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SURGERY.

NEURONIMESIS.

LECTURE ON THE NERVOUS MIMICRY OF JOINT DISEASES.

By SIR JAMES PAGET.

(CONTINUED.)

Gentlemen,—If it seem strange to you that I should devote two lectures to the subject of the mimicry of diseases of joints—a subject which is usually dismissed with a few lines,—let me say that I estimate its importance by what I know to be its difficulty. I rarely pass a day without having to be very careful in the diagnosis of cases of this kind; rarely a week without seeing one very doubtful case, in which a diagnosis cannot be made without a complete consideration of all the symptoms discussed in the last lecture and of others to be spoken of in this. For difficulties such as these, two lectures may be tedious, but they are not superfluous.

Let us, then, go on with the symptoms of diseases of joints, and see how the mimic may be distinguished from the real. And the next shall be the wastings of limbs near the affected joints. This wasting occurs quickly in nearly all acute inflammations of joints; more slowly in the chronic inflammations. In the chronic it may be from disuse alone; in the acute it is not so; for it is much more rapid and extensive than in any cases of mere disuse. Compare, for instance, cases of fracture of the thigh with those of acute disease of the hip, and you will easily see how much greater is the wasting with acute disease than with disuse alone. Rapid wasting may be seen in the lower limb, especially in the thigh and the nates, in all acute hip-joint diseases; more slow wasting in the painless scrofulous diseases; less in the chronic rheumatic. Wasting in the lower part of the anterior and lateral muscles of the thigh is quickly evident in acute knee-joint disease; only less quickly in the chronic. In similar affections of the shoulder you may see it in the flatness of the deltoid and of the muscular coverings of the scapula; and I think that the same wasting occurs, in greater or less degree, in all muscles near joints that are inflamed; and the more quickly, the more acute the inflammation. It is, I repeat, not a mere wasting from disuse: it is far more rapid than that; more like what has been called acute atrophy of muscles, such as may be seen in the swiftest cases of infantile paralysis.

This process of wasting is one of singular interest in pathology. I wish I could explain it better than by calling it reflex atrophy. It seems dependent on disordered nervous influence, and often appears proportionate to the coincident pain, as if it were due to the disturbance of some nutritive nervous centre, irritated by the painful state of sensitive nerve-fibres.

But, however the wasting may be explained,

it is, unhappily for our present needs, not certainly diagnostic of real joint disease. You may find it nearly as marked, though not so quickly progressive, in some nervous affections as it is in acute inflammatory joint disease. I say you may, not you will; and I cannot tell you in what nerve cases it will be found, in what absent. I believe it is in inflammations of nerves or in inflammations involving spinal ganglia, but I cannot tell. However, as to diagnosis, you may find inflammation of the hip-joint imitated, so far as pain and wasting are concerned, by some painful affections of the sciatic nerve; inflammation of the shoulder-joint by painful affections of parts of the brachial plexus; and, more frequently, the wasting at the lower part of the thigh, which is common with acute inflammation of the knee-joint, is closely imitated in the cases of certain knee-joints which are painful but not inflamed. In the cases of this kind that I have seen there were no signs of inflammation besides the pain: no heat, no adequate swelling—if, indeed, there were any at all; the patients were nervous or hysterical, and at the end the joint was unchanged in shape and structure.

You may hold, then, that, generally, the wasting of the muscles about a suspected joint adds to the suspicion that it is or has been inflamed; but you must hold this cautiously. You must expect to meet with cases, however rarely, in which similar wasting attends pain at a joint without inflammation. But, all the more because of these cases, you may hold that if a joint has long been very painful, and yet there is no wasting of the muscles near it, it is not inflamed.

Let me tell you, by the way, that wasting at the knee is commonly produced and is always aggravated by the wearing of elastic knee-caps or tight bandages. I have often been surprised to see how quickly and to what extent these pressures will produce wasting of muscles and weakness, aggravating all the trouble consequent on injuries and disease of joints. They will in this way do such damage that, except for comfort during active exercise, or for the purpose of reducing chronic thickenings and collections of synovial fluid in joints, I believe they ought never to be used.

Wasting, then, can be only cautiously judged as among signs of real joint-disease; it is too common in mimicry to be a safe sign of reality. And so is another sign: impaired utility, or awkward use, such as we have to observe most often in limping or other manner of lameness.

The use to be made of this sign in diagnosis is as of pain. It may be absurdly exaggerated, caricatured; and by mere excess may prove itself unmeaning, as when a patient in good general health, and with a cool or cold well-shaped foot, has maintained for many weeks that it is impossible to bear weight on the foot; or when one, in whose knee you can neither feel nor see any

wrong, goes limping as if with an utterly ruined joint. Here, as in so many cases, inconsistency proves unreality.

The difficulty of diagnosis is far greater when there is only slight limping or other impaired use of a joint. Here you had better be very watchful and cautious, and err, if at all, on the side of believing in real disease; for the cases are frequent, especially in children, and in serious diseases of the hip, in which the first, and for a long time the only, sign of real disease is some limping or other erroneous use of a joint.

As you watch the cases in which limping or some manner of lameness is the chief or only apparent sign of disease of a joint, you will find that some depend on, or are ascribed to, mere muscular weakness of the limb, some on a partial slight chorea. The former are often associated with what Sir F. Brodie pointed out as sometimes occurring in hysterical persons—a peculiar laxity or limpness of joints. These are not difficult of diagnosis; if a really diseased joint is loose the disease is very plain. The choreal cases are more likely to deceive. In some there is a sort of string-halt—a quick jerk-up of the heel at every step, faintly suggesting some affection of the knee-joint. Much more puzzling are the cases of slight chorea of the whole lower limb in which, as a patient walks, he limps, and jerks and throws out his leg, somewhat after the manner of one with early disease of the hip. The likeness is, indeed, not very marked; yet in two cases that I have seen it caused great fear: in one, because of the patient; in the other, because the limping followed a blow, and a brother of the patient was crippled with serious scrofulous disease of the hip. In this case, too, the ordinary posture assumed in standing was—by imitation, I believe—like that of diseased hip, with the half-pelvis raised and the foot pointed. The diagnosis of such cases may rest on these facts. If the usual signs of diseased hip-joint are absent or very little marked; if the limping movements are not careful but quick and jerking; if the passive movements of the joint are complete and free; if when the patient stoops, so as to touch the feet with the hands, the figure becomes symmetrical,—there is no real disease. And this will often be certified by choreal movements, such as twitchings of the face or eyelids, told of or still present.

I have thus gone through the chief reputed and usual signs of inflammatory diseases of the joints which may be imitated by nervous affections closely enough to make a diagnosis difficult. But other signs remain which are much more rarely imitated, and never closely, except in some cases of complication of nervous affections with fever or other accidentally concurring diseases. These are swelling and local heat and fever.

Now, as to the swelling of the whole or part of a joint, its absence may be nearly enough to

prove that a joint in which there are intense pain or other signs of acute disease, or which has been long painful, or in any way seemed long diseased, is only nervous. Inflammation of a joint, either very acute or of long standing, can hardly be found without visible or tangible exudation in the joint-cavity or in the textures bounding it. And there are many cases in which you cannot apply this rule for diagnosis. A joint shrunken after long disease may relapse into inflammation without renewed swelling, till perhaps a residual abscess appears. A hip-joint may be acutely inflamed without any discernible swelling; so, less often, may be a shoulder, the exudation being too little to be felt. And, making more difficulty, swelling is sometimes evident in a merely nervous joint; not indeed considerable swelling, but enough to make a mimicry of real disease much more close. You may often see this in the loose tissue by the sides of the ligamentum patellæ. The swelling sometimes appears due to such slight exudation as may ensue in any neuralgic part; like the puffiness that may come on in facial neuralgia, or the swelling and congestion of the conjunctiva in some cases of orbital neuralgia. Such swelling is commonly transient and capricious, and the fallacy may be detected by observing that, at its greatest degree, it is not, even after long time or many repetitions, nearly proportionate to the pain or duration of the disease. For a joint which is intensely painful, with acute inflammation, or with ulceration of cartilages, should be, if not at first, yet soon after, considerably and always swollen.

In other cases, swelling of a nervous joint may be due to accidental conditions. For instance, repeated blisterings or repeated paintings with iodine will give, for a time, such thickening and puffing of the subcutaneous tissue about a joint as may be very deceptive when added to the other signs imitating inflammation of the joint. So, again, I have seen such a condition in a very marked degree produced by the long-continued use of ice about a painful joint.

On the whole, then, the absence of swelling makes it very unlikely that a joint is really diseased; so does the presence of only a trivial swelling when the nervous and muscular signs of disease are acute or of long standing; and when swelling exists it must not be counted as adding to the probability of real disease, unless it persists and is independent of such accidents as I have already named. And remember that a sensation of swelling is not unfrequently complained of when no swelling whatever exists. It is just one of the erroneous sensations to which nervous persons are prone, as they are to sensations of unnatural fullness and of weight for which there is no substantial reason. Such a mere complaint of swelling will not deceive you if you compare the suspected joint with its fellow.

But, after all, the sign most to be relied on for diagnosis between real and nervous disease of joints is the temperature. It is so important to estimate it accurately that I cannot too strongly urge you to be always studying it. You should feel with a broad surface of your hand every joint very watchfully, comparing each that is supposed

to be diseased with its fellow supposed or known to be healthy, till you learn, as you certainly may, to detect even a small difference of temperature in even a small part of a joint.

(To be Continued.)

TREATMENT OF SPERMATORRHOEA.

The Lottsonian Lectures for 1873 were delivered by Mr. Henry Lea. The subject, urethral discharges, is one on which there is no higher authority than the distinguished surgeon of Saint George's Hospital. We have no room for but a few extracts.

"Now, if the true pathology of by far the greater majority of the cases which have been considered and treated as cases of spermatorrhœa consists, as I believe, simply of a relaxation of the muscular fibers of the ducts entering the prostatic portion of the urethra, then the disease becomes (however it originated) in a great measure a local one, and may be benefited by local treatment. With regard to local applications I would say, however, as a rule, that I believe caustic to be unnecessary. The object in view is to give some degree of tone to the parts; and this is quite enough as well done by the application of some astringent fluid as by destroying a portion of the mucous membrane. In these cases I have been in the habit of applying a solution of perchloride of iron to the prostatic portion of the urethra through a catheter of peculiar construction. The solution is generally made of the strength of from two to four drachms of the liquor ferri perchloridi to eight ounces of distilled water. A catheter with openings at the end, and a piston in its straight (not curved) part, is charged with some of this fluid, and introduced so that the orifices in the instrument may rest in the prostate gland and the piston is then thrust forward so as to expel the contents of the catheter. The piston acts much better when placed in the straight part of the catheter, and the inconvenience of the bend is avoided. This mode of treatment is equally applicable to the cases which I have been describing, in which the discharge consists of the secretion of the glands in the neighborhood of the prostate, and to those cases to which there is, though rarely, an involuntary discharge of semen. I have now treated a very considerable number of patients in this way, and often with marked and permanent benefit."

ESMARCH'S BLOODLESS METHOD OF OPERATING.

This method was practised by Professor Humphrey in three cases of amputation lately, in Addenbroeke's Hospital, Cambridge, with perfect success as regards the bloodlessness of the operations. A stout india-rubber band was wound tightly from the extremity of the limb to the line of the incision, and a strong india-rubber belt was placed above it, the former being then removed. The surface of the incision was as dry as in the dead subject, or drier, and continued so until the belt was relaxed.

The first case was that of a lad thrown from a cart, with a heavy weight falling upon his thigh, which caused compound fracture and divided the

artery, vein, and nerve. Less than a drachm of blood was lost during the operation and the securing of the vessels. The lad was not conscious at the time and scarcely became so afterwards; still for a few days it was hoped he would do well. Then he became restless, moaning and crying, with high temperature (103° to 105°), subsequently unconscious, and died a week after the operation. The stump united only in part, but was not unhealthy. Numerous small suppurating spots were found scattered through the brain, especially in the cerebral part; no preternatural vascularity or other change. In the lungs were patches in various stages of pneumonia, some solid and infiltrated with white lymph, others suppurating.

The second case was the amputation of an unhealed stump in the leg. About half an ounce of blood was lost during the securing of the vessels after the belt, which was placed below the knee, had been relaxed. The case is doing well.

The third was a severe railway smash of the left leg and lower part of the thigh and of the right foot, several carriages having passed over the limbs. Amputation was performed in the middle of the left thigh, and Pirogoff's operation in the right foot. Very little blood was lost. The patient died on the third day, the left stump showing signs of sloughing, with crepitation from infiltrated gas up to the abdomen.

Professor Humphrey does not attribute the result in either of the two fatal cases to the method employed to prevent loss of blood. Both were highly unfavourable cases, in consequence of the nature of the accidents. He is not, however, without the feeling that air or noxious fluids might in some cases be pressed into the blood-current in wounds or sores during the application of the elastic band, and that it may, therefore, sometimes be well to rely upon the belt placed above the line of the incision without resorting to the use of the band upon the lower part of the limb.—[Lancet.

THERAPEUTICS.

BELLADONNA PLASTER IN OBSTINATE VOMITING.

Dr. Guéneau de Mussy recommends in obstinate vomiting, dyachylon plaster and theriac plaster, of each two parts, and extract of belladonna one part, the plaster being twelve centimetres in diameter. It may remain applied to the epigastrium for twelve or fifteen days without being renewed; and out of the thousands which he has employed the author has only met with one case in which an idiosyncrasy caused some ill effects to result. It is not meant to be asserted that this means it always succeeds, but it has succeeded in a very great number of cases, either in entirely relieving vomiting or greatly mitigating it, some remarkable examples of which are alluded to in the paper. This success has encouraged Dr. Guéneau de Mussy to try the effect of the plaster as a prophylactic and curative in sea-sickness, and although as yet he has only tried it in four cases he entertains great hopes of the benefit to be derived, and at all events thinks that so simple a remedy deserves further trial in so ex-

treinely painful an affection which has hitherto resisted all measures of relief. The first of these four cases occurred in the person of a married young lady, who could never place foot on a vessel without being tortured by sea-sickness, and who always landed in a state of exhaustion and semi-syncope. Having to make a voyage to Australia, she was advised to try the belladonna plaster, and after having some vomiting on the first day, she, when at last heard of, had traversed the Red Sea without sickness and in good health. A Brazilian physician, who had made several visits to Europe, and every time had been tormented by repeated and obstinate vomiting, and suffered greatly from this, eagerly adopted the plaster, and although in his last voyage the passage was a very bad one, he only felt slight nausea. A great personage of the same country was also a constant victim of sea-sickness, but on the last occasion he made the passage without any attack, and was able to walk the deck, which he had never done on any of the other passages. On board the same vessel was a lady in whom sea-sickness had produced, if not alarming, yet very distressing symptoms. One of the plasters was applied, and in the course of a few hours the vomiting, which had been incessant, completely ceased, so that the patient was enabled to join the other passengers on deck.—*Med. and Surg. Reporter.*

OXIDE OF ZINC IN THE TREATMENT OF DIARRHŒA.

Mr. William Berry, House Surgeon to the Lancaster Infirmary (*Practitioner*, Nov. 1873) having found oxide of zinc recommended by Dr. Brackenridge of Edinburgh, and Dr. Mackey of Birmingham, in the treatment of infantile diarrhœa, as may be seen in the *Medical Times and Gazette*, Feb. 15, and the *British Medical Journal*, July 12, resolved to give it a fair trial, not only in children, but also in the autumnal diarrhœa of adults. So far he has every reason to be satisfied with it as a remedy for diarrhœa in children, specially in those in which the cause appears to be some irritation of the nerve-centres presiding over the alimentary canal. In adults he has found it useful in cases of lienteric diarrhœa, but not so beneficial as the aromatic chalk powder of the Pharmacopœia, in ordinary cases.

He thinks with Dr. Brackenridge that in the majority of cases of diarrhœa in children—though not in all—the nervous system plays an important part; especially in those children who are teething, and in children of the poorer classes who are ill fed and badly clothed.

Whether we accept the theory of Dr. Brackenridge as to the cause of diarrhœa in children or not, there can be no doubt that the beneficial effects derived from the remedy are due to its tonic and astringent properties. Mr. Berry is inclined for his own part to think that its antispasmodic properties have little to do with its efficacy.

That infantile diarrhœa is in a great measure due to a debilitated state of the nervous system and to a hyperæmic condition of the mucous membrane of the bowels, is proved by the readiness with which it is relieved by oxide of zinc.

In the diarrhœa of teething children, and those whose digestion is at fault, the frequency of the evacuations is at once checked, and the character of the motions is altered.

The remedy produces nausea in some cases unless a little food be administered just before it; but in many cases no nausea is produced, although this point is not attended to.

He gives the notes of a few cases, in which the remedy was used with great benefit.

SULPHUR IN SCABIES.

Is sulphur a remedy for the itch? is a question which, accepting both the popular verdict and the dictum of Mr. Erasmus Wilson, we had long since come to regard as settled. It now appears however, that we were mistaken; for, according to Dr. Charles Roberts, one of the staff of St. George's Hospital, pure sulphur is perfectly inert, and its beneficial action due solely to the accidental presence of sulphurous and possibly sulphuric acids in the sulphur employed. Dr. Roberts says sulphur has little right to the position which it holds in the estimation of some surgeons and dermatologists as a therapeutical remedy. Made into an ointment, it is an effectual cure for scabies, but its smell and appearance almost exclude its employment; and as its virtues are due to the sulphurous acid it contains, and the grease of which it is composed, the old sulphur ointment may be cast aside for more elegant and equally effective preparations.—[*American Practitioner.*]

PRACTICAL MEDICINE.

ON THE CHOICE OF PURGATIVES.

Dr. Page Atkinson, in the *Edinburgh Medical Journal*, Nov. 1873, repeats a good many useful commonplaces on this subject. His views on the choice of purgatives, when necessary, are as follows. The nature of the purgatives must depend of course on the nature of the case; but in amenorrhœa, aloes and myrrh pills are the best; in dropsies, the compound jalap powder is of most service; in sciatica, the compound colocynth pill, or the compound decoction of aloes, may be recommended; in hæmorrhoids, the confection of senna; while in cases of biliousness, a blue pill, followed up by a dose of Epsom salts, appears to give the most ready relief (the blue pill acts on the duodenum, and hurries the bile downwards, while the Epsom salts cause the other part of the bowel to contract, and so evacuate the bile before it has a chance of being reabsorbed into the blood). It often happens that slight biliousness may be got rid of by exercise, a light diet, and a little effervescent saline. Supposing a necessity to exist for the administration of a purgative, it is often a matter of doubt how often the dose should be repeated: the rule I adopt is to repeat it once, and, if after this there be no action, to give a copious warm-water enema. This is a safe practice, and the desired result is almost always obtained at once. I recollect on one occasion being consulted by a fellow practitioner regarding a case where a succession of purgatives had been given without any effect, for a

supposed case of stoppage, and the patient was said to be sinking. I advised my friend to order fomentations to the stomach, and a full dose of laudanum. This he did, and the patient began to recover from that moment, and eventually got perfectly well. From all I can see, I would say the less we make use of purgatives the better. Nature knows her own work; and if we take regular mental and bodily exercise, eat and drink moderately, we shall find this as a rule quite sufficient for keeping us in good sound health, and also for preserving a *mens sana in corpore sano.*

SHORT NOTES.

ADMINISTRATION OF ARSENIC TO PHTHISICAL SUFFERERS.

L'Union Médicale sums up Dr. Jaccoud's experience of the above, as related in the recent publication of his clinical lectures. "Arsenic powerfully ameliorates the nutritive process in chronic pulmonary phthisis. It abates nervous excitement and possesses a marked antifebrile action, which can combat efficaciously the evening intermittent attack. Dr. Jaccoud exclusively prescribes granules of arsenious acid containing one milligramme each of the substance (one sixty-sixth of a grain). They are taken at the beginning of the two principal meals. Dr. Jaccoud begins with two granules daily, and every eight days the dose is increased, until it attains from eight to ten a day, which is the maximum dose. This maximum dose is kept on as long as there is no production of acute symptoms, with pseudo-continued fever."

THE ADMINISTRATION OF PHOSPHORUS.

Mr. Bradley recommends (*British Medical Journal*, Oct. 18, p. 460), the following formula for the exhibition of phosphorus. Dissolve ten grains of phosphorus in two ounces of ether, shaking the bottle from time to time. Of this solution one minim, equal to one-hundredth of a grain, is administered in one ounce of water with half a drachm of glycerine. Mr. Bradley states that the glycerine suspends the phosphorus so perfectly that a transparent tasteless mixture is the result, and that the addition of a little bitter infusion entirely removes any *soupeçon* of lucifer matches that may hover about the medicine.

CASE OF PURULENT INFECTION AFTER EXTRACTION OF A TOOTH.

The case was that of a man of strong constitution, who had recourse to a horse farrier for the extraction of one of the last left molars. The gums were violently contused, and a fragment of the alveo-dental periosteum torn away. A few days after the following symptoms occurred:—Headache, insomnia, fever, horrible fetor of breath, inflammation of the left cheek and gums, with formation of an abscess. Notwithstanding energetic treatment, the patient died two or three days later. The author draws attention to the importance of not wounding the gum in extraction of teeth.—Recorded by Dr. Bouyon in *Courrier Médical.*

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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 Americans take just pride in the growth of their national literature, which, although it has not kept pace with the rapid material development of the country, has yet not lagged behind the culture which now leavens the business activity of our neighbours. In the department of medical literature this development is very striking, and it has been referred to with very proper feelings by the author of a report presented to the American Medical Association. Dr. Yandell, in this paper, gives due place to the periodical literature of the country with appropriate reflections.

To Canadians the growth of American medical literature has been attended by advantages only second in point of estimation to those which have been conferred thereby in the parent country. We have reaped just as the Americans have reaped. American medical authors, giving their attention to the forms and types of disease prevalent on the North American continent, have materially assisted Canadian practitioners in their study of these diseases.

The teaching of medical science in Canada has been founded principally on the teachings of British authorities, but the value of American teaching in its own special sphere of prevalent diseases has also been fully recognized and availed of. In Medicine Dr. Bennett's views have been promulgated, but the experience of Dr. George B. Wood at the Pennsylvania Hospital has been found more adapted to Canadian patients than that of the Clinical Professor in the Royal Infirmary of Edinburgh.

Indeed, it is a matter of common observation and frequent remark among Canadian medical men that while they prefer to derive their theoretical knowledge from Europe they think highly of American practice, and are ready to put it to the test and adopt it.

Accordingly, American works and periodicals in medical literature find a ready access to Canada, and naturally exert here the same influence that they are doing in their own land.

In another respect American publishers have aided the study of medicine in Canada by their cheap reprints of European works. English medical authors are now complaining of the introduction of these reprints into Canada and are

demanding a more protective copyright law in the interest of the British author. But until British copyright is recognised in the United States it will be exceedingly difficult to mend the matter as regards Canada, for the facilities for the introduction of these works are very great and although under the inadequate custom duty the author may be deprived of his proper share of profit, there is still the reflection to indulge that the importation of such cheap reprints has been attended with advantage to science and benefit to our people, who receive all the advantage of the better education, skill, and practice of our practitioners. But American reprints are getting dearer; and possibly there is a time at hand when English publishers will supply editions of their copyright works fully as cheap as the American reprints. In that case it would be the interest as well as the duty of our medical men to prefer the English editions.

SURGERY.

PROF. LISTER ON BLOODLESS OPERATIONS.

In notes of a lecture on the tourniquet by Professor Lister, delivered at the Royal Infirmary, Edinburgh (*Students' Journal*, Nov. 22), he is reported as follows. Soon after the days of Celsus, a fillet or band was used for stopping bleeding by being placed round the limb operated on, then passing a rounded stick into the fillet, and twisting it round. From this *modus operandi* it was called 'turn stick.' This was improved on by a Frenchman named Petit, which form is now used. The fillet is connected by two plates, which can be seen to have a powerful action by means of a screw provided with rollers in which the strap moves. The screw thus gave it an enormous power, and this was a step in the right direction. Still this has serious objections. These are—a pad is put on the main artery of a limb, as on the femoral in the thigh, the plates of the tourniquet are applied to the pad, the strap is buckled, and the screw tightened. The result is, that the limb becomes loaded with venous blood. This is increased by the action of the tourniquet, which, when screwed at a certain rate, comes to act as a bandage does in venesection. When the tourniquet is screwed up slowly, the veins become turgid with blood, which gushes out on the first cut, and thus the patient suffers a serious loss. Some surgeons have given up the use of the tourniquet on this ground, and in France, where it had its origin, it is scarcely ever used, digital pressure on the vessels being employed instead. One variety of tourniquet is so constructed as to press down on the main artery without constricting the limb. The fault of constricting the limb is not a fault of the instrument, but of its applications. The ordinary tourniquet acts on the same principle, if effectual, as the old 'turn stick' in contradistinction to that applied to the main artery. In my method, I discard the application of a pad over the main artery. This much simplifies the action of the instrument. For example, usually in applying the tourniquet at a short distance above the knee, a pad is placed over the artery

between the ham-string muscles. But the pad acts quite as efficiently if applied over the rectus muscle. The only use of the pad in this case is to prevent the skin from being drawn in between the strap and the brass, by which it is severely pinched, and the action of the tourniquet is less efficient. Always use the roller for this purpose. Make the roller vary according to the dimensions of the limb operated on. For the thigh, use a roller of three-quarters of an inch in thickness, half an inch for the wrist; and the reason of suiting this to the regions in which the tourniquet is applied is obvious, for two spaces would be left free on each side if a thick roller was used in a thin part. The limb should be emptied as much as possible of the venous blood, and this is best performed by raising the limb to the utmost—screw as rapidly as possible. (An account of Mr. Lister's can be seen in the second edition of *Holmes' Surgery*, but does not seem to have attracted the attention of the profession.) In this manner bloodless operations can be performed. Esmarch's process has of late received great attention; but I think that my method is as good as Esmarch's, for in the securing of the blood-vessels the tourniquet can be relaxed or tightened, according as you wish it; while in Esmarch's we often read in the journals that the tourniquet has to be applied above the bandage, in order to secure the vessels properly.

THE INDIA-RUBBER LIGATURE IN OPERATIONS.

Quite recently, a new application of an old principle has been introduced into England from Vienna by Sir Henry Thompson—namely, the plan of removing tumours by gradual strangulation. It appears that when Sir Henry was in Vienna a few weeks ago he had many opportunities of seeing the practice of Professor Dittel, who has lately been performing gradual strangulation operations. By this means Professor Dittel has removed tumours of all kinds, the testicles, the mamma, and even amputated the thigh. The details of action may best be given by describing the operation performed by Sir Henry Thompson at University College Hospital on the 21st inst. for the removal of a diseased breast:—

A piece of india-rubber cord about the size of a No. 4 catheter is passed through the eye of a large curved needle set in a handle. Through the same eye a stout piece of whipcord is passed. The breast is then gently drawn from the subjacent tissues, and the needle carrying the india-rubber and the whipcord ligature is made to transfix the base. When the point of the needle has emerged, the india-rubber band is cut in two and the needle withdrawn, leaving the whipcord uncut. Each of the two india-rubber bands is now made to encircle half the mamma, and then tied tightly as in the operation for nevus. The operation, which is quite bloodless, is now complete. The constant pressure of the india-rubber cords causes linear sloughing, and in nine or ten days the breast separates. It may be added that the whipcord is passed through with the india-rubber cord, as the latter sometimes breaks, even after two or three days, as in the present instance. Sometimes only one side of the breast

is tied at the primary operation, the other half being left until the first has been completely cut through. It will be observed that no cutaneous incision in the skin was made; but Sir Henry remarked that, although he wished to perform this particular operation exactly according to the rule of Professor Dittel, he would in future prefer to make a slight groove in the skin in which the india-rubber ligature should lie.

Professor Dittel claims for his operation—which he says, is especially adapted for fistula in ano—a great immunity from pyæmia, inasmuch as by the gradual ulcerative process smaller openings are left for the absorption of septic matter. But although it is perhaps premature to offer a decided opinion on the merits of the operation, it will at once be seen that the advantage thus gained is almost nullified by the presence of a large sloughing mass in contact with the vessels for many days, and in the larger operations even for weeks. Moreover, at least one case of pyæmia has followed this operation. Further, against the plan of dividing only half the breast or half a tumour at a time it may be urged that the chances of secondary hæmorrhage are increased by throwing the full force of the blood-current on to the vessels of the distal surface of the separation.

It may be interesting to our readers to be informed, as to the incident which Professor Dittel asserts led him to think of the applicability of this operation for the removal of tumours. It seems that some months ago he was called to see a young girl who was suffering from severe nervous symptoms, and who was evidently dying. Next day, on making a post-mortem examination, he found that the rubber of a hair-net which had been worn day and night for a month was deeply imbedded in the pericranial tissues, and had in one part cut through the walls of the skull and was pressing on the dura mater, which was in a state of acute inflammation. On inquiry it was ascertained that the girl had a cruel step-mother, who greatly objected to the loose and dishevelled locks of her daughter, and insisted, therefore, on the child wearing a net to keep the hair in place, with what effect our readers already know.

At some future period, when the case is more complete, we shall furnish full particulars of the subsequent progress and the result.—[Lancet.

NIEMEYER'S TREATMENT OF TINEA SYCOSIS.

Tinea Sycosis, or what is popularly called "barber's itch," when met with in its true form is usually very hard to cure. I have thought proper to submit to the profession, through the medium of your journal, the two following cases which occurred in my own practice:

Case I.—G. D., a farmer, aged 26 years, came to me suffering from "barber's itch," contracted about one month previously in a barber-shop. He complained of an itching, burning sensation on the chin. His chin was covered with small pustules, which, on being opened, discharged a thick tenacious matter that dried into crusts. The pustules I found, on close examination, to be the inflamed hair-follicles, and on plucking out

the hairs they presented a frayed appearance at the roots, like the strands of a string, which is unmistakable evidence of a parasitic disease of the hair-follicles.

For treatment I tried, in rotation, white precipitate ointment, weak solution of corrosive sublimate, citrine ointment, sulphite of soda, and, in fact, all the parasitic remedies at hand, but without avail. He came back each time complaining that the disease was growing worse. Looking through Niemeyer's Practice, I found his treatment of sycosis so peculiar that I determined, as a last resort, to try it in this case.

First, I removed all the crust or scab, by softening it with glycerine, next had him shaved as close as possible. I then took my little sharp-pointed bistoury and opened every pustule that I could find. Where the pustules were confluent, I made cross-incisions through the clusters. Like the shaving, this sacrifice was not nearly so painful as might be supposed. I next touched each open pustule and cluster of pustules with a very strong solution of corrosive sublimate made by dissolving one part of the sublimate in two parts of the alcohol. During the night I had the part covered with a rag thickly smeared with white precipitate ointment. I repeated this process every day on the new pustules as they appeared. At the end of a week he was completely cured.

Case II.—J. R., tailor, aged 45, came to me suffering from "sycosis" of six weeks' standing. Symptoms the same as Case I., with the exception of the disease being confined to upper lip. He had consulted other physicians without avail. Not feeling like subjecting him to the rigorous and somewhat painful treatment of Niemeyer, I tried the usual list of parasitic remedies, as stated in Case I., but without the least favourable result: so at last I adopted Niemeyer's treatment, as in the other case. At the termination of one week he was entirely rid of his loathsome disease.

It only remains for me to say that I am perfectly satisfied with this method of Professor Niemeyer's as the surest and quickest that I know, and so I would recommend it for trial by other physicians. The disease destroys the beard so fast that we need a quick means of curing it.—[Phil. Med. Times.

SALT IN SICKNESS.

Dr. Scudder remarks (*Phil. Med. and Surg. Reporter*.)

'I am satisfied that I have seen patients die from deprivation of common salt during a protracted illness. It is a common impression that the food of the sick should not be seasoned; and, whatever sloop may be given, it is almost innocent of this essential of life. In the milk-diet that I recommend in sickness common salt is used freely, the milk being boiled and given hot. And if the patient cannot take the usual quantity in his food, I have it given in his drink. The matter is so important that it cannot be repeated too often, or dwelt upon too long.

'The most marked example of this want of common salt I have ever noticed has been in

surgical disease, especially in open wounds. Without a supply of salt the tongue would become broad, pallid, puffy, with a tenacious pasty coat, the secretions arrested, the circulation feeble, the effusion at the point of injury serous, with an unpleasant watery pus, which at last becomes a mere sanies or ichor. A few days of a free allowance of salt would change all this, and the patient would get along well.'

MEDICAL NEWS.

Systematic clinical teaching was first carried on at Edinburgh. According to Professor Sharpey, a chair of Clinical Medicine was instituted there as early as 1748, while, according to Dr. George Harley, the great Callem gave prolelections at the bedside in 1780.

It has been alleged that the accommodation on board some of the African steamers is unfit for sick and wounded men, and that on one of the lines of steamers the doctors had also to act as pursera.

There exist two classes of medical men in France: one the doctors, or M.D.'s, who have gone through the regular curriculum of studies and examinations; the other, the "officiars de sante," or officers of health, who submit to a limited number of less severe examinations, and are entitled to practise, on certain conditions, only in the department of the provinces for which they have been received. An officer of health who wanted to remove from that special department to some other, was obliged to go up for three further examinations at the preparatory school on which the selected department depended. A recent decree has altered this state of things, which was the more unsatisfactory and vexatious as the three additional examinations were not more stringent than the former, and only constituted a troublesome formality. According to the new measure, only one examination, the last one, will have to be gone through.

An anecdote is given in *Figaro*, stated by one of the journals as being frequently related by the late Dr. Nelaton, and which, though it is scarcely credible, is amusing enough. "I had a client," says Nelaton, "who used to pay me good fees without it costing him a sou. He used to come into my sitting-room very early, so as to be the first arrival. Shortly after there would come in some 'naif,' patient, a foreigner, or a provincial. The shaded light of the room, the emotion of the visitor, the grave and easy air of the man, all contributed [to cause him to be mistaken for me. He was bowed to respectfully; the case was related with full particulars, when, after a dignified pause, my rogue would exclaim, 'This is a case of no importance; all the symptoms will go away of themselves.' The deluded patient received these consoling words with beatitude, and, leaving a napoleon on the chimney-piece, walked off a happier man. Now the cunning fox was too honest a man to take the napoleon, but, after consulting me for himself, would place it deliberately in a little bronze cup I had on the chimney, and disappeared highly contented with himself." So runs the anecdote.

The *Scalpel*, of Brussels, contains an article by Dr. Boniver of Monsaillon, accompanied by a record of cases, in which he relates his experience of the use of phosphorus in cataract. Dr. Boniver states that he has often had occasion to prescribe the substance, and has frequently been obliged to abandon its use before it had produced any effect, the patients being unable to bear long the introduction of phosphorated oil into the eyes, which produced conjunctivitis, but this condition did not always occur, and when it did not, Dr. Boniver asserts, the use of the phosphorated oil was truly efficacious.

AMERICAN MEDICAL LITERATURE.

The following report on the Medical Literature of the United States was made to the American Medical Association, at its last meeting, by Dr. L. P. Yandell, chairman of the committee:

"The growth of the medical literature of the United States in the twenty-five years since this Association was organized must be gratifying to the pride of every American physician. Going back only a quarter of a century beyond the date referred to, we reach a period in the history of our country when it was nearly destitute of original works on medicine, and we were almost entirely dependent as a profession upon European surgeons and physicians for instruction. At the present time it is not arrogant to say that in this respect we are independent of the world. If an embargo were laid to-day upon all foreign medical works, our own authors would supply all the text-books required by our students, and furnish guides to the practitioner in all the departments of medicine. Nor should we be charged with vain-gloriousness, we believe, if we went further and affirmed that for clearness and fullness of information on all practical points—as exponents of the existing art and science of medicine—they would compare favourably with the best writings of our brethren abroad on the same subjects.

"If then it was practicable when the Association was instituted to report, as the Committee on Medical Literature was required to do, 'on all the periodical medical publications of the country, and the more important articles therein presented to the profession, and on all the original medical publications and medical compilations and compends by American writers;' and, in addition to this, to notice 'all the reprints of foreign medical works,' assuredly it is practicable no longer. The rivulet which constituted our literature at the beginning of the century 'has swollen into a torrent—augmented into a river—expanded into a sea.' A committee might indeed compress it in a report if adequate leisure could be commanded for its preparation; but then the Association would have neither the time nor the patience to listen to such a paper, nor room for it in a single volume of its Transactions.

"Nevertheless, while shrinking from the task originally imposed upon the Committee on Medical Literature, there are functions which it may still perform, we think, with advantage to the profession. It can not be otherwise than profitable to take a survey now and then of the medical productions in which we so abound; to inquire, in an impartial spirit, into their character, their merits, and their deficiencies, their shortcomings and their claims to ambition; and especially how our growing literature may be still further elevated and enriched. For, pleasant as it is to dwell upon the progress which it has made in our day, no one will deny that there are faults about it which call loudly for correction.

"During many years past journalism has formed the most striking feature in the medical literature of America. The number of medical journals issued in the United States at this time exceeds forty. It has hardly varied at all in the

last twelve months, a few having been discontinued, and a somewhat greater number having come out in their room. Those which have ceased to appear are the journals of the Gynecological Society of Boston and the Psychological Journal of Medicine—two of the ablest on the list. We are glad to announce the revival of the Charleston Journal of Medicine after a suspension of many years. The two new candidates for professional favour are the Sanitarian and the Archives of Scientific and Practical Medicine. The failure of publications possessing the high literary and professional merits of the two journals just mentioned indicates, it would seem, that the profession, much as it is disposed to favour a subdivision of labour in it, is not yet quite ready to sustain works devoted to specialties.

"The fact that we support so large a number of journals devoted to medicine—a number exceeding that of any other country, and equal perhaps to that of France and Great Britain, if not of all Europe united—is certainly significant. These periodicals have subscribers enough to justify their publication and to sustain them all in a state of comparative vigour. This fact implies an equal, nay, a much larger number of readers, and consequently a very wide diffusion of medical facts and news. How widely medical knowledge is in this way diffused it would indeed be impossible to estimate. The discoveries, the new thoughts, the changes in medical doctrine and practice, wherever occurring, are announced in a little while at the door of every physician in our country. And not only so, but many become subscribers and readers of journals, and many are induced to write for them when issued in their neighbourhood and conducted by editors known to them, who would never seek these publications if issued at a distance. There can not be a doubt in any mind that the redundancy of this literature acts thus beneficially upon our profession. It is impossible to doubt that as a result of this excess the body of the profession is far better informed and the number of medical writers very much increased.

"But these advantages, it can not be denied, are enjoyed at the expense of some countervailing evils. In truth it may be affirmed that the superabundance of our journals is the chief cause of the defects of which all complain. The ailment that would render a dozen vigorous divided among four times that number is barely sufficient to keep a majority of them alive. The support every way is manifestly, as to most of them, although inadequate. Not only is the subscription insufficient for any thing beyond a feeble maintenance, but the corps of contributors is too small to give the proper variety and interest to their pages. For writers on medicine at this time, however it may have been in a former age, are not able to spin out of their brains matter acceptable to their readers as spiders spin their webs out of their bowels; but they must have experience, observation, ascertained facts, as a basis of their essays if they would make them readable. But in the pressing necessity of his case the medical editor is often compelled to admit crude, vague, rambling articles, which, if

his supply of matter were abundant, he would not hesitate a moment about rejecting. No choice is left him. The inevitable day is coming round when its number must appear; the printer is waiting, and copy must be forthcoming. Such as the editor's drawer affords he is obliged to give out; and like the actor, whose part in the play was to conduct a snow-storm, if his stock of white paper is exhausted in the midst of it, he has nothing left him but to snow such brown paper as may be at hand.

"Nor is this the whole extent of the trouble with our journalism. The editors in too many instances devote only such odds and ends of time to their publications as they can spare from more profitable engagements. Deriving very little pecuniary emolument from their journals, they are in fact compelled to look to other employment for subsistence. Nearly all their time and thoughts are engrossed by what they regard as higher duties. The consequence is plain: their editorial functions are performed in a hurried, slovenly manner. They have not the leisure to 'edit' their works in any true sense of that term. They can not afford time to correct the papers sent them, and prepare them for the public eye. These, it is safe to say, are for the most part hastily written, very often by young, unpractised writers; and while containing many grains of valuable truth are charged with no small amount of chaff, which demands the winnowing care of the editor; and failing in this they are sent to their account before a critical public 'with all their imperfections on their heads.'

"But there is also much for contributors to do. 'Easy writing,' it has been said, 'makes very hard reading;' no class of readers has ever felt the truth of the remarks more keenly than editors. The weariness of mind, the vexation of spirit with which they have had to address themselves to the irksome toil of getting into shape papers dashed off by their inexperienced authors at a single sitting, is hardly exceeded in all the callings to which men devote themselves. The writers of our journals of medicine should reform this altogether. They should compose their articles with extreme diligence, and resolve never to send one away until they have made it as perfect as they can. 'True ease in writing comes from art, not chance.' Every student of medicine should look forward to becoming a writer, and begin early to cultivate his powers in that way. It will sharpen his observation and give accuracy to his knowledge to write histories of the cases of disease that may be presented to his notice, and to make notes as full as he can of every thing of interest passing before him in his profession. *Nulla dies sine linea* should be his motto. No day should be permitted to elapse without some addition to his note-book. Taking the reports of cases by some good author as his model, and assiduously cultivating the habit of writing out in clear, concise, appropriate language his own daily observations, he will have become a practised writer by the time he is ready to take his degree. He may be a classical scholar or he may not; his acquaintance with other languages will not make him a writer of his own without practice.

And if, though a plain English scholar, he will persist in writing Latin prescriptions, he can not be too strongly urged to compare them with those of our formularies before sending them off to torment the printer. We need hardly add that in their composition he will be expected to limit himself to the use of a single language.—[American Practitioner.

THE CINCHONA ALKALOIDS.

Dr. Joseph Dougall, a surgeon of the Madras army, has published a thesis on this subject, which obtained the gold medal of the Medical Faculty of the University of Edinburgh in 1872, in the Edinburgh Medical Journal for September last. The three most important alkaloids,—cinchona, quinidia, and cinchonidia,—are obtained so largely in the manufacture of quinia from some common cinchona barks that the question of their utility has become one of great practical importance. Dr. Dougall has made a series of comparative trials of these alkaloids, and with very conclusive results, in well-marked cases of malarious fever. He gives a selection of cases of intermittent fever out of the 108 which were treated at Russelkondah with one or other of the alkaloids. Quinidia was given in 39 cases, cinchonidia in 35, and cinchonia in 34. There was very little difference between in the necessary duration of the treatment; but a difference was observed in the doses required. Quinidia is the most powerful, cinchonidia next, and cinchonia the least active: but even cinchonia is energetic, and in an adequate dose a sure remedy. It was discovered that they were most serviceable when administered during the paroxysm only. Among the symptoms induced by the remedy, and an important concomitant of cure, was bilious purging, which occurred in nearly one-half of all the cases treated. When the alkaloids failed to act on the bowels singly, advantage was found in administering along with them a little podophyllin or other cathartic. It was very rarely that the fever was not brought speedily to an end after bilious purging. This connection is explained by the fact that congestion of the liver, with yellowness of the conjunctiva, was commonly present in the cases of fever at Russelkondah.

MEDICAL NEWS.

Mr. Tuffnell has been appointed Vice-President of the Irish College of Surgeons.

Hospital Sunday is now a successful institution in Australia. We are impatient to hear of its being established in the United States and Canada.—Lancet.

Several deaths from small-pox have occurred at Napanea. This fatality has induced the local authorities to take more stringent precautions than were at first adopted.

In Edinburgh, Professor Traquair, of Dublin, has been appointed Keeper of the Natural History Department of the Museum of Science and Art, lately held by Dr. Wyville Thomson.

One result of the working of the Adulteration Act in England is a depreciated value of good green tea. After the recent prosecutions, grocers are diffident about selling green tea; hence the wholesale trade lost heavily.

Mental anxiety and confinement are doing their untoward work on Marshal Bazaine, who now exhibits unmistakable evidence of impaired health. The Marshal

is suffering from nearly continuous headache, with paroxysms of feverishness and cold sweats.

Dr. Ferrier has received a grant from the Royal Society, for the purpose of enabling him to pursue his investigations upon the brains of monkeys, etc. The results of his experiments will in due time be embodied in a paper which he will read before the Society.

The British Minister at Lisbon, Sir C. A. Murray, has gone with the British fleet to Madeira, there to establish a sanatorium for invalids from the Gold Coast. The Portuguese Government has given the necessary sanction. Sir C. A. Murray will establish a similar sanatorium at Gibraltar.

Dr. Speier, of Fulda, has been secured by the Japanese government as Professor of Natural Sciences at Yeddo. A very handsome salary has been guaranteed to him by the Japanese embassy at Berlin. Other appointments are expected to follow in the Departments of Experimental Physics and Medicine.

It is said that in consequence of failing health, the Emperor of Germany has been advised by his physicians to spend a few months at Florence. Kaiser William, however, grim and confident, as loth to leave the badly drained city on the Spree. Though "his age be like a lusty winter," it is not difficult to imagine decrepitude overtaking the stalwart lieutenant who in 1814, marched into Paris with the English troops.

Sir Henry Holland died a wealthier man than most members of the profession. His personality was sworn under 140,000 pounds. From the first, indeed, Sir Henry was comfortably off, and at all times it was his concern to keep his income within limits which should leave him time to cultivate those literary and social talents for which he was as famous as for medical skill.

Tobacco, it is well known, is often serviceable to the soldier on the march and on sentry-duty, and, above all, when provisions become scanty. Besides conserving tissue, it has a soothing and sedating influence—facts which did not escape the keen eye of the First Napoleon in the Russian campaign. Medical authority has prescribed its use in the Aahantee campaign, and accordingly supplies of it are now on the way to be served out to the troops.

The Lyon Medical states that on opening, a short time ago, the will of a Mr. D—, the following clause was found:—"I request that my body be delivered to the Paris Gas Company, for the purpose of being placed into a retort. I always used my mental powers for the enlightenment of the population at large, and I desire that my body be used to enlighten the people after my death." As cremation is not allowed by law in France, the request cannot be carried out.

The Registrar General for Ireland, in his return for the second quarter of the year just issued, states that the births registered during the period were 39,364, while the deaths amounted to 26,128, or in the annual ratio of 19.6 per thousand. The death of a woman at the extraordinary age of 127 was registered in the Lurgan Workhouse. Another lady, at the ripe age of 105 years, having "never troubled a doctor or took his physic; she fed her pigs the day before her death."

The Roman Fanfulla, commenting on the scientific congress lately held in the Eternal City, states that two Neapolitan physicians, submitted a liquid preparation for stopping instantaneously the flow of blood from wounds of every description. A commission of physicians have just performed experiments on it in the anatomical theatre of the Santo Spirito, and have reported on it as one of the happiest of recent discoveries, and as particularly serviceable on the field of battle.

The following precautions have been taken to prevent the spread of small-pox in Montreal. It has been decided to print 8,000 circulars, containing the names and residences of the public vaccinators. In the event of the epidemic greatly increasing, house-to-house visitation will be ordered. A separate physician and a separate dispensary has been provided for the small-pox ward of the General Hospital, to prevent the communication of the disease to the other patients.

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 classes, 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 continually being made in the medical art. Obviously the sooner a medical practitioner hears of an improvement the sooner he can put it in practice, and the sooner will his patients reap the benefit. In this manner, the value of a weekly over a monthly or semi-annual medical journal may sometimes prove inestimable. Medical papers and clinical lectures, in abstract form or in extenso, will regularly appear and constitute a considerable portion of the new journal. In this way it is intended to furnish the cream of medical literature in all departments, so that a subscriber may depend upon its pages as including almost every notice of practical value contained in other journals.

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

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

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

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

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

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Address all orders to the Publisher,

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

MATERIA MEDICA.

UNUSUAL PRESCRIPTIONS.

The British Pharmaceutical Conference has issued a circular to the various medical corporations and to the medical journals, setting forth that at the recent Conference at Bradford the following resolutions were passed with reference to the prescription of unusual doses by medical men:—

"That this Conference, having considered various proposals for the use of special signs to mark unusual doses on prescriptions, and the great advantages to be derived from such signs, considers that the bracketed initial letters of the prescriber's signature, written immediately after the unusual dose, is the best suited for the purpose.

"This Conference also respectfully urges upon medical men the importance of the prescriber's full name and address being written on all prescriptions, to facilitate communication between the prescriber and dispenser.

"This Conference likewise considers it desirable for the dispenser to retain all prescriptions in which initiated unusual doses are prescribed."

It is due to the profession, as well as to the pharmacists and the importance of the subject, that the College of Physicians should consider this question and advise the profession. It seems to us that it would be enough to underline any unusual dose in a prescription. Initials are too ostentatious. It is not desirable to attract the attention of patients to the fact that they are taking unusual doses. We quite agree with the Conference as to the second resolution, urging the full name and address of the prescriber. This would require an alteration in the bye-laws of the College of Physicians.—[Lancet.

A GRATEFUL PATIENT.

It is not often that we have the pleasure of chronicling such a remarkable instance of thoughtful provision as was displayed by a gentleman who recently died in Guy's Hospital. The gentleman was Mr. John Cunliffe, Pickersgill-Cunliffe, who was admitted into the hospital on Sept. 25th, with compound fracture of the right tibia extending into the knee-joint, and compound fracture of the left tibia and fibula—the result of a railway accident. On admission into the hospital he was placed under the care of Mr. Davies-Cole, who, with the acquiescence of the consulting surgeon, Mr. Cock, at once performed amputation through the left knee-joint, but endeavoured to preserve the right leg. Unfortunately, however, in about eleven days secondary hæmorrhage took place in the wound on the right leg, and amputation through the thigh was performed. But the patient did not rally after the operation, and died next morning. Previous to his death, however, "the grateful patient" executed a codicil to his will, by which he bequeathed £25 to the Lock Hospital; to St. Bartholomew's Hospital a sum sufficient to constitute his eldest son a life governor; to Guy's Hospital, in the event of his dying there, £250; there were also legacies of £100 to each of his two medical attendants, and £25 each to the two nurses who waited upon him while in the hospital.

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 Childrer.

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.

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