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THE MEDICAL TIMES.

VOLUME I—NO. 13.]

KINGSTON, (CANADA), SATURDAY, SEPTEMBER 27, 1873.

[PRICE FIVE CENTS.]

GENERAL MEDICINE.

CARBOLIC ACID AND ZYMOTIC DISEASE.

By JOHN DOUGALL, M.D., Medical Officer of Health for the Burgh of Kinning Park, Glasgow.

A breakfast-saucerful of pure crystallized carbolic acid liquefied by a minimum quantity of water was placed on a table close to a small iron stand six inches high. Both were covered with a glass bell-jar of one cubic foot capacity, its roof being one foot above the surface of the table and six inches above the top of the stand. Twelve hours after, the interior of the jar being then filled with concentrated carbolic vapour, the jar was raised vertically, and a slip of glass on which was placed a minim of vaccine lymph (reaction alkaline) laid on the stand; the jar was at once replaced, and in the heart of this cubic foot of strong carbolic vapour the minim of lymph was buried for thirty-six hours. At the end of this time, the lymph, now shrunk into an opalescent scab, was moistened with a little water and glycerine (mixture neutral) and sealed in capillary tubes. A few days after a child was vaccinated with the contents of the tubes, and a perfect vesicle resulted, from which I filled twelve tubes. The lymph from two of these tubes was mixed on a slip of glass with one minim of a 1-in-50 aqueous solution (1-50th of a grain) of carbolic acid (mixture neutral). In twelve hours the mixture, now dried into a film, was laid by. After ten days it was moistened with water and a child successfully vaccinated with it. Ten tubes were filled from the vesicle, the lymph from which and from the previous vesicle was used for subsequent vaccinations, all of which were successful.

The effects of other volatile media on lymph were also tried in the same way, except that the lymph was exposed to their action only twenty-four hours. The results obtained are strikingly conclusive, as seen in the following

SUMMARY OF RESULTS OF VACCINATION.

Successful.	Reaction of mixture of Lymph and Glycerine.
Carbolic acid (vapour)	Neutral
Carbolic acid and lymph	"
Chloroform	Alkaline
Camphor	"
Sulphuric Ether	"
Iodine	Neutral
Unsuccessful.	
Chloride of lime	Acid
Sulphurous acid	"
Nitrous acid	"
Glacial acetic acid	"
Hydrochloric acid	"

The above table shows that the mixture of lymph and glycerine of the successful vaccinations was either neutral or alkaline, while that of the unsuccessful was, without exception, acid. Hence it follows that strong acids, or a body causing acidity by chemical affinity—e.g., chlorine,—are destructive of the active properties of vaccine lymph, and therefore *a priori* of various matter and other zymotic poisons.

But to return to carbolic acid; the lymph was exposed to its vapour for thirty-six hours, while the other portions of lymph were exposed to the other vapours only twenty-four hours. Furthermore, carbolic acid was, as stated, actually mechanically incorporated with lymph, and, moreover, lest the genuineness of the vesicles produced by the two kinds of carbolized lymph should be questioned, their lymphs were repeatedly vaccinated "in and in" with unvarying success. These simple facts show that the present extensive use of carbolic acid as an anti-zymotic is a serious delusion. If a minim of vaccine matter is unaffected after being buried for thirty-six hours in the heart of a cubic foot of concentrated carbolic vapour, or after being mixed with the acid in the proportion of 1 in 50 for ten days, it is surely plain that the destructive action of carbolic acid on variolous matter and other zymotic poisons must be nil, seeing that the conditions of the experiments are far more severe than are possible in practice. But premising that carbolic acid is relatively a fair antiseptic (I have found it nothing more), it by no means follows that it is *pro tanto* antizymotic. We have no valid grounds to assume, as is constantly done, that because carbolic acid can prevent or arrest putrefaction, it can therefore annihilate zymotic poison. Antiseption means preservation, not destruction. As proven by the action of carbolic acid on vaccine lymph, it conserves both the physiological and physical properties of the antisepted body; at least it does not impair them. Thus the contagia which it is thought are destroyed are preserved. To get rid of zymotic poison, destructives, not preservatives, must be used. These, as pointed out, are chiefly the mineral acids.—*Lancet*.

PRACTICAL MEDICINE.

DIARRHŒA AND DYSENTERY IN CHILDREN IN THE SUMMER MONTHS.

By J. W. MACKENNA, M.D.

It is a fact as fully established as any other in the history of disease that in this country, when the summer heats become intense, diarrhœa and dysentery appear among children, and destroy many lives. When summer is entering into autumn and in autumn itself the same observation holds, but arising from a somewhat different cause, which for the present we must pass by. The summer heat produces great congestion, especially of the whole alimentary canal, which is proved by the frequent discharge of blood and the constant protrusion of the bowel, and nature seeks to relieve herself of this abnormal condition by the aid of diarrhœa. The opposite of heat is cold, and the obvious cure of the effects of heat on the human body should be those of cold, and my object is to prove that this is exactly so. At present no sooner does an infant become affected with diarrhœa and what is called dysentery—i.e., diarrhœa with effusion of blood—than it is ordered

to be wrapped in flannel, constantly hot bathed, and poulticed with hot linseed over its abdomen, hot drinks are administered, and every means taken to keep up the temperature of the child's body. I dare not venture to say that this is the invariable practice of those who have the treatment and care of children; but it is so general that I believe myself to have ample warrant for its assertion, as during an experience of eleven years as a registrar of births and deaths in one of the best parishes in London (that of St. James's, Westminster) I have never known a single instance in which the treatment above described has not been pursued with children who have died of these diseases in the summer months. The average annual number of such deaths in my sub-district, spread over a number of years, is about 9, which would give in the 124 sub-districts of which London is composed 1116 deaths. From this number must be deducted those infants in whom life is, as it were, so loosely fastened that at the slightest shock it separates and departs. This would make perhaps 8 or 10 per cent., the remainder being an entire and unnecessary waste of human life. A child of any age seized with diarrhœa at this season should be stripped of all its clothing except a napkin; should be kept perfectly dry on a hair mattress and sheet; should never be taken in arms; should be bathed in ice-water after every motion; should get ice-water with, if very weak, a few drops of brandy to drink. Its milk should be iced or mixed with ice-water; and on the cessation of the diarrhœa, which immediately ensues, the child is greatly comforted, and its recovery hastened, by an appropriate dose of laudanum, chloric ether, and ammonia at the usual intervals. Where the attack is so sudden and so violent as to endanger life, especially in very tender infants, ice-water injections have an excellent effect. The obstinate vomiting which sometimes complicates these cases entirely ceases; nor did I ever once see a child eject its food while under this treatment. In fact, the disease immediately acknowledges its antidote, and more or less quickly disappears; and I say that after an experience of twenty years no harm has ever followed from this treatment, but that in every instance where the child has been of a strong and healthy constitution it has been successful. Two cases follow which will illustrate the above observations.

A year ago a young lady relative sought my hospitality, driven, as she said, from the house of a friend whose agony she was unable to witness at the immediately expected death of her first-born, an infant of seven months old. A hospital physician and a general practitioner were in attendance for several days, and had that morning formally given the child up. The young lady at once returned, charged with my advice. The patient was immediately put into a bath, half water half ice; iced-water with a little brandy was ad-

ministered. The diarrhoea stopped; and the child, except for the weakness, was to all intents well the next day, and has continued so to the present.

An infant of a month old, whose mother I delivered, was seized a few weeks since with intense vomiting and purging. The same treatment with frequent iced-water injections dissipated every bad symptom, and the child recovered in a week, but not perfectly till the mother and nurse at length recognised the necessity of refraining to keep the child in arms for hours together. It is now well.

In my mind this is not a doctor's question at all. No medicine whatever is required. If the mother, the nurse, the attendant, knew that an infant should be stripped of its flannels when the intense heat of summer appeared, should cease to be smothered in blankets, should be laid on a mattress after suckling, should be dipped into a cold bath the moment diarrhoea came on (which would become a rare and exceptional case), and persevered in till it ceased—should such knowledge, in a word, become part of the education of the people, as physiology actually is now, what is to prevent death from this cause from entirely ceasing, not only here, but all over the world? I answer, nothing whatever; it would cease. Recollect that it is nature that is here restoring herself, and that she is not depending on the action of drugs or chemicals or systems, whose results show, and have ever shown, so unsatisfactory a result.

A well-founded diffidence has hitherto withheld me from enlarging on the influence of temperature, climate, &c., on disease further than by a few disjointed notices in colonial journals; but the subject is so important, and the medical public is becoming so imbued with the desire for investigating the origin of diseases, that the views of even so humble a labourer in the cause may be considered worthy of investigation.

SLIGHT POISONING FROM THE MEDICINAL USE OF PHOSPHORUS.

Dr. Anstie (*Practitioner*, August 1873), publishes notes of a case in which poisonous symptoms resulted from administering phosphorus in pills in doses of one-thirtieth of a grain thrice daily. The patient appears to have been more susceptible than usual to the poisonous influences of the drug. He was a gentleman, aged thirty-three, who in boyhood suffered from monthly attacks of migraine, which, at the age of nineteen, became of a more decidedly neuralgic character, affecting the anterior two-thirds of the left side of the head. There was a family history of neuralgia and insanity. After December, 1871, the vomiting and vertigo, which had hitherto been symptoms of the attacks, ceased to occur. 'There never has been any marked lacrymation, but it is noteworthy that, since the attacks have become more like ordinary neuralgia than migraine, the tendency to conjunctival congestion has markedly increased.' There was no history of indigestion. The remedies first prescribed were quinine, iron with strychnia, arsenic, and cod-liver oil, with a liberal allowance of food and more mental relaxa-

tion. The patient had improved during the last twelve months; still he had not got rid of his neuralgic tendency, and it was then decided to give the phosphorus in the dose stated above.

The drug was first taken on May 5. From May 5 to May 11 or 12 he took the pills regularly, but during the last two days suffered from a constant and increasing burning sensation in the epigastrium. The urine was now dark-coloured, being both bloody and albuminous, but free from casts. The renal symptoms had almost disappeared in two days, and the stomach was much easier, but a burning pain between the scapulae was felt for some time. There was an increase of neuralgic pain during the period the phosphorus was taken, but the 'rhythm of recurrence of pain was quite changed. There were now two exacerbations daily, but the pain was altogether more of a continuous and less neuralgic type. On the 14th, after two days rest from the phosphorus, he took one five-grain dose of quinine about an hour before the morning exacerbation was expected, and, singularly enough, since then, never had a recurrence of actual pain afterwards, though there were a few occasional threatenings.' Dr. Anstie thinks it probable that the quinine would not have answered so well in this case, had it not been for the strong impression previously made by the phosphorus.

GYNECOLOGY.

ETIOLOGY AND TREATMENT OF UTERINE CANCER.

Dr. Edward Martin (*Berliner Klinische Wochenschrift*, No. xxviii., July 14, 1873), says that in a disease like this, where the cause is little known, everyone who has opportunity of observing numerous cases owes a duty to his professional brethren in making known the result of his observations.

In ninety-three necropsies made on patients dying in the hospital at Berlin, Dr. Louis Blau has already recorded (*Inaugural Thesis*, 1870), that in no fewer than eighty-seven the disease commenced in the vaginal or cervical portion, in six cases only was it confined to the fundus alone.

Observation of numerous cases confirms the opinion that the first commencement of new growth shows itself in the folds of the posterior vaginal *cul-de-sac* near the cervical portion, as small knobs and granulations spreading thence to the cervix. In three cases the first commencement was in the form of minute red, granular, condylomatous looking, flat granulations in the margin of the anterior or posterior lip. In one case operative interference was recommended but refused, and the patient died a twelvemonth afterwards from well-marked cancer of the uterus. In the other two cases the *écasseur* was employed to remove the diseased portion, and both recovered, the Vienna paste being repeatedly applied to obtain cicatrization. One was operated on in 1859 and the other in 1866; both are now living. Microscopic examination of the portions removed left no doubt of their malignant nature.

The frequent extension of cancer to the neighbouring organs, vagina, bladder and rectum, as well as to the pelvic cellular tissue, lymphatics,

Fallopian tubes, ovary and peritoneum, as well as to the pelvic bones, with the extensive destruction by long continuance of the disease, are sufficiently known, as recorded by recent authors. Besides the secondary or metastatic deposits in the pelvis and lumbar glands we find them in the liver, abdominal walls, breasts, lungs, kidneys, bones, stomach, brain, &c., much oftener than was previously thought. Cancerous infiltration of the pelvic glands occurred thirty times in the ninety-three cases; twenty-four times in the lumbar glands, and fifteen times in the retro-uterine glands.

Enlargement of the inguinal glands, in advanced cases of cancer, is not uncommon; whilst, according to Blau, only five cases presented evidence of cancerous infiltration.

In regard to the disposition to cancer of the uterus, hereditary tendency is said by authors to play an important part. Dr. Martin cannot, however, agree with this; for out of more than five hundred cases, in sixty-five only was it well pronounced. In forty it was distinctly acknowledged that cancer existed in the family; in twelve it was excluded from the next preceding generation at least; in thirteen only was it capable of direct proof or exceedingly probable. Dr. Martin regards as important the oft-verified fact, that the daughter and grandchildren of a patient who has died of cancer not unfrequently remain free from it.

The statement of French authors that the unusually early appearance of the catamenia disposes to cancer has been as little confirmed by Dr. Martin's observations, as the assertion that women who have borne many children are especially liable to be attacked by it. Of those treated by himself, there were not a few who had only borne one to three children, and some who had never had any.

SURGERY.

ON THE PREVENTION OF HÆMORRHAGE DURING AMPUTATION.

M. Verneuil, surgeon to La Pitié, proposes, in a lecture reported in the *Gazette Médicale de Paris*, to do away with digital compression of the arteries during the amputation of limbs. He considers that digital compression of the artery requires much skill, intelligence, *sangfroid* and strength on the part of the assistant exercising it, and the patient must present certain qualifications also. M. Verneuil believes that phlebitis and thrombosis not unfrequently result from digital compression. He holds that it should not be employed, and that amputation should be performed in a manner similar to that in which a tumour is removed, when the vessels are tied as they are divided. Amputation after this method may be performed by an anterior and a posterior flap fashioned by a small knife, dividing at first only the skin and cellular tissue. The principal arteries are then sought for by slowly cutting the muscles which cover them. When the vessel is exposed, it is tied with two ligatures and divided between; the larger veins are treated in the same way. Division of the remaining soft parts is

then completed, and the bone sawn through in the usual fashion.

M. Verneuil has performed twenty-four operations in this manner: eight disarticulations of the shoulder; three amputations of the thigh; two amputations of the arm; six amputations of the leg; two disarticulations at the hip joint. In all, it is asserted, the indications were perfectly fulfilled; no assistance was required, and there was no hemorrhage.

M. Verneuil admits that the operation requires more time, which he considers unimportant, and that perfect anatomical knowledge is necessary, but phlebitis from digital pressure is efficiently guarded against.

PROFESSOR LISTER ON ANTISEPTIC SURGERY.

In a letter to the *Lancet*, (Sept. 6), Professor Lister states that "during the two years which have elapsed since the delivery of my address at Plymouth, I have been steadily endeavouring to lay more broadly and deeply the foundation upon which the antiseptic system is based, to improve our methods, and to cheapen our materials. We are attaining with greater constancy than ever before, the entire exclusion of putrefaction from our wounds, and that we are consequently able to undertake with confidence operative procedures which, without efficient antiseptic measures, would be simply homicidal; while the grand fact of perfect immunity from pyæmia and hospital gangrene remains in its integrity in my crowded wards."

GUNSHOT WOUNDS OF ARTERIES.

Dr. Otis says (*Surgical History of the War of the Rebellion*) that it is quite time that the dictum of Jourdan that surgery is powerless in lesions of arteries within the cranial, thoracic, and abdominal cavities should be expunged from the text-books. At least five cases occurred, during the late war, of wounds of the subclavian, in which surgical intervention was justifiable; and in one of these the left subclavian was successfully tied by a Confederate surgeon for a wound of the vessel where it passed across the first rib. In sixteen cases it was performed for hemorrhage, and in nine cases for traumatic aneurism of the axillary artery. The right subclavian was tied in thirteen, and the left in twelve cases. The total number of cases reported during the war was fifty-two, of which forty-one (78.8 per cent.) terminated fatally.

The internal mammary artery was tied twice without success; the suprascapular artery once, with success; and the intercostal artery eight times, with two successes and six failures. Thirteen cases of ligation of the axillary artery (all fatal) are also recorded.

With regard to ligation of the carotid in cases of gunshot wound of the face or neck, Dr. Otis, after pointing out that the mortality of terminated cases during the war was 78 per cent., adds:—"The exhibit is yet more deplorable than that of the preliminary report in Circular 6, S. G. O., 1865, which gave for forty-nine cases a mortality of 75 per cent. Nowhere else, not even in

wounds of the forearm or legs in which the brachial may have been tied, does the operation of Anel appear to greater disadvantage. Tying the common trunk for injuries of smaller vessels of the head or neck, is an operation based on a fallacious interpretation of the anatomical and physiological relations of the region. Nothing that is not corroborative of Guthrie's admirable suggestions is found in the preceding cases. If the indolent or timid surgeon, to control bleeding from minor branches of the carotid, prefer to stuff the wound with styptics, or to perform the easy operation of tying the common trunk, rather than to seek in the difficult anatomy of the maxillary and thyroid regions, to place double ligatures at the bleeding point, he may temporise or may associate his name with the necrology of ligations; but if his patient recover, it will generally be found to be under circumstances in which the surgeon's operative intervention was uncalled for.

ACUTE TETANUS TREATED BY EXTREME DOSES OF ALCOHOL.

Dr. A. Moffitt (*New South Wales Gazette*, vol. iii. no. 8) describes the following case. A seaman, belonging to one of the men of war at Monte Video, got his right hand entangled in some of the machinery, and the little finger was torn off from the carpus, a very jagged wound. There being a hospital on shore, he was removed thither for treatment. A few days after the accident, tetanus set in, in its worst form; the wound was foul and sloughy. The surgeon in charge saw that the case was utterly desperate. Under these circumstances, being aware of the effect of brandy in paralysing muscular action in sailors, the thought occurred to him that the best thing he could do was to make the man 'dead drunk,' and keep him so until the spasm should cease, and the wound take on a healthy action. He began by giving four ounces of brandy, and kept up the effect by giving two ounces whenever returning consciousness showed that it was necessary. This treatment was steadily pursued, night and day, for four days, the patient being most carefully watched by the surgeon himself, who had his bed removed into a ward with him when he had the satisfaction to see that he began to improve, the wound becoming clean and healthy, and the spasms ceasing. The wound was frequently bethed with turpentine. Proper nourishment was administered, and the bowels were also carefully attended to. In about three weeks this patient returned to his ship perfectly cured.

THERAPEUTICS.

A NEW CHOLAGOGUE.

Dr. L. H. Washington, of Macon, Georgia, writes in the *Pacific Journal of Medicine*, that in the treatment of diseases of the liver, while the claims of podophyllin, leptandrin, and nitro-muriatic acid are not to be ignored, we should place *Chionanthus Virginica*, or old man's beard, first on our list of remedies. In all the various forms of liver-complaint, incident to malarial poisoning, its action as a liver-regulator is undoubted. It is useful whenever digestion is enfeebled or nutrition is impaired, and whether the bowels are constipated or too loose. It seems to operate not alone as a stimulant to the liver, causing an increased flow of bile, nor yet alone is it a tonic, acting as an auxiliary to the functions of nutri-

tion and assimilation; but it also exerts an alterative influence upon the mucous membrane of the stomach and bowels, and upon the blood. In dropsical accumulations, jaundice, and malarial cachexia, it is the remedy par excellence. In that form of chronic malarial disease known as obstinate and protracted intermittent fever, in which quinine has failed, the disease will be cured and its return prevented by giving a teaspoonful of fluid extract of *chionanthus* three or four times a day, alternating with the following pills, of which one is to be taken three times a day: quinine ʒss; prussiate of iron ʒij; sulphate of strychnia gr. ij; to be made into 120 pills.

If there be induration of the spleen, iodoform and phytolacca should be given. Iodide of ammonium is also an excellent remedy for spleen enlargement, and does not cause the bad effects of iodide of potassium. By giving three grain doses twice a day the enlargement of the gland speedily disappears.

BROMIDE OF SODIUM AS A NERVOUS SEDATIVE.

Dr. W. Ainslie Hollis (in the *Practitioner*, August, 1873), draws attention to the bromide of sodium, which, he thinks, is unduly neglected. He reports three cases of epilepsy considerably benefited by this salt. He finds that it frequently produces depression of spirits. He also says, "In two cases of nervous excitement induced by mental anxiety, the sodium bromide in small doses gave great relief."

CHERRY-LAUREL WATER AS A SOLVENT FOR HYPODERMIC INJECTIONS.

In a letter to Dr. Constantin Paul (*Repertoire de Pharmacie*, June 10), Professor Luton says that no vehicle is better suited for narcotic substances, such as morphia and atropia, when administered subcutaneously, than the distilled cherry-laurel water. Besides adding its measure of hypnotic action to that of the principal medicament, it prevents better than any other aromatic distilled water the formation of mould which readily takes place in solutions for hypodermic injection, being in this respect equal at least to eucalyptus water. Its contact with the tissues does not cause more pain than ordinary distilled water. When cherry-laurel water is injected alone, its physiological effects are the same as when it is administered by the stomach, but in an increased degree.

COLOURLESS TINCTURE OF IODINE.

The *Philadelphian Medical and Surgical Reporter* publishes the following formula:—

Tincture of iodine,
Pure glycerine, ʒā . . . ʒj
Sulphite of soda . . . ʒj

Rub the salt to a powder in a small mortar, and add the glycerine gradually; then pour in the tincture of iodine, and triturate gently until a solution is effected, and the mixture assumes an amber colour. It is asserted that the properties of iodine are increased by the addition of sulphite of soda, and that the glycerine enhances the value and convenience of the preparation for local application.

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF

MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, SEPTEMBER 27, 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.

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

It has been established by a recent decision of the Home Secretary in England that no medical witness is bound to give medical evidence even in a criminal case without a tender of expenses having been made at the time the summons is served. This decision has an important bearing on the interests of medical men, as practically it lays open claims to full compensation for loss of time in reaching and attending court. It is the first step towards the payment of medical witnesses. But it appears that to obtain "reasonable expenses" these must be first demanded by the witness before giving evidence.

A circular has been issued under the direction of Dr. S. P. Moore, late Surgeon-General of the Army of the Confederate States, and twenty-five other medical officers, calling a convention of the Confederate field and hospital surgeons, to meet in Atlanta, Georgia, on the 20th May, 1874. The object is "to rescue from oblivion all the important medical and surgical facts developed within the armies of the Confederate States during the late war." Immediate action is considered necessary, and steps are urged to be taken to secure a large delegation. The call is stated to be based, not alone upon the action of the Georgia Medical Association, but the earnest solicitations of many Confederate surgeons throughout the South repeatedly expressed within the past two years. It may therefore be expected that a general gathering will take place, and that the convention will set about the collection and publication of the many interesting facts and reports which, originating in the experience of the Southern military surgeons, are as yet mostly lost to science. Unfortunately, it may now prove almost too late to secure the full experience of the medical officers; and it would have been well to have set about this worthy object earlier. Very likely the publication by the Washington Government of the "Medical and Surgical History of the War of the Rebellion" has stimulated this effort on the part of the surgeons of the South. In this movement we wish them every success. They may not, it is true, be able to present such sumptuous volumes as those which have been got up at Washington; but we doubt not they will be able to bring together contributions to military surgery of sufficient interest to the profession to make a valuable work, and one the publication of which may be undertaken by a publisher on a commercial basis, and so avoiding the scandals which have attached to the mode in which the American History has been distributed.

THE SALE OF QUACK MEDICINES.

That quackery prevails to a lamentable extent in Canada is unfortunately too true, although it must be admitted in mitigation of the grievance that in other countries, as in the United States, for example, it is carried on more unblushingly and to a yet greater extent. But we have only to turn to the columns of our daily and weekly papers to notice how largely the vendors of nostrums impose upon the public. It is indeed a matter for regret that the publishers of otherwise respectable newspapers permit these extravagant and fulsome advertisements to appear in their journals, and much more so that they should give them the prominence which they receive. The so-called religious weeklies are particularly open to objection in this respect; the keen advertisers of the specious wares are always anxious to gain admission for their advertisements into the religious and family journals, and it is here that they do most mischief.

It is this species of quackery which mostly prevails in Canada; the professional quack has not such a field and does not thrive so well as in other countries; but the vendors of secret proprietary medicines abound. A few years ago all the nostrums to be found in the shops of druggists and dealers, were the productions of manufacturers in the United States; but now, through a change in the revenue laws, the American manufacturers have been led to establish branch manufactories in Canada, a circumstance which of itself has led not a few Canadians to embark in the fabrication of bitters, liniments and pills. The trade is pushed with much energy, the goods are systematically advertised, placarded and posted, and painted on dead walls and fences, and they are in most cases peddled round to all the country stores along the accessible lines of road. The profits of the retailer are made much larger on this class of goods than is possible with groceries and simple commodities, and hence the shopkeeper has considerable self-interest in recommending and pushing the sale of these articles. The man who enters a city drug store or a country shop is sure to find the place decorated with attractive show cards, a glance at which almost invariably leads to a remark from the shopkeeper that So-and-so's liniment (selling at 25 cents) is "a good thing," but that the Digger Indian Bitters (selling at a dollar, with profits at 50 per cent.) "is the best thing out," and that the visitor "had better take home a bottle."

Curiously enough there are men to be found who are quite willing to spend a dollar on a large bottle of medicine attractively put up, who are not so willing to pay even a smaller fee to a medical man. The knowing quacks make their bottles large to take the eye; and the dose is also made large that they may be the sooner emptied and a fresh bottle required. There are even persons to be found, mostly in country places, who are infatuated with the notion that they can study the practice of medicine to advantage and with sufficient completeness by reading the almanacs and annuals which are distributed by the quacks, and which usually contain some wonderful lore respecting the complaints which it is the

province of their nostrums to cure. The great stumbling block of these geniuses is in the diagnosis; but as to the treatment of any complaint they deem themselves fully equal after hearing or ascertaining what it is. Need it be remarked that untold mischief is the necessary result!

There is undoubtedly a vast consumption of proprietary medicines in this country, the money spent on which must be regarded as a misdirected expenditure of means which ought to go to the support of the educated medical practitioner and the respectable druggist. The evil done by such indiscriminate dosing is incalculable, while the example of the trade is demoralizing in its effect. For instance, a certain compound latterly very extensively advertised in Canada had a most extravagant printed lie got up in its favour that it was the discovery of a wonderful French physician (whose very name is unknown in medical annals); other articles have had notoriously untruthful certificates published, and the manufacturers of these compounds, pushing them by such deceptive practices, are known to be getting rich!

It becomes a serious question, how to check or prevent the mischief which is being done by the extension of this form of quackery. How can it be accomplished? Shall we ask the State to step in and exact a revenue from proprietary articles with the view of making them dearer, and so checking their consumption? The thing would be legitimate and not without example from other countries. The revenue stamp adds to the expense, and contributes some income to the State; but on the other hand, the national stamp has in England given a species of license of respectability to certain articles which would not otherwise have attained so ready a sale. In France and other countries on the continent of Europe the Government steps in and by an officer ascertains the composition of the article, which, if deemed simple and harmless, receives authorization. This is done in the interest of the people, but it is not what we would wish to see done in Canada.

Moral means are probably the only effective ones that are left open to be exercised in this country. It is incumbent, first of all that, physicians and surgeons should set their faces against the use of any quack nostrum, and this must be done without any appearance of self-interest. If we go into a house and find that some proprietary pills are being made use of as a family medicine, it will be well to advise the use of the compound rhubarb pill of the pharmacopœia, or some other suitable and legitimate medicine, which may be more cheaply obtained from a respectable druggist than the quack nostrum. In this quiet way much may be done by medical men themselves to check an evil from which undoubtedly they are made to suffer. Then the clergy and the editorial and newspaper publishing professions have to be acted upon. Clergymen must be made to feel that their church organs are taking the devil's money in the pay of the quack advertiser; and that the position and influence of their religious newspapers are perverted by being made the vehicles of such advertisements. If once the true idea can be inculcated that quackery is cheater

and imposition, and of consequence neither honest nor respectable, and this idea be made to spread, as it ought to do, from the teachers of religion and morality, a great point will be gained.

It will be more difficult to reach the newspaper publisher, who is of course much influenced by motives of gain, and whose income from advertising must necessarily be largely supplemented by advertising the quack medicines which figure so extensively in the newspapers. But here again the want of respectability must be made to attach to this class of advertising. Some newspapers will not advertise lotteries, partly because there is a law against it, and partly because it is obviously lending countenance to schemes that are often dishonestly managed; and the same odium should be made to attach to the flagitious puffs of the pill vendor.

Another moral means which may be relied on for checking quackery is the cultivation of a higher and general knowledge of human physiology. The more intelligent we find any class of people, the more ready do we find that class to repose the fullest confidence in the educated and qualified practitioner. It is principally among the ignorant and less intelligent classes that the love of quackery prevails. To these people medicine is medicine all the same whether it comes from the shop of a nostrum-vendor or the dispensing office of a medical man; and we can only hope to act upon such people by offering them a different example in the practice of their more intelligent superiors.

Lastly, and most hopeless class of all to operate upon, with the expectation of discountenancing the sale of proprietary medicines, we have the druggists. Although brought much in contact with them, physicians have confessedly little influence with druggists. The profits of the patent medicine trade are too great for druggists to relinquish this branch of their business on the mere recommendation of their patrons in the profession. The druggists have much to answer for. In league with the quacks, they often turn quacks themselves. Instead of maintaining cordial relations with doctors, there is too often ground for an antagonistic feeling. We are inclined to give up the druggists with a shake of the head as "bad cases." But let us hope that the druggists are not all bad, and that when ignorant and ill-advised people come to their shops seeking relief for their ailments in a vaunted quack remedy some of these dealers will be found honest and disinterested enough to take a proper course in recommending their customers to go rather to a qualified practitioner.

We have here given a preference to moral means as likely to be effective; but we do not on that account range ourselves against legislative measures. Our columns are always open to the promulgation and discussion of any particular proposal that may have for its end the good of the profession and public in this respect.

TORONTO, GENERAL HOSPITAL.

We are glad to learn that Dr. Reeve, who recently resigned his position as Surgeon to the Toronto Eye and Ear Infirmary, has been appointed to a similar position in the Toronto General Hos-

pital. He will deliver lectures during the winter, open to the students of the different schools. We are glad to be able further to state that Dr. Reeve was appointed at the request of the medical staff of the hospital, which is no little compliment.

A GRATEFUL PATIENT.

It is rumoured that a rare piece of good fortune has befallen a general practitioner in the north of London at the hands of a grateful patient. The patient, lately deceased, is said to have left his medical man the principal part of his property, to the value of £20,000. We have reason to believe the rumour not unfounded. We may be allowed to express our congratulations on this event, and to say that such a disposition of property in certain circumstances may be highly creditable to legator and legatee. The profession which is honoured by such a compliment to one of its members, has never been suspected of undue influence. Though having to do with men, and women too, in their weakest and most emotional moods, it has kept to its simple duty of removing their diseases and relieving their pains, and such windfalls as that which we allude to to-day have come only often enough to excite the pleasure and satisfaction of the public, which, in its collective capacity, always takes a generous view of the desert of medical men.—*Lancet*.

CORRESPONDENCE.

TORONTO EYE AND EAR INFIRMARY.

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—Will you allow me space in your journal, (which, allow me to say, I prize very highly), to say that in consequence of the unprofessional conduct of Dr. Roseburgh, I have resigned my (nominal) position of Consulting Surgeon to the Toronto Eye and Ear Infirmary.

WM. CANNIFF, M.D., M.R.C.S., Eng.
Toronto, Sept. 22, 1873.

PHYSIOLOGY.

IS UREA FORMED IN THE BLOOD OR IN THE TISSUES?

At the last meeting of the Société de Biologie M. Rabuteau read a paper on the relation which exists between the quantity and composition of the food on the one hand and the amount of urea excreted on the other. M. Rabuteau maintains with Lehmann, Frerichs, Bidder and Schmidt, and others, that urea proceeds directly from the oxidation of the albuminoid matters introduced into the blood, and that the albumen of the tissues does not contribute, or contributes in a very small degree, to its formation. In other words, reproducing the old comparison so often made between the organism and a machine which develops force not at the expense of its constituent parts, but at the expense of the fuel, he maintains that in an absolute sense the tissues do not undergo wear and tear, and that the albuminoid matters burnt and converted into urea have not at any time made a part of our tissues. As M. Lepine, however, remarks (*Gazette Médicale de Paris*), there is no correlation between these two

propositions; for although the kind of alimentation exerts a powerful influence on the excretions, it by no means follows that the alimentary substances are burnt directly in the blood or lymph without having formed temporarily part of the tissues, for it is very intelligible that a superabundant supply of food may render the nutrition of the tissues more active, and aid the process of their renewal. M. Rabuteau's proposition is contested by Hoppe-Seyler, who thinks the oxidation of the proteinous substances in the blood is quite hypothetical, and, in point of fact, is a view that cannot be sustained. The blood, he says, has, *per se*, no oxidizing property; the tissues alone have this power. No doubt in blood drawn from a vein reduced substances are found to be present after a short interval, but this is only the consequence of incipient putrefaction. Oxidation only occurs external to the bloodvessels and in the tissues themselves, and the materials of which the cells forming the tissues is composed, far from being fixed and immutable, is constantly undergoing changes and re-oxidation. Notwithstanding this opinion entertained by an excellent chemist, it must be remembered that Voit to a certain extent agrees with M. Rabuteau, and holds that a certain portion of the urea proceeds from what he terms the "albumen of the circulation," which has never formed a part of the tissues.

The New York Medical Review states that a new and deadly poison has lately been discovered called Inca, obtainable by pressure from the seeds of the *Strophantus hispidus*, a plant found in Gaboon. It quickly paralyzes the heart, and appears to be more powerful even than digitaline.

There is no doubt that cholera has obtained a firm footing at Havre, cases having occurred in nearly every quarter of the town and in the soldiers' barracks. A special meeting of the medical men has been convened to consider what steps should be taken to arrest the progress of the disease. The English visitors are all leaving Trouville, the popular watering place in the neighbourhood of the infected town. Cholera has also broken out at Rouen, where the number of cases amounts to 20 a day. In Berlin, up to the 27th ult., 203 cases had occurred, 137 of them proving fatal. In Vienna 239 deaths were recorded during the week ending August 23rd. The disease shows no sign of abating in Munich, where in the ten days, August 16th to 25th, the cases amounted to 349, of which 118 were fatal. In the two days, August the 27th and 28th, there were 24 new cases and 15 deaths.

Eighteen Norwegians separated in September, 1872, from their ship on the northern shores of Spitzbergen, were forced to winter at a place on the shore called Mitterbuk, where they were all found, a few weeks ago, dead, by Captain Mack, who was sent in quest of them. They had no lack of food—of a kind,—as biscuit was found beside them; but they wanted vegetables, and, scurvy setting in, they languidly crowded over the fire, and so died one by one. Want of provisions might have proved their salvation; for men cast ashore at Spitzbergen immediately set about scraping antiscorbutics from under the snow, and kept up the circulation in hunting wild animals, whose warm blood when drunk also prevents scurvy, and whose furs supply clothing. Six Dutchmen a good many years ago wintered at Spitzbergen in this way, and survived. They were wiser in their generation, however, than the unfortunate Norwegians, who perished (as did also a second crew from Holland, who wintered there before them) by neglecting the pursuit of wild beasts and antiscorbutics, and shivering before the fire in their hut.

ARMY SURGERY AT THE VIENNA EXHIBITION.

Rich in nearly every product of human industry, the Vienna exhibition contains no objects more attractive than the collection of field hospital apparatus under the superintendence of Dr. Wittelsböfer. That accomplished physician, well known as the editor of one of the leading medical journals of the Kaiser city, has brought together, and arranged in admirable system, every article and implement appertaining to the tendance and treatment of the sick and wounded in war. The collection occupies an entire pavilion marked with the red cross, and reflects such a picture of the horrors of battle that the military departments, not only of Austria, but of foreign governments, regarded Dr. Wittelsböfer's undertaking with no little disfavour. In the centre of the pavilion are exhibited, neatly and legibly labeled, all the surgical instruments and appliances employed during and after operations. There is, for one thing, a large assortment of bandages, with models illustrative of their application. There is also a series of mechanical limbs susceptible, through springs, of almost life-like motion. Add to this the *materiel* of field ambulances, packed in chests with wonderful economy of space, and specimen medicaments, also disposed in the compactest of receptacles, and the visitor will be prepared for the next collection of objects—cases of fractured human bones, illustrating the smashing effect of the blunt needle-gun bullet, or the splitting, rending lesion left by the more pointed and more swiftly projected chassépot shot. Close at hand may be seen a number of photographs showing face and head wounds in all their ghastliness as they came in for treatment, and also the triumph of surgery in their after-appearance. One of the wings contains stretchers, litters, operating tables and beds, field kitchens, spring-chairs, couches, surgeries and dispensaries on wheels—every possible contrivance or device, in short, for bringing help to the wounded in the quickest and most effective way. In another wing may be seen hospital trains, from the rudimentary Hamburg railway ambulance, unventilated and shorn of every comfort, to the splendidly appointed "Service des Blessés" from Paris—a locomotive infirmary rich in all imaginable furniture for the sick and wounded, as well as for its medical, surgical, and culinary staff. This French train, self-contained in all respects, economises space in the most wonderful way, and avoids vibration, while keeping up a constant supply of fresh air. Its kitchen carries in its four corners fresh drinking and cooking-water for the whole train, the metal reservoirs containing it being so shaped as to usurp no appreciable room, while most easy of access. Its restaurant is furnished with an officers' table, as well as one for the men, provided with excellent glass, cutlery, and china. The cook and waiter have beds in the kitchen, while the wards are entirely devoted to the patients, and the surgical staff occupies a separate car, containing the office, dispensary, hospital stores, spare stretchers, instrument cases, extra bedding, and so forth. Each surgeon has a room to himself, more comfortable than

any ~~same~~ cabin on board a steam-packet, and the berths for the wounded are perfect as to ventilation and general appointment. The French ambulance, indeed, defies competition, as may be seen by a moment's comparison with the Prussian railway ambulance hard by, which, solid and practical as it is, lacks most of the comforts and all the luxuries of its Parisian rival. Field ambulances of various patterns are also sent by England, Austria, Germany, Italy, and Spain—one by Baron Mundy so meeting the approval of the Imperial War-office as to be presently adopted for the Austro-Hungarian army. No surgeon or physician, whether in civil or military practice, should lose a chance of seeing Dr. Wittelsböfer's wonderful collection; while, to say nothing of the other attractions of the exhibition, there is an interest attaching to the local medical school which cannot fail to render profitable, as well as pleasurable, a few weeks' sojourn in the "Paris of Eastern Europe."—*Lancet*.

SHORT NOTES.

FARADISATION IN PAINFUL AFFECTIONS.

Dr. Anstie, in the *Practitioner*, attempts to define the boundaries of usefulness of faradisation in the treatment of painful affections. Faradisation, according to him, is pre-eminently useful as a mental counter-irritant in hysterical pain; again in hysterical hyperæsthesia; in myalgic affections; in rheumatic pains of the ligaments of joints, periosteum, fasciæ; while in true neuralgia it is, as a rule, useless. Dr. Anstie warns his readers against the old-fashioned way of employing the rotatory apparatus, as occasionally productive of considerable mischief.

GLYCOGEN AND GLYCOGENCY.

The *Medical Times and Gazette*, June 21, 1873, in an article on this subject, concludes as follows: "Glycogen is formed in the liver; as it is converted into sugar, it is carried away into the circulation. Glycogen is no deposit in the liver, but really formed there; it may be formed from animal or vegetable food, but its formation is greatly stimulated by the use of sugar as an article of diet. Normally, sugar of glycogen is hardly to be found in the system, save sometimes after meals, when sugar may be detected. The process of destruction is not known, but when it is arrested, or the rate of glyco-geny is excessive, we have, first, a saccharine condition of the blood, then of the urine, and so the disease called diabetes."

FEEDING WITH PEPTONES IN DISEASE OF THE STOMACH.

A recent number of the *Gazette Médicale* has an article on the above. About two pounds of lean meat, chopped into pieces, are put into a china pan, with one litre of water containing two thousandths of hydrochloric acid. The pan is then put into a Papin's kettle, perfectly sealed, and then subjected to maceration for about fifteen hours. The contents are then crushed in a mortar until they constitute an emulsion, and then put back into the kettle again for about fifteen hours. The substance thus obtained must be com-

pletely neutralized with bicarbonate of soda, and evaporated afterwards to the consistence of pap. When thus prepared this soluble meat is generally well accepted by patients. Milk and pounded biscuit may, however, be added for variety, and in order to avoid too great uniformity of food.

CATARH OF THE FALLOPIAN TUBES.

In the *American Journal of Obstetrics* Dr. Hennig expresses the opinion that catarrh of the Fallopian tubes is more frequent than that of any other part of the female sexual organs. Out of 103 females he found catarrh of the tubes present in 44. It occurs oftener before than after the critical period in married women.

CLINICAL STUDY.

The clinical study of disease is inexhaustible. It requires knowledge, patience, skill, an increasing interest in the welfare of the patient, an increasing interest in the study of his disease, as you watch it. Clinical study is ever living, ever fresh. It brings that true power that depends on true knowledge and wisdom, to him who has diligently pursued it, and who still pursues it to the end of his career.—*Dr. Sibson, Brit. Med. Journ.*

EXPERIMENTS IN DISINFECTIO.

In the *Journal of the Austrian Apothecaries* February 10, 1873, Albert Eckstein published an account of his attempts to disinfect a privy which was used daily by one hundred persons, and the results are so interesting that they are here transcribed.

1. Two pounds of sulphate of iron in solution. After from two to three hours all bad smell has disappeared, but in twelve hours all the influence of the disinfectant was lost.
2. Sulphate of copper in solution, the same.
3. Two pounds of sulphate of iron in crystals; their effects lasted two days.
4. Sulphate of copper, the same.
5. Sulphurous acid in solution rapidly lost its effects, and was exceedingly irritating to the respiratory organs.
6. Two pounds of impure carbolic acid filled the house for two days with such a disagreeable smell, that it was impossible to tell whether the original smell was destroyed or covered up.
7. Two pounds of sulphate of iron in a parchment sack exerted a disinfecting influence for three full days, and when the parchment sack was drawn up, it contained only some dirty odorless fluid.
8. Two pounds of the best chloride of calcium in the parchment sack disinfected the privy for at least nine days.

OZONISATION OF AIR IN THE SICK ROOM.

Dr. Lender (*Deutsch Klinik*, No. 19, 1873) proposes an easy means of carrying out the above object. He mentions the use of a powder composed of peroxide of manganese, permanganate of potash, and oxalic acid, which has the property of giving out, in contact with water, an abundant quantity of ozone. For a chamber of middling size he uses about two tablespoonfuls of the powder, over which he pours from one to one and a half tablespoonfuls of water every two hours. In this way the quantity of ozone produced is

exactly what is wanted; the presence of a larger quantity in the air would occasion a cough. All kinds of metals, except gold and platinum, must be removed from the room on account of the oxidising effects of ozone.

HECTIC FEVER OF PHTHISIS.

The following prescription, known as Heim's pill, and recommended by Niemeyer, has been used with excellent results at the Charity Hospital, New York:—

Pulv. digitalis, ʒss.;
Pulv. ipecac., grs. v.
Pulv. opii, aa grs. v.
Ext. helenii, q. s. u. f. pil. no. xx.

Consp. pulv. rad. iul. flor. S. One pill three times daily.

MEDICAL NEWS.

The Emperor of Germany has contributed 1,000 thalers towards the expenses of the forthcoming meeting at Wiesbaden of the Association of German Naturalists and Physicians.

The King of Dahomey is reported to have changed the fashion of his wearing apparel. Seated on his throne he received a scientific commission, not long ago, his body profusely decorated with the blue, gold, and green labels which had been carefully peeled from the medicine bottles brought by Europeans into his dominions.

Dr. Otto Obermeier, of Berlin, died on the 20th Aug. of cholera, a victim to his scientific zeal. He was engaged in investigations on the disease, and was, it is said, in the habit of keeping specimens from the bodies of persons who had died of it, and cholera excreta, for microscopic examination, in his bedroom. He was in his thirty-first year.

The Pall Mall Gazette states that Mr. Thomas Holloway, of pills and ointment fame, has commenced the erection of the asylum for insane patients, which he intends to present to the nation. The site of the asylum is opposite the Virginia-water station of the Staines and Wokingham branch of the London and South-Western Railway. The establishment is intended to accommodate 400 patients, and will probably cost 100,000 pounds.

The London outbreak, which is now happily near its end, has drawn special attention to the propagation of enteric fever by means of milk. At Brighouse, near Halifax, and at Wolverhampton, epidemics have been traced to the milk supply. At the latter place the numbers affected have been limited, but the origin of the milk-adulteration was not very difficult to find, as the water-supply of the farm was obtained from a sewage-poisoned well.

A peculiar malformation is exhibited in the case of a girl at Swietan in Bohemia. Both arms are wanting, but the right upper limb is represented by a small movable outgrowth, a little more than three inches long, attached to the integument near the outer end of the right scapula. The hand possesses only the middle, ring, and little fingers, connected directly (there being no carpus) with a forearm an inch and a half long. This rudimentary limb is quite useless; but the child uses her toes to feed herself with, and in sewing and other kinds of work.

DEATH FROM THE USE OF THE STOMACH PUMP.

An inquest was held at Blackburn on the 21st Aug. before the coroner, H. U. Hargreaves, Esq., touching the death of Thomas Titterton, aged fifty. It appears that the deceased (who had formerly been addicted to intemperate habits) was accustomed to take daily half an ounce of tincture of rhubarb as a stimulant and tonic, for which he was in the habit of calling every evening at the shop of a druggist in Blackburn. At 7 on the evening of the 16th August, he called at the shop and asked for "his usual dose," which he drank then and there, but remarked that it did not taste as usual, and the druggist looking at the bottle from which the dose

had been taken, found that he had given him Laudanum by mistake. A scruple of sulphate of zinc dissolved in a tumbler of water was immediately given. A medical man who was called administered three pints of warm water, and another medical man who arrived shortly afterwards proceeded to use the stomach-pump. "The tube was too large, and on the smaller one being introduced at the mouth, that was found to fail also." Ten grains more sulphate of zinc were then administered, and the deceased vomited copiously. The deceased never seems (after vomiting had been induced) to have had any symptoms of narcotic poisoning. He complained very much of his throat, and the administration of food became difficult. He was much emaciated, and died on the afternoon of the 19th, three days after the accident.

The post-mortem examination revealed a stricture of the œsophagus (probably malignant), which accounted for the difficulty in passing the tube. Above the stricture the walls were very thin, and a perforating fissure was discovered which had doubtless been made by the tube of the stomach-pump. He seems previous to the accident, to have presented no symptoms of stricture of the œsophagus beyond some slight dyspepsia accompanied with "water-brash." The jury exonerated both the medical men from any blame, and very properly looked upon the untoward occurrence as a pure accident. Very properly also they considered the druggist deserving of grave censure, for from the evidence it appeared that no precautions had been taken by him to readily distinguish between the bottle which contained the laudanum and that which held the tincture of rhubarb.—[Lancet.

MEDICAL DEPARTMENT OF VICTORIA UNIVERSITY, opposite the Toronto General Hospital.

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Joseph Jones (late of St. Thomas's Hospital Medical School), Janitor.

The session of 1873-4 will open on the 1st October, and continue six months.

Students of this College may obtain their degree at the Toronto University. Certificates of attendance are recognized by the London and Edinburgh Colleges. The new College building has been found fully equal to the high expectations entertained at the time of its erection. Information regarding Fees, Gold and Silver Medals, Scholarships, etc., etc., may be obtained from Dr. Canniff, 301 Church street.

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 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 journalism in Canada, its members should feel that upon themselves rests the onus of aiding in the growth of a national professional literature.

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

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

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

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

Terms for Subscription—Two Dollars per annum, or One Dollar for six months.

Address all orders to the Publisher,

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

MEDICAL NEWS.

Yellow fever is now prevalent in Memphis, in which city thirty deaths have already occurred.

The telegraph office at Shreveport, Louisiana, is closed on account of the illness of the operators through yellow fever.

Henry Liddell Vercoe, M.D., of the village of Seaforth, has been appointed Associate Coroner for the county of Huron.

Despatches from British consuls in various parts of France, Germany, and Italy report that cholera is on the increase in those places.

M. Paul Ragier has left to the Cantonal Hospital at Geneva the whole of his vast fortune, except 170,000 bequeathed to other charities.

The health of Dr. Nelaton continues the same. There is great restlessness at nights, but the patient is calmer during the day, and is able to take a little food.

A despatch from Galveston, Texas, says that town is quarantined against New Orleans, as a precautionary measure against the introduction of yellow fever.

Messrs. Salt and Co., of Birmingham, have been awarded a medal of merit for surgical instruments exhibited by them at the Vienna Exhibition.

At Mountain Ash, Glamorganshire, a man was convicted in a penalty of one pound and costs, last week, for having exposed himself whilst suffering from small-pox.

The Holborn guardians have adopted the suggestion of Dr. Lankester, that glass lids should be placed on the coffins of bodies in the mortuary. This will greatly simplify the process of "viewing" by a jury.

Yellow fever of a malignant type rages fearfully in Shreveport, La. The suffering is very severe, and there is a great scarcity of physicians and nurses. The inhabitants are calling for assistance from other cities. It is estimated in a despatch of Sept. 16, that 600 persons were then down with the fever, and the deaths then amounted to 146. Later accounts say the fever is abating.

Careless druggists ought to feel thankful that their lot is not cast in the south of France. Two ladies lately had stramonium given them in mistake for a simple domestic herb, and although they quickly recovered from the effects of the drug, the unfortunate pharmacist who sold it was fiercely censured by the minister at the police court, and fined 200 francs. That was not all, however, as the ladies have instituted a suit for damages to the extent of 20,000 francs.

Another error of diagnosis is reported from Manchester. A man smitten with paralysis was taken to the police station at half-past six o'clock on Sunday, the 24th of August, and being thought to be only drunk no medical man was sent for till half-past three. There was this amount of excuse for the police—that the man was in a state of partial or complete intoxication when overtaken by paralysis, according to all the witnesses in the case. At the same time to allow a man to remain nine hours in a police cell unattended by a medical man in a state of nearly complete insensibility, even if he smelt of drink, was an act of great indiscretion, and merited the censure of the jury, which was expressed.

The Woodstock Sentinel says:—An accident occurred to Surgeon Swan, of the 22nd Battalion, on Monday afternoon, which narrowly escaped being fatal. Along with a detachment of the regiment, the Doctor had gone to the rifle ranges on the 12th line, and while sitting on a knoll at some distance from the men, his horse standing quite near, he was kicked in the face, breaking his nose, and inflicting a considerable wound upon the forehead. Had it not been for the peak of his cap, the blow in all probability would have proved fatal. It is supposed that the horse had been bothered by flies at the time, as he is usually a quiet animal. The accident was not observed by any of the men when it occurred, and the Doctor was found some time afterwards in an insensible condition. He is now progressing favourably.

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.

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

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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.B.S., Edin., (Professor of Chemistry and Natural History, Queen's University), Professor of Chemistry and Practical Chemistry.

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