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HYGIENE.

THE DRY EARTH SYSTEM.

The Fourth Annual Report of the State Board of Health of Massachusetts contains a conjoint report by Prof. W. M. Nichols and Dr. George Derby on sewerage, water supply, etc. Speaking of the dry earth system, the reporters state that the conditions under which this plan can be used are exceedingly limited. The earth must be dried, and kept dry at all times for immediate use. This involves labour and intelligent care and foresight. The artificial drying of the earth for use a second time in private houses would be expensive, well-nigh impracticable, and inconsistent with existing social arrangements. As no slope, sink-wash, or other fluids can be added, drains and sewers would still be required, and the dry-earth system could not supplant these. The reporters incidentally remark that it has yet to be shown that the foul odour is any measure of the danger from the retention of human excreta about our dwellings. It may be that, while deprived of offensive smell, these materials may yet, under certain circumstances, convey disease. The difficulties, cost of labour, and other considerations attending the general use of the dry-earth system in densely populated cities or towns seems to be insuperable. But the case is altogether different with country houses, for which there are several very weighty reasons why it should be preferred. Supposing that the dry-earth plan had been the only means of disposing of excreta, as it is said to be in China, and that our present water-carriage systems were proposed for the first time as a substitute, would it not be hailed as a blessing? our reporters shrewdly ask. The disadvantages of the water system are familiar to us by long use; while those of the earth system, as applied to large communities, have yet to be determined. The water-carriage system will soon, in the opinion of the reporters, be the universal method employed in cities and towns. Its advantages are many and obvious. The remarks which follow on the ventilation of house drains are both sensible and practical. The only cities in Massachusetts now provided with a system of sewerage which can be regarded as approaching completeness, are Boston and Worcester. In the former city, the reporters regret that authority to erect buildings has been given of late years very freely in sections which cannot be properly sewered. At Worcester, the sewage works are said to be on a very complete scale, and are a subject of just pride to the city and commonwealth. In the vast majority of households in Massachusetts, however, human excrement is still deposited under small buildings, either entirely detached from the dwelling or connected by a wood-shed or other passage-way. The dangers attending this system, if not looked after by careful and intelligent persons, are well known.

Air and water pollution may very readily ensue, as we know full well from occurrences in this country, giving rise to fevers and intestinal disorders.

PHYSIOLOGY.

ON THE RELATION OF PHYSIOLOGY TO MEDICINE.

Scientific medicine, or that condition of medical science in which practice shall be deduced with certainty from theory, can only be based on physiology or an accurate knowledge of the structures and functions of the healthy organs. The two are inseparably united, and although medicine existed long antecedently to physiology, it was not the less based upon it, and the history of its errors and shortcomings shows clearly enough that these were due to the faults and imperfections of the physiological foundation on which it rested; and it may fairly be said that in proportion as the methods of investigation and the accuracy and extent of our physiological knowledge have increased, in that proportion has medicine emerged from its earlier and empirical state and advanced to the dignity of a science. Every thoughtful man must agree with the views recently expressed by one of the greatest masters of experimental physiology, Claude Bernard, that physiology cannot and ought not to be regarded in the light either of a mere accessory to the study of medicine or as the complement to anatomy. Its pursuit is a part of that training which is indispensable to the physician and surgeon alike, for it is obvious that the same methods of research and the same modes of reasoning demanded for the investigation of the actions of the body in health are required to prosecute successfully an inquiry into the causes and nature of disease and of the effects of remedies.

PRACTICAL MEDICINE.

USE OF THE ASPIRATOR IN HEPATIC ABSCESS.

Professor Maclean gives an account of a case of abscess of the liver at Netley Hospital, in which Dieulafoy's aspirator was employed:—

On the 18th he was in great pain and looked anxious and ghastly; his temperature had fallen more than 2°; his pulse and respiration were quickened. Much increase of swelling was noticed, especially behind the last puncture, and the area of hepatic dullness was much increased; some florid blood was coughed up before the morning visit. Dr. Fyffe at once introduced the largest trocar and canula belonging to the aspirator into the most prominent part of the swelling, and drew off the enormous quantity of ninety-six ounces of pus, of a reddish-brown colour and creamy consistence. Towards the close of the operation he became very weak, but the relief of all the most urgent symptoms was immense

and immediate. A full dose of morphia was given, and the patient passed a tranquil night.

From this day, indeed from the hour of the last operation, his recovery commenced, and his history was one of steady improvement; his cough subsided, his breathing became tranquil, the sweats disappeared, his temperature became normal, his appetite returned, and he gained flesh with surprising quickness. So rapidly did the abscess contract that a needle passed near the last puncture some days after the operation did not enter a cavity, but encountered only the solid substance of the gland. After spending in all eight weeks in hospital the patient was found "fit for duty," and discharged on June 6th, and, I regret to add, celebrated his restoration to health and freedom from hospital restraint by getting drunk and spending the night in the guard-room.

This case presents some points of great practical interest. 1st. The case was clearly of pyemic origin, secondary to dysentery. 2nd. As is usual in such cases, the foregoing history clearly establishes the fact that there were more abscesses than one. Even if it be assumed that the purulent matter passed by stool was not of hepatic origin, it is hardly possible to believe that a cavity which was completely emptied by the aspirator on the 16th could have filled to such a prodigious extent as by the 18th to contain ninety-six ounces of pus. It is more probable that between the abscess opened on the former date and that evacuated on the last occasion there was a more or less thin wall of separation, which, under the pressure of the larger abscess, had given way, converting the two evacuations into one. 3rd. The fall of temperature on the 18th (the date of the last operation), amounting to 2° F., was very remarkable, and a true indication of the extreme depression and consequent peril of the patient; for, as I have had many opportunities of observing and recording, the thermometer rises a degree or more when an abscess in the liver, which has been emptied, fills again—thus giving a most reliable indication of the fact, apart from all other signs. 4th. The rapidity with which this great cavity closed, and never again filled, was most remarkable; and, as a consequence, the speedy amendment, convalescence, and final complete recovery of the patient—an event, under the apparently hopeless circumstances of the case, I did not for a moment anticipate. 5th. A most noteworthy point in this case was the relief afforded by the abstraction of blood directly from the liver, by the aspirator; in my first search for the site of the abscess on the 14th. This was carefully noted by the young medical officer in charge, and was apparent to all who watched the case. If this were a solitary example I would not be disposed to dwell much on the fact. But on the same day, in ward 27A of the medical division, I found a soldier, private H— of the 109th Regt., just arrived from India, with all the symp-

toms of acute inflammation of the liver—enlargement of the gland (quite apparent to the eye and confirmed by palpation and percussion), a temperature of 101.4°, a pulse of 120, extreme hepatic tenderness, dorsal decubitus, and a very anxious countenance. The symptoms were such as to warrant the suspicion that an abscess was making its way to the surface. Without hesitation I plunged one of Dieulafoy's perforated needles in succession into the most prominent parts of liver, applying the aspirator. I failed to find an abscess, but brought away about four ounces of blood. The result was most striking. The patient experienced immediate and marked relief; the temperature fell; the excessive swelling of the liver subsided in a manner out of all proportion to the quantity of blood extracted; and, under the use of chloride of ammonium, the patient made a very good recovery. It cannot be said that the result was due to the operation of the medicine alone, as the relief experienced was gratefully acknowledged at the time in the presence of the medical officers doing duty in my wards. In yet a third case—one of chronic dysentery, complicated with hepatic symptoms so acute as to lead me to suspect that pus had formed—I pursued the same plan, not for the purpose of withdrawing blood, but in search of a supposed abscess, which was not found; but the withdrawing of about the same quantity of blood by the aspirator was, in like manner, followed by the immediate subsidence of the hepatic symptoms.

GYNECOLOGY.

PALLIATIVE TREATMENT OF MENORRHAGIA FROM INTRAUTERINE TUMOURS.

By DR. ALFRED MEADOWS, London.

Supposing that palliative treatment is required, our attention will probably be directed chiefly to the relief of one or other or all of the three leading symptoms—namely, menorrhagia, irregular discharge of mucus or of blood, and pain. Of these undoubtedly excessive discharge, either at or between the menstrual periods, will be the most common, and probably the most trying and troublesome symptom to treat. Of course I need not say that astringents will under such circumstances be called for; and, among the many that at different times enjoy popularity, it is difficult to select one which shall prove most effectual; indeed, I do not hesitate to declare that there is no single remedy that I know of which can be relied upon with anything like certainty to check the hæmorrhage or arrest the menstrual flow in cases of this sort. I have tried, in turn, most, if not all, the so-called hæmostatics, and I cannot say of any one of them that it has been uniformly successful, or that it has not at times most signally failed. Gallic acid in one case, astringent chalybeates in another—and, of the latter, I know of none that is so effective as peracetate of iron in half-drachm doses; acetate of lead in a third, taking care always, in giving the latter, to do so in solution with the dilute acetic acid; ergot of rye in a fourth, in half-drachm doses, giving this in the recent powder in preference to any other form;—these are, according to my experience, among

the most efficient remedies of this class. But there is one that I have used during the last twelvemonth which certainly seems to me by far the most effective remedy of the kind that we possess: I mean the watery extract or liquor of the common periwinkle—the *extractum vinosum major liquidum*, as it is called. This, taken in drachm doses, properly diluted, every four hours, I have seldom known to fail; it is certainly by far the most efficient remedy that I know of for the purpose in question. Why one remedy answers better at one time or in one case better than another I am unable to say; constitutional or local peculiarity may have to do with it; but in any case I can lay down no rule for your guidance, for the whole thing seems to be purely empirical. Of those agents which, while possessing no astringency, have nevertheless proved effective as hæmostatics in some hands, such as digitalis, Indian hemp, turpentine, and mercury, I have no satisfactory opinion to offer, for the reason that they have all in my hands proved utter failures. Of course, where great anæmia exists, a chalybeate astringent would seem the most fitting, but I have on many occasions found it rather increase than diminish the bleeding. The same may be said also of ergot. Dr. McClintock speaks very highly of the hæmostatic properties of mercury, confirming in this respect the experience of Dr. Tanner, who found it a most useful agent for this purpose. I must own that I have never seen such a result. If I were to place the medicines in the order in which I have found them of greatest value, I should assign them as follows: the liquid extract of the common garden periwinkle, the ethereal peracetate of iron, ergot in the form presently to be described, gallic and sulphuric acids with the compound infusion of roses, the acetate of lead with dilute acetic acid, and, in a few rare cases of the congestive kind, the local abstraction of blood by means of leeches to the cervix; these have all, in turns, proved efficient in my hands. As a general rule, I have observed that when hæmorrhage does occur, which is very seldom, in cases of subperitoneal fibroids, it is more easily arrested than in either of the other varieties, and for such the periwinkle, or the chloride of calcium, given perseveringly for months, has been the most successful. In interstitial fibroids the bleeding is more difficult to control, and ergot or rye or borax has proved the most efficient agent in such cases. In the submucous, and still more in the polypoidal forms, the difficulty of arresting hæmorrhage is greater than in either of the others; here the *vinca major* and the more common astringents, such as gallic acid, sulphuric acid, iron alum, or the peracetate of iron, have appeared to answer best.

PHYSIOLOGY.

ACTION OF PEPSIN ON FIBRIN.

Von Wittich (*Pluegers Archiv*, vol. v. 435) finds that the pyloric end of the stomach contains little pepsin and a large quantity of mucus. He extracts the pepsin by means of glycerine, which dissolves it very readily. As the mucus from the pyloric end of the stomach hinders the solution

of the pepsin in glycerine, he recommends that this part of the stomach should be cut off before the rest is laid in glycerine. To get pepsin as free as possible from albuminous substances, he steeps the mucous membrane of the stomach in alcohol for a day or two, and then in glycerine for several days. Pepsin does not give the reactions of albuminous bodies, nor does it putrefy easily as they do, but it resembles them in hardly diffusing into water at all. If a piece of fibrin, however, be put into the water, the pepsin will diffuse into it most readily; and if any remains undissolved in artificial gastric juice, it will take up nearly the whole of the pepsin from it. When the fibrin is then placed in fresh dilute hydrochloric acid, it not only becomes digested itself, but imparts to the acid the power of digesting additional quantities of fibrin. The author considers that pepsin and hydrochloric acid form a chemical compound, which is the active agent in digestion. This, he thinks, is shown by the facts that pepsin with acid diffuses readily, although pepsin alone hardly diffuses at all, and that the pepsin runs off along with the products of digestion, from fibrin digested on a filter. The pepsin and acid probably unite in definite proportions, as digestion will stop if too little acid is present although there may be plenty of pepsin. The quantity of fibrin digested by a fluid in which it is immersed is proportional to the pepsin. Digestion begins more quickly when there is much pepsin, and proceeds most rapidly at a temperature of about 120° Fahr. It will go on, though slowly, at 80° Fahr. The power of pepsin is destroyed by heating a dilute solution of it to 169° Fahr. for two minutes. A strong solution is not destroyed by exposure to a temperature of 189° Fahr. for a similar period. When the gastric juice does not digest the whole of the fibrin in it, the arrest of digestion is due to two causes, the first of these being the want of free acid. A part of the acid which remains undissolved is withdrawn from it during digestion, and so there is not enough left to form the digestive compound with the pepsin which it has absorbed. Digestion cannot go on unless water be present, and it is hindered if the quantity be too small. Another cause of the arrest of digestion is the presence of digestive products, and especially peptones, in the gastric juice. If much pepsin be present, a larger proportion of them is required to stop digestion, and the quantity of peptones formed from the parepeptones is increased. Peptones may be formed from fibrin by the action of dilute acid alone.

PRACTICAL MEDICINE.

PULMONARY HÆMORRHAGE AS A CAUSE OF CONSUMPTION.

In a paper read before the Medical Society of the College of Physicians of Dublin, and published in the *Dublin Journal of Medical Science*, Dr. Finny discusses the subject of pulmonary hæmorrhage as a cause of phthisis. He prefaces his remarks by relating the histories of three cases which occurred in his practice, in all of which, as far as could be ascertained by the most careful in-

quiry, there existed no pulmonary disease previous to the occurrence of the hæmoptysis; but in all the three cases the pulmonary hæmorrhage was followed by signs of consolidation and subsequently of softening of the lungs, and all three terminated fatally within six months from the time of the first bleeding.

The first case was that of a young lady, aged eighteen, who was very tall for her age, and of a consumptive family. She had three attacks of hæmoptysis—the first in July 9, 1869, the second on July 11, and the third on July 12—which were followed by quick pulse and high temperature. Nine days after the first hæmorrhage there were well-marked signs of lobular pneumonia, dullness on percussion, tubular breathing, bronchophony, and moist râles. Subsequently the temperature reached 103° F., and the sputum was characteristic of pneumonia. On the 22nd the lung was evidently softening, and the patient died on Sept. 4, fifty-seven days after the first attack of hæmoptysis.

The second case was that of a young lady, aged twenty-two, in whose family there was no phthisical history. She had two attacks of hæmoptysis, the first on Jan. 27, and the second nine days later. The bleeding was only moderate. The first hæmorrhage was followed by quick pulse and frequent respiration (40 per minute). The temperature was 99° F. There ensued dulness under the left clavicle, absence of vesicular breathing, and slight tubular breathing. Distinct symptoms of pneumonia followed, even herpes on the lip. Softening set in, and she died on March 13, forty-four days after the first attack of blood-spitting.

The third case was that of a medical student, aged twenty-one, of a healthy family, who was attacked with hæmoptysis, after clearing a large fence, when grouse-shooting in August, 1867. This was followed by pneumonic consolidation, which persisted. On January 8, softening was going on, and he died at the beginning of February, five months from the occurrence of the hæmoptysis. Dr. Finny remarks that it was not till some days after the first hæmorrhage that the symptoms and signs of inflammatory changes in the lungs gradually developed in these cases. All the patients were young, and, speaking generally, in good health.

With respect to the probable cause of the bleeding, Dr. Finny does not regard with much favour the hypothesis of a previous diseased state (fatty degeneration) of the arteries of the lungs, as there have been few opportunities of examining these organs microscopically at the very outset of consumption. He also does not view with approval Laennec's theory of the hæmoptysis being due to tubercles deposited in the lungs and lying latent there till such time as some sufficient exciting cause shall call them into activity. The theory which commends itself most to this physician is the accidental rupture of some blood-vessel; in consequence of some undue exertion on the part of the patient. This theory of accidental bleeding is borne out by the history of the cases narrated by Dr. Finny.

Dr. Finny considers that the death of his three

patients was the direct consequence of the pulmonary hæmorrhage; and 'that the hæmorrhage and the inflammatory action in the lungs bore to each other the relation of cause and effect.' With regard to the steps of the morbid process, Dr. Finny's views are in general accordance with those of Niemeyer in his lectures on phthisis. Dr. Finny answers the objection that blood does not and cannot produce inflammatory action in the lungs, by adducing instances in which blood is acknowledged by competent authorities to set up inflammation in other mucous membranes, as, e.g., in the nares and vagina, when a plug soaked in blood is allowed to remain too long in contact with the mucous membrane. He does not agree with Niemeyer that hæmoptysis is a frequent cause of phthisis; and he is of opinion that hæmorrhage may occur without any resulting inflammatory action; and even when inflammation does follow an attack of bleeding, he thinks the pneumonic products are in some cases sooner or later absorbed.

Whether rapid consumption will follow an attack of hæmoptysis or not depends, according to Dr. Finny (and upon this point he would lay considerable stress), on the presence or absence of the strumous or scrofulous diathesis in the person attacked. He believes this factor to have been present in the three cases he has recorded. Dr. Finny then goes on to explain what he means by the scrofulous diathesis, and concludes a very able paper by stating his belief that in his cases the phthisis was partly due to tubercles developed in the lungs in consequence of the system being infected, owing to the retrograde metamorphosis of the products of the catarrhal pneumonia, and by the blood effused into the air-vesicles. There were, however, no post mortem examinations allowed in the cases brought forward.

SHORT NOTES.

TEST FOR PEPSIN.

Prof. Tuson proceeds as follows in order to judge whether a given sample of pepsin is up to the standard of quality. Boil an egg for an hour, and cut a portion of the white into the thinnest possible slices. Take a two-ounce wide-mouthed bottle and introduce into it 77 grains of the sliced white of egg, 1½ grains of pepsin, 4 minims of strong hydrochloric acid, and 420 minims of distilled water. Place the bottle in a water bath and keep it for four hours at a temperature of 100° F. At the end of the experiment all the albumen should have been dissolved, nothing remaining but minute quantities of fibrous or membranous matters.

PHYSIOLOGICAL ACTION OF LIGHT.

The latest researches on the physiological action of light are by Dr. McKendrick and Mr. James Dewar, of Edinburgh. They have recently obtained a change in the electro-motive force of the retina, even by feeble moonlight, and have established the fact that the specific action of light on the retina is a change in the electro-motive force of the optic nerve. The retina becoming fatigued

under the action of light, the eye is more sensitive to variations in light of low intensity than to variations in light of high intensity.

BROMIDE OF POTASSIUM IN ANGINA PECTORIS.

In a paper lately presented to the Society of Medicine of Antwerp, Dr. Pappilaud related various cases of *angina pectoris* in which the use of bromide of potassium afforded the best results. He begins with half a drachm of the salt daily, and increases the dose by half a drachm weekly until he reaches the dose of two drachms. Generally the intensity of the fits rapidly abates, and recovery takes place after two or three months.

PHOSPHORUS PROMOTING THE GROWTH OF THE HAIR.

A correspondent of the *Lancet* mentions that doses of phosphorized oil in cod-liver oil restored the growth of his hair, and improved its quality and colour. The same effect was observed in a friend to whom the prescription was given.

THE ASSIMILATION OF FAT.

Hofmann (*Zeitsch. f. Biologie*) has made numerous experiments with a view to determine whether fat is deposited in the tissues from the food or not, or whether it first undergoes conversion. He starved animals till all the fat of the body was supposed to be absorbed, and then fed them on nearly pure fat. Analysis proved that a considerable quantity had been assimilated and deposited in the tissues. The deposit takes place chiefly in the liver and mesentery. That fats are not all burnt off is also shown by the experiments of Pettenkofer and Voit, who have found less carbon extracted than would be the case if all the fat animals receive in their food were burnt off.

COLOURLESS BILE.

Ritter (*Comptes Rendus*, vol. LXXIV.) has examined the colourless fluid which is sometimes found in the human gall-bladder, and is usually regarded as mucus. He finds that it contains salts of the bile-acids, mineral salts, fat, cholesterol, and traces of other organic matters, but no pigment. In several cases, especially in those occurring in animals, the colourless bile was associated with jaundice, and in all cases the liver had undergone more or less fatty degeneration.

ATROPIZED CASTOR OIL.

Mr. D. L. Owen, Surgeon to the Eye Hospital, Birmingham, states (*Brit. Med. Journ.*) that in the treatment of irritable ulcer of the cornea, and of abrasions of the epithelium, it is generally desirable to use some application of a viscid nature, which may fill up the inequality of surface and reduce the irritation caused by the movements of the eyelid to a minimum. For this purpose no remedy is so fit as castor oil; and if to the oil be added the sulphate of atropia in the proportion of from one to four grains to the ounce (to which extent at least it is soluble), a convenient agent is obtained, which combines the beneficial effect of atropia with the mechanical advantages of oil. In these special instances, castor oil is to be preferred as a vehicle before either gelatine or glycerine, since it is not, like glycerine, painful when applied to the surface of the eye, nor, like both, readily washed away by the tears.

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, AUGUST 9, 1873.

TO CORRESPONDENTS.

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

TERMS OF PUBLICATION.

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

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

A very suggestive inquiry has been put by a correspondent, who writes briefly to ask, "If this is not a favourable opportunity to attempt a Dominion Medical Bill." Undoubtedly it is, and we are expecting the measure proposed by the Medical Association to receive a weight of authority and recommendation from the meeting of the Association at St. John. There can be very little difference of opinion as to the greater value and estimation of a central and national "College of Physicians and Surgeons" above one of mere provincial limitation; but under our system of Confederation educational matters are altogether left to the provinces themselves, and there may possibly be questions of constitutional law to hamper the enactment of a comprehensive Dominion measure. The great extent of our country also places obstacles in the way of establishing the much desired one-portal system in this country, but even these obstacles are not insuperable. It is for the profession to frame a suitable draft bill, and after discussing it fully in the general and local societies, then to test the question in the Dominion Parliament.

Another meeting was held at Manchester on the 11th July last, with respect to the reform of medical charities. This meeting adopted the principle of provident dispensaries as the one best fitted to meet the case of the large number of working people above the condition of pauperism, who, while unable to pay the ordinary medical fees, are yet well able to make small periodical payments for medicine and medical attendance. A committee was charged with the duty of drawing up a scheme showing how the provident system could best be established in Manchester and Salford.

The Manchester meeting was attended by a deputation from London, including Sir Rutherford Alcock and Dr. J. Ford Anderson, of the Charity Organization Society. Dr. Anderson's speech in support of the measure is interesting, because it showed what has been done in the capital in this direction. He said that in London, as a result of the agitation carried on by the Society, seven new provident dispensaries had been formed, five of them being instances of the conversion of the old system into the new. In 1870 there were only nine provident dispensaries in London; now there were sixteen. He estimated that there were 40,000 members, 15,000 of whom had been recently added, and that the payments of members in the London institu-

tions averaged £320 for each annually. The most successful institutions, he said, were those away from the competition of the free hospitals and free dispensaries. His experience had taught him that provident dispensaries would never succeed until they closed the doors of indiscriminate gratuitous medical relief.

From this it may be seen how the provident dispensary system is extending, and how likely it is to take the place of the "medical clubs," which in most parts of England have been the working-man's resource to meet the pecuniary trials of sickness.

The question which will naturally arise among Canadian practitioners is, whether it will be advisable to encourage the formation of similar institutions in this country. And in relation to this question it is proper to say that there are wide differences of opinion among the profession in England with respect to provident dispensaries. There are medical men who view them as the best means of relief from a class of non-paying or very poor-paying patients; and there are others, again, who conceive the provident dispensary as a piece of machinery put in operation to compete with the unfortunate medical practitioner whose practice lies wholly or chiefly among the humbler ranks. Our own opinion is that on general principles of political economy it will be advisable to encourage the formation of every provident resource of the industrial orders in this country. We should encourage self-help in all things. On the ground of purely professional interests, it may be urged that the very existence of self-supporting provident institutions must serve to repress the abuse which consists in persons throwing themselves entirely on the charity of some good-hearted doctor. Why, for instance, should a doctor conceive it to be his interest to incur a lot of bad accounts when by pointing to the provident dispensary he could induce the non-paying class to contribute something at least towards the salary of a paid medical officer. To some practitioners in Canadian towns a provident dispensary might possibly be a competitive agency, but to most medical men such an institution would be a means of relief. It is worth while, we think, that attention should be given to a movement like this, taking place in a country whose progress in all matters that affect crowded populations and the organization of charitable and provident institutions is in advance of our own, so that when the question is mooted by those who usually lead in these matters an intelligent and ripened opinion may be formed by the members of the medical profession.

In a medico-political article the *Lancet* objects to the action of the Medical Council in taking up the question of the education of dispensers and nurses as beyond the province of the Council. But it strenuously insists on the necessity of having educated midwives. We quote:—"The education of midwives bears so vitally on the preservation of the life of women in childbed that it cannot properly be ignored. As a matter of fact a large number of women are attended by midwives, and the practice has a certain sanction

from both law and custom. Not only so; it is very desirable that medical men should be saved from the drudgery of very cheap midwifery. It is very doubtful indeed whether the physical strength of woman is equal to the duties of a large obstetric practice. The affirmative view of this question is too readily assumed; but it has to be proved. Be this as it may, a very large midwifery practice is injurious in a high degree to men who have all the other duties of medical practice to do; and it is so especially among the poor, the hygienic condition of whose dwellings terribly enhances the bad effects of loss of sleep and tedious waiting. Sir Robert Christison gave it as the result of his large observation that nothing was more injurious to the health of rural medical men than heavy midwifery duties. Even in the interest of medical men, then, we think it very desirable that women should be educated in the practice of midwifery, and as a matter of prudence and humanity there cannot be any doubt about it."

There is undoubtedly much force in this special view of the question. It applies more particularly of course, if not indeed altogether, to the case of the poor. Educated midwives, willing to work among the poorer classes, would undoubtedly relieve medical men from a great deal of unremunerative work. On the other hand, the licensing of women as midwives leads in the way of flooding the profession with women doctors. Midwives are apt to go beyond their province, and having the confidence of their patients inspired by their specialty, are ready enough, as we have had frequent occasion to notice, to venture upon matters in which they are not specially educated.

We think the arguments for the education of midwives lose much of their force in North America. There are, happily, but very few heads of families in this country too poor to be able to pay a moderately remunerative fee to a qualified accoucheur. In the cities the indigent poor can have recourse to the general and lying-in hospitals. So far the question of the education of midwives has been little agitated in Canada, and is not likely to be so long as the ranks of the profession are well filled.

The English bill for amending the law affecting the registration of births and deaths, has been dropped. This is the government measure that proposed to make the giving of certificates by medical men compulsory and without pay. The main objection to the bill, however, and that which appears to have ensured its failure, was a defect in that it did not consolidate and unify into one comprehensive measure the laws which apply to death registration in different parts of the United Kingdom.

M. Vulpian communicated at the Société de Biologie, June 21 (*Gazette Hebdomadaire*, July 4), the interesting and novel lesions which he had observed in a rabbit whose trigeminal nerve had been divided. The cornea presented congestive lesions, which produced a singular change; the cornea became the seat of calcareous formation, and calcareous salts were deposited in it.

CORRESPONDENCE.

CASE OF CEREBRO-SPINAL MENINGITIS.

I was called (July 14) to visit Wm. T., set 64. I found him lying prostrated. He complained of pain in the back of the head, nape of the neck, and the whole spinal column. He experienced great pain on pressure, and could not be moved or turned on the bed without experiencing excruciating pain. His pulse was 100 and fluttering. The skin was cold and clammy, and sweating profuse. I learned from him that the day previous he had ridden fifteen miles over a rough road in a lumber waggon. On arriving home he felt pain between the shoulders. This he thought was owing to the long drive and heat of the day. He went to bed, and rested quite well that night. On rising next morning he felt some pain, but went to work in the hay field. About ten o'clock the pain was so intense that he had to be helped to the house.

After careful questioning and physical examination, I came to the conclusion that it was an attack of cerebro-spinal meningitis. Accordingly, I applied strong ammonia blister the whole length of the spinal column, which gave temporary relief. The bowels had not been moved for two days. Three drops of croton oil in bread pill, followed by a scidlitz powder, had the desired effect. After this opiates were administered, followed by tonics and stimulants, which seemed for a time to give relief. I visited the patient again on Wednesday following, when I found him sinking fast from excessive pain. Pulse 120; skin cold and clammy; breathing stertorous. The eyes were partially fixed, and the eyelids closed except when spoken to. He did not care to speak, yet he was quite rational. Anodynes gave only a temporary relief. Stimulants, ammonia and brandy, were fully administered, but failed to rally him, and the patient died the next morning at seven o'clock from exhaustion of the vital powers. I may add that the patient was able to take nourishment and remained quite sensible to the last.

This is the first case of this disease I ever met, and I think it quite difficult to combat with medicines. I should be glad if some experienced gentleman would give a paper on the subject, which might be beneficial to others as well as to myself.

The patient lived in a swampy malarious district, and I found on examination that the water was very bad. There have been no other attacks in the locality since that I know of.

W. OLAKTON.

Verona, July 23, 1873.

PARTURIENT PAINS IN THE LEGS.

T. R. H. relates very briefly a case of labour in which all the pains were confined to the legs; and asks if any one has experienced such a case, adding that he has searched the text books in vain for an explanation.

[Tyler Smith, in his work on Parturition, refers the cause of these extraneous pains in labour to reflex action. The following passage from his lectures will interest our correspondent:—

"Besides the pains of the ovaria, uterus, vagina, and perineum and the pelvic pain, there is another kind of pain present in almost all labours. This is the comparatively superficial pain of the lumbar region. Pressure with the hands of the nurse will generally relieve this pain, but sometimes the surface becomes so tender that no pressure can be endured, and the patient refers her chief suffering to this region. This painful state of the posterior lumbar and sacral nerves of sensation, during parturition, is of a radiate or reflex kind, evidently depending upon the condition of the parturient passage. Cases occur in which it is not the back, which is the seat of this kind of pain, but each returning contraction of the uterus excites severe pain in the thighs, legs, or feet; or I have seen it confined to one foot. I am not now speaking of cramp or painful muscular contraction, but of simple extra-uterine pain, occurring in the superficial sentient nerves."

THE EYE AND GENERAL SURGERY.

There is hardly a speciality which has been and is more readily recognized and accepted than ophthalmic surgery, but it, nevertheless, remains a question whether surgeons in this country are acting wisely in neglecting and leaving to special hands operations of an interesting and delicate kind. We were strongly reminded of this state of things by a recent discussion in the Surgical Society of Paris. Our readers are aware that this Society is exclusively composed of the hospital surgeons of the French capital, who, one and all, seem to cultivate with success ophthalmic surgery. The object of the discussion was to determine which of the sections (Daviel's or von Graefe's) is more likely in cataract to lead to success; and the speakers proved that they were fully up in the theory and practice of diseases of the eye.

London, it may be said, is a great centre, and can afford specialities; but Paris is also a great centre. No doubt there are in the latter capital several gentlemen who successfully confine themselves to eye diseases, but we contend that the Paris hospital surgeons are quite right to operate for cataract, make artificial pupils, &c., and thus prevent the continuous breaking up of surgery into specialities.

In London another system has prevailed. Most hospitals have now an ophthalmic department, and our ophthalmic hospitals are institutions of great importance. But it is said to think that the surgeons of our general hospitals, including the most eminent, decline to operate upon the eye. Nay, when their taste or interest lies that way, they resign their appointments, give up general surgery, and take up the eye, as the term goes. Bit by bit specialities spring up, and the compass of surgery becomes less and less. As matters stand, the hospital surgeons are shorn of orthopedic and ophthalmic practice. The late Professor Syme stood his ground, however, as concerns orthopedics, and it would be well if his example were followed. Special men claim the right of performing ovariotomy, and physicians are among the number; but several of our hospital surgeons have resisted the invasion, and are successful in their cases of ovariotomy. To return to the eye, we would suggest that students should be trained to operations upon that organ, so that the young surgeon in country districts may more confidently than he now does undertake all operations on the eye.—*Lancet*.

LIABILITY FOR WRONGFUL TREATMENT BY AN ASSISTANT.

We have often commented on the impropriety of a general practitioner having an unqualified assistant to act as his locum tenens in a separate house, with the general practitioner's name on the door. It is impossible to deny that a kind of fraud is involved in such an arrangement. A case has just been tried in the Court of Common Pleas which shows that practitioners who act so incur pecuniary risks of a formidable character. A few days ago a confectioner residing at Hoxton brought an action against a surgeon for negligence as an accoucher, through which the plaintiff's wife lost her life. The defendant, according to the newspaper account before us, admitted that death arose through unskilful treatment, but as the case had been attended by a former assistant of his, he denied personal liability. In the course of evidence it was found that this assistant, who was in no way professionally qualified for the duties he assumed, lived at a house to the door of which the name of the defendant and of his profession were affixed. As the defendant was proved to have several other like branches, the Court found a verdict for the plaintiff for 100 pounds. This verdict is only consistent with the legal principle that a medical man is liable to a civil suit for injury done to a patient by the want of proper skill in his assistant, but there can be little doubt that the jury made the damages heavier in consideration of the fact that the assistant was unqualified.—*Lancet*.

Ether is given at the Middlesex Hospital mixed with air. Air is passed over ether heated to 70 deg. Inhalation in one case was continued an hour with no bad results of any kind.

HYSTERIA WITH ABSENCE OF VAGINA AND UTERUS.

M. Castiaux (*Gazette Hebdomadaire de Médecine*, June 27), relates a case of strongly marked hysteria in a girl aged eighteen, in whom careful examination proved the absence of the vagina and uterus (and probably of the ovaries?). The patient suffered from hysterical fits of depression and exaltation, fretful tympanitis, inertia of the bowel and bladder, globus hystericus, and subsequently obstinate vomiting; the pulse and temperature remained normal. There were zones of insensibility on the right side of the trunk, extending along the right limb—in short, all the characteristic signs of confirmed hysteria. Her evidently complete innocence on all sexual matters prevented questions from being pressed as to her having experienced sexual desire.

THE CHOLERA IN EUROPE.

Since our last report there has been little extension of cholera reported in Europe. In Venice the disease is increasing somewhat. On the 9th inst. eight cases and five deaths were recorded in that city. On the Danube, cases have appeared at Silistria and Galatz, and the disease has shown itself at Shumla. In none of the infected towns has the malady assumed any great proportions. Along the Turkish bank of the Danube, and in the neighbouring districts, the scattering of cholera appears to have been largely connected with the movements of troops.

The reports of the progress of cholera in the Austrian Empire are imperfect and disconnected. Indeed, from Hungary reports have seemingly ceased, but the *Wanderer* states that the epidemic is increasing in magnitude in that province, and adds that a conference of physicians—referring, no doubt, to the meeting of an Association—which was to have been held in Raab about this time, has been postponed on account of the prevalence of cholera there.

In Vienna we learn from private sources that fatal cases of cholera are somewhat on the increase, but it is averred that these are cases of *cholera nostras*. The latest local returns of deaths from "cholera" so designated, and the deaths recorded from "Magenund-Darm-katarrh" from "Brechruhr," and from "Brechdurchfall," are said to be little more numerous than ordinarily occurs in the hot season.—*Lancet*, July 19.

Six cases of cholera were officially reported at Breslau from July 12 to 15. In the same period, there were two deaths. In Ratibor, up to July 14, there had been twenty-nine cases with six deaths. In Altendorf, during the week commencing July 9, there were sixteen new cases, of which nine were fatal. Up to July 14 there had been, in the Districts of Dresden and Döhlen, 247 cases of cholera, with eighty-six deaths. In Warsaw, the disease is reported to be spreading; the number of cases being from twenty to twenty-five daily.

The *Berliner Klinische Wochenschrift* pays an elegant tribute to Romberg (who died on June 16), associating him with Sir Charles Bell and Johann Müller. He was born in 1795 at Meiningen. In 1831 he took charge of the Cholera Hospital at Berlin. His most important works were on 'Nervous Diseases,' 3 vols., a treatise on Sir C. Bell's investigations, on paralysis of the respiratory organs, report of the cholera epidemic of 1837. He died of heart disease, aged seventy-eight years.

HOSPITAL NOTES.

ST. LUKE'S HOSPITAL, N. Y.

NOTES OF PRACTICE AND PECULIARITIES OF TREATMENT.

Pneumonia.—The plan of treatment ordinarily adopted in the treatment of this disease is to give the patients three grains of quinine three times per day, simply for its supporting effect; if the temperature gets up to 104° or 5°, reduce it by rubbing them over with cacao butter, which operates very nicely indeed when used for that purpose; feed them well, and that is about all.

The treatment is simple, but the results are gratifying.

Delirium Tremens.—Most of these patients, it is said, will require some stimulants. A man was receiving ℥j. three times a day. Hydrate of chloral, bromide of ammonium and potassium, and other remedies which naturally suggest themselves to the mind of the practitioner, are used if the patient requires anything besides the care and quiet of the hospital to secure sleep.

Scarlatina.—The remedial measures employed in this affection are in keeping with the generally received doctrine that it belongs to a class of diseases called self-limited; hence all the duty of the physician consists in guiding his patients among the shoals and rocks to which they are exposed during their perilous voyage.

About ℥j. of cacao butter is used as an unction twice a day to relieve the high temperature, and after this the symptoms are met as they arise.

This article of butter of cacao receives a hearty recommendation as an agent to be used for the reduction of the temperature in this class of cases.

Acute Articular Rheumatism.—When one of these patients is brought in with joints swollen and tender and painful, and motion about suspended, in short, with all the phenomena of an attack of acute articular rheumatism, he is immediately placed upon a treatment which consists in the administration of iodide of potash in fifteen grain doses every two hours, and sulphate of quinine gr. x, alternately, every two hours.

This is continued until the acute symptoms subside. It is expected that this will take place within fifty-six hours, and is discontinued at the end of this time in case the acute symptoms do not yield. In most cases the acute symptoms are completely subdued within twenty-four or forty-eight hours, and the patients feel comparatively comfortable. This, with a certain sense of propriety, might be regarded as heroic treatment, yet the results sanction and commend its adoption.

The local treatment scarcely goes beyond covering the joints with cotton. Later in the treatment colchicum enters, and is regarded as a useful adjuvant to the salts do much better when combined with colchicum, than when they are used alone.

Night Sweats of Phthisis.—A remedy commonly employed for the relief of this symptom is: Fld. Ext. Ergot in drachm doses at night. In some cases the patients vomit the remedy, but it is said to work exceedingly well in a large majority of cases.

Hydrate of chloral, given in grs. xx. doses about two hours before the time for the sweating to commence, is another plan.

Another method suggested is to awaken the patient a little before the hour at which the sweating commences, have him wash himself and take a little lunch.

Sprains.—These cases are immediately, as a rule, treated to a plaster of Paris splint, with the precaution taken to pad the limb well with cotton before making the application.

Burns.—Gunpowder burns are occasionally brought in from among the quarrymen, and the application used for this class of injuries is bichloride of mercury, one grain to the ounce of water, with the addition of one drachm of tr. benzoin. This is an old prescription here, and is supposed to be especially serviceable in connection with gunpowder burns.

Oxide of zinc ointment has the practical recommendation of an old member of the fire department.

Mosquito Netting as a Surgical Dressing.—In all those cases where it is desirable to keep up support, and pressure, and at the same time permit the free escape of all discharges from the wound, or ulcer, or whatever it may be, the ordinary mosquito netting used for a bandage meets all the indications. Bundling dressings are avoided in this way, the parts are kept cool, the discharge goes on unrestrained, and at the same time support is maintained. If the discharge is considerable, a pad of oakum may be placed beneath the parts to secure the discharge, thus insuring perfect cleanliness. This netting serves an admirable purpose in dressing large abscesses; for instance, when compression and free discharge are to be associated.

Reduction of High Temperature.—The mean normal temperature of the human body in health is laid down as 98.6° F. Anything above or below this is to be regarded as suspicious.

When the temperature reaches 105° it is occasion for anxiety, and if associated with delirium or unconsciousness some measures must be taken to reduce it to a point somewhat nearer the normal standard without delay. For example, a patient suffering from acute articular rheumatism has a sudden elevation of temperature to 105°, 106°, 107°, and falls into a state of unconsciousness, which is commonly the case with this elevation, must have some measures applied to reduce his temperature a number of degrees, or he will soon succumb. In such cases demanding active treatment, a tub of ice-cold water is placed by the patient's bed, which contains a couple of sheets. One of these sheets is wrung out and the other substituted for it; and this is kept up until the patient commences to complain, which is a very good indication that these measures have been carried sufficiently far. The patient is then wrapped in a dry sheet and placed in bed. This method of treatment is very often employed in this hospital, and there seems to be no other alternative in these severe cases. Unless the temperature is reduced by some means the patients almost invariably die, and this means is regarded as the most practical that can be employed.

In milder cases with less constitutional disturbance, other measures are instituted, such as sponging and the use of cacao butter as already indicated.

"There is no proof that 'cold brings on diseases,'" says Wunderlich. "On the other hand, the application of cold on febrile temperatures has proved it one of the chief antipyretic and antiphlogistic remedies, especially in typhus and exanthematic diseases."

"The benefits accruing from cold applications in fever do not depend simply upon the subtraction of an overplus of heat; the question is more complicated, and much is to be learned yet."

Sub-acute Pleurisy.—Patients who present their credentials and are booked, "effusion, into the pleural cavity—large quantity," are tapped at once, and placed upon tonics, quinine, and iron. Diuretics are not used with any great degree of confidence. When the effusion is moderate tonics alone are used.

Bright's Disease.—The general principles of treatment embrace the administration of tonics and diuretics. The best tonics are, quinine and tr. chloride of iron; the best diuretic is thought to be the infusion of digitalis.

Erysipelas.—For a local application the liq. plumbi et opii is used, and for internal administration quinine and iron, and the quinine is thought to be especially serviceable. It may have been noticed that the administration of quinine and iron in some of the hospitals is not so steadily adhered to as has been wont to be the case with the profession in general. Of their value in this disease it will be difficult to convince the profession, notwithstanding some of the cases which are treated without the administration of these remedies seem to do equally as well as those which receive it.—*N. Y. Medical Record.*

MEDICAL NEWS.

Small-pox is still epidemic in St. Petersburg.

The city of Hamilton, Ont., is reported healthy, save a number of cases of cholera morbus.

Remittent fever is somewhat prevalent in Kingston. Dr. Octavius Yates has just recovered from a severe attack of it.

The fear of small-pox has considerably abated in Canada, and vaccination is not near so frequently practised as it was a few months ago, so that now it is difficult in some towns to obtain fresh vaccine matter.

Intelligence from Paris states that Dr. Nelaton is still in the same state of health, and that Professor Claude Bernard, concerning whose health several exaggerated reports had circulated in Paris, had been only suffering from a passing indisposition, and is now quite well.

Cholera has apparently ceased among the rattenmen at Dantzic. A few cases have occurred in the Breslau district; and in Saxony, up to July 3, there had been sixty cases with thirty deaths, mostly in the neighbourhood of Dresden. A number of cases have occurred in Altendorf and the neighbourhood; the disease has appeared in Posen and Tilsit, and was, on July 6, spreading in Thorn, where fifty cases had on that day been received into hospital.

The Irish Commissioners of Lunacy take up the subject of the detention of Dipso-maniacs in their last report, and give a very guarded opinion on the matter. "Some few of these cases," they observe, "benefit permanently from control and detention; others, and it is

to be regretted, though full of promise when being restored to freedom, and philosophical even on the misfortunes attendant on excessive drinking, quickly lapses into their former habits. This class of patients, so difficult to be dealt with, and belonging mainly to the better grades in life, exists as it were on a neutral ground between sanity and insanity, holding a somewhat parallel position to that of convicts or individuals of a low standing in the community, who, regardless of punishment, becoming reckless or uncontrollable in prison, are transferred to our Criminal Asylum as lunatics."

DEBATE ON ANTISEPTIC SURGERY.

In a debate at the Glasgow Medico-Chirurgical Society (reported in the Glasgow Medical Journal) on a paper by Dr. Patterson on this subject, Dr. Macleod, surgeon to the Infirmary, said that, with regard to the antiseptic system of treatment of wounds, he was quite at one with Dr. Patterson as to the eminent value of that method. It had, however, one drawback; it made greater demands on time than any other system, and this, especially in a hospital, is a matter of some importance. In regard to compound fractures, it was rare indeed that the treatment did not succeed; and he well remembered the time when a successful result in compound fractures was something exceptional and remarkable. He had seen the most unpromising cases doing well under antiseptic treatment. For example, he had at present a patient, about to be dismissed, who had a compound fracture of the thigh, and the condyles split into the knee-joint. He was treated antiseptically—there was no constitutional disturbance; and, but for his own act in injuring himself, and setting up erysipelas, there would have been no check towards recovery. In another, a train had gone over a patient's leg, smashing both the tibia and the fibula into little bits, and tearing off the soft parts. This case also recovered under antiseptic treatment, though it was fifteen months before he was well. To the antiseptic system of treatment he, therefore, gave his emphatic adhesion, subject only to the qualification which he had mentioned.

Dr. Morton had, some few years ago, made a comparative trial of several modes of surgical treatment, including the so-called antiseptic system. He had tried irrigation, carbolic acid putty, putty without carbolic acid, carbolic acid with oil, oil without carbolic acid, and a number of other medicaments. The result of this comparative trial—the only one, by the way, which he had yet heard of having been made—was to point, not to carbolic acid, but to oil, as being the most successful surgical application. He was quite ready to admit that this result might be accidental, but at all events he had quite satisfied himself that carbolic acid was in no way a panacea in the treatment of surgical cases, and that, as an application, it was not superior, and probably not equal, to some others. There is a peculiarity about the antiseptic system which might lead to its foundations being sapped from the scientific side. Its advocates, and notably Mr. Lister himself, strongly insisted on the acceptance, not only of the practice, but also of the theory on which the practice was based. It was only by receiving the principle, they were told, that they could fully carry out the practice. Now, belief in the theory might no doubt lead to greater care, and therefore greater success in the practice; but their resolution to stand by the principle—i. e., the germ theory—rendered the antiseptic treatment liable to assault, not only from the practical, but, as already stated, from the scientific side. He did not think that the objection of Dr. Macleod, in regard to the time this system required, had any validity. To sacrifice lives because it would take extra time to save them, would be quite inexcusable. It should never be forgotten, in estimating the value of any system of treatment—and he would prove this fact in the younger members present—that, as a rule, the cases to which the surgeon paid most attention were the most successful. In a correspondence he had with Mr. Holmes, that surgeon had mentioned to him that, since he had adopted the plan of attending to the important cases himself, his success had been much greater. This was not intended at all as a reflection on

the dressers; the principle had a much wider application in the business of life, as every successful man could testify. As a surgeon in the Royal Infirmary who did not adopt the antiseptic system, he might mention the results of his own treatment of cases of compound fractures for the last two years. In the former of these years all the compound fracture cases got well, and in the latter year, they all succeeded but one. This exceptional case did not die of pyæmia in the ordinary sense, but of a condition which they saw much more frequently some twenty-five years ago, viz., phlebitis, inflammation of the veins, with pus in the joints.

MEDICAL CRITICISM.

The rise in prices has very manifold bearings on the question of medical charities. Thus, Mr. W. D. Stevens, at the quarterly court of the Governors of the Newcastle-on-Tyne Infirmary, mentioned that patients recommended by subscribers of two guineas, on a scale fixed twenty years ago, now cost the infirmary four guineas.

Only one gentleman passed the examination in the Science and Practice of Medicine at the examination held on the 10th of July, 1873. Students about to take qualifications, (says the *Lancet*) must at present be somewhat at a loss to know what to do, and even the Apothecaries' Company itself must be "perplexed with thoughts of change."

The London Daily Telegraph of July 16 contained a graphic picture of the success of the non-restraint system as pursued in Hanwell Asylum. The article will do much to restore the confidence of the public in the management of such institutions, shaken as that confidence has been by certain revelations of asylum life, which are, however, exceptional.

A recent writer says—Whatever may be the future development of pathological science—and it will, no doubt, be marvellous—it is not likely that there will ever be a period of that development more full of interest and excitement to speculative minds than the present. It is evident that we are on the verge of discoveries, not only intrinsically more important than any which have been made in recent years, but different in kind from anything which has gone before them. We are about to determine questions which not only deeply concern pathology itself, but tend to connect it by new and strong ties with philosophical biology, and to throw a brilliant light on both departments of inquiry.

The report of the evidence in the Tichborne trial in the daily papers is interesting as showing the wonderful way in which medical terms are misunderstood and misapplied by the general public, and how careful medical witnesses ought to be in the use of technicalities, unless they choose to run the risk of appearing to talk nonsense. For example, Mr. Holt is made to say that the defendant had not upon him any marks of *vissection*! We trust not, although it is almost a wonder that the Attorney-General's cross-examination last year (which was a sort of moral *vissection*) left no marks behind. What Mr. Holt really said was, we suppose, "*venesection*," the technical expression for bleeding from the vein. We think it was at the former trial that one of the medical witnesses had occasion to speak of the *commissure* of the eyelids, a term which the ingenious reporter twisted into *commissure*. We remember one other instance, still more absurd, of a witness giving evidence before a coroner that the deceased had suffered from *traumatic delirium*. We can judge of his delight when he read next morning in the paper that "Mr. So-and-so, the surgeon in attendance, gave evidence that the deceased, after his injury, had suffered from *aromatic delirium*."

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 and interesting points are not more fully debated in the monthly medical journals.

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

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

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

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THE TRANSFUSION OF DEFIBRINATED BLOOD.

In a most interesting brochure lately published on this subject, Dr. De Belina strongly advocates the extension of the operation of transfusion, describes an ingenious apparatus for performing it, and a number of interesting experiments he has made on the subject. He insists on the superiority of defibrinated blood, and refers to numerous experiments of Panum and Brown-Sequard, as well as his own, to prove that the fibrine is by no means essential or even serviceable in the operation.

By its removal, the risk of injecting minute coagula is greatly lessened, and the operation can be performed leisurely and without the fuss and flurry which must of necessity accompany other methods of operating. The red corpuscles saturated with oxygen are the important agents in the injected blood, and the agitation of the blood in defibrinating is in itself of value in increasing the oxygenation. Dr. Belina cites in support of his view some most brilliant and interesting cases, in which he performed transfusion with astonishing results. One of these was in a patient at the point of death from puerperal eclampsia; another was in a new-born and apparently asphyxiated child, who revived after the injection of the mother's defibrinated blood, expelled with the placenta, injected into the umbilical vein.

EMBOLISM IN ENDOCARDITIS.

The following statistics have been compiled (*Edinburgh Medical Journal*, July, 1873) from the records of the Pathological Institute in Berlin. They are the results of necropsical examinations in 300 cases of endocarditis that were observed between the years 1868 and 1871. The lesions were confined to the valves in nearly every instance; disease of the parietal endocardium occurred only once. The affection was limited to the right side in 1 per cent. of the cases; in 9 per cent. it was associated with similar trouble on the left side. In 10 per cent. the left valves were the only ones diseased, but in 39 per cent. the right valves were also affected. The following facts were also ascertained. The tricuspid was diseased alone in 1 per cent. of the cases, and with others in 10 per cent. The pulmonary was not diseased alone, but with other valves. The mitral was alone affected in 52 per cent., with others in 85 per cent.; the aorta alone in 13 per cent., with others in 43 per cent.; 29 per cent. of all the cases were complicated with embola. In 2 or 3 per cent. of these the trouble originated in the right side of the heart, and produced infarctions and abscesses in the lungs, chiefly in the lower lobes. In 20 per cent. the embola were derived from the aortic circulation. In the seventy-six cases of this nature, the mitral was affected in 87 per cent., and the aorta in 48 per cent. The following is the ratio of relative frequency with which embola occur in three different organs: in the kidneys, in 75 per cent.; in the spleen, in 51 per cent.; in the brain, in 20 per cent.; in the intestinal tract and in the liver, in 7 per cent.; in the skin, in 5 per cent.; in the medulla, in 3 per cent.; and less often in the thyroid gland and eye.

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

TWENTIETH SESSION, 1873-74.

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

TEACHING STAFF.

JOHN R. DICKSON, M.D., M.R.C.P.L., M.R.C.S.E., and F.R.C.S., Edin.; PRESIDENT, Professor of Clinical Surgery.
 FIFE FOWLER, M.D., L.R.C.S., Edin., REGISTRAR, Professor of Materia Medica.
 HORATIO YATES, M.D., Professor of the Principles and Practice of Medicine, and Lecturer on Clinical Medicine.
 MICHAEL LAVELL, M.D., Professor of Obstetrics and Diseases of Women and Children.
 MICHAEL SULLIVAN, M.D., Professor of Surgery and Surgical Anatomy.
 OCTAVIUS YATES, M.D., Professor of the Institutes of Medicine and Sanitary Science.
 JAMES NEISH, M.D., Professor of Descriptive and Regional Anatomy.
 THOMAS R. DUPUIS, M.D., Professor of Botany.
 NATHAN F. DUPUIS, M.A., F.R.S., Edin., (Professor of Chemistry and Natural History, Queen's University), Professor of Chemistry and Practical Chemistry.
 ALFRED S. OLIVER, M.D., Professor of Medical Jurisprudence.
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