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PRACTICAL MEDICINE.

ON THE CAUSES OF SPASMODIC ASTHMA.

By DR. C. T. WILLIAMS, Physician to the Brompton Hospital.

(Continued from page 118.)

Bronchial Inflammation.—But of all the fruitful causes of asthma, the next on our list—viz, bronchial inflammation, is the most common. According to Dr. Salter, it is the origin in 80 per cent. of the cases. It is generally after whooping-cough, measles, or infantile bronchitis, that the tendency towards asthma, from which the individual was previously probably free, begins to appear; and from that date he is liable to well-defined spasmodic attacks. It would seem that these diseases, implicating as they do both bronchial muscle and nerve, leave their mark behind them. It may be an irritability of the bronchial membrane; it may be some induration of the root of the lung; it may be an enlargement of the bronchial glands giving rise to pressure on the pneumogastric or on some of its branches. But of this fact there is no doubt—that the diseases which implicate the bronchial tubes in childhood lay the foundations of asthma in after-life.

Dr. C. J. B. Williams has drawn attention to the fact that enlarged bronchial glands often accompany enlarged tonsils in children; and he has often noted, even in early cases of asthma, where the attacks are few and far between, that, in the absence of paroxysms, more or less tubular sound, generally accompanying expiration, is audible in one or both interscapular regions.

The division of *general* causes, acting indirectly on the lungs, is a large one; and includes many of a heterogeneous nature, which are only classed together for convenience. Two principal subdivisions appear:—1st, where the cause depends on some part of the nervous system; 2ndly, where it may be assigned to an irritating condition of blood circulating in the lungs.

The nervous causation may be *centric*—as, for instance, where asthma arises from a fit of passion, as sometimes occurs in children. Great fright and emotion, jealousy and disappointment, have all been stated to have induced attacks in asthmatic patients. Thery gives an instance of a French officer in whom an attack was brought on by the grief he experienced in seeing Paris occupied by foreign troops; and when we remember the great susceptibility of Frenchmen to the subject of “la patrie” we need not be surprised at this fact, but can class it with the other French disturbances of the nervous system following the siege of Paris. The centric form of causation will include those cases where, as Dr. Anstie has well shown, there is an alternation between asthma, angina, gastralgia, and even hemicrania, in the same individual. Here there appears to be some centric irritation in the medulla involving

the origins of the fifth and eighth pairs of nerves, and affecting one branch after another of those nerves.

The other and more common mode of indirect causation is the *excito-motor*; such as, for example, when the attacks follow from costive bowels, or catamenial periods, or indigestion of various kinds. More than one case is on record where an attack has been caused by constipation of some days' standing, and has been warded off by attending to the bowels regularly.

Indigestion is a very frequent cause of the attacks. Some asthmatics become more or less wheezy after the ingestion of any food; others, again, only after certain kinds, such as cheese, salads, pastry, new bread, and others of the unwholesome class. With many, however, it is not the *food*, but the *hour of taking it*, that is of consequence. They can eat a mutton-chop at breakfast, whereas at dinner or supper such strong meat would certainly be provocative of an attack. Attacks, as a rule, are more apt to come on after the later meals than after the earlier; and this the asthmatic soon finds out, and has to renounce late dinners and their accompanying sociability, and to devote himself to an extremely regular and even ascetic life. Some asthmatics only make one good meal a day, and that is at breakfast; and during the paroxysms patients have been known to go forty-eight hours without any food. Another point of connection between indigestion and asthma is the flatulence which either ushers in or follows the fit; and in one interesting recorded case, when the patient became free from fits she suffered from troublesome flatulent attacks of a periodic kind and apparently replacing the asthma. The usual explanation of asthma following on indigestion is, that irritation of the medulla takes place through the gastric branches of the pneumogastric, giving rise to a motor effect through the pulmonary branches; and this is probably correct where the simple ingestion of certain articles induces the fit. But when there is a large amount of flatulence, might not the distension of the stomach and intestines, involving mechanical pressure upwards and constriction of the thoracic cavity, alone account for the occurrence of the bronchial spasm? The fact of the peptic attacks, as they are called, occurring more frequently at night, after suppers, than at any other time, is, I am aware, decidedly in favour of their being the result of a reflex act; for we know that reflex irritability is always exalted by sleep, as is seen in the epilepsy and teething convulsions of childhood, which occur far more frequently at night than in the day.

The general causes acting through the blood are—(1) Gout, which towards old age often takes the form of asthmatic attacks, which can be considerably relieved by treating the gout and not the asthma. (2) Syphilis. This is not often an exciting cause of the asthmatic spasm, and M.

Sée has never known an instance. I happen lately to have seen a well-marked one, where the asthmatic symptoms were not severe, but showed a remarkable degree of stubbornness to the action of the ordinary remedies. At length psoriasis palmaris appeared, followed by scaly spots of a copper colour on the legs and scrotum, and the characteristic sore-throat. I treated the patient with iodide of potassium and calomel baths, and was pleased to find that both eruption and asthma took their departure together, indicating clearly that the principal cause was the syphilitic taint, possibly involving the bronchial glands. (3) Skin disease. The connection of skin disease and asthma was first noticed by Boillaud, and subsequently confirmed by others. Trousseau gives a case where the attacks coincided with the appearance of urticaria, and increased in violence when the eruption disappeared. Gueneau de Mussy furnishes an instance where the subsidence of chronic eczema of the head and ears was followed by fits of spasmodic breathing. Several cases have fallen under my notice where the appearance of eczema or psoriasis has been the signal for a cessation of the asthmatic attacks, and, *vice versa*, their disappearance has been followed by a renewal of the asthma. These instances, however, point rather to both diseases being due to some common cause, which is probably the state of the blood, than to the skin disease being the origin of the asthma.

We have now reached the last though by no means the least important in our list of causes—namely, Heredity. Fathers and mothers very frequently transmit to their children the asthmatic tendency. Out of Dr. Salter's 217 cases, 84 (or 39 per cent.) were clearly hereditary. When we consider that asthma is not, like phthisis, so common and so easily acquired a disease that it is difficult to say if the children would not have been consumptive whether their parents were so or not, if the parents had not been phthisical; but we find that, even in a small number of cases of asthma, the hereditary element comes out very strongly. We see the asthmatic chest transmitted from father to son, from mother to daughter; and we notice in catarrhal attacks how the spasmodic symptoms predominate over the inflammatory. In many instances the transmitted delicacy does not show itself till late in life. It is not uncommon, as Dr. C. J. B. Williams has well remarked, to find that the children of asthmatics are not asthmatic, but phthisical. This, when we take into account the miserable state to which the frame of an habitual asthmatic sufferer is reduced by the number of attacks, the insufficiently oxygenated blood, and the starvation necessitated, is not by any means wonderful.

Before closing the subject, some notice must be taken of the influence of sex and age. Asthma is far more common among males than females. This may be explained by the fact that bronchial

inflammation, the most potent cause of asthma, is also more common among the former, who are far more exposed to cold, vicissitudes of weather, damp, and the like, and have bronchitis more frequently. Salter maintains that this is the only reason of asthma predominating among men; and that asthma of nervous origin is, like hysteria, chorea, and other diseases of exalted nervous sensibility, more common among women.

As regards age, no period of life is free from attacks of asthma. It is quite as much a disease of childhood as old age. We find it coming on in a large number of cases in middle life, and in a much smaller one, above fifty. The bronchial attacks of childhood cause the percentage to be the highest during the period of their greatest prevalence.

THE MEDICAL VALUE OF ARTERIAL PRESSURE.

By EDWARD DE MORGAN, District Surgeon, Queenstown, Africa.

The following deductions were made by me some years ago when experimenting with the sphygmograph. As I have found their practical application in diseases of the chest so valuable, I feel myself no longer justified in withholding them from the criticism of the profession.

Let us assume that pressure be applied to both axillary and femoral arteries; then, roughly speaking, about half the blood in the systemic or greater circulation is withheld. The remainder returns to fill the left ventricle of the heart, which either contracts upon half its normal amount of blood or *delays* its contraction until sufficient blood has returned from the unobstructed vessels to distend it to its normal contracting volume. If the latter of these two alternatives were the case the pulse would be diminished in frequency and its fulness greatly increased. It may at once be ascertained, by pressure on a femoral artery, that there is no alteration in frequency, and the sphygmograph shows that there is no increased tension in the radial pulse when the femorals are compressed. Hence it follows that the left ventricle contracts upon half its normal quantity of blood, and that the right ventricle contracts upon half its normal amount of blood, and that, the area of the pulmonary or lesser circulation being undiminished, the pulmonary artery contains but half its normal amount of blood; and thus it follows that the blood speeds through it less rapidly, and pressure within its walls is greatly diminished.

I determined to apply this theory in three different sets of cases.

1. (a) Hæmoptysis in consumptive cases; (b) hæmorrhage from wound of lung.
2. On the supposition that damming back venous blood from the lungs would diminish the necessity of oxygenation; (a) spasmodic asthma; (b) emphysematous and cardiac dyspnoea.
3. As a direct *dry cupping* of the lung in inflammatory diseases.

Of Class 1 I have had but little experience. We have but little hæmoptysis in South Africa. In the case of a Kaffir with a bullet-wound of the left lung, pneumothorax and hæmothorax pre-

sent in a great degree, axillary pressure gave immediate relief to the dyspnoea.

Of Class 2 I have applied pressure in five cases and afforded immediate relief to dyspnoea in all. Miss S— has spasmodic asthma every month. She came to my consulting-room in great distress. I applied my thumbs to both axillary arteries, and she expressed herself immediately relieved. Pressure was continued for about five minutes. Upon removing it the dyspnoea did not return for about ten minutes, when pressure was again applied, and she left with her breathing nearly natural, the dyspnoea this time not returning for some hours. Her friends by my directions compressed her arteries, each time affording her relief. She states that this was the severest, but shortest attack she has had, and that less bronchitis was left than usual.

W. S—, an old missionary, aged seventy-six, has been failing since I first saw him one year ago. Has chronic bronchitis, emphysema, and dilatation of the right ventricle, besides other complications. One evening in May last I was summoned to him in haste, as his friends feared he was dying. I found him sitting up in bed; orthopnoea extreme; face livid; hands plucking at the bedclothes; cough incessant. He had had every door and window thrown open, and permitted no one to stand at his bedside. He just managed to gasp out that "I was too late this time." I applied my fingers to his axillaries alone, and in less than two minutes he was thanking me in his old manner, and inquiring into the *modus operandi* of the means I had used. The pressure was removed after ten minutes, but the dyspnoea did not return. He began to cough up mucous more freely, and in a quarter of an hour fell asleep. On subsequent occasions, if pressure was removed too soon, he would start up and cry out that "It was coming back," but was again tranquil upon its reaplication.

The sequel of this case is interesting, as bearing upon this treatment. The following morning, whilst Mr. S— was turning in bed, he fractured a rib on the left side. I was sent for, and found him in great agony, the crepitation being audible to those around on each laboured inspiration. Strapping and subcutaneous injection of morphia relieved him.

The following evening I was again sent for, this time to find him in a state of extreme cardiac apnoea; face deadly pale; pulse rapid and exceedingly compressible; respiration rapid; air entering freely into all parts of the lungs. Complained of a death-like feeling over præcordial region. Axillary pressure gave scarcely any relief. In fear and trembling, and feeling my way with small doses, I gave morphia, and this relieved the dyspnoea and procured sleep.

Subsequent experience in this patient's case, which ended fatally a few days after, convinced me that cardiac dyspnoea was not to be relieved in nearly the same degree as that of pulmonary origin, but in the latter relief was immediate and unailing.

I will not occupy space by enumerating other cases; suffice it to say that mine, although few, have all been most unequivocal. And although

I cannot imagine but that the principle and practice have been recognized before, yet, as I have never hitherto met a medical man to whom the effect of arterial stoppage upon the circulation has not been a novelty, I earnestly beg the profession to adapt it to treatment, and trust all may give the same relief to suffering that I have been enabled to do.

With respect to Class 3, where there is active inflammation of lung tissue, I cannot, from want of experience, speak with conviction. I think that gentle pressure of the femorals (it need not be complete) might be serviceable in the intractable catarrhs at the apex of the lung in phthisical people. I can speak from personal experience of the relief that pressure on one or both femorals gives to those irritating coughs that destroy the rest of those with consumptive disease. It might be well to remind experimenters that pneumonia predisposes to the formation of a pulmonary clot, and that it might be dangerous to slacken the pulmonary current in that disease.

Stoppage of epistaxis by elevating the arms may be due to the same cause by compressing the axillary arteries. This would act, I imagine, by facilitating the return of blood through the superior vena cava. If so, digital compression would be better. This is rendered probable by the arrest of hæmoptysis by tying up the arms of consumptives. My friend, Dr. Grabham, of Madeira, whose experience is large, told me that he often treated hæmoptysis in this way with success.

Least I should override my hobby, I will only suggest the probability of lowered temperature in lungs whose bloodstream is much diminished, and the possibility of inflammation resulting, as after great amputations.

SURGERY.

SCROFULOUS DISEASE OF THE ANKLE JOINT.

From a Clinical Lecture by Professor PANCOAST. Reported by FRANK WOODBURY, M.D.

This little girl has inherited disease, and illustrates the influence of a constitutional taint upon the physical development. The life-springs are poisoned at their source, the vital functions performed imperfectly and irregularly, nutrition vitiated, and the whole organism enfeebled. The little subject is thus rendered more susceptible to disease and less able to resist its ravages. Two years of age, her frame is emaciated, the skin is sallow and shows a tendency to eruption, and she has chronic conjunctivitis. She has not the light hair that frequently accompanies these symptoms, which, for convenience, are grouped under the general term of strumous; but this is the case in a large proportion of scrofulous subjects. In France, where scrofula abounds, there is comparatively little light hair; and the negro race, as we know, is quite subject to it. Experience has shown that of the two classes of strumous subjects the brunette is more liable to phthisis pulmonalis than is the blonde, who suffers more from bone and joint affections and diseases of the skin.

About four months ago the child's foot was bruised, and this injury has eventuated in chronic disease of the ankle joint. The inflammation

which was then inaugurated has acted as the exciting cause for the deposit of a crude, amorphous material in the soft parts about the bone, and finally in the bone-structure itself. The malleolus appears very much enlarged, and is rapidly progressing towards caries. The disease would end in destruction of the joint if it were not arrested by proper treatment. The patient's bowels are irregular, the breath is offensive, and the tongue furred, with pits on the tongue showing the orifices of the ducts of the enlarged mucous follicles with the mucus overflowing around them—a condition which probably indicates that of the mucous membrane throughout the alimentary tract, by which the lacteals are clogged, the digestion is impaired, and the absorption of chyle interfered with. This accumulated secretion in the bowels forms what was designated by the older writers as *saburra*.

To give the patient the best chance of recovery, we will endeavour to correct the secretions, improve the digestion and appetite, and bring the general health nearer the normal standard. Until the condition of the alimentary canal is changed, but little benefit can be expected from treatment. We will therefore give, as an alterative cathartic:—

R. Hydrarg. chlor. mitis, gr. jss;
Sodæ bicarb.,
Pulv. rhei,
Pulv. myrristicæ, āā . gr. ss.

This is to be given every third night.

As a tonic she may have disulphate of quinia:

R. Quinia sulph., . . . gr. xxx;
Acidi sulph. aromat., . . . ℥j;
Tinct. cardamom. comp., ℥ij;
Syr. acaciæ, . . . ℥ij. M.

S.—A teaspoonful, in a little water, before meals.

Her diet must be carefully regulated, interdicting pastry, salt meat, uncooked vegetables, candies, and all other sweet things, and all food which is digested with difficulty. She may have plenty of eggs, milk, rare beef or chicken, with a little ale or claret if she likes it. She might be given some weak milk punch even, or egg-nog, with advantage. As she is anæmic, she may have also a tablet of the pyrophosphate of iron (gr. ij made up with gum and sugar) after each meal; this chalybeate I prefer, and always use, in these cases, as it is less apt than any other form to blacken the discharges from the bowels and render them irritating.

There is fluid around the joint, and the bone is quite soft. To relieve the tension, and let the fluid escape from its bed, I will puncture in several places, with a delicate tenotome, the different layers of skin, fascia, and periosteum, which are arranged like the alternate elements of a voltaic pile. The bone is so soft that the knife enters it like a piece of soft wood, and stands vibrating, as you see, as if it were stuck into a cedar shingle. Having made ten or fifteen of these little punctures, and allowed them to bleed sufficiently, the joint will be wrapped in dilute Goulard's extract and laudanum, and, as far as is practicable, kept at rest in an elevated position. These punctures give the fluids exit, relieve the strangulation, deplete the congested vessels, and do an immense

amount of good. Of course, in introducing the knife care must be taken to avoid injuring the larger vessels or nerves. With this precaution I have never seen punctures do harm, and they are a thousand times better than leeching.

[The case was presented at several successive clinics, and soon was progressing most satisfactorily towards a cura.]—*Philadelphia Medical Times*.

ON PROMOTING THE GROWTH OF BONES.

Dr. Ollier, well known to the English medical public by his remarkable labours on the Reproduction of the Bones, read a paper at the Medical Section of the French Association for the Advancement of Science "On the various Chirurgical means by which the Growth of Bones is Increased or Arrested." Dr. Ollier made many experiments on animals in order to ascertain the process under which the growth of bones takes place. He believes, with Flourens, that the intermediate cartilage is an important agent of their evolution. Some years ago he removed, in young animals, the intermediate cartilage of some of the long bones, and he obtained the following results:— Immediate arrest of the growth of the bone at the extremity from which the intermediate cartilage had been removed, the bone still growing on at the opposite end. Intense irritation of the cartilage gave results similar to those obtained by its removal. Dr. Ollier has also observed that osteitis, situate in close proximity to the cartilages causes the bones to cease growing at the diseased extremity. If, on the other hand, a long bone be irritated in parts remote from its cartilages, it will increase in length; if a bone, still growing, be irritated in any part of its shaft, either by application of caustics or other means, the bone will increase in length from a sixteenth to a twelfth of its total length.

Some very convincing and well-prepared specimens of the results obtained on animals were exhibited by Dr. Ollier, and fully proved the correctness of his assertions.

Dr. Ollier has applied these physiological facts to practical surgery; he has operated on superficial bones, and employed, as an irritant, the *Vienna paste*, which he applies so as to reach the bone after the destruction of the integuments. On several occasions he has obtained a considerable increase in the length of the bones. He quoted the following case:—A young girl was admitted into his wards at the Hôtel Dieu of Lyons suffering from osteitis of the tibia adjoining the cartilage. On recovery this bone was found to be twenty millimetres shorter than the sound one. To the anterior surface of the shorter tibia Dr. Ollier made an application of *Vienna paste*. Some time afterwards he repeated the cauterisation, this time using the "pâte de Canquoin." The bone slightly exfoliated. Five weeks afterwards a slight increase in length was apparent, and three months and a half from the date of the operation the bone had gained in length thirteen millimetres.

Where a permanent irritation is required, it is necessary to repeat the application of caustic;

the action of the caustic should be carried to the bone itself. The fibula need not be interfered with. The elongation of the tibia will cause the smaller bone to be dragged down with it; a partial dislocation takes place at the upper extremity, but the foot remains straight.

To arrest the growth of a long bone the cartilage should be partly destroyed, but without penetration into the joint. This arrest of growth is also obtained by the removal of a small piece of the cartilage; after these operations the wound must be carefully closed and the limb immobilised.

Dr. Ollier has performed this operation twice successfully. On one occasion a purulent osteitis of the radius near its intermediate cartilage had caused the bone to cease to grow, whilst the ulna, still increasing in length, had deviated the hand inwardly. All orthopædic means having failed, Dr. Ollier destroyed part of the cartilage of the ulna in order to arrest its growth; a few months afterwards the hand was already straighter, and ultimately it recovered its normal direction, as he was enabled to show from plaster casts of the forearm taken before the operation and after recovery.

Dr. Ollier remarked on the numerous applications to surgery of this power to control the growth of bones; not only had experiments made on animals proved the correctness of his views but clinical observations had demonstrated their practical value, and testified to their curative power in certain diseases of the bony structures of man.

SHORT NOTES.

ACTION OF SENNA ON THE URINE.

M. Gubler demonstrated to the Société Thérapeutique of Paris, at the séance of August 13, 1873, the fact that senna will cause a discoloration of the urine precisely similar in appearance to that which occurs in jaundice. On the addition of nitric acid, however, to the urine, the biliary reaction does not occur; moreover, caustic potash changes the colour to a magnificent purple. Caustic potash added to the infusion of senna produces only a faint indication of purple, and it is probable that the principle of senna undergoes an oxidation in the system similar to that of turpentine, asparagus, etc.—*Philadelphia Medical Times*.

AROMATIC LIQUID PEPsin.

"Rusticus" writes in the *Boston Medical and Surgical Journal* as follows: "Please say to the other country doctors, who don't know any more than we do, that pepsin can be very easily made an 'Aromatic Liquid pepsin' by cutting up a calf's rennet bag and bottling it up in half a gallon of pale sherry. It won't cost nearly so much; and mother used to feed her thirteen babies on it, at the rate of a teaspoonful to a cup of milk, with a little sugar mixed in, and a scratch of nutmeg on the top. I am told that you can buy rennet-bags cheap in Boston market. They are much better, I believe, after drying for weeks; and I should prefer them to pepsin. They will keep longer and better."

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REMITTANCES.

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

A new style of physicians' pocket cases has been introduced in New York and other American cities. The peculiarity consists in their being furnished with an accurately graduated minim pipette, which can be dipped into each of the vials, thus materially facilitating the administration of small doses of powerful medicines. Obstetrical cases have been similarly fitted with a measuring pipette and vials for fluid extracts of ergot and venetrum viride, and denarcotized tincture of opium. These minim pipettes should be very handy, we would presume, for other purposes than those directly contemplated—notably in testing diabetic urine and in other chemical reactions undertaken by the physician.

There is a keen sarcasm the remark of M. Sarazin that in hospitals and public buildings the ventilation is worst where most money has been spent upon it. This distinguished French authority lays it down that the best method of ventilating a hospital—and for that matter a private dwelling—is to have large windows extending from the floor to the ceiling, and when the weather permits to keep them freely open. A modification might be introduced into private houses in having narrow windows with jalousie shutters in lieu of glass extending from floor to ceiling. It will be discovered by giving a little thought to the principle at the bottom of this simple system, that it provides for a complete removal of all vitiated air and the replacement of the same with the fresh atmosphere of the exterior. The plan recommended by M. Sarazin is worthy the attention of architects engaged in the construction of public buildings. In effect this plan is carried out in the construction of houses in the tropics, where indeed it has been found to be the only effective method of keeping a room cool and pleasant in such hot climates.

In British India it is the custom for civil surgeons to give their services on a system of contract at so much per week, month, or year. The *Indian Medical Gazette* scouts a proposition to supersede this time-honoured plan by a scale of fees per visit arranged according to salaries. "There seems to be (it says) but one step between this sort of thing and the shop—the lowest form

of medical practice. Nothing (it considers) would more effectually smother the nice feeling which ought to exist between a doctor and his patient. A medical man would even feel a delicacy in paying a second visit to a sick person, however necessary he might consider it, unless specially sent for." How custom modifies our notions and susceptibilities. Here and in most other countries the system of fees per visit is naturalized, patients and practitioners are reconciled to it, and it would be very difficult to change it for the Indian plan, which, no doubt, has certain advantages to recommend it. Medical men would like to get rid of the trouble of book-keeping, and would also like to be saved from any suspicion of being over-attentive for the sake of the fees; but on the other hand, in certain cases the system of contract would permit some persons to be too exacting, and inconsistent demands might be made on a practitioner's valuable time. Very likely the system, however applicable among the official population in British India, would break down on trial in larger communities.

PRECOCIOUS DENTITION.

We read in *L'Union Medicale du Canada*, October:—Dr. C. M. Filiatrault, of this city, (Montreal) informs us that during the past month he attended the accouchement of a woman who brought into the world a child whose two inferior incisors were pierced through at the moment of birth. It was a masculine child and well formed. It is known that Louis XIV. was also provided with two teeth at the time of birth.

THE PRICE OF IODINE.

Our French-Canadian contemporary, *L'Union Medicale du Canada*, publishes from a French source some information relative to the causes at work affecting the price of iodine and its compounds. It seems that in the manufacture of certain violet and green colours iodine until lately has been used. The production of iodine is very much limited, being about 100,000 to 130,000 kilogrammes for the whole world; and in the fabrication of colours alone in 1871 there were consumed more than 50,000 kilogrammes. On the other hand, iodine is a medicine very much employed, and its consumption for medicinal uses increases daily; so that a kilogramme of iodine, which in 1862 was worth twenty francs, has reached during the past year to the price of one hundred francs. This increase of price was an inducement to fraud, and in consequence the adulteration of iodides has become common enough. Now, thanks to M. Ch. Lauth, a method has been discovered which dispenses entirely with iodine in the fabrication of colouring matters derived from coal-tar, and the price of iodine has rapidly fallen. From one hundred francs, which it was worth in 1872, it has now actually come down to fifty francs.

A. MEDICAL GRIEVANCE.

Medical grievances are universal. They exist even in France. *Le Lyon Medical* says:—The doctors of the canton of Argovie have resolved at a general meeting to refuse to treat the sick poor

who are on the charge of the parishes until the authorities consent to fix a reasonable scale of fees. The fees at present paid were fixed in 1804, and according to this scale the doctor who goes to see a patient at a distance of three-quarters of a league receives a recompense of seventy centimes. The doctors pointed out at their meeting that a porter or the bearer of a message would get a franc for going the same distance. Here is an example which French medical men should meditate upon. As for ourselves, we fully indorse the view formulated in these terms by the learned chief-editor of *La France Medicale*: "An association which would have for its object to increase our honoraria in practice and in the case of the government and corporations, who impose upon us their ridiculous tariffs, would confer upon our profession a prestige and a service which all the mutual benefit societies are incapable of performing."

Let us wish all success to the efforts of the Argovians and of the gallant French doctors who are still under the yoke of municipal administrations and petty communes. English parish doctors, working for wretched pay, must also lend them their sympathy. A fellow feeling no doubt dictated the interest of copying the above extract, where we find it, in our French-Canadian contemporary, *L'Union Medicale*, from whose pages we have translated it.

The operation of the Medical Act in Ontario is attracting much attention beyond the boundaries of this province. A Montreal professor included in his opening address to the students some observations relative to the working of the law and the satisfactory manner in which it is dissipating the claims of the homoeopaths. We refer now to the remarks of Dr. Tr nholme, of Bishop's College, which we may subsequently present to our readers. At present we desire to give place to the following remarks occurring editorially in the *Philadelphia Medical Times*, which show that the results are held to justify the propriety of the means employed, though it is due to the profession in Ontario to say that the legal alliance with sectaries has been viewed with a full share of reluctance. Our contemporary says:—

"As most of our readers no doubt know, some years since there was inaugurated by law in the province of Ontario, Canada, a general medical board or council, before which all persons desirous of practising medicine in the province had to appear and undergo an examination. This licensing board has always reminded us of Barnum's happy family, since upon it regulars, homoeopaths, and eclectics sit in sweet accord. Strict written and oral examinations have been enforced by this board, the candidate passing first upon those branches supposedly common to the three schools, and then being examined in therapeutics according to his wishes as to his future practice.

"However strange and repulsive this mixture of Jew and Gentile, of science and impudence of insanity, may appear, the process prescribed by the law really seems to have wrought great good. The compulsory study of a scientific groundwork, the

side-by-side contrast of truth and falsity, have had such marked results that during the last nine years not a single homœopathist or eclectic has passed as such in the province, so that the chief of the homœopathic division has recently withdrawn from the council and is seeking the repeal of law under which it was created."

It is only necessary to add that our confrere has inadvertently fallen into a mistake in stating the term of operation of the Act at nine years, instead of a little more than four years, which is the case. As a matter of fact, the Ontario Medical Act received the Lieutenant-Governor's assent on the 23rd of January, 1869, and went into practical operation the summer following.

ANATOMY.

ON THE PRESERVATION OF ANATOMICAL SPECIMENS AND CADAVERS.

Translated from LE BORDEAUX MEDICAL by JAMES NEISH, M.D., Professor of Anatomy, Kingston.

Undeniably one of the most curious things exhibited at the Vienna Exhibition is the exposition of anatomical preparations by Dr. Marini, of Naples. During the past few years he has been enabled to preserve in an extraordinary manner hands, legs, and other parts of the human body.

He employs several methods. One process is that of mummification, imitating the Egyptian method, and which perhaps attains more or less complete results as to hardness and preservation. In itself this process is not astonishing, but that which is most incomprehensible is his system which maintains the entire freshness of a region of the human body and even of a whole body.

Thus a foot, which on a visit to Paris M. Marini prepared at the Faculty of Medicine, and whereon is attixed the signature and seal of M. Sappey, Professor of Anatomy, has been preserved without alteration since the 14th of November, 1864. On making an incision into this foot, the subjacent parts are found to be in such a state of freshness that one might say the cadaver was only a few hours old. The fatty tissue has its ordinary appearance, and the tendons have their brilliant pearly lustre. These tissues at the same time retain all their transparency, and in looking at them in the shade with a light in front, the different layers can be very plainly distinguished and also the outlines of the bone.

Another method is that which M. Marini calls the state of leathery toughness (*l'état coriace*)—a species of tanning. By this method the tissues are hardened and have not the least transparency, but after being placed in water they recover a state of freshness. We saw a portion of one of these preparations which the jury commission had detached and labelled, and which in three days afterwards, having been subjected to the action of a preparation, had regained its freshness and looked like a piece from a recent body. This piece was detached from a specimen prepared in 1863.

Our readers may perhaps call to mind the preparations of this nature which were exhibited in 1867 at the Paris Exposition by M. Brunetti, and which were awarded a grand prize. These preparations were made with tannic acid, and

the tissues preserved very well their forms, but remained permanently in their leathery state.

Dr. Marini's processes, therefore, denote a great progressive step. At present they remain secret, but like M. Brunetti, M. Marini has given, it is believed, the formula of his preparations to the commission, and should they be not adjudged a prize he will retain his secret.

These modes of preparation are not only a matter of curiosity, but it is certain that practically they could be turned to profitable account. Dr. Marini declares that he has treated by the same method wounds of a bad nature, and has thereby sensibly modified them. Time and experience would give value to these processes, supposing M. Marini consents to a course which is the only honest and scientific one, and gives to the profession his formulæ and method of operation.

That which appears certain is that in these preparations there enters no substance of a noxious nature, for M. Marini has also prepared pieces of meat which are preserved in vessels, and he asserts that by putting these pieces of meat in water for several hours they are susceptible of being eaten without danger. To mislead those persons who would fain discover the substances which he employs, he adds to these preparations of fresh meat either a drop of carbolic acid, or a little Cologne water, or peppermint, etc.

Finally, there is another system of preparation which is only of service in embalming, and which is termed petrification. He has turned to account the property of electricity in transporting from molecule to molecule certain salts at one of the poles and in eliminating them at the other. He has thus been able to penetrate the tissues with insoluble salts, which make their way to the uttermost parts of the membranes and the cells, at the same time preserving the general form.

The processes which we have previously cited may be equally employed in embalming; and in this way the widow of Thalberg, the celebrated pianist, desired to embalm her husband, and whom she preserves in her drawing-room in the fresh state.

Recently, M. Marini has been charged with embalming the body of M. Daffito, formerly prefect of Naples. He employed in this case the process by petrification, in which the action of electricity is resorted to. This process requires a certain length of time, and in order not to be obliged to go every day to the cemetery, M. Marini has applied a little electrical bell, which strikes as long as the electric current passes, and he has requested the porter in charge to send for him only when the bell ceases striking. This circumstance has taken hold of the popular imagination, and to-day it is declared in Naples that it is the devil in person who is sounding into the ears of the old prefect the bell of extreme unction, for M. Daffito died without confessing, and was buried according to the civil law.

In all the cases, we believe it would be a real service which M. Marini would render to science were he to publish his modes of operation. He would be culpable if he did not, and we hope he

will not allow himself to be carried away by an idea of pecuniary advantages.

THE BRUNETTI PROCESS.

To the above translation we append a resumé of the Brunetti process, incidentally referred to in the course of the article. It is given on the authority of Ed. J. Hallock, in the *Journal of Applied Chemistry*:—

The "Brunetti process" for the preservation of the dead consists of several processes. 1. The circulatory system is cleansed by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours.

2. Alcohol is injected, so as to abstract as much water as possible. This occupies about a quarter of an hour.

3. Ether is then injected, to abstract the fatty matters. This occupies from two to ten hours.

4. A strong solution of tannin is then injected. This occupies for imbibition two to ten hours.

5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours. The body is thus preserved, and resists decay.

SURGERY.

CYST OF THE LABIUM.

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—Having just perused your number for this week, I find therein an interesting case of 'Cyst of the Labium,' quoted from the *American Practitioner*, and I admit I was surprised to find such tumours were so rare as to be worthy of so special a notice. I therefore beg to forward to you the following notes of a case which I met a few years ago. Should you deem it worth insertion in your journal, it is at your service.

In the summer of 1868, a young and healthy married lady, Mrs. A.—, came from the country to consult me as to a tumour of the right labium which she had been informed was a cancer. As she had a husband and one child to live for, and was about three months advanced in pregnancy, she was most anxious as to her fate, and trembled at the idea of my coinciding with her attendant in opinion.

Having obtained the history of her case, and examined the tumour, I had no difficulty in coming to the conclusion that it was a simple cyst, about the size of a pigeon's egg; and after some difficulty I overcame her fears, and got her to allow me to snip off with scissors a part of the external wall, thereby giving exit to about a teaspoonful of colourless albuminoid fluid,—much to her relief of mind. I then placed a very small piece of caustic potash in the cavity, thereby destroying the rest of the sac. The process of consolidation went on most satisfactorily, and in a short time she returned to her home, and has since continued in excellent health.

The case at the time seemed of little moment, but the article you have quoted forces me to conclude I had a white elephant and did not know it. Yours truly,

J. LIZARS LIZARS, M.R.C.S., Ed & Eng.
Toronto, October 10, 1873.

TERAPEUTICS.

CASE OF POISONING BY STRYCHNINE SUCCESSFULLY TREATED BY ATROPINE.

Mr. J. Buckley recalls (*Edinburgh Medical Journal*, Sept.) a case of strychnine poisoning in the adult, with strong tetanic convulsions. The case is interesting, in the first place, on account of the well-marked antagonising effects of atropine over the tetanic spasms produced by strychnine; in the second, that large doses of so poisonous an alkaloid produced no ill effects, it being remarkable that no less than one grain and one-sixth of atropine (140 minims of the liquor of atropine B. P.) was given during the case, and that one-sixth of a grain is known to have proved fatal in a case of poisoning by atropine. That the favourable results now related were due to the atropine solely was evident from the immediate diminution, after each injection, in the number, duration, and intensity of the spasms, and in the gradual regaining of their strength after the lapse of a certain interval, each interval becoming longer as the case progressed. Although chloroform was almost continuously administered during the earlier paroxysms, mitigation of the symptoms only showed itself upon the injection of the atropine, the former appearing to have no effect whatever beyond the alleviation of the mental distress by the production of a partial unconsciousness.

The history gathered from the patient's friends showed that she had twice previously attempted suicide, and had been in a low state of mind for some time, taking no interest in domestic affairs, and being perfectly regardless of surrounding circumstances, at the same time having an aversion to her children, husband and all closely connected. Mr. Buckley has since been requested to bear testimony that she was a proper person to be confined in an asylum.

Hence the question may arise from the above history, 'Is a person in a state of melancholia less susceptible to the action of poisons in general, or of those in particular?'

ON THE INJECTION OF IODINE INTO INFLAMED TISSUES.

In a communication to the *Gazzetta Medica Italiana-Lombardia* (July 19, 1873), Dr. Menzel says that he used local injections of iodine during a severe and fatal epidemic of diphtheria which lately prevailed in Trieste, and resisted the operation of caustics, chlorate of potash, sulphur, hypermanganate of potash, carbolic acid, &c. He believed that the injection of iodine into the parenchyma of the tonsils would not only arrest the progress of the disease, but act beneficially by its absorbent effects.

The first case in which he tried this plan was a child aged six, who had been ill two days. The tonsils were enlarged, lay in contact with each other, and were ulcerated. There were two or three enlarged and painful glands at the angle of the jaw on each side. Four drops of Lugol's solution of iodine were injected into each tonsil, by means of Pravaz's syringe; the next day, the tonsils were found reduced to their normal size,

and the glandular swellings could scarcely be recognised. The child soon recovered.

This result encouraged Dr. Menzel to employ iodine-injections in seven other cases of diphtheria in children. The solution was injected by Pravaz's syringe daily for three or four days, into the tonsils, the palatine arches, and the tissues of the velum palati. Of the seven children, three recovered, two died, and the fate of the other two was not ascertained; though, considering the severity of the symptoms which they presented, they probably died. Dr. Menzel says that this result cannot be considered the most unfavourable, while it would be presumptuous to call it favourable.

In a case of malignant pustule affecting the lower lip, Dr. Menzel used iodine-injection many times. The patient, a girl aged eighteen, died of venous thrombosis and metastatic deposits in the lungs.

In the case of a man, aged twenty-four, with a diphtheritic phlegmon of the cheek and sloughing of the mucous membrane of the mouth, repeated injections of iodine, and a free incision into the infiltrated and indurated tissue, were followed by a cure.

Dr. Menzel confesses that, in no case but one, was the injection of iodine followed by a retrocession of the inflammatory process within twenty-four hours. But it is important to note that in none of these cases did it produce suppuration or sloughing. In the milder inflammatory non-diphtheritic affections, the best results, he believes, may be obtained from the injection of iodine or of carbolic acid, quinine, bromide of potassium, ergotine, &c. In any case, it may be presumed that therapeutic agents will act with more efficacy when in immediate contact with the tissues than when applied externally only.

NECROLOGY.

AUGUSTE NELATON.

The greatest of French surgeons has just passed away. Auguste Nélaton was a native of Normandy, where he was born on June 17th, 1807. He has therefore died at the early age of 66. He was the son of a captain in Napoleon I's Imperial Guard, and who was killed at Waterloo. His mother was left in possession of a good income, and Nélaton received a thorough education, and was brought up in ease. His fortune helped him on effectively through life, and he had not to deal with the many material difficulties which hinder or afflict so many students of medicine in Paris. Even as a student he was therefore commonly known as "Wealthy Nélaton."

At the age of ten he entered the College of Bourbon, where he met with other fellow-students who since have gained distinction in the profession—for instance, Voillemier, of the Hôtel Dieu, and others. He always got the best places in his form, and made himself the reputation of a patient, painstaking, talented worker. It is said that even at school the qualities of his mental disposition, which afterwards became more fully prominent, manifested themselves in a marked degree.

It appears that he early manifested a peculiar liking for the study of medicine. Without any previous professional relationship or connexion, and with the pecuniary means which he commanded he might have aimed at some other pursuit or profession, leading to some prominent position in the Government, for instance. Nothing is more common in France than to see youths of "family or fortune" take to the bar, or seek places in the Administration, in view of future preferment or political success, whilst few enter the more arduous paths of a medical or scientific profession. Nélaton, however, who, it seems, was led to follow the study of medicine by a young friend (afterwards distinguished in the profession), Dr. Requin, adhered to his determination in favour of medicine, and devoted himself to its study with real enthusiasm. This was in 1830.

Many anecdotes are related of the zeal and labour and indomitable perseverance which he exhibited during his studies; for instance, his lying on a narrow board fixed on two chairs, so as to study during the greater part of the night and steal time from sleep. When he fell asleep through sheer fatigue, he would fall with the board, pick himself up, and set to work again. Of course there is the usual share of exaggeration in all this. There is no doubt, however, that he got on brilliantly and pleased Dupuytren, of whom he had become the favourite scholar at the Hôtel Dieu.

It is said that the very day following that on which he passed his thesis he married a young lady who brought him a large fortune. This, however, did not in the least diminish his desire to practise his profession and to get appointed to the hospitals and School of Medicine. He was very successful at the *concours* or examinations by public competition, and was successively appointed vice-professor to the School of Medicine and surgeon to the Paris hospitals. Among other marks of contemporary recognition, he was chosen (1836) member of the Paris Academy of Medicine in the pathological section, member of the Academy of Sciences, and president of the General Association of Medical Men of the Seine. He was also surgeon to the Imperial family, and was nominated to accompany the Emperor during the war, on the disastrous termination of which he was made head surgeon to all the civil ambulances organised by the Society of Help to the Wounded. In addition to offices of trust and marks of scientific acknowledgment, he was promoted in 1848 to the Legion of Honour, made an officer on June 16th, 1856, and commander of the same on January 24th, 1863. In 1868 he was made a Senator of the Empire, a deed at once honourable to him and to the Emperor, who gained much credit for the initiative he then took in calling a surgeon from the domain of practice to assist in Imperial affairs.

Nélaton wrote but little. His "*Recherches sur l'Affection Tuberculeuse des Os*" (1837), his "*Traité des Tumeurs de la Mamelle*" (1839), his "*Éléments de Pathologie Chirurgicale*" (1844-59), his "*Parallèle des divers Modes d'Opérations dans le Traitement de la Cataracte*" (1850), and

his "De l'Influence de la Position dans les Maladies Chirurgicales" (1851), being a nearly exhaustive list of his writings. Of these the most important as well as the best known is the treatise on surgical pathology (1844-59), of which the first three volumes only were written by him, the remaining two being from the pen of Dr. Jamin. They are eminently characteristic of their author—clear, precise, and methodical.

Nélaton was, above all things, a practical man; operative surgery and clinical teaching he excelled in. As a lecturer he was not like Velpeau, erudite, versatile in all departments of surgery and obstetrics, and fond of generalisation. He was absorbed in practice and in clinical tuition. In diagnosis he had no superior—patient, searching, cognizant of every circumstance, careful in balancing evidence, and, as a rule, exact and conclusive. Having made his diagnosis, his powers as an operator were equal to every occasion. He was dexterous with his instruments, ingenious in resource, and attentive to all matters affecting the patient, such as his mental condition, his need of rest, and so forth. Though constitutionally cautious, he could be daring when required, and in all respects was a most accomplished surgeon.

In the clinical wards his prelections were attractive from their method, their clearness of classification, their exhaustiveness, and the simple, effective language in which they were conveyed. When attached to the Hôpital de la Clinique he drew around him auditors not only French but foreign, including students, surgeons, and visitors, who assembled in such force that it was difficult to get near enough to catch his words.

In manner he was pleasant, while reserved; far more a man of the world than the brusque and comparatively rustic Velpeau. He was eminently fitted to be what he subsequently became, the fashionable surgeon of Parisian life. Among the more memorable of his professional feats may be classed his journey to Caperna, when he put the English and Italian surgeons to shame by successfully extracting the bullet from Garibaldi's foot, after the affair of Aspromonte. His fame by this time was world-wide, and when, a few years later, a carriage accident befell the Empress Eugénie and her ladies-in-waiting in Switzerland, he was telegraphed for and thereafter appointed surgeon to the Imperial family. His *clientele* was immense—greater than ever Dupuytren or Velpeau commanded in the zenith of their fame. Before the war his income amounted to 500,000 fr. [\$100,000] per annum.

Nélaton remained faithful to his Imperial protectors after their downfall, and paid several visits to Chislehurst, after one of which (probably the last) he returned to Paris with sombre views of the Emperor's health. He had often called the attention of the Emperor to the urgent necessity of complete rest, when the war broke out and his Imperial patient was exposed to the fatigues and hardships of the campaign.

Nélaton was never the same man after the downfall of the Empire. Valvular disease of the heart gradually declared itself. The death of his

Imperial master still further affected him; and he died on the 21st September, lamented by a wide circle of friends, and by pupils and patients in every quarter of the globe.—*Lancet*.

MEDICAL NEWS.

The epidemic of cholera is decreasing in Paris. The deaths from September 12th to the 19th were 125, including the town and hospitals.

Prof. Donati, the director of the Astronomical Observatory in Florence, died at Vienna on the 19th inst., of an attack of cholera.

Her Majesty's screw steamship Victor Emmanuel is being rapidly prepared in Portsmouth dockyard as a hospital ship for Cape Coast.

A private letter from Bangkok, published in the North China Daily News, gives a harrowing account of the ravages of cholera in the town. A desolation as great as that of London during the great plague had fallen on the place, and the few inhabitants who had not fled were threatened with famine.

Dr. Ross, medical officer of health for St. Giles, in his report to the Board of Works, points out the necessity of regulating eleemosynary medicine. The facility with which artisans earning good wages can obtain medical relief by simply applying for it in any and every district of the metropolis is, he thinks, an incentive to improvidence.

There is good news from Liverpool. Last week Dr. Trench made the gratifying announcement that no death from typhus had occurred in the previous week, an exemption not reported since 1848—in other words, for twenty-five years. Of course it is easy to say that such an exemption ought to be more frequent, and less remarkable. Nevertheless, it has not been procured, even in the autumn of 1873, without much labour and thought, and we congratulate Dr. Trench on the result.—*Lancet*.

BRISTOL HOSPITAL FOR CHILDREN.

In commenting some weeks ago on the disrespectful conduct towards one of the physicians to the hospital by Miss Eliza Walker, the recently appointed house-surgeon to the Bristol Hospital for Diseases of Women and Children, which led to the resignation of all the honorary members of the medical staff, we suggested that the only proper course open to the lay committee was to call for the resignation of their house-surgeon, and to beg of the physicians and surgeons of the hospital to resume their appointments. The lay officials failed to appreciate this advice, and have now been saved the annoyance of taking any active measures to promote the interests of their hospital by the voluntary resignation of Miss Walker, who felt that such a course alone could save the management from serious embarrassment. So far Miss Walker deserves the thanks of the profession; but we regret that we cannot congratulate her on the manner in which she retired, for she neutralises the effect of her profuse apologies by subsequent attempts to vindicate her conduct, and charges her opponents with unfairness and even injustice. She argues that, as some of the members of the staff professed to recognise the principle of a female house-surgeon, they ought to have been lenient to her faults, knowing the importance of the success of the experiment of her appointment to the cause which she represented. But in all this she fails to see the imperative necessity of her implicit obedience to the reasonable dictates of her superiors. A little discretion, respect, and good taste would doubtless have obviated the unpleasant issues of the case, and certainly done no injury to the cause which Miss Walker has so much at heart.

We trust that the lesson taught by this case will not be lost on those medical and lay officials who may desire to see the medical care of their patients entrusted to women doctors, and we would impress on the female aspirants to medical practice that if they wish to compete successfully with male rivals they must not infringe the canons of professional decorum.—*Lancet*.

PROSPECTUS. THE CANADIAN MEDICAL TIMES.

A NEW WEEKLY JOURNAL,
DEVOTED TO PRACTICAL MEDICINE,
SURGERY, OBSTETRICS, THERAPEUTICS, AND THE COL-
LATERAL SCIENCES, MEDICAL POLITICS, ETHICS,
NEWS, AND CORRESPONDENCE.

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

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

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

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

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

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

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

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

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JAMES NEISH, M. D.,
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Kingston, Ontario.

MEDICAL NEWS.

Prof. Tynhall will be president of the British Association at the Belfast meeting in 1874.

A new Eye Infirmary is to be built in Glasgow at a cost of about 10,000 pounds. The institution will contain 64 beds.

Dr. Bumstead, the well known sphylographer, has returned to his home in New York, after his long sojourn in Europe, completely restored to health.

Lylia Rodolena, a wealthy Russian lady, has just presented to the St. Petersburg Academy of Medicine, 40,000 dollars to endow a department for the medical instruction of women.

A sanitary association for all German, has just been formed at Frankfort-on-the-Maine, with Burgomaster Hobrecht, of Berlin, for chairman. Dr. Lent, of Cologne, is a member of the managing council.

A solution of five parts of borax in one hundred of water is represented to prevent the putrefactive process in meats for a considerable time. Flesh dipped in the mixture and then dried resists the usual process of decomposition.

The death of two members of one family, and the dangerous illness of the remainder, four in number, from drinking the milk of a goat which had eaten 27,000 thausa cynamum, are reported to have occurred in the county of Limerick.

Mr. John Stuart Mill has bequeathed 3000 pounds to any one university in Great Britain or Ireland that shall be the first to open its degrees to women, and to the same university a further sum of 3000 pounds to endow scholarships for female students exclusively.

Dr. Yellowlees, in his annual report of the Glamorgan County Lunatic Asylum, dwells on the effect of "strikes" on the insanity and crime of the country. He shows that during a period when the people in the mines were on "strike," the admission of male patients fell to half their former number. On inquiry at the county prisons it was also found that there had been a marked diminution in male admissions during the same period.

The Berlin correspondent of the Chemist and Druggist sends the following specimen of extraordinary pharmacy, culled from the first edition of the Prussian Pharmacopoeia, (Dispensatorium Borussia-Brandenburgicum, 1731). This is in Latin. The specimen which he selects is "Spiritus Cerebri Humani," p. 206 (Spirit of Human Brain). "The brain of a young man, well built and perfectly healthy, but who has been put to death by some violent means, must be crushed, with all vessels and the spinal marrow, in a stone mortar; afterwards mixed in a glass retort or in a large phial, with 'Kaiser Karls Hauptwasser' (somewhat similar to our eau de Cologne) and spirit of wine. This mixture is to be distilled after having stood by for one, or, better, for several years. The dose of this elegant remedy was fixed at a tablespoonful."

We notice that Dr. E. G. Janeway has been elected Professor of Pathological Anatomy, Professor of Practical Anatomy, Lecturer on Clinical Medicine, and on Materia Medica and Therapeutics, in Bellevue Hospital Medical College. Verily the sun of professional grandeur blazes upon our distinguished friend. We are reminded of the gentleman whom the genial Mark Twain met in the Wilderness. "Think of hotel-keeper, postmaster, blacksmith, major, constable, city-marshal, and principal citizen, all condensed into one person and crammed into one skin. Bemis said he was a perfect 'Allen's revolver of dignities.'" We wish joy and success to our "concentrated" professor. We also learn that Dr. Hammond has resigned his various positions in connection with the same school. New York, and especially Bellevue, seems in the last year or two to have been afflicted with an epidemic of resignations. The constitutions of the Philadelphia faculties, we greatly fear, are so strong as to resist any contagion. It is said an epidemic leaves a city in a more vigorous condition. —(Philadelphia Medical Times.

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

The College is affiliated to Queen's University, where in the degree of M.D. may be obtained by its students. Certificates of attendance at this College are recognized by the Royal Colleges of Surgeons of London and Edinburgh; and either the degree of M.D. or the License of the College entitles the holder thereof to all the privileges in Great Britain that are conferred upon the graduates and students of any other Colonial College.

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