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PRACTICAL MEDICINE.

THE TREATMENT OF SPASMODIC ASTHMA.

By Dr. C. T. WILLIAMS, London.

The treatment of spasmodic asthma is by no means easy, and in a disease where the modes of causation are so varied it is difficult to lay down rigid rules. The grand principle should be: Avoid all exciting causes of the attack, and place the patient under conditions most likely to allay, and keep allayed, spasm. The treatment may be divided into *climatic* and *medicinal*; the former being, as a rule, vastly more important than the latter. We have to discover a climate in which the patient can breathe—no easy task, indeed, in a disease the course of which follows neither rhyme nor reason, and often seems to depend wholly on the idiosyncrasy of the individual.

The only safe guide to follow in obstinate cases is the doctrine of contrasts, and, whatever the climate of the locality be where the disease has been contracted, to boldly resort to its very opposite: should it be a damp one, to resort to a dry one; if a dry one, to a moist one; and if inland, to the sea, and so forth. High localities suit some asthmatics; sea air a few; cold places some; warm localities others; but the atmosphere in favour of which the strongest evidence exists is that of populous towns, and the more smoky and drier the town the better for the asthmatic. Trousseau and Sée give marked instances of asthmatics who were cured by quitting their country homes and residing in Paris. Salter enumerates many striking examples, and even concludes that the worse the air is for the general health, the better for the asthma. Thus he considers the worst parts of cities—i.e., the least hygienic—the best for asthma; and, conversely, the best or most hygienic parts the least suitable for asthma; and in London he prefers the City to the West-end.

With reference to the advantages asthmatic patients derive by removing to the crowded portions of cities, a well-known physician of Nice furnished me with a good instance. An asthmatic English nobleman, who had resorted to the sunny south for sunshine and balmy air, took up his residence in a beautiful villa on the Promenade des Anglais, facing the sea. The situation was excellent, and the hygienic conditions as good as can be obtained at Nice; but he could not breathe, and spent night after night in great and breathless anguish. He had made up his mind to quit the place, and was one day wandering about the old town, a closely packed, ill-smelling neighbourhood, in search of a hair-cutter, when he espied a small and by no means tempting-looking shop of the sort. He entered, and in the somewhat ill-ventilated, low-ceilinged room found to his astonishment that he could breathe with comfort. He gave up his grand villa, took up his

quarters in the barber's first-floor, slept soundly, and ceased to wheeze.

Without going so far as Dr. Salter, I may say that I have found the air of London beneficial to by far the majority of my asthmatic patients, and I consider this the more remarkable because the localities they have quitted have been very dissimilar. Some come from high table-lands with little or no vegetation, others from deep valleys abounding in trees, some from damp river-sides, some from the sea-coast, some from hot, some from cold climates. Even in town atmospheres asthmatic patients show themselves extremely sensitive to slight differences of situation; some can sleep in a back room and not in a front one of the same house, others in a garret better than in a first-floor, while a few feet of rise or fall in a city has been known to make great difference. All densely-populated smoky towns appear to exercise this good effect; for instance, Manchester, Leeds, Birmingham, Glasgow, have furnished instances of asthmatics improving in their atmospheres with little aid from medicine. It has sometimes surprised me to witness severe attacks, which have lasted in the country for days and weeks, subside in a few hours in the much-abused atmosphere of the metropolis.

Now, what do we know about the air of cities? How does it differ from the pure air of the country? First, it is drier than that of most country places; secondly, it contains, according to Dr. Angus Smith's careful analysis, more carbonic acid; thirdly, it contains less oxygen. Dr. Smith made numerous analyses of the air in various parts of the metropolis, in each postal district, near the riverside, in the parks, in the most densely-populated portions; and in the subjoined table I have given some of the results which appeared to me to bear more closely on our subject. I have compared them with those of Glasgow, and, what is more to the purpose, with Dr. Smith's admirable analysis of specimens of air taken from the summits of nine or ten of the principal mountains in Scotland (the wind not being strong at the time of observation), as well as with the air of the Scotch seaboard and of open heaths of no great elevation.

	Carbonic acid,	Oxygen,
	per cent.	per cent.
Mountains of Scotland (average)	0.332	20.93
Seashore and open heaths "	—	20.99
Glasgow	0.502	20.90
London	0.439	20.88
" near London Dock (maximum)	0.523	20.76
" E. & E. O. Districts (average)	0.474	20.86
" W. & W. O. Districts "	0.411	20.92

This table shows a decided increase in the percentage of carbonic acid, as well as a diminution in the oxygen percentage, present in the atmospheres of Glasgow and London. The differences in the air of the various postal districts are much what experience would have indicated, the air becoming purer as we advance to the west in consequence of the large extent of parks and open

spaces. The differences in the amounts of oxygen and carbonic acid, when taken in relation to the whole percentage, are by no means great, and are only to be found in the first or second place of decimals. But when we remember the small percentage of impurity which suffices to render drinking water injurious in spite of the disinfectant power of the gastric juice, and the usually small amount of water swallowed, can we wonder that the lungs, in the course of respirations 16 to 20 in the minute, and unprotected by any filtering apparatus, may introduce in the course of a whole day a sufficiently large quantity of a certain gas to have a decided influence for good or evil, even though the percentage of the said gas may be comparatively small. Dr. Angus Smith says: "We take into our lungs 1,000 or 2,000 gallons of air daily. The addition of one two-thousandth at each inspiration will give us fifteen grains in the day—an amount by no means to be overlooked." This excess of carbonic acid in the London atmosphere, combined with the diminished amount of oxygen, may have a deadening effect on the pulmonary mucous membrane, and render it less sensitive to slight excitants. If it is not the excess of carbonic acid, or the smaller amount of oxygen, it may be the unconsumed carbon, or some other component of town air which dilutes and renders it a less potent draught to the asthmatic lungs than the pure, fresh, champagne-like air of the mountains or open country.

The late Sir James Simpson was in the habit of having a certain amount of carbonic acid mixed with the atmosphere inhaled by asthmatics, and the baths of St. Moritz and Ems and others are sometimes used on account of the carbonic acid which the waters give off.

The great difficulty with regard to introducing a certain amount of carbonic acid into the atmosphere is the regulation of the quantity introduced, for too great care cannot be taken on this point, as a very small excess of carbonic acid may prove fatal. Martius concludes, from experiments, that carbonic acid is the principal result of the burning of the popular remedy of nitre paper, and if this be the case this is one of the safest methods of administering this gas.

(To be Continued.)

THE TREATMENT OF SKIN DISEASES BY ELECTRICITY.

The (New York) Medical Record for August 16th contains a remarkable collection of cases of obstinate skin diseases which have been treated by Messrs. Beard and Rockwell by means of central and local galvanisation and faradisation. "During the past two years," they say, "we have treated a number of cases of eczema, prurigo, and acne, by central galvanisation alone, without making any application to the diseased surface whatever; and under this method of treatment

the results have, in some instances, been more satisfactory than under any other method of using electricity in these affections." Their method of applying the galvanism is to place the negative pole to the epigastrium and the positive to the back, moving it by turns along the whole extent of the cerebro-spinal axis, thus, as they, "bring the whole central nervous system under the influence of the current."

With regard to eczema they say: "At first we used localised galvanisation in eczema, with sponges, cloths, and the metallic brush, and obtained thereby great relief of the itching, and, in time, cure." Latterly, however, they have discarded the local applications, and have confined themselves almost entirely to centric galvanisation. The first case is that of an Irish servant, aged fifty-one, suffering from chronic eczema of the leg of eight years' duration, which had resisted all the ordinary remedies. Central galvanisation was first employed on April 23rd, with the immediate result of giving much relief, and on June 15th she was discharged cured. Five other cases of chronic eczema are reported, all of which were improved by the treatment, having previously resisted the more ordinary therapeutic measures. It is notable that the application was in every case followed by the immediate alleviation of the itching and burning pains which prove so tormenting in these cases. A case of acne rosacea treated by localised galvanisation is recorded, and two cases of chronic acne are mentioned which were cured, the one by local, and the other by central, galvanisation. This method of treatment has been remarkably successful in prurigo, the itching being almost instantaneously relieved. Psoriasis and pityriasis have not yielded readily to this treatment, but the pains accompanying herpes zoster have been in all cases greatly relieved. The last case recorded is one of elephantiasis of the legs, which was rapidly improved by local galvanisation, the first sign of improvement being, as usual, the disappearance of all pain.

♩ OPIUM AND THE ACTUAL CAUTERY IN THE TREATMENT OF CHOLERA.

By C. E. BROWN-SEQUARD, M.D.

I have had considerable experience in the treatment of epidemic or Asiatic cholera. In 1849, in Paris, the number of army physicians being insufficient, some civilians, among whom I was, were called to take charge of the soldiers attacked with cholera, at the *Gros-Caillois* Hospital. In the Mauritius, at Port Louis, in 1854, I had charge of a hospital—besides a very large private practice—during one of the most murderous epidemics of cholera that have existed outside of India. Nearly 6,000 people out of a population of about 45,000, died in five weeks. Of all the means of treatment I have employed (and my trials have been very numerous) none has given by far as favorable results as the use of opium in extremely large doses. I will only mention what occurred at a convent, which seems to have been one of the great foci of the disease in the Port Louis epidemic. No death was observed there, although a large number of Sisters of Charity and

of young girls (the convent was a boarding-school) were attacked with either the premonitory symptoms or the confirmed and cyanotic cholera. Thirteen of those patients were seized with the most serious symptoms, and all, however, recovered, many of them, if not all, evidently owing to the treatment. For reasons mentioned hereafter, a great many of my hospital and private patients died, notwithstanding my having used opium in their case as I did at the convent. But here was the difference, and in this lies the important point as regards the use of opium against cholera. In the convent the rules given were strictly followed; they were not elsewhere.

They were, first, to give opium every twenty minutes and in large doses so long as the cholera symptoms existed, without fearing poisoning; secondly, to begin the treatment as early as possible. The Sisters of Charity acted just as I desired, and saved, as I have said, all their patients. The fear of poisoning, and many other reasons, prevented the proper application of the rules elsewhere. The preparation almost always employed was laudanum. If there was no great vomiting, or if the vomiting was checked by Rivière's potion (a carbonate and tartaric acid, taken separately one immediately after the other, disengaging carbonic acid inside of the stomach), the laudanum was given by the mouth. If the vomiting was frequent, the laudanum was injected into the bowels, but with the precaution of having a thorough washing of the large intestine by a previous enema to bring out all the contents of that tube, so that the laudanum was rarely rejected. In bad cases a dose of twenty minims of strong laudanum (Sydenham's) was used every fifteen or twenty minutes until the cholera symptoms had ceased, or (which never occurred when cholera still showed its existence) until some slight symptoms of opium-poisoning appeared.

I hardly need to say that this mode of treatment does not succeed when the blood has been considerably altered by the loss of a very large amount of its salts.

Of course these rules are not to be followed in cases of mere cholera or in the premonitory stages of cholera; but even then opium in much smaller doses are also the best means.

Now that we possess a much better means of obtaining rapid absorption of the principal curative element of opium—morphine—in subcutaneous injections it is clear that it is a substance which ought to be used and in that way. I may add that many physicians have already proposed and used subcutaneous injections of morphine against cholera.

Against the lack of urinary secretion in cholera I have employed with benefit, in some cases, the actual cautery on the loins.

SURGERY.

LECTURE ON THE PREVENTION OF LOSS OF BLOOD DURING OPERATIONS.

By Professor F. ESMARCH, of Kiel.

Gentlemen,—You were all witnesses yesterday of a difficult and tedious operation, in which the

patient lost a great deal of blood in spite of all the precautions that were employed.

The case was one of extirpation of a tumour as large as a child's head, a very vascular medullary fungus, occupying the whole upper part of the neck on the right side. It was found that the growth involved not only a portion of the parotid gland, but also the adjacent muscles—the sternomastoid, the mylohyoid, and the posterior belly of the digastric—to such an extent, that I was obliged to remove considerable portions of all these; and, at the end of the operation, the internal jugular vein and the carotid artery lay exposed to a great extent in the wound.

It was the extraordinary amount of bleeding that, above everything else, rendered the operation difficult. You remember how, although I took the precaution of making very small incisions, each cut was followed by the spouting of one or more arteries, or by the outpouring of dark blood from veins over the field of operation. You saw how I endeavoured to reduce the loss of blood as much as possible by applying artery-forceps to the bleeding vessels after each incision, and leaving them hanging while I proceeded with the operation. More than once twenty-four of the little forceps, which I always have at hand in performing great operations, were hanging together, and I was obliged to apply a ligature to the bundle of vessels before I could go deeper. When the operation was completed, I had applied altogether more than fifty ligatures; of these fifteen were in the tumour itself, so that only thirty-five remained in the wound.

How great a quantity of blood was poured out, I do not attempt to determine; for it was constantly sucked up by sponges, and diluted in the water in which they were washed. But that the patient had been deprived of a large quantity of blood could be inferred from the waxy pallor of his countenance, his small weak pulse, and his laboured breathing.

Most of you will no doubt have said to yourselves, that you would not wish to commence your career of operations with such an extirpation. And in fact it is just the blood—the *dæmonische Blut*, as Dieffenbach calls it—that not unrequently deters the young surgeon from undertaking important operations, especially when sufficient and reliable assistance is wanting. And yet the first qualification for a good operator, is to learn to undertake in calm cold blood the struggle against hæmorrhage. It is scarcely necessary for me to explain to you, of how great consequence hæmorrhage is in nearly all operations. In many cases, the limits within which we are obliged to confine our operative proceedings are determined by the amount of loss of blood that may be expected. We desist from attempting to undertake many operations, to which in other respects there are no contraindications, because the operation must last so long that in all probability the patient will bleed to death before it is completed, or because we consider him already too weak and exhausted to be able to endure the unavoidable loss of blood.

To-day I am about to perform an operation, in which the loss of blood would be even more con-

siderable than it was yesterday, if I did not bring into use a proceeding which enables us to have complete control over the hæmorrhage. The patient, who has just been laid on the operating-table, has almost total necrosis of both tibiae, the result of acute osteo-myelitis, which followed a severe cold more than twenty years ago. You see that on the anterior surface of the leg there are numerous fistulous openings, which give exit to much pus, and through which the probe everywhere reaches rough movable bone. On examining the legs, you feel that the bones are enormously thickened; and, from the long duration of the morbid process, we may safely assume that the thickened bone which encloses the dead bone (the sequestrum) must also be remarkably hard. The position of the sinuses, which, as you see, are distributed nearly from the upper to the lower epiphyses, leads to the inference that large portions of both diaphyses have died; and from the different depths at which the probe introduced into the fistulous openings reaches the dead bone, it may be concluded that the necrosis has advanced more deeply in some parts than in others. I leave a probe sticking in each of the fistulous openings, and make intermitting pressure on the sequestrum with the upper probe. You see how both probes move together, and hence you may draw the conclusion that the whole sequestrum is movable and forms one connected piece. To remove it, the thickened bone which encloses it must be laid open in its whole extent; and, to ensure the perfect healing of the large wound, I consider it best to convert the openings in the bone into one large trough, by removing the entire anterior wall, thus leaving nowhere any cloacæ which may delay the healing process.

Those of you who have previously seen such operations, will remember with how great loss of blood they were attended, and how difficult and protracted their performance was rendered by the hæmorrhage. Our patient is in tolerably good condition, and not exactly anæmic; but I believe that at an earlier time I should have decided not to operate on both legs at once, because I should have feared to place the patient's life in too great danger from loss of blood. With the help of the proceeding which I will now show you, I have no hesitation in operating on both necroses simultaneously, thereby sparing the patient the repetition of the operation and of long confinement to bed. My assistant, Dr. Peterson, will operate on the right leg, at the same time and in the same manner as I shall on the left. While the patient is being chloroformed, we wrap the leg in waterproof-varnished tissue-paper, so that the pus from the sinuses may not soil the bandages; then, with these elastic bandages, made of India-rubber webbing, we envelop each leg from the tips of the toes to above the knee, and, by equal compression, force the blood out of the vessels of the limb. Immediately above the knee, where the bandage ends, we apply this piece of India-rubber tubing four or five times round the thigh, drawing it very tight, and fastening the hooks which you see at one end to the brass rings at the other. The India-rubber tubing compresses all the soft parts, including the arteries, so completely that

not a drop of blood can pass into the part which has been tied off. It has this advantage over all tourniquets, that you can apply it to any part of the limb, and need not give yourself any trouble about the position of the principal artery. Even in the most muscular and fattest individuals, you can perfectly control the flow of blood in this simple way.

We now remove the India-rubber bandage which was first applied, and the varnished paper lying under it; and you see that both legs, below the compressing tube, perfectly resemble the legs of a corpse, presenting in their pale colour an almost dismal contrast with the rosy hue of the remaining parts of the surface. You will see, too, that the operation will be in all respects like one on a dead body.

We now divide the soft parts over the whole anterior surface of the tibia down to the bone. A few drops of blood exude from the bone, and are wiped away with the sponge. After this, no more blood comes. The periosteum, divided along its whole length, is now pushed back on both sides by means of raspatories, so as to expose the whole anterior surface of the thickened and uneven bones, which are seen to be beset with numerous openings.

We now take large chisels with wooden handles, such as joiners use, apply the edge to the border of the uppermost cloaca, and, with the help of wooden mallets, cut away the anterior bony wall in large splinters.

The bone is very hard, as I expected it would be. The work is not easy, and requires some practice, which is soonest acquired in a joiner's workshop. I must beg you, gentlemen, to take care of your eyes; for the sharp and pointed splinters fly about in all directions with great force. This wall of bone might be removed in other ways, by the saw or by Heine's osteotome; but these are so very much more troublesome and tedious, that I give the preference to the chisel.

The large sequestrum now gradually comes more and more into view. You can easily distinguish it by its whitish colour from the reddish living bone. Of course, the difference in colour is more marked if you operate without shutting off the blood; then the blood streams as from a sponge; or sometimes spurts with force from all the pores which you see on the cut surface, filling the wound after each stroke to such an extent that you can recognise nothing, and cannot again apply the chisel until your assistant has energetically mopped out the cavity with sponges held in forceps. But now I want no assistant; my assistant, Dr. Peterson, is, like me, chiselling at his bone in the sweat of his brow—and now the hardest work is done. Both sequestra lie exposed in their whole extent; we seize them with strong forceps, and draw them out with some exertion, for they still send some irregular processes into cloacæ.

You see that the large trough-like cloacæ, in which the sequestra lay, are partly lined with pale-red granulations. We remove these by means of a sponge, which we press and rub forcibly over the irregular osseous surface, and with small sharp scoops, with which we penetrate into

the depressions and cavities. We remove these granulations because, in my opinion, they are of no value in the formation of new bone: besides, they have been partly injured in the operation, and must afterwards die. You will be able to see at a later stage, that the whole surface of bone very rapidly produces luxuriant granulations, which soon became transformed into osseous tissue and repair the great loss of substance.

The operation is now ended. We wash the wounds with carbolic water, to destroy any septic organisms that may be remaining in them; lay in them some pieces of gauze soaked in solution of chloride of iron, so that they may line the walls; and fill both the large cavities above the level of the external integument with German tinder. Each of the plugs is well pressed in by means of a gauze bandage soaked in carbolic oil; over this comes a layer of varnished tissue-paper, which encloses the whole leg: an airtight case; and the whole is secured by an ordinary bandage.

Now for the first time we slowly remove the compressing India-rubber tube. You see how the pale skin of the foot reddens, at first in spots, then all over, becoming, indeed, of a darker red than the rest of the skin of the body. Observe the dressing of the wounds under the transparent paper; you see that no blood whatever penetrates through the gauze bandages. The patient has thus lost altogether not more than a teaspoonful of blood. And now observe the still calmly sleeping patient; he has the same red cheeks as before the operation, his pulse is full and strong, and his convalescence will without doubt be more rapid and secure than if we had performed the operation for necrosis in the usual way.

[The dressings remained until the fourth day. On their removal, the enormous cavities showed everywhere the commencement of granulations. These were first dressed with oil, and after some days with ointment of sulphate of zinc. Healing went on so rapidly, without any disturbing circumstances, that the patient was discharged from the hospital at his own desire on the twenty-first day.]

If you now compare the operation of to-day with that of yesterday, nothing more will be required to make clear to you the great advantages of this plan, both to the patient and to the operator. You have seen that both of us have been able to perform without assistance a difficult operation; and you will have no doubt that the proceeding must be of very great value to the practising surgeon, who is often destitute of efficient assistance.

You can bring this plan into use in almost all operations on the extremities, with more or less complete success. In the extirpation of tumours, in the ligation of trunks of vessels, in operations in scrofulous sores and carious bones, in the resection of smaller bones and joints, you may proceed in the same way as I have just shown you; you must not loosen the tubing which encircles the limb, until the dressing of the wound is completed.

(To be continued.)

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL SCIENCE, NEWS AND POLITICS

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TO CORRESPONDENTS.

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REMITTANCES.

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In Boston they have opened a training institution for female nurses; in the University of Michigan they have thrown open the medical classes to the admission of females. Boston is the more to be congratulated. Its training institution has been modeled on that in New York, which again is modeled on the one attached to St. Thomas's Hospital, London. There can be no doubt of the practical working of such an institution, proved as it has been by an experience already acquired elsewhere. Nor it need be doubted that all possible improvements in the system will be put in practice in Boston. It is a city famous for the excellence of its public institutions.

The training of nurses is a worthy undertaking, opening up as it does in the large cities a lucrative employment for women, and introducing them into a sphere which by nature they are fitted to fill. To be a trained nurse is not so ambitious a role as the female medical students seek to play; but it is a worthy part, and those who take it and act up to its duties and responsibilities, may surely count upon the respect of medical men. The lack of trained nurses is a want felt in every town, and wherever large hospitals are established it should become a question with their governors whether or not some institution could be added or some system of hospital training devised whereby the education of nurses could be carried into effect. This ought to be considered in the interest of supplying the hospital itself with nurses, and further with a philanthropic view of doing good to the sick and also of enlarging the sphere of woman's work and giving her a legitimate field of labour. Society would appreciate the advantages thus conferred.

MEDICAL INCOMES.

In the recent inquiry into the condition of the Civil Service in Ireland, it was natural that there should be some reference made to the incomes obtained by professional men in this country. Some extracts from the evidence given may be of interest. Dr. E. Kennedy stated that in Dublin a competent medical man, having the advantages of a hospital and connection, ought, when of ten years' standing, to make from £300 to £1200 a year; if reasonably successful, he ought then to

double his income in the course of the next five or six years, and a really successful man ought in a few years more to double his income again; but the instances in which a medical man reaches £6000 a year or £5000 a year are very rare. The advantage of a hospital physician is that his pupils become scattered about the country and send up patients to him. In the chief provincial towns of Ireland, with a large population, the leading medical man may possibly reach from £1200 to £2000 a year. Sir D. Corrigan, who was also examined, thinks there are perhaps ten or twelve medical men in Dublin making from £2000 to £6000 a year, or more; and there are a great number, whose names are not very prominently before the public, making from £800 to £1000 a year. There are general practitioners in Dublin, men who have never written a line, and who are unknown to the public as men of great eminence, who sometimes accumulate large fortunes.—*London Lancet*.

DENTISTRY AND SURGERY.

We believe specialism in medicine to be a necessary outgrowth of the extension of our science and art; but, of course, there is a possibility of carrying it too far,—of dividing up too finely,—of pulverizing into dust instead of breaking into large fragments fitting into one another and capable of being joined together into an united whole. The question then is, Is oral surgery sufficiently distinct and of sufficient magnitude to be worthy of rank as a speciality?

In considering this, it seems to us of vital importance that we recognize the true position of dentistry and of dentists.

Argue and reason as we will, laud dentistry to the skies, or degrade it to lowest rank, the fact remains, that the great bulk of the work to be done is purely mechanical; that whilst a few practitioners, like our friend Dr. Garretson, may climb from tooth-plugging and tooth-pulling to the performance of the most serious operations, involving life itself,—from being skilful dentists to being as skilful surgeons,—the great bulk of the profession must spend their lives in a monotonous round of purely mechanical labour, labour in which mechanical and artistic skill along with personal qualities are the sole guarantees of success.

The higher education, the wider culture of the physician, though it may contribute, is in no sense a necessity, to such success; and just so long as this is true, so long will a very large proportion of dentists neglect that culture which, whilst it may be an ornament, is not a necessity for the practice of their profession. Here, it seems to us, the matter rests. Dentists—we mean the general mass—have at present no claims to be recognized as representatives of a branch of our profession; many dentists are doctors, some of them are "oral surgeons," and as such we receive them into the brotherhood; but the great mass must probably always remain as they are at present,—dentists,—worthy citizens,—we do them no disrespect,—artists of ability, many of them,—but yet in no sense practitioners

of medicine, in no sense entitled to recognition as such.

The professions of dentistry and of medicine may be conjoined in one person, but they are essentially distinct, and a man may assuredly be an excellent dentist without being a doctor, or an excellent doctor without being a dentist.

In truth, we can see no necessity for "oral surgery" being a speciality. Is cancer of the jaw different from cancer of the rib, or any more different from cancer of the rib than the latter is from cancer of the vertebra or cancer of the tibia? Is every bone to have its specialist? In such a speciality as the eye, profound study of sciences and the use of instruments not employed by the general surgeon are necessary; but not so with "oral surgery."

Further, we see no reason for believing that a man can take out a jaw-bone or diagnose an epulis any better for knowing how to plug a difficult molar or to counterfeit with consummate skill a lost incisor.

Far better preparation for such work, it seems to us, is long-continued daily practice in resecting other than jaw bones, and in diagnosing tumours in other parts of the body than the face,—practice to be obtained only in the wards of the general hospital and the office of the general surgeon, not at all in the usual work of the dentist.

Finally, oral surgery has no natural boundaries,—no Rhine or Pyrenees which shall limit it. This very day, chancing to be at the clinic of the great apostle of oral surgery alluded to, we saw present three cases, the first of which was an erectile tumour of the vertex, the second an occipital tumour, believed to communicate with the brain and to be arachnoidal. We can conceive of the oral surgeon crawling down to the anus; but how arachnoidal tumours and cephalic varices are connected with the mouth passes our comprehension.

We would like to see dental schools attached to our medical colleges, and opportunity afforded to our medical students to learn something of the diseases of the teeth, or even, if they like, to become practical dentists. We believe that in many parts of our country the practice of dentistry would afford training in the use of the fingers, occupation and honourable support to young, unemployed, almost starving, surgeons, and, at the same time, open the paths to the higher fields of their life-work.

In very many of our country towns and villages even respectable dentistry is a lost art, or rather an art that has never been found. A very few months' instruction would enable any young physician of a mechanical turn of mind to extract teeth and to plug, under ordinary circumstances, with credit to himself. The work of two or three hours would give him at least a bare livelihood, and at the same time offer excellent opportunities for gaining the confidence of his neighbours.

This is no mere fancy sketch: we have known the door to high success as a practitioner of medicine opened in this way.—*Philadelphia Medical Times*.

MATERIA MEDICA.

ON THE OLEO-STEARATES OF METALLIC OXIDES.

Translated from the *Bulletin Generale de Therapeutique* by Arthur Van Marlingen, M. D.

We desire to call the attention of practitioners to the advantages which these compounds present, both as entering into particular pharmaceutical preparations, and as to the therapeutic results which may be hoped for from their use.

Oleo-stearates (or rather oleo-stearo-margarates) are salts which have as bases oxides of the various metals, and as acids the oleic, stearic, and even margaric; and which are extracted from fatty substances by saponification.

Two processes may be employed for the preparation of these salts; one, which is direct, consists in mingling in presence of a certain quantity of water the different oxides which it is desired to combine, and the acids, or rather the natural fatty substances which are found in combination with glycerine under the names of oleine, stearine, and margarine. In this process the action of heat is often necessary, in order that the combination may be more easily effected.

This method is similar to that by which almond soap (oleate of soda), white soap, and lead plaster (oleo-stearo-margarate of lead) are prepared.

In other cases, and particularly where the oxide which is to enter into the combination is very slightly alkaline, or of feeble solubility in water, and where, on the other hand, the oleo-stearate is insoluble in the same vehicle, it is necessary to have recourse to a second process, which permits of obtaining the salt indirectly and by double decomposition.

It is by this process that the oleo-stearates of iron, copper, mercury, etc., and of the various alkaloids, are obtained.

For this purpose a solution of almond soap is added in small portions to a solution of some soluble salt, with the base of which it is desired to obtain an oleo-stearate, until a precipitate is formed. Care must be taken always to employ an excess of the solution of soap, the presence of which excess is recognized by the milky tint of the supernatant fluid, the latter being clearly separated from the precipitated oleo-stearate.

That metallic salt should be chosen which precipitates most easily; thus, for iron or copper the sulphate, for mercury the per-nitrate, should be used, avoiding in the latter an excess of nitric acid, which possesses the property of decomposing the alkaline soap and setting free the fatty acids.

For the oleo-stearates of the alkaloids as proposed by M. Tripier, the chlorides of morphia, quinia, etc., are used.

The salts, as we have said, offer as pharmaceutical preparations several advantages, which have been pointed out by various writers, particularly M. Jeannel.

They allow, by their easy solubility in fatty substances, the preparation of ferruginous oils, and pomades containing active principles (oleo-stearates of morphia, quinia, etc.), where the state of solution in the excipient in which they exist makes them preferable to similar preparations where the

active principles are incorporated by simply mixing or are dissolved in water, and are perhaps much less easy of absorption.

Finally, the oleo-stearates lend themselves successfully to various therapeutical applications. To give a single example, we may cite the oleo-stearate of zinc, which, mingled with a convenient quantity of an unctuous excipient, as in the following formula, gives excellent results in the treatment of chronic exzema accompanied by itching:

℞ Oleo-stearate of zinc (dry), 3 parts;
Mutton suet, 15 parts,
Oil of sweet almonds, 15 parts.

Slowly incorporate the oleo-stearate of zinc with one part of the oil of almonds in a slightly warmed porcelain mortar, and add, little by little, the melted and partially cooled mixture of the remainder of the oil with the suet.—*Philadelphia Medical Times*.

EXOPHTHALMIC GOITRE.

Boddaert, (*Bull. de la Soc. de Med. de Gand, Gaz. Med.*) experimented on rabbits with reference to the origin of this condition. Ligatures were placed upon the external and internal jugular veins at the base of the neck, and the two cervical cords of the sympathetic were cut. An exophthalmia resulted, continuing several days, diminishing gradually as the collateral venous circulation became developed and as the effects of the section of the sympathetic disappeared. Exophthalmia following the ligature alone, due to distention of the orbital veins, is much less pronounced. An enlargement of the thyroid is produced by section of the sympathetic and ligature of the inferior thyroid vein between the four jugulars. These experiments, combined with the discovery of lesions of the sympathetic, whose effects are analogous to those produced by section (atrophy of nerve-elements, hypertrophy of connective tissue) in a number of cases of Basedow's disease, are considered as explaining the phenomena of the disease. In exophthalmic goitre, an obstruction to the circulation occurs; the superficial veins, especially of the neck, become swollen; there is a tendency to hæmorrhage, an increase of splenic and hepatic dulness, occasional dropsies, œdema, and the enlargement of the retinal vessels observed by Græfe. Boddaert hence produces this theory of exophthalmic goitre. In the majority of cases the pulsations of the heart increase in number,—120 to 200 even; this may continue for months. The veins are insufficiently emptied during the diastole; a venous congestion results, more marked from a more or less complete paralysis of the sympathetic. The effects become more marked in the eye and thyroid body, from the development of the retro-ocular venous system and the great vascularity of the thyroid. This theory is considered as explaining the observation of Trousseau, where the exophthalmia and the thyroid tumour came on during a night, the goitre disappearing suddenly and returning afterwards; also the diminution of the exophthalmia and the thyroid body, as the heart beats less rapidly.—*Boston Medical and Surgical Journal*.

ON THE MIGRATION OF WHITE CORPUSCLES.

Dr. Thomas read a paper on the migration of white corpuscles into the lymphatics of the tongue of the frog. He injected the lymphatics of the living animal with an extremely dilute solution, not containing more than from 1-2000th to 1-8000th part of nitrate of silver, and found that, with certain precautions, this did not lead to stasis of the blood in the bloodvessels, but only to a lively exodus of the white corpuscles from their interior. After the lapse of some time, when the parts had begun to recover from the injurious effects of the injection, he was able to observe the re-entrance of the corpuscles into the lymphatic vessels through certain stomata in their walls, now marked and rendered distinct by a precipitate of the silver salt. In a second series of researches the lymphatics were injected with a dilute emulsion of cinnabar in a three-quarter per cent. solution of common salt. The cinnabar was in part deposited in the stomata of the lymphatics, and partly passed through them, and was deposited in the tissues in the form of small, round, cloudy patches. The evidence of the identity of the stomata brought into view by means of cinnabar, with those rendered apparent by means of nitrate of silver is obtained by observing their peculiar grouping, and by the subsequent injection of nitrate of silver into the same vessels. The injection of cinnabar causes very little disturbance of the circulation. If a lively exodus of the white corpuscles from the bloodvessels be produced by making an abrasion of the surface, the migrating cells quickly make their appearance in the stomata of the lymphatics marked out by the cinnabar. They then take up the particles of cinnabar into their interior, which causes them to lose their activity, and accumulate in the stomata. They then appear in the form of cauliflower excrescences projecting into the interior of the lymphatics, which gradually break up into their constituent cinnabar-holding cells. These may be traced into the larger vessels, and from thence into the blood. In these researches a remarkable regularity or uniformity in the track pursued by the white corpuscles was observed. They pass away from the bloodvessels nearly at right angles into the tissues, their course, however, being in a series of short zigzags. They all appear to travel at about the same pace.—*Proceedings at Weisbaden*.

TREATMENT OF ASTHMA.

Dr. Ad. d'Evot, (*Revue de Therapeutique*), gives some directions as to the remedies to be used in asthma. Twelve grammes of flowers of sulphur, with one gramme of tartarized antimony, are mixed with honey and powdered gum and divided into sixty pills. Three of these represent the dose of Debreyne's powders, and one pill is given morning and evening.

Morning and evening a sheet of nitre paper may be burned in the bedroom of the patient. The paper may be prepared of white filter paper, dipped in a solution of nitrate in the proportion of a drachm to an ounce.

OBSTETRICS.

CÆSAREAN SECTION.

Dr. Gürtler (*in Arch. fur Gyn.*) gives the particulars of a case where the Cæsarean section was successful for both mother and child. The conjugate diameter of the pelvis was only 48 millimètres (1.88 inch). The child presented in the second position. The operation was performed in the usual way. The hæmorrhage was severe, and was only arrested after three silk sutures had been applied, and the edges of the uterus brought together. The child was living and healthy. The mother made a good recovery and left the hospital on the nineteenth day.

ON THE TREATMENT OF PUERPERAL SEPTICÆMIA BY ELIMINATION.

Dr. Morton (*Obstetrical Journal*, September, 1873), gives the results of his experience in the treatment of puerperal septicæmia by elimination. Six cases are given in detail, and others are more briefly referred to. The cases present the following general features. One or more rigors occur at the outset. The pulse is rapid and irregular, seldom below 120, sometimes 140. The breathing is often relatively quicker than the pulse. The temperature ranges from 101° to 104°, and sometimes to 105° or even 106°. There are diminutions and complete suppressions of the milk, and lochia, the latter having a peculiar offensive odour. Vomiting often occurs at the commencement, and sometimes later; and diarrhoea, if not spontaneous, is easily induced, the motions having the peculiar odour of the fetid lochia. The patient has abdominal pain and tenderness, not constant or persistent; often intense headache; sometimes delirium. The tongue is generally moist and tolerably clean, but with prolonged fever, dry and brown, or dry, red, and glazed; there is much thirst, little appetite, but food is usually well taken. Tympanites is met with in severe cases, in some there was general peritonitis, in one pericarditis, and in another pneumonia. Lastly, in some cases abscesses occurred. Dr. Morton believes that the slighter as well as the more severe cases are of septic origin, "that they depend upon the absorption into the general circulation of decomposing fluids, and disintegrating deposits from the interior of the uterus."

The treatment may be summed up in the home bred word—purging. The author's rule is never to repress diarrhoea; when there is improvement without it, to leave well alone; when there is no improvement without, to lose no time in setting it up. The purgative employed was calomel, sometimes in five-grain doses, with Dover's powder, more frequently in three or four-grain doses with compound colocynth pill. Opium is never given without calomel. Dr. Morton has "a great dread and distrust of opium in these cases, believing it to be capable of checking wholesome elimination, and masking dangerous symptoms." In addition to other means, scruple or half-drachm doses of sulphite of soda were given every three or four hours. The author is not satisfied this did much good, and he ascribes the good results

chiefly to the purging. He gives as generous a diet as the patient will bear, with a moderate and occasionally a liberal allowance of stimulants. The illustrative cases are well and minutely recorded. In conclusion, Dr. Morton puts forward two inferences as at least provisionally justifiable—first, that "severe and continuous purging, whether spontaneous or induced, is at least consistent with recovery from very severe forms of puerperal fever; and, further, that the diarrhoea is not only consistent with, but highly conducive to, the recoveries, and that it is so by elimination."

SHORT NOTES.

MEASLES.

Every year the lives of a large number of children are lost by measles, who would probably have grown up strong men and women if they had been properly nursed. Whenever a child is supposed to have measles it should be kept in bed, even though it may not seem very ill. On no account let a child with measles go out, or even to the door, but keep it in bed altogether until the rash has quite gone. Bronchitis is very apt to come on if a child be exposed to cold whilst it has measles.

CARBOLIC ACID.

In the course of his investigations upon the value of carbolic acid as a disinfecting agent, P. C. Plugge also studied its power as a reducing agent, and discovered incidentally that nitrate of protoxide of mercury containing traces of nitrous acid is a delicate test for its presence. When a solution of such a salt is boiled with a solution containing carbolic acid a reduction of mercury occurs, and the liquid assumes sooner or later, according to its dilution, an intense red colour. The reaction is distinct in one sixty-thousand dilution, and is manifest even when the dilution is one two-hundred-thousandth.

TEMPERATURE IN SURGICAL CASES.

Dr. Joseph Bell, of Edinburgh, in a paper on surgical cases in relation to temperature, lays down the following axioms:—

1. Suppuration, even very profuse, does not necessarily imply any great rise in temperature, so long as it is not putrid.
2. Fætor, or putrefaction of suppuration, always induces a rise in temperature.
3. A high temperature, lasting for more than three or four days after the injury or operation, indicates mischief impending, such as sloughing or abscess.
4. The temperature generally gives warning a day, or even two days, before the pulse.

REST IN LOCOMOTOR ATAXY.

In the July number of the *American Journal of Medical Sciences*, Dr. Weir Michell insists on the great benefit of rest in the above disease. In cases of locomotor ataxy in which the occurrence of various accidents, such as fracture of a leg, had compelled the patients to take absolute rest in bed during some time, the symptoms, and especially pain, were considerably amended, and in some instances the course of the disease was impeded or slackened. One case was experiment-

ally conducted. A sufferer from an intense attack of the disease was subjected to absolute rest without any other kind of treatment, and considerable amendment of all the symptoms was the result.

THE TREATMENT OF RHEUMATIC IRITIS.

Dr. Fano (*France Médicale*), recommends the following treatment, at once directed against the local affection and the rheumatic diathesis:—Solution of atropine, used in the shape of an eye-wash, and the nightly administration of ten grains of Dover's powder. The patient to be warmly clad in flannel, and to abstain from the use of neat wine, strong coffee, and spirits. The solution of atropine is made to the following strength: Distilled water, five ounces; sulphate of atropine, one grain; to be used in an eye-basin every three hours, during five minutes. The eye to be shaded during the day.

TYPHOID FEVER.

The *Medical Times and Gazette*, in speaking of the late outbreak of typhoid fever, says "there is no evidence that the germs of a specific disease, such as typhoid, can be taken into the cow's system through the channel of sewage grass, be thence excreted by the mammary glands, and, producing no toxic effect upon the cow, can spread enteric fever among the children who drink the milk. Such a sequence of events is most likely impossible; but, if possible, there has been no outbreak of fever or other disease in this country which would warrant us in believing that it has taken place."

WHOOPIING COUGH.

During the last year, 604 children have died in Manchester and Salford from whooping cough. The deaths of most of these children have been due to exposure to cold or damp whilst they were suffering from whooping cough. It is very important that when a child begins to whoop, it should not be allowed to take cold. When children commence with whooping cough they should be clothed warmly and wear flannel. They should not be allowed to get wet, nor should they be chilled by exposure to cold winds. If a child with whooping cough begin to wheeze and breathe with difficulty, there is always danger. On no account should the child be taken out of doors, and if possible it should be kept altogether in one room.

LUNACY IN IRELAND.

Though the population of Ireland has fallen away nearly two millions, the number of registered lunatics (according to the Inspector's Report just issued) is on the increase. The total number of the insane is 18,177. Of these, 10,958 are registered. There are 7,219 lunatics at large, whose free intercourse with society may be attended with serious consequences. Intermediate asylums are recommended, as they have been adopted in England. The lunatics in public asylums number 7,140; in poorhouses, 2,956; and in the central asylum at Dunderum, near Dublin, 175. The cost of maintenance is £23 per head in the district asylum, £11 in the poorhouses, and £32 in the central asylum. The inspectors deprecate

magistrates abusing their power in committing persons alleged to be dangerous lunatics, and recommend that the practice should be checked, as it tends to increase taxation. The general management of the asylums, according to the inspectors, is satisfactory.

ASPIRATING PUNCTURE IN DROPSY OF THE KNEE.

Consecutive on a communication presented to the Société de Chirurgie de Paris by Dr. Dieulafoy, a report was read on the above subject by Dr. Desprès, and ended in a general discussion carried on by MM. Verneuil, Demarquay, Dolbeau, Panas, Marjolin, &c. The conclusions of the report were generally approved. They are not much in favour of the new proceeding, and may be summed up as follows:—In traumatic hydrarthrosis, the ancient methods are as good as this new one; in rheumatic hydrarthrosis, aspirating puncture is of no use; in blennorrhagic arthritis, the use of blisters should be preferred; in chronic hydrarthrosis, having resisted the employment of classical means, aspirating puncture may be employed with advantage; in articular effusions of blood, punctures would be dangerous. In acute hydrarthrosis, Dr. Verneuil said he preferred immobilisation of the limb. Dr. Dubreuilh's case of death through aspirating puncture of the knee was referred to, and generally it was considered that the usual means of treatment were better than the puncture system, whilst they were free from danger.

MEDICAL NEWS.

The city of Salisbury exhibits perhaps the best instance of the truth of Mr. Diarseli's adage—*"Sanitas sanitatum, omnia sanitas."* Twenty years ago its average death-rate was over 26 per 1000. With a perfect system of drainage and water-supply and proper sanitary supervision, the mortality for the present quarter was only 2.7 per 1000, or about 10 per 1000 per annum.

The following may be regarded as representing tolerably accurately the number of students who have entered as the first-year men at the metropolitan medical schools this year:—St. Bartholomew's, 105; Guy's 90; University College, 83; St. Thomas's, 55; King's College, 40; Middlesex, 38; St. George's, 37; the London, 32; St. Mary's, 21; Charing-cross 16; and Westminster, 10.—*[Lancet]*

North Shields has lost an able and energetic practitioner in Mr. Elliot, who met his untimely death by neglecting a slight erysipelatous attack, for which he was recommended to seek rest in the country. Mr. Elliot, in zeal as assistant sanitary inspector of the Tyne Ports, could not resist postponing his departure till he had examined an infected vessel recently arrived. His attack was, in consequence, exacerbated, and after a few days' illness, in which he received every attention from his professional friends, he died in his thirty-first year.

The General Committee of the Queen's Hospital, Birmingham, in February last requested the Charity Organisation and Mendicity Society to make an inquiry into the circumstances of patients attending the hospital. This has been done. Of 88 in-patients, 67 were found legitimate objects of charity. Of 356 out-patients, 260 were found legitimate. The sub-committee to which the subject was referred have shown an intelligent appreciation of the complicated circumstances that determine the suitability of cases, but we would desiderate still more attention to the history of the ill-health of families. The sub-committee recommend, as remedial measures against imposition—(1) the abolition of governors' tickets; and (2) the establishment of a system of examination into the circumstances of patients. The

General Committee have adopted the suggestions, and propose to co-operate with other medical charities in the town in carrying them out.

DWELLINGS OF THE LONDON POOR.

The accuracy of a statement which appears in a recent report of the medical officer of St. Giles's, to the effect that to his knowledge not a single underground room in the district is now illegally occupied, is called in question by a writer in the Daily Telegraph, who describes from personal observation the appalling condition of a domestic group inhabiting a cellar in a street in the far-famed Mileasian colony. He concludes by availing that "Today, as yesterday, are to be seen in Dudley-street, Seven Dials, thirty deep black cellars, reached through a gap in the pavement, and by means of a steep ladder, and in each, at a greater depth in the earth than the sewers and the nests of the sewer rats, families of human beings—fathers, mothers, and little children—live, and eat and drink, and make themselves at home." Sanitary reformers have need of patience. But one element of hopefulness in cases as depressing even as the above is the fact of the gradual awakening of vestries and corporations to the pecuniary disadvantage of allowing such moral and physical plague-spots to remain in their midst, as nurseries of crime and foci of disease—a brace of the hangriest rate-devouring monsters that afflict modern civilisation.

PROSTITUTION IN JAPAN.

Japan has many "soiled doves"; and, among the social reforms of last year, it has freed them from the obligation of their contracts, to which in many cases, according to the last consular report, they "had never been willing parties." The uncaging, however, has been effected without due regard to consequences, and their escape from the brothel-keepers and subsequent flight through the settlements has converted them into "carrier-pigeons" of a very dangerous breed, distributing disease right and left among natives and foreigners. Thanks to Staff-Surgeon Hill, R.N., in charge of the Lock Hospital at Kanagawa, whose post would have declined into a sinecure from the hasty action of the authorities, street prostitution has been suppressed, and the majority of the women gradually disbanded and sent to their homes either in the neighbourhood of Yokohama or at a distance from it. Under the new system each woman pays a license fee of three dollars a month to the local Government; but Dr. Hill views with regret the action of the authorities in compelling the women to pay their own Lock Hospital expenses. The Consul at Kanagawa is in hopes that a portion at least of the revenue thus derived, which is likely to amount to some 30,000, or 40,000 dollars per annum, may be applied to the relief of the unfortunate class.

MACAULAY ON THE IMPROVEMENT OF SURGICAL SCIENCE.

Macaulay made a crushing reply to "Mr. Orator Hunt" in support of Mr. Warburton's Anatomy Bill in the House of Commons, Feb. 27th, 1832. Hunt's contention was that the Bill would benefit the rich at the expense of the poor. Macaulay showed that it was in the interest of the poor that surgical education should be as easily and thoroughly acquired as possible. "Does," he asked, "the hon. gentleman know from what cruel sufferings the improvement of surgical science has rescued our species? I will tell him one story, the first that comes into my head. He may have heard of Leopold, Duke of Austria, the same who imprisoned Richard Coeur de Lion. Leopold's horse fell under him, and crushed his leg. The surgeon said that the limb must be amputated; but none of them knew how to amputate it. Leopold in his agony laid a hatchet on his thigh, and ordered his servant to strike with a mallet. The leg was cut off, and the Duke died of the gush of blood. Such was the end of that powerful Prince. Why, there is not now a bricklayer who falls from a ladder in England, who cannot obtain surgical assistance infinitely superior to that which the Sovereign of Austria could command in the twelfth century. I think this a Bill which tends to the good of the people, and which tends especially to the good of the poor."

PROSPECTUS.

THE CANADIAN

MEDICAL TIMES.

A NEW WEEKLY JOURNAL,

DEVOTED TO PRACTICAL MEDICINE,

SURGERY, OBSTETRICS, THERAPEUTICS, AND THE COLLATERAL SCIENCES, MEDICAL POLITICS, ETHICS, NEWS, AND CORRESPONDENCE.

The Undertaken being about to enter on the publication of a new Medical Journal in Canada, earnestly solicits the co-operation and support of the profession in his undertaking.

The want of a more frequent means of communication between the members of this well-educated and literary body has been long felt; since monthly publications such as alone have been hitherto attempted in this country, do not at times fully serve the requirements of the controversies and pieces of correspondence which spring up. It necessarily diminishes the interest of a correspondence to have to wait a month for a reply and another month for a rejoinder; and it is in consequence of this drawback, no doubt, that many important or interesting points are not more fully debated in the monthly medical journals.

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

If the interest of a correspondence can be maintained and its freshness preserved by a weekly publication, it must be yet more valuable to have weekly notices instead of monthly ones of the advances which are 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.

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MEDICAL NEWS.

Thirty-seven ladies are said to have matriculated this season in the Medical Department of the Michigan University.

The English Government is offering iron hospitals to various unions throughout Ireland for the sums of 220 pounds to 250 pounds and 250 pounds, according as they are to contain twelve or twenty patients. They can be set up and made ready for occupation in a month, and are said to be with water closets, nurse-rooms, wash-rooms, etc., complete. If they be what they seem, these iron hospitals appear to solve the question of hospital construction, costing, we should suppose, furnished, not more than one hundred dollars a bed.

Dr. Corfield, who acted as medical inspector of the suspected farms during the late epidemic of typhoid fever caused by the distribution of infected milk by the Dairy Reform Company, stated last week in Birmingham, in reference to this epidemic that 'the cause of that epidemic is known with absolute certainty, the very channel by which the poison got into the dairy well having been recently unearthed.' We believe that a direct communication has been traced from the very spot at which the typhoid excreta were buried into the well, and the typhoid poison which infected the milk has been literally run to ground.

We learn from Boston that the Medical Department of Harvard University has just become the possessor of a large and valuable museum of models of diseases of the skin, the munificent gift of Dr. Edward Wigglesworth, of Boston, a gentleman well known in connection with the dermatology of the present day. The collection embraces some two hundred models, the work of J. Baretta, of Paris, who is recognized throughout Europe as a most successful modeller and artist. The museum represents models of all of the commoner diseases of the skin, as well as a large number of rare forms, copied from the St. Louis Hospital collection. As works of art and accurate representations of disease, the pieces are remarkably fine, and portray the various affections in a most truthful manner. This is the largest and in fact the only complete museum of the kind in our country; and we congratulate Harvard upon being the recipient of such a generous donation from an individual.—[Philadelphia Medical Times.

YELLOW FEVER.

This fatal fever, as is known to all our readers, has been raging as an epidemic for six weeks past in Shreveport and Memphis, and has also prevailed with severity in some of the towns of Texas. At Shreveport it has been announced that more than fifty per cent. of the earlier cases proved fatal. From the 14th of September, when it broke out in Memphis, to the 25th of October, it is reported that more than a thousand persons had died of the fever in that city. The present is the third irruption of yellow fever in Memphis. It appeared there the first time in 1855, when by common consent it was referred to New Orleans, from which place it was believed to have been imported by the steamer Harry Hill. It broke out again, in 1866, in the wake of cholera. This epidemic has also come in the wake of cholera, and at a season when New Orleans was comparatively healthy, having probably originated in Memphis.

At first it was prevalent only in certain localities, and chiefly among the poor Irish population; but gradually it has spread over the city until every quarter has furnished victims, among whom are numbered several physicians. It was hoped that the frosts which occurred about the 10th of the month would check the pestilence, but they were too slight to produce any such effect. Doubtless the lower temperature of the 21st and 22nd will be followed by a favorable change.

The fact is one of great interest, that while refugees from the infected city have died of yellow fever in all the towns around Memphis, in no instance has the disease been propagated. Several deaths from the fever have occurred in Louisville in persons who had contracted it in Memphis, but without communicating it to their purses.—[American Practitioner.

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TWENTIETH SESSION, 1873-74.

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