the treatment of them.

"In the first place, for drawing the nipple out, there is a great difference among authors as regards the propriety of applying the child to the breast immediately after the confinement had been completed, and also to the proper time when it should be done. Some writers recommend that it must be done as soon as possible after delivery. The reason given for this early application of the child to the breast is that the child by nursing stimulates the breasts, which excites reflex action in the uterus, thereby producing uterine contraction, which renders the woman less liable to post-partum hæmorrhage.

"With reference to that point, I can say I do not consider it to be sound practice. I adopted it for some years, but have given it up entirely. You can procure uterine contraction, which will place the woman out of all danger from post-partum hæmorrhage, by means which are far less exhausting for the patient than the resort to the troublesome efforts of the child at nursing. I will now advise to get the woman completely restored after the fatigue of confinement before applying the child to the nipple. The first stage after parturition is that of exhaustion. The whole effort of the system has been used to accomplish this result, and so complete is the exhaus-

tion that it is very commonly manifested by nervous chills. If the woman is permitted to get a few hours of sleep, her exhausted nerve-power will be restored, and then is the time to direct that the child should be placed to the breast. The main reason for this is that the breast is not now distended, and the nipple is easier drawn out. The traction excites the more rapid secretion from the breast, and the first secretions from the breast are of great benefit to the child as a laxative, being its first proper food. It is then that the nipple can be more readily grasped by the child, and properly formed. If, however, you wait until the secretion of milk has taken place, and the breast has become distended, before applying the child, the distension itself causes obstruction to a free flow through the ducts, and the nipple and breasts may become a very great source of irritation.

"There are some cases in which the nipple congenitally is so short that the child can not get hold, and it must be drawn out by some mechanical appliance. The most common method resorted to for accomplishing this is the old-fashioned application of a bottle, which has been filled with hot water and emptied, and the use of the breast-pump.

"A few words with regard to breast-pumps. Most of them are constructed upon principles utterly devoid of common-sense. Most of them have so small an opening in the part applied to the breast that the nipple is constricted, and the milk can not flow at all after the first two or three exhaustions of the instrument. The essential requisite for an efficient breast-pump is a large bell-shaped extremity, so that the nipple is not at all constricted by the narrow diameter which is applied over it. The pump which meets the indications most satisfactorily, and which has come to my notice, is what is called Mattson's breast-pump, and it is a most excellent instrument.

"With regard to treatment of sore nipples, the following are the rules which chiefly govern me in the management of these cases. If the nipple is inflamed, apply a poultice until the inflammation is subdued, and then apply a solution of nitrate of lead in glycerine, ten grains to the ounce. This is also the most complete and perfect prophylactic against the occurrence of sore nipples that I know of. This solution should be applied immediately after nursing, having first washed the nipple perfectly clean. The application must also be washed off every time before the child nurses. It is almost a specific, when properly used, against excoriations and ulcerations. If the tendency is quite strong to sore nipples, the solution may be used of the strength of fifteen grains to the ounce, or even one scruple; but as a rule the ten-grain solution is sufficient. Next, where the cuticle is denuded and we have a raw surface, or it becomes so irritated that there is a tendency to an abrasion, the indication is to form an artificial cuticle, which will entirely protect the parts and yet permit the milk to pass through it. For this purpose collodion has been extensively used. The objection to collodion is this, that it contracts as it dries, and thus itself be-

comes a source of superficial irritation, and discomfort, and does not readily permit the flow of the milk. I have used for this purpose, and with the most satisfactory results, the compound tincture of benzoin. Wipe the nipple dry after the child has nursed, and with a camel's-hair brush apply four or five coats of this tincture. The first application may produce some burning, but when once applied this will be overlooked, and the woman will desire its re-application. This forms a most excellent artificial cuticle, and at the same time permits the flow of milk without obstruction. Cicatrization will take place under this coating, and the patient will thank you for the benefit received. When the fissure is at the base of the nipple—very small it may be, but accompanied by the most severe and agonizing pain—the most satisfactory method of management is to touch the fissure with a fine point of nitrate of silver, and apply over this the compound tincture of benzoin as before.

"When the ulceration and inflammation have gone to such an extent as to destroy the surface of the nipple, and there is danger of the inflammation extending back to the mammary gland, do not allow your patient to torture herself by allowing the child to nurse. Remove the child entirely, and empty the breasts by the breast-pump or by sucking. I then use as an application in these cases the following:—

R. Rose ointment, . . . ℥j;
Carbonate magnesia, ʒj;
Calomel, gr. xxx. M.

These ingredients should be rubbed together very carefully, and it should be freshly prepared, perhaps every twenty-four or thirty-six hours. If the child is permitted to nurse at all, it should be done entirely through an artificial shield, and the best shield is one made of the cow's teat. The objection the india-rubber shield is that there is an offensive odour emitted from them, that they are very apt to make the child's mouth sore. If, however, it becomes necessary to use the shields which are in the market, in selecting them get a broad base, what is called the L-shaped glass in in the same manner as in the selection of the breast-pump. The ordinary nipple-shields seen in the stores are simply abominable."

EXCESSIVE VOMITING DURING PREGNANCY.

Dr. M. A. Pallen, formerly Prof. of Obstetrics in the St. Louis Medical College, relates (*St. Louis Medical and Surgical Journal*, September, 1873) an interesting case of this in a patient whom he was called, July 16th, by Dr. Alleyne to see in consultation. Dr. A. stated that the lady was in the sixth month of pregnancy and would not retain anything on her stomach—no food, no drink. He stated that unless she was relieved she would die for want of nourishment, and that the induction of abortion was the remedy. Dr. P. found her with a pulse of 96, incessant nausea, vomiting whenever anything was taken into the stomach; sleeplessness at night or during the day, no delirium, no tinnitus aurium; no dimness of vision. I claimed a delay of twenty-four hours to try two remedies heretofore un-

tried. One was the hypodermic injection of morphia over the region of the stomach, and the other was the injection of beef essence and brandy into the rectum. On the next day we again visited our patient. The remedies had done no good. She vomited, as ever, the little ice-water she took, and the injections could not be retained at all.

Dr. P. then ascertained by examination with the finger that there was granular erosion of the cervix, and was of the opinion that nothing effectual could be done short of abortion. Of the various methods recommended for that purpose, he determined to employ that of puncturing the membranes for the following reasons: "The child was not viable and could not be saved. I have known cases, when the child was viable, as in the eighth or nine month of pregnancy, and when I brought on premature labour to allay excessive and uncontrollable vomiting, that the vomiting did cease, almost immediately after the rupture of the membranes and before the emptying of the uterus.

"With a small-sized uterine sound I punctured the membranes. On the evening Dr. Alleyne called for me and told me that in an hour after the operation, she took, with decided appetite, some beefsteak and retained it; at night she did the same, and when we saw her in the morning, she and her mother informed us that she had slept well, and that she had a good appetite, having eaten various things for breakfast. About forty-eight hours after the operation the fetus and secundines came away, and she made a rapid recovery.

"I am aware that there is high authority against the emptying of the uterus in cases of excessive vomiting during pregnancy. I am aware, too, of the sudden and favourable changes which sometimes take place in such cases. The experienced physician can often foresee that such will be the result, and he will persevere with his remedies. I will admit that it does happen, even when he despairs. But it also happens, that although our patients occasionally get well, when we expect them to die, on the other hand, they sometimes die when we expect them to get well. We must reason from a general rule, and not from an exception."

MEDICAL NEWS.

At the meeting for 1873 of the Boylston Medical Committee, prizes of one hundred and fifty dollars each were awarded to David T. Lincoln, M.D., of Boston, for a dissertation on "Electro-Therapeutics," and to William C. Dabney, M.D., of Charlottesville, Virginia, for a dissertation on "The Value of Chemistry to the Medical Practitioner."

Whether the American politician is or is not a great sinner he certainly receives such a share of abuse that it is to be hoped he is both pachydermatous and philosophic: to give him due credit, he must be, as he really seems to keep on the even tenor of his way unmoved. It has been reserved for our venerable and dignified contemporary, the Boston Medical and Surgical Journal, to give the "most unkindest cut of all." In a recent editorial full of wrath at the virtuous teetallers, it says, "We are actually subjected to those daily outrages by a miserable set of pig- and bean-fed politicians,"—an evident allusion to the windy and odorous nature of the food aforesaid. Alas for the fatulent politicians!—Philadelphia Medical Times.

Dr. S. Weir Mitchell, of Philadelphia, was the recipient of a complimentary dinner on his return from Europe, recently, given by some of his professional brethren.

The consulting practitioners of London congregate together chiefly in a few streets and squares most centrally situated: this is chiefly a matter of convenience, and to some extent perhaps of fashion. Brook street, Harley street, Grosvenor street, and Queen Anne street, and the neighbouring squares, are the great centres of medical residence for the leading metropolitan practitioners.

At a late meeting of the Preston sanitary authority a memorial was read from the inhabitants of Ashton-on-Ribble, complaining that a certain stable in the public road was used for the purpose of slaughtering all descriptions of diseased and unsound animals. The following passage in the petition of the memorialists is painfully suggestive of sausages:—"We further understand that not only is the killing of diseased animals carried on at this place, but there are also a number of Germans engaged in the manufacture of some kind of food from this unwholesome flesh."

SIR HENRY THOMPSON.

The Highland holiday of our London physicians and surgeons has been interrupted by an incident productive of some rather curious illustrations of professional practice and feeling. A very well-known and wealthy man, who has many friends and personal acquaintances among consulting practitioners in London, was seized with a very severe illness at his hunting-lodge. His friend Sir Henry Thompson was near at hand, and was summoned. He came over at once, and, finding his friend dangerously ill, was fain to stay with him in his hour of need, and began a close attendance, which lasted for nine days and nights. He was offered, on resigning the case to Sir William Jenner, who was summoned by telegraph, a check for a thousand guineas, but steadfastly refused to take any fee whatever, alleging that he had attended solely as a friend and would not otherwise have undertaken a case of the kind. This is the second time during a few months that the same surgeon has returned a check for a thousand guineas from motives of delicacy. I have mentioned in a previous letter that, knowing that the family of the ex-Emperor Napoleon were not in possession of large means, he returned a fee of a thousand guineas in that case. It is not often that the same surgeon receives fees so large as to afford the opportunity of dealing with them in a manner so splendidly liberal and delicate, and perhaps it is as rare that he should insist upon doing so. But Sir Henry Thompson is in receipt of an exceptionally large income from the successful practice of his profession, and he is a man of great decision, clearness and liberality of mind. He is a man who has reason to be satisfied with his career, and of whom we in England have reason to be proud. Commencing the study of surgery rather late in life, and not graduating, I believe, till the age of thirty, he has by the sheer force of intellect and work won his way to the highest eminence and success in practice, to a fine fortune, a splendid social position, and a world-wide reputation. He is still a young man, and his career has been as rapid as it has been brilliant. Nor has it involved any great sacrifice of other pleasures and pursuits. He is an artist of high attainments,—perhaps the best amateur in oil-painting in England: his pictures are not only well hung at the most difficult and eminent of our exhibitions,—the Royal Academy,—but command a fair market price against those of professional artists, when he is disposed to part with any of them. He is an excellent writer, and a man of thoughtful habit on other than medical subjects: his paper in the Contemporary Review on the Efficacy of Prayer, addressed to Professor Tyndall, opened up the controversy of which the echoes reached your continent; and he has all the other accomplishments, as a sportsman, etc., which suit the character of an English gentleman. This brief outline of the elements of a singularly successful character and career is only noteworthy as affording encouragement to others and furnishing the materials for contemporary history.—[London letter in Philadelphia Medical Times.

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

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

Original articles on medical subjects will appear in its pages. The growth of medical literature in Canada of late years encourages the hope that this department will be copiously supplied. Notices of cases have been kindly promised, and an invitation to contribute is hereby extended to others who may have papers for publication. If the profession would encourage the establishment of a worthily 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 NEWS.

John Edward, M.D., of the village of Parry Sound, has been appointed an Associate Coroner within and for the District of Parry Sound.

Of the medical men sent by the Austrian government into Hungary to attend upon cholera patients, three have already fallen victims to the disease.

The inhabitants of Wolverhampton have called for a government inquiry into the recent outbreak of enteric fever in the town, which has already caused fourteen deaths.

The London Globe announces that a memorial window to Dr. Jenner will shortly be placed in the parish church at Berkeley, his native place. Groups illustrating the miracles recorded in the New Testament will be placed on the window.

Prof. Sharpey lately swallowed by mistake a draught composed of a solution of atropia, thinking it was quinine. Dr. Sidney Ringer attended him during the continuance of the alarming and dangerous poisonous effects from which he finally recovered.

On the 6th of November there will be a meeting of medical men in Vienna to consider the various questions of military hygiene, especially in its connection with voluntary help to the sick and wounded in time of war. Eminent foreign surgeons have been invited to attend.

Professor Rokitansky, the eminent pathologist, will soon be seventy years old, and, according to the standing rules, would have shortly to vacate his chair. It is understood, however, that an exception will be made in his favour, as the school of medicine of Vienna would sustain too heavy a loss by Rokitansky's retirement.

The Queen has been pleased to grant unto William Phillimore Stiff, of Snenon, in the county of Nottingham, and of Uley, in the county of Gloucester, Bachelor of Medicine of the University of London, her royal licence and authority that he and his issue may take and henceforth use the surname of Phillimore in lieu of that of Stiff.

Cholera in Paris is still on the decrease. The military hospitals have furnished only 2 deaths, showing the kind of immunity which the army still enjoys, or at least its excellent sanitary condition. From the beginning of the epidemic to Sept 29th, 257 patients have been treated in the hospitals, with 148 deaths and 45 dismissals.

An anonymous donor has placed a large sum in the hands of the committee of the Birmingham and Midland Institute, for the foundation of a Lectureship on the Laws of Health, and also for a prize fund in connection with the class. Dr. Corfield has been offered the post for this year, has accepted it, and will deliver an inaugural lecture in the Town Hall, Birmingham, on Tuesday, Oct. 9th, on "Sanitary Progress." The course is intended more especially for the working classes, and both men and women will be admitted.

The cholera epidemic is raging, with some severity, in Frankfort-on-the-Oder, Koenigsberg, Dantz, Thorn, Ratibon, and Breslau. In the latter city the mortality has been considerable. In the cholera wards of the Dresden Hospital they burn the soiled body-linen, pail-lashes and sheets. When not soiled, these articles are first disinfected, then boiled with absolute alcohol and carbolic acid, and lastly washed by machinery. The alvine dejections and vomited matters are received in saw-dust mixed with powdered charcoal, on which petroleum is then poured, and finally burned.

Nelaton was buried on Tuesday, September 23rd. A large crowd of medical and other friends met at the door of his residence, and accompanied his body first to the Eglise St. Pierre de Chailot, and thence to the Pere la Chaise. Deputations from all the scientific bodies to which he had belonged were present on the occasion, and dressed in official attire: thus the Academy of Medicine, the Academy of Sciences, etc. As he had been a Grand Cross of the Legion of Honour, there was a regiment of soldiers to do him the last honours. A long list of eminent personages were present belonging to the army, the government, the profession, and the public at large. By the express desire of the deceased no speeches were made over his grave.

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

TWENTIETH SESSION, 1873-74.

The School of Medicine at Kingston being incorporated with independent powers and privileges under the designation of "The Royal College of Physicians and Surgeons, Kingston," will commence its Twentieth Session in the College Building, Princess street, on the first Wednesday in October, 1873.

TEACHING STAFF.

JOHN R. DICKSON, M.D., M.R.C.P.L., M.R.C.S.E., and F.R.C.S., Edin.; PRESIDENT, Professor of Clinical Surgery.

FIFE FOWLER, M.D., L.R.C.S., Edin., REGISTRAR, Professor of Materia Medica.

HORATIO YATES, M.D., Professor of the Principles and Practice of Medicine, and Lecturer on Clinical Medicine.

MICHAEL LAVELL, M.D., Professor of Obstetrics and Diseases of Women and Children.

MICHAEL SULLIVAN, M.D., Professor of Surgery and Surgical Anatomy.

OCTAVIUS YATES, M.D., Professor of the Institutes of Medicine and Sanitary Science.

JAMES NEISH, M.D., Professor of Descriptive and Regional Anatomy.

THOMAS R. DUPUIS, M.D., Professor of Botany.

NATHAN F. DUPUIS, M.A., F.R.S., Edin., (Professor of Chemistry and Natural History, Queen's University), Professor of Chemistry and Practical Chemistry.

ALFRED S. OLIVER, M.D., Professor of Medical Jurisprudence.

HERBERT J. SAUNDERS, M.D., M.R.C.S.E., Demonstrator of Anatomy.

The College is affiliated to Queen's University, wherein the degree of M.D. may be obtained by its students.

Certificates of attendance at this College are recognized by the Royal Colleges of Surgeons of London and Edinburgh; and either the degree of M.D. or the License of the College entitles the holder thereof to all the privileges in Great Britain that are conferred upon the graduates and students of any other Colonial College.

The new premises of the College are commodious and convenient. Unequalled facilities are presented for the study of Practical Anatomy, and great advantages for Clinical instruction are afforded at the General Hospital and Hotel Dieu.

Full information as to subjects of study, fees, &c., may be obtained on application to
Dr FOWLER, Registrar, Kingston.

H. SKINNER, M.D.

WHOLESALE DRUGGIST,
Princess Street, KINGSTON.

PHYSICIANS' ORDERS for Drugs and Instruments solicited. Only Pure and Official Medicines sent out; and prices guaranteed satisfactory.

CHLORODYNE.—Dr J. COLLIS BROWNE'S CHLORODYNE. The original and only genuine. IMPORTANT CAUTION. The published statement that Chlorodyne, having obtained such universal celebrity, can now scarcely be considered a specialty, is calculated to mislead the public.

J. T. DAVENPORT therefore begs to state that Chlorodyne has baffled all attempts at analysis, the published formulae differing widely; hence the statement that the composition of Chlorodyne is known is contrary to fact.

The universal celebrity of Chlorodyne is the greater reason that the public should be supplied with the genuine, not a justification for the sale of a spurious compound.

The word "Chlorodyne" is a fanciful name applied by Dr J. Collis Browne to his discovery, and the formula confided to J. Davenport only.

The following is an extract from the decision of the Vice Chancellor in the late Chlorodyne Chancery suit, Browne and Davenport v. Freeman—Vice Chancellor Sir W. P. Wood stated that Dr J. Collis Browne was undoubtedly the inventor of Chlorodyne, that the statements of the defendant Freeman were deliberately untrue, and he regretted to say they had been sworn to. Eminent Hospital Physicians of London stated that Dr Collis Browne was the discoverer of Chlorodyne, that they prescribe it largely, and mean no other than Dr Browne's.—See the Times, July 13, 1864.

Sole Manufacturer, J. T. Davenport, 33, Great Russell street, Bloomsbury square, London.

NOTES ON ASTHMA; its Forms and Treatment. BY JOHN C. THOROWGOOD, M.D., Lond., Physician to the Hospital for Diseases of the Chest, Victoria Park. Second Edition, revised and enlarged, crown 8vo price 4s 6d. Sent by book post by Henry Kimpton, 82 High Holborn, London.

LIEBIG COMPANY'S EXTRACT OF MEAT. Amsterdamsche Exhibition, 1869, the Grand Diploma of Honour, being the first prize and superior to the gold medal. Paris Exhibition, 1867, Two Gold Medals; Havro Exposition, 1863, the Gold Medal. Only sort warranted correct and genuine by Baron Liebig, the inventor. "A success and a boon." Medical Press and Circular. One pint of delicious beef tea for 6 cents, which costs 25 cents if made from fresh meat. Cheap and finest flavoured stock for soups, &c.

CAUTION. Require Baron LIEBIG'S signature upon every jar. Sold by all Druggists and all Wholesale Houses, and of LIEBIG'S EXTRACT OF MEAT COMPANY (Limited), 43 Mark Lane, E.C., London.

NOTICE. Various chemical analyses have been published, purporting to show a fraction more of moisture to exist in the Company's Extract than in some imitation sorts. It is extremely easy to evaporate the water almost to any extent, but it is quite as certain that the fine meaty flavour which distinguishes the Company's Extract from all others would be destroyed if the concentration of the Extract were carried beyond a certain degree. Beef tea made from Liebig's Company's Extract with boiling hot water, will be found to be greatly superior in flavour, strength, and clearness to any other sort. This explains the universal preference it obtains in the market. This Extract is supplied to the British, French, Prussian, Russian, and other Governments.

CHLORALUM.

Liquid and Powder.

The odourless and non-poisonous Disinfectant and Antiseptic. For the prevention of disease, disinfecting sick rooms, and removing foul odours; invaluable when used in badly smelling closets, urinals, &c. Also in powder, which will be found invaluable as a substitute for other disinfecting powders which give off strong odours. Sold by all Chemists. The Chloralum Company, 1 and 2, Great Winchester street Buildings, London, E.C.

PHARMACEUTICAL PRODUCTS, prepared by Messrs GRIMAULT and Co., Operative Chemists, 8, Rue Vivienne, Paris, and for sale by F. Newberry & Sons, 37, Newgate street, London, and by all Druggists and Wholesale Houses in the United States.

These products are prepared with the greatest care, under the direct supervision of Dr LECONTE, Professor of the Faculty of Medicine, Pharmacist of the first class to the Hospitals of Paris, and ex-Preparator of the Course of Physiology of CLAUDE BERNARD at the College of France, etc.

GRIMAULT'S BRAZILIANA, a vegetable product obtained from Brazil, infallible in cases of Hemicrania, Headache, and Neuralgia. To these properties it joins that of arresting diarrhoea and dysentery, however severe. Physicians are requested to ask for Guarana bearing the seal of Grimault & Co., so as to avoid prescribing crude Guarana, just as imported from Brazil, this latter kind being frequently substituted for Grimault's. Dose: one packet in a little sugared water, and another packet half an hour afterwards.

GRIMAULT'S INDIAN CIGARETTES, prepared from Resin of Cannabis Indica. Asthma and all complaints of the respiratory organs are promptly cured or relieved by their smoke. The efficacy of this plant has been proved by extensive use in England and Germany, to the entire rejection of the cigarettes of belladonna, of stramonium, and of arsenious acid, and other plants hitherto employed.

MANUAL OF PRACTICAL THERAPEUTICS. By EDWARD JOHN WARING, M.D., F.R.C.P. Third Edition, fcap. 8vo, 12s 6d. May be ordered by post of Henry Kimpton, Medical Bookseller, 82 High Holborn, London.

SQUIRE'S COMPANION to the British PHARMACOPEIA. Now ready, price 10s 6d, the Eighth Edition of Squire's Companion to the Pharmacopoeia. Contains the new medicines, Chloral, Chloroxide of Iron, Subcutaneous Injections and all practical information up to the present time. J. & A. Churchill, New Burlington street, London.

INFANCY AND CHILDHOOD. A Practical Treatise on the Diseases of Infancy and Childhood. By THOMAS HAWKES TANNER, M.D. Demy 8vo cloth, price 14s. The Second Edition, revised and enlarged by ALFRED MEADOWS, M.D. Lond., M.R.C.P., Physician to the Hospital for Women, and Physician-Accoucher to St. Mary's Hospital. "The book will be an admirable work of frequent reference to the busy practitioner."—Lancet. Henry Remshaw, 356, Strand. May be ordered through any Colonial Booksellers.