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# THE MEDICAL TIMES.

VOLUME I—NO. 19.]

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## SURGERY.

### THE PROGRESS OF SURGERY.

By Professor ERICHSKY, of University College, London.

There are two great schools of surgery in this country, the practical and the scientific, and to one or the other of these every surgeon will more or less distinctly incline. It is well, therefore, to examine the more distinctive characters of each of these schools, and to trace their more recent advances and endeavour to penetrate into their more immediate future. Firstly, then, to take the practical school, which is resplendent with many great and illustrious names, and which is, and ever has been, most popular in this country and most in accordance with the practical genius of the British people and their inborn and intuitive aptitude for mechanical pursuits and manipulative action. In considering the progress of surgery as a practical art, and determining the causes that have led to the great development of its mechanical and manipulative departments, it is not unprofitable to look back upon the surgery of forty years ago, and to give some attention to the influences which have led to its progress towards perfection.

A generation back the anatomical school of surgery had reached its acme of development. The study of practical anatomy, had been prosecuted with zeal by a chosen few who had successfully struggled against the popular prejudices brought to bear against it. These practical anatomists necessarily became the operating surgeons of the day. By them surgical anatomy was assiduously studied, and those operations which had for their basis a thorough knowledge of the relations and structure of different portions of the human frame, such as the ligation of arteries, herniotomy, and lithotomy, were often practised, and skillfully done. But although many operations were admirably and skillfully performed by some of the distinguished surgeons of that period, it is certain that a large proportion were done timidly, slowly, and often in a slovenly manner, without definite or precise rule. In fact, thirty-five years ago, surgery as a manipulative art had fallen into a sluggish and an inactive state. No advance had been made in the two greatest operations in surgery, that for stone in the bladder and for aneurism, since Cheselden, nearly a century before, had introduced his operation, or since Hunter had made his name immortal by his operation for the cure of aneurism. But while surgery was slumbering in the south, it had been gradually acquiring an extreme degree of activity in the north, where it had rapidly become perfected as an art by the skill, the energy, the teaching and example of a band of distinguished men, nearly contemporaneous, who gave lustre to the great school of surgery which at that time flourished in the northern metropolis. To Lizars and to Liston, to Syme and to Ferguson, British operative surgery

is deeply indebted for much that is its peculiar glory and its chief characteristics, which are boldness in conception, and rapidity, precision, and simplicity in the performance of operations. These surgeons used few and uncomplicated instruments, and they taught that the knife might be wielded in surgery, by a practiced hand, with the same skill and the same certainty that the master of a craft evinces in the handling of any instrument that is employed in his calling. In all respects Robert Liston was the foremost member of that distinguished band. His influence was soon felt after his arrival in London, and his example is often unconsciously followed in many an operating theatre of the present day. Cut off in the fulness of his matured experience and of his professional activity by a disease almost as sudden as it was premature, Liston died too early for the full accomplishment of his fame, but not too soon for the fruition of his example.

Preceding the death of Liston by a few months, there occurred an innovation which has tended more than anything else to extend the sphere of modern manipulative surgery. The introduction of anaesthetics has induced the patient to submit more readily to surgical operations of all kinds, and to subject himself to what would otherwise have been beyond the limits of human endurance. It has also tended to popularise operative surgery by inducing many practitioners to become operators who would otherwise have shrunk from the necessity of the daily infliction of pain as a part of their professional duty.

During the ten years which immediately preceded the introduction of anaesthetics, surgery partook of the great advance that characterised all the natural sciences, and the zeal with which it had been studied led to the establishment of various distinct departments within the precincts of the art itself, in each of which the treatment of numerous surgical affections by mechanical and operative means was diligently and extensively carried out. The gain that has resulted from this advance can never be lost, but is permanently secured to surgery and to humanity. There is no retrogression in surgery, and what our predecessors have done we can readily accomplish, and our successors will not fail in what we can do. But there must be a final limit to the development of manipulative surgery. The knife cannot always have fresh fields for conquest; and although methods of practice may be modified and varied, and even improved to some extent, it must be within a certain limit. That this limit has nearly, if not quite, been reached will appear evident if we reflect on the great achievements of modern operative surgery. Very little remains for the boldest to devise, or the most dexterous to perform.

With all these brilliant results and triumphs of the knife, practical surgery travelled in another direction, which is apparently so opposite that

at first sight it is difficult to understand how it could progress simultaneously and contemporaneously in both these lines. There has been, in fact, a tendency to limit the use of the knife by the application of various mechanical and manipulative aids, which is well illustrated in many branches of minor surgery, but especially in the treatment of aneurism and of stone in the bladder, where the tourniquet and compression, and more recently electricity, have been substituted for the ligature, and the lithotrite for the knife.

But if modern operative surgery has attained to so high a pitch and excellence, how stands it with that other great school—the scientific? Here, so far from having come within view of the final limit, we are as yet but halting on the threshold. The scientific school of surgery, which may be said to have been founded by the illustrious John Hunter, has been adorned by names the most brilliant in the annals of British surgery. The Bells and Abernethy, Travers and Brodie, by their teachings and their writings on surgical pathology, exercised most potent influence on their contemporaries, and laid the foundation of the science of modern surgery. But this school could not be considered as existing in a distinct form until surgical pathology itself was consolidated into a system in those admirable lectures which were delivered nearly a quarter of a century ago at the Royal College of Surgeons by Sir James Paget, and which have never been surpassed for depth of philosophic research and comprehensive scientific thought. Since then surgical pathology has been regarded as a distinct department.

In the advancement of scientific surgery every department of physical and natural science has been laid under contribution. Electricity, for instance, is beginning to play a distinct part in the diagnosis and treatment of surgical disease. The applications of the results of the more advanced doctrines and discoveries in natural science have equally tended to the realisation of some of the most important achievements of which modern surgery boasts. The idea of the employment of antiseptics in modern surgery was furnished to Lister by the study of the investigations of Pasteur on the production of disease in some of the lower forms of animals, by the development of organisms which, deposited on a favourable nidus, were capable of producing changes of a fermentative character. Nor has the more careful study of descriptive anatomy been without great importance in scientific surgery. By his observations on the ilio-femoral ligament, Bigelow has produced a complete revolution in our knowledge of the mechanism of dislocations at the hip-joint, and the methods of their reduction. But there is probably no collateral branch of knowledge that has a closer and more direct bearing on the advance of surgical science than hygiene. The relation of hygiene is twofold,—first, in its application to the

prevention of surgical diseases and deformities, and secondly, in its influence on the results of surgical interference or operation. As a preventive of surgical disease, hygiene can possibly assist us in modifying or arresting the impairment of assimilation on which certain calculi—and, as Professor Haughton has lately shown, cleft palate—depend. But the good influence of hygiene is most desirable in the results of surgical operations; and here is the greatest room for advancement and improvement, for although the manipulative part of operations is now almost perfected, the results have by no means kept pace with this advancement, and much remains to be done in order to render operations more successful and less fatal.

#### THE REMOVAL OF SYPHILITIC STAINS.

M. Langlebert, having observed that blistered surfaces, when allowed to suppurate for a few days, leave, especially in dark-skinned subjects, white marks, often indelible, has conceived the idea (*Gazette des Hopitaux*), of putting small blisters on syphilitic maculae, in the hope that their suppuration for a time would have the effect of removing the little masses of pigmentary granulation which form these maculae. The event has, he says, justified his hope. The experiment has been tried on a patient who, two years previously, was attacked by ecthymatous syphilis affecting the two legs. It had left on each of them about a score of blackish marks, which had not at all died away. M. Langlebert applied to each a blister of the size of a franc piece, desiring the patient to dress it for eight days with an epispastic pomade, and afterwards to heal it with simple cerate, which required about three days more. The black spot disappeared, and was replaced by a rosy spot, which would doubtless grow white, as occurs generally with recently cicatrized blister-marks.

#### THERAPEUTICS.

##### POSITION OF THE HEAD FOR SLEEP.

By Dr. C. B. RADCLIFFE.

Much might easily be said upon the importance of attending to the position of the head where the object was to conciliate sleep, or the contrary, and in many other cases. The recumbent position has obviously very much to do with sleep. A person sleeps on lying down, and for the most part as long as he continues to lie down. Undoubtedly sleep may happen in the sitting posture, and even while standing; but these cases are exceptional, and the broad rule remains that sleep has to do with the recumbent and wakefulness with the sitting and erect positions. It is certain also that sleep in bed is, as a rule, sounder with a low pillow than with a high pillow. If then there be a state of wakefulness at night, the head should be kept low; if, on the contrary, undue sleepiness be the state of things then met, with the head should be kept high. Nay, it would even seem to follow that the degree of sleep and the amount of it may be regulated by simply taking care that the head is in the right position. The facts would seem to be

too obvious to require notice, and yet they certainly have not been realized and applied in practice to the extent which might be expected. It might be expected, for example, that hospital beds would be so constructed as to allow, with a view to the conciliation or contraction of sleep, of the head being easily depressed or raised. It might be expected that the same want would have been met in one way or other in the construction of ordinary beds; but this expectation as yet is not warranted by the facts. Indeed certain complicated couches, as those of Alderman or Ward, are the only effectual means of meeting the case in question; and these have really been contrived, not for the purpose of meeting this case, but simply for the purpose of putting the patient in that particular position in which he would be most comfortable. It is, however, not for this latter purpose, but for that of conciliating or contracting sleep, that I am continually making use of these couches and similar contrivances of a less costly description. In a case of cerebral exhaustion, or in any other head-affection where prolonged recumbency is a necessary part of the treatment, I scarcely know how to dispense with one of these couches or one of these contrivances. On an ordinary bed such a patient is very apt to sleep too much in the day and too little at night—too little at night because he has been sleeping too much in the day; and before long there is no small danger that for this reason night-draughts of various sorts have been introduced into the treatment. On the couch, on the contrary, or on the contrivance which takes its place, all these difficulties are for the most part fully met. By raising the head in the day-time the patient remains awake sufficiently to be able to sleep at night; by depressing the head at bed-time the conditions are rendered more favorable for sleep during the night; and, as a rule, sleep is to be conciliated in this way—an incalculable advantage—without the help of narcotics. At all events, the facts fully justify these statements. It is possible to fight successfully against either undue drowsiness or undue sleeplessness in this way, and that too without the equivocal help of narcotics.

##### ERGOT IN NEURALGIA AND OTHER AFFECTIONS.

Dr. T. K. Spender writes (*British Medical Journal*) as follows: "I have given ergot in some cases of neuralgia, according to the advice of Dr. Woakes, of Luton; but, though I have had particularly good results, I have not been able to remove pain entirely by the use of ergot alone. I can endorse all the favourable views of ergot in the treatment of hæmoptysis, as related by Dr. Dobell and Dr. Anstie. I have used the medicine for this purpose during several years past, having been originally led to do so by a consideration of its therapeutic analogies. It does not yet seem to be clearly defined whether there is any stage of phthisis, even the most advanced, which is absolutely beyond the control of ergot, when spitting of blood occurs. Of the exceeding value of the medicine in these cases (though at times it unaccountably fails), there can be no doubt what-

ever; and, as the facts are very little known, attention cannot be too often called to them. The action of ergot on the uterus is a proverb; may it not affect in a similar way a neighbouring organ,—the bladder? I have found that that quasi-paralytic condition of the bladder, which may come on in middle-aged persons from over-fatigue or from simple want of power in the coats of the organ, is greatly relieved by the continuous use of ergot, and may be altogether removed. The so-called hysterical paralysis of the bladder in young women is admirably treated with the same medicine, (though I cannot deny the occasional necessity for use of the catheter). Whether this want of power be simply motor weakness, or secondary to some variety of abdominal neuralgia, there is no more splendid combination of medicines than ergot and strychnia (half a drachm of the fluid extract of ergot and five or six minims of the liquor strychniæ, Ph. B., in chloroform water, three times a day); and these doses should be continued perseveringly for several weeks, as a very rapid benefit cannot be expected.

##### OLEATE OF MERCURY IN TINEA CIRCINATA.

Dr. Leonard Cane, in the *London Lancet* for August 16, 1873, recommends the use of the oleate of mercury (ten per cent. strength) as being of particular service in tinea circinata, several applications being sufficient to destroy all traces of the affection. It produces no staining or injury to the skin, nor is the application attended with pain or other unpleasant effect. The preparation is said to penetrate into the sebaceous glands, hair-follicles, and even into the hairs themselves, the mercury being in a state of solution in an oily medium. The penetrating power of the oleate may be increased by adding a small quantity of ether (one part to eight) to it.

#### PRACTICAL MEDICINE.

##### INDIA-RUBBER BANDS AS AIDS IN STETHOSCOPIC AUSCULTATION.

Dr. J. W. Southworth, of Toledo, Ohio, writes in the *Buffalo Medical Journal*, that a year or so ago he discovered, while using India-rubber bands around the margin of the chest-piece of his stethoscope, in order to make it conform better to the inequalities of the surface, that it not only answered the purpose intended, but also entirely abolished the roaring tubular quality of the sounds as heard previously, and rendered them less loud; in fact, making them correspond almost exactly with those heard by the unaided ear. He also found himself able to auscultate to his entire satisfaction through several thicknesses of clothing, and even through a starched shirt bosom. Of course, the less clothing intervenes the better; the skin, however, need never be made bare. Fretful children and infants can thus be auscultated without the annoyance and delay, and exposure to cold, incident to removing the chest-clothing. The only precautions to be taken are to steady the instrument and press it well against the chest, after smoothing out the folds of the clothing, and not letting the latter come into con-

tact with any part but the rubber. It also makes the physical exploration of the 'fair sex,' whether for thoracic or abdominal affections, a far less delicate procedure. An ordinary elastic band, half an inch wide by two inches in length, will just fit the larger chest-piece of Camman's stethoscope. It is made to stick on by the aid of a little gum arabic, tragacanth, or flour-paste, so as to lap over the inner margin of the rim, almost as much as the outer one. The elasticity of the rubber makes it fit snugly, and modifies the vibrations as they are conveyed to the rigid tubing from the chest. It is in reality of just about the same density as the cartilages of the human ear, thus simulating the normal ear-sounds, and doing away with that exaggerated intensity and tubular quality, which obtains in all the (rigid) tubular stethoscopes, and which misleads most who are not experts.

#### A NEW THEORY OF CHLOROSIS.

M. Louton, (in *Le Progrès Médical*) after indicating various theories put forward on the nature of chlorosis (nervous disorder, menstrual perturbation, dyspepsia, &c.), observes that that which is best established in the history of chlorosis is that it is anemia, and that decrease in the number of the red corpuscles is the true anatomical cause of this malady. Chlorosis has all the characteristic signs of hæmorrhagic anemia, although, in the case of menorrhagic chlorosis, this malady is accompanied oftener with amenorrhœa or dysmenorrhœa.

The author asks if there might not be some part of the body in which a continuous and latent loss of blood would lead to all the symptoms of chlorosis. According to him, the gastric mucous membrane would seem to be the most habitual seat of this blood-leakage. From this he draws a parallel between chlorosis and simple ulcer of the stomach.

1. Chlorosis and certain forms of ulcer in the stomach (the hæmorrhagic erosion) are peculiar to women. 2. Disorders of menstruation are common in both cases; in fact, Brinton indicates the suppression of the menses as a cause of simple ulcer in girls at the age of puberty. This variety of ulcer has even received the name of the menstrual ulcer.

3. In chlorosis, amenorrhœa has its natural correlative in the auxiliary hæmorrhages occurring through the mucous membrane of the stomach among others.

4. The gastralgic phenomena, which are essential in simple ulcer, are equally frequent in the course of chlorosis; but only, it is said, by sympathy.

5. Hæmatemesis manifests itself sometimes without pain, corresponding in that case to chlorosis when existing without gastralgia.

6. The anemia characteristic of chlorosis belongs equally to the simple ulcer, which produces at length a cachectic condition described by Brinton as special.

7. Finally, every treatment confirms this parallel, in showing that perchloride of iron is a very efficacious remedy for erosions of the stomach, and for chlorosis itself, compared to

which no other ferruginous preparations are worth anything.

M. Louton ends by saying that the hæmorrhage which engenders chlorosis may be produced in any other part than in the gastric mucous membrane of the duodenum, of the small intestine, and of the large intestine. He also advises as a means of verifying his theory, the examination of the stools; they would be found more or less coloured with blood, and the microscope would discover the presence of blood-corpuscles.

#### MENSTRUAL JAUNDICE.

The close relation existing between disturbances of the female sexual organs and affections of the liver is well known, to which is perhaps due the relative frequency of hepatic disease in females. Senator L. recently contributed an article in which he draws attention to the hitherto apparently unobserved coexistence of menstrual disturbances and jaundice. Four cases are recorded, in all of which, up to five repetitions, before or during the menstrual period, with slight or no loss of blood, jaundice appeared, continuing several days, and accompanied by corresponding constitutional disturbance and gastric derangement. With the appearance of a more copious flow the symptoms disappeared, leaving the patient well up to the next menstrual period. It was evident that the cause was biliary obstruction, from the simultaneous enlargement of the liver, the clay-coloured stools, and the biliary salts in the urine, which were detected in one case. One of the patients complained of hemorrhoids for the first time during this period. Another of the cases was interesting in having been affected three times during the first months of pregnancy, one and a half year before the occurrence of the attacks of menstrual jaundice, with jaundice benign in character, which is remarkable, as jaundice is usually malignant when occurring in connection with pregnancy.

Senator accounts for this condition by a hyperæmia of the liver, which can easily cause swelling of the mucous membrane of the biliary passages, and their consequent occlusion. It is well known that obstructed menstruation is frequently accompanied by hyperæmia of the liver, as also of other organs, as the thyroid body, and that of vicarious menstruation from the stomach, lungs, nose, &c., takes place.

Though the disturbances occasioned by menstrual jaundice may be slight and transitory, remedial interference is nevertheless recommended, to prevent the possibility of the accession of some severer form of hepatic disease. In the above cases the use of the warm bath, with the internal use of Carlsbad salts, with moderate diet, was found beneficial.—*New York Medical Journal*.

#### MATERIA MEDICA.

##### RESINA COPAIBÆ.

Referring to his former formula for the exhibition of resin of copaiba, Mr. A. W. Gerrard states that he became dissatisfied with this result, because after a day or two the resin collects and forms a semi-compact mass at the bottom of the

bottle. He therefore suggests (*Pharmaceutical Journal*) the following as an improvement. Take of

Resin of Copaiba . . . . . 15 grains  
Compound Powder of Almonds 30 grains  
Water to . . . . . 1 ounce.

Rub the resin with the powder until well incorporated, then add the water to form an emulsion. This forms, he says, a cream-coloured emulsion, having but a faint odour of copaiba. This may be removed by the addition of compound tincture of lavender, which at the same time imparts an agreeable pink tint.

#### SHORT NOTES.

##### CHIONANTHUS VIRGINICA.

Dr. L. J. M. Soss recommends chionanthus as a potent alterative and cholagogue, and has found it of great value in hypertrophy of the spleen and liver in cases of extreme and persistent jaundice and indigestion. He uses a tincture made from the bark of the root in the proportion of eight ounces to a pint of alcohol.—*New York Medical Review*.

##### DIGITALIS AS AN ANAPHRODISIAC.

M. Garnot, in the course of a paper published in the *Gazette Medicale de Paris*, on the action of digitalis, says, "When digitalis or digitaline is administered for some time to a man in full possession of sexual powers, these become gradually weakened, the propensities disappear, formation of the liquor seminis diminishes and may at last cease altogether. The anaphrodisiac properties of the drug are the secret of its good effect in spermatorrhœa."

##### A NEW USE FOR OLD STOCKINGS.

Apropos of impromptu fracture apparatus, we copy the following paragraph now going the rounds of the medical journals. We have often found the stocking a valuable substitute for the roller in bandages. "The broken limb is first bandaged with an ordinary roller; this is well coated with the gum and chalk mixture; another stocking is put on over this, and a fine layer of gum and chalk over all. This, for a case of transverse fracture, with a little starch or plaster of Paris, supplies a very neat and serviceable splint.

##### COD-LIVER OIL MIXTURE.

A preparation that has met with much favour under the above name, has been made by the writer from a formula given him by Mr. Hassard of Philadelphia. It is made as follows: R Fresh eggs, No. iv; lemon-juice, q. s. Place the eggs in a suitable vessel and pour over them sufficient lemon juice to cover them, and let the whole remain for twenty-four or forty-eight hours. Then pass the whole through a strainer, and add, with agitation, the following, and in the order given: To the lemon-juice and eggs add an equal volume of honey, cod-liver oil, and brandy or whiskey. The whole forms a permanent emulsion, and will keep good during the summer months for a month, and longer in cool weather. The taste of the oil can be completely covered by the addition of a few drops of oil of wintergreen or oil of bitter almonds. This mixture is pleasant to take, and a valuable therapeutic agent.

P.S. Glycerine may be substituted for the honey.—E. S. W.—*Cincinnati Lancet and Observer*.

## THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, NOVEMBER 8, 1873.

## TO CORRESPONDENTS.

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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 death from Mrs. Winslow's soothing syrup took place in Providence, Rhode Island, lately. The City Registrar, in relating this in his official report, observes:—"There ought to be some power to stop the sale of a rank poison like Mrs. Winslow's soothing syrup, under the false pretence that it is perfectly safe." The observation applies to many similar proprietary articles containing dangerously active constituents and vaunted as perfectly safe. A certain preparation much advertised in Canada contains corrosive sublimate enough to poison in a dose but little in excess of the dose directed. To be complete, the schedule to the Sale of Poisons Act requires the addition of not a few poisonous proprietary medicines.

The London *Medical Times and Gazette*, in an article on the remuneration paid to scientific men, deplors the fact that there is no work in life so likely to lead to disappointment and penury as the pursuit of science for its own sake, and that there is no kind of labour so poorly paid as that of scientific men. In Great Britain the medical man of to-day is more poorly paid for his services than he was half a century ago, and all scientific professions are fast falling behind the commercial and business classes at the present rate of remuneration. For this result and tendency the author blames those who have attained the highest round of the ladder of success, and whose position enables them to refuse everything except the most remunerative practice.

In Canada, the custom of charging exceedingly small fees, in vogue with many distinguished medical men, acts injuriously on the profession. It may be observed in every town that there are some leading medical men who, by reason of attainments, skill, and long experience, are entitled to the highest scale of fees for their services, are yet eager to keep up a large practice by making low charges; and they have of course to do a great deal of work in order to make a comfortable income. This habit is very hurtful to the young practitioner, and checks his career at the time of his greatest need and difficulty. Practitioners of standing and reputation owe it to the profession as well as to themselves that they should maintain a proper scale of remuneration. If they were to make their charges as high as is com-

patible with the wealth and position of their clients they would undoubtedly make a better income with less labour; and by fixing a minimum fee at double or treble what is commonly charged they would also benefit themselves and do a good turn to the younger members of the profession, who must, in the natural order of experience, find their beginnings in practice amongst those less able to pay the higher fees which ought to be exacted by men of mark in the profession. We think the blame attached by the writer in the *Medical Times and Gazette* to the leading members of the profession in England much more applicable in this country and in the United States, where there are less distinctive gradations of rank, so to speak, in the medical profession. What is wanted here, indeed, is the adoption of certain English notions as to the rank of medical men professionally. For instance, as in London, a physician holding a hospital appointment, ought to give himself up as much as possible to consultation practice, and should demand the highest rate of fees for attendance. In like manner, an operative surgeon ought to be very exacting in appreciating the value of his skill and special training. Again, some English practitioners let it be understood that their minimum midwifery is a guinea, while there are lower grades who do it for ten shillings and sixpence or fifteen shillings.

Undeniably medical men by self-appreciation have it in their own hands to obtain a proper rate of remuneration. The only difficulty is that of concerted action. Here a good deal of reliance has been placed on published tariffs, though these fail to be adhered to in many cases. The physicians of Toronto lately framed a tariff, which would be an admirable one could it be carried out; but we have information from Toronto that it is practically disregarded, and that there are men in the city running about for what they can get, and accepting fees much below the minimum rates of the tariff. Notwithstanding such defects, it will be well, we think, to maintain the system of published tariffs, and to try and educate the public up to their requirements. The new Medical Bill for Ontario contemplates the legalizing of tariffs adopted by local medical societies by making them a scale of "reasonable charges" within the meaning of the Act. If obtained, this legislation will make tariffs of much greater importance and value, and will demand great care and attention to be given by medical men in framing them. It is evident that if practical adjustment and legal force can be made to combine, great advantage must necessarily follow. There will be a stronger inducement to adhere to a fixed legal scale, and we may expect a serious difficulty to be got over.

## MIXED MEDICAL CLASSES.

I fully and respectfully recognize the high qualities, capacities, and vocation of women. I recognize, especially, the fact, that the elevation of women in domestic and social position, is one of the blessed fruits of Christianity. There are few, indeed, who hold intelligent and virtuous women in higher estimation than I do. It is

very much for their own sake, and on account of the respect which I entertain for them, that, on this particular point, I feel it my duty to state my decided opinion, that the promiscuous attendance of men and women in mixed classes of medical study, such as anatomy, surgery, and obstetric science, with concomitant participation in dissection, demonstration, and clinical exposition, is a thing so unbecoming and so shocking—so perilous to the delicacy and purity of the female sex, to the very crown and charm of womanhood, and so reacting on the spirit and sentiment which sustain the courtesy, reverence, and tenderness of manhood—that the law and constitution of the University, bound to promote, and seeking to promote the advancement of morality as well as knowledge, cannot sanction or accept such attendance."—*Judge Ardmillan, in the Edinburgh case.*

## THE PROPER POSITION OF THE DISPENSING CHEMIST.

Mr. George Webb Sandford, in the course of an address to the students at the London College of Pharmacy, made the following appropriate remarks on the duties of dispensers:—

"A dispenser of medicine is a member of the noble medical profession. Always remember, I pray you, that, although members of that profession, you must not account yourselves qualified to assume the position or to exercise the duties of its higher branches, or you will cease to acquit yourselves honourably in your department. In the army there are generals, field officers, captains, and subalterns, each with their appointed duties, and the success of a campaign depends on the concerted action of the different grades. So in the medical profession. It is for the physician to prescribe and the dispenser to obey his instructions. According to my judgment, the moment the dispenser attempts to reverse this order of things, and to usurp the province of the physician, he gets into mischief; he assumes a duty for which he is not qualified, to his own disgrace, to the public disadvantage, and manifestly to the disadvantage of his class. Nothing can be more certain than that it is of the utmost importance that the prescriber should have perfect confidence in the dispenser, that there should be a mutual good understanding between them; and it is to me equally certain that this confidence and this good understanding must be destroyed if the dispenser be not a man of intelligence, an honourable worker in his department, and careful not to outrage the discipline of the profession."

## MEDICAL EXPERTS.

With certain medical gentlemen there seems to be a strong desire to be medical experts. Especially is this disposition shown in cases of questionable insanity before our courts. We have always considered that to be an expert required a thorough and practical acquaintance with the subject, but the apparent necessity of the times seems to have rendered this unnecessary. The pleas of moral insanity, emotional insanity, and the like, are now considered to be such forlorn hopes that the lawyers seem to be willing to take the opinion of any one who may

volunteer it. The consequence is; we are getting a new instalment of experts not known or recognized by the profession, but nevertheless of value as figure-heads. At a recent trial in New York, we saw a number of respectable medical practitioners lending their names to the court and stultifying themselves by the expression of opinions for which they had no possible foundation. The study of insanity has been recognized as a specialty for the last quarter of a century; and it is fair to suppose that there are thousands of questions that can be put by an attorney which are unanswerable, save on the basis of a very extensive practical experience in the treatment of the disease. A physician who has not such an experience, places himself in a false position by claiming to be qualified to give an opinion. There would be no disgrace for any practitioner to acknowledge incompetency in this respect, if called upon. We hope that, in future, any such who may be urged for an opinion may have the moral courage to acknowledge ignorance before it is made so evident in a crowded court-room, and through the columns of the daily papers. It is also obviously unfair to the real experts on insanity—the gentlemen who have the best opportunities for studying the disease—to have the crude opinions, formed by a hasty glance at some authority, foisted upon the public as representing the advanced views of the present day. It is just such cases as these that give the legal profession the whip-hand of the medical profession, and give rise to the complaint, on our part, that the former never lose an opportunity to make fools of us. We believe that every one has his place; and if some of the medical tortoises trust to the legal eagles to teach them to fly, they must learn, sooner or later, that the higher they are taken into the air the more dangerous will be their fall when left to their own resources.—*New York Medical Record*.

#### THE HOSPITAL SUNDAY MOVEMENT.

The great success attending the introduction of Hospital Sunday in London, this summer, has placed this charity upon such a solid footing, that it is likely soon to be adopted by those cities of Great Britain that have hitherto held aloof from the movement. London, ere long, a well-established English institution. It was first started in Birmingham, in 1859, for the purpose of relieving the general hospital of that city from debt, and about £5,000 were collected, and the city has averaged since about £4,000 per annum. Manchester followed her example in 1870, collecting about the same sum. Liverpool came next, and the movement then extended rapidly to a number of other smaller towns. The medical charities of each town, sometimes to the number of twelve or more, share in the distribution of the profits. The movement appears chiefly to be in the hands of the clergy, and almost every religion and creed are represented. Every means is taken to render the collection a large one; circulars are distributed freely for some time before the day on which the collection is to be made, both among the members of the various churches and in all places of business. The sermons are carefully prepared beforehand, and each minister

does his utmost to make the contribution of his church compare favourably with those of others.

It was not until this year that the movement extended to London, and the preparations made to insure its success were attended with the most gratifying results. The large sum of £27,403 was realized. All classes participated in the undertaking: the Prince of Wales attended service at St. Paul's in honour of the occasion. The difficulties in the way of the distribution of this money, in such an immense city as London, were very great. Sixty-four hospitals were to be provided for, to say nothing of many dispensaries and other charities.

A number of these larger hospitals, which are well endowed, received a considerable sum, while that awarded to many of the smaller institutions was quite paltry, and, although the committee of distribution had given a great deal of anxious care to the subject, not a little dissatisfaction was manifested. In other cities, however, we hear no such complaints. In endeavouring to introduce such a desirable form of charity as this, the following points are stated by the *British Medical Journal* as being necessary for success: "1. To obtain the concurrent action of the clergy and ministers of all denominations, who, as they have done in other towns, must, no doubt, make great sacrifices, and must put aside all their jealousies and differences of religion for this object; 2. To obtain the aid of the press; 3. To form a simultaneously acting, simple and effective organization, with the one idea of determination to succeed." With such encouragement for success, we commend Hospital Sunday to the physicians and clergy of Boston. The well-known liberality of our citizens and the size of the city both favour such a movement. Our medical charities would thus be brought into a more prominent light before the community, and an opportunity be offered to the large class of people who avail themselves of them, to contribute, in some measure, to their support.—*Boston Medical and Surgical Journal*.

#### CASE OF POISONING BY CAMPHOR.

Dr. Klingelhöffer relates (*Berliner Klinische Wochenschrift*, Sept. 1, 1873) the case of a strong and healthy married woman, who at 11.30 a.m. swallowed about 2 grammes (30 grains) of powdered camphor suspended in water. Immediately after swallowing the dose she was seized with giddiness, for the relief of which she went out of her room, but the giddiness increased and compelled her to return. Thinking that the camphor had made her ill, she drank some coffee, which excited vomiting. The symptoms had continued to become worse, the giddiness increased, headache came on, with burning pain in the stomach, eructations, great thirst, and a sense of formication in the extremities. When seen about six hours after the dose had been taken, the patient was sitting on a sofa supported by cushions; there were total loss of appetite, great thirst, occasional eructations having a strong odour of camphor; the urine had been passed in large quantity, probably in consequence of much water having been drunk. The conjunctivae, naturally red, was

pale, the forehead, cheeks, and hands were cold; the breath had the odour of camphor; the pulse, between 90 and 100, was small and irregular. The giddiness and tremor which had affected the whole body had passed away, but there was constant movement of the hands. She could walk, but with difficulty. She was ordered to lie in bed, to apply cold wet cloths to the head, hot bottles to the feet, to drink freely of water, to have a laxative enema, and take confection of senna. The following morning, at 9 a.m., she was much better, though she had had but one hour's sleep during the night. She had vomited soon after taking the senna-confection, and there had been a free action of the bowels. There remained a slight camphorous odour in the breath, and she complained of an uneasy feeling at the back of the head. In the course of the day she got up, and from that time she was convalescent.

#### ON THE USE OF THE PNEUMATIC ASPIRATOR.

Dr. Laffan publishes in the *Irish Hospital Gazette*, July 1, some memoranda which are of interest, since attention has been drawn prominently to this subject by the publication of Dr. Dieulafoy's treatise on pneumatic aspiration.

Case I was that of a scrofulous tradesman, aged twenty. There was disease of the knee-joint of long standing. A distinct diagnosis between pulpy degeneration and chronic synovial effusion, could not, with the greatest care, be arrived at. Various absorptive remedies had been tried in vain, and it became a matter of importance whether fluid was present or not. The aspirator was accordingly used, and from the absence of all fluid in the receiver, the case was deemed to be one of pulpy degeneration. No injurious result whatever accrued from the use of the instrument, and the eventual history of the case bore out the diagnosis then formed.

Case II was one of subacute synovitis of the knee, in a woman aged sixty. The fluid was drawn off with entire freedom from after ill-effects. The puncturing had, however, to be repeated. The fluid did not return after the second tapping, and the recovery was complete.

Case III.—Circumscribed abscess in a scrofulous youth of twelve, situated immediately above the bladder, between the abdominal muscles and peritoneum. Aspirator used; thick pus discharged; cure after three tappings. No bad symptom.

Case IV.—Circumscribed abdominal abscess in the right iliac fossa, in a girl of eighteen. Aspiration; evacuation of thick pus; reaccumulation; puncturing repeated. This case is at present under treatment. The constitutional symptoms were at one time grave, but were not in the slightest degree aggravated, but the contrary, by the puncturings. She is now advancing rapidly towards complete recovery.

Dr. Laffan adds: I have had some experience of the aspirator. I have punctured with it a suspected hip-joint, have successfully aspirated an hydatid cyst of the liver, and have employed it in more than one part of the abdominal cavity and elsewhere.

## GYNECOLOGY.

## DYSMENORRHOEA.

Dr. Geo. H. Kidd, in his address to the Obstetric Section of the British Medical Association at its late meeting, calls attention to the occurrence of two forms of dysmenorrhœa, one arising from obstruction, the other caused by subacute ovaritis.

"That dysmenorrhœa, dependent on an obstruction to the exit of the menstrual fluid from the uterus," he remarks, "is of frequent occurrence, no physician of practical experience can doubt. Moreover, that, when it does occur, it can only be relieved by treatment directed to the uterus, and of such a nature as will remove the impediment, is a matter of every-day experience, and cannot be questioned; but, when we find it asserted that, without obstruction, there cannot be dysmenorrhœa, or that obstruction is the essential cause of the disease, and that it can only be cured by removing this obstruction, then we are bound to inquire whether clinical experience will confirm the statement, or prove that it is one founded on a too limited sphere of observation. I shall ask you, then, to allow me to trace, in rapid outlines, the clinical history of dysmenorrhœa, and to inquire into the varying nature of the symptoms we meet with. In the first place, I shall speak of cases in which the pain is, beyond a doubt, due to some cause preventing the escape of the menstrual fluid from the uterus.

"The typical and most simple form of this class of cases is when the obstruction is produced by a small os uteri and narrow cervix. In a typical case of this kind, the condition of the os is a malformation, and is congenital; but it may also be an acquired condition, and is then the result of the contraction either of a cicatrix or of effused lymph. The impediment may, however, and often does, depend on other causes, such as a flexion, and then the symptoms may manifest themselves from the beginning of menstrual life, or not till a later period. A polypus, especially if so situated as to cause a valve-like obstruction, as in one of Marion Sims's cases, or the growth of a fibrous tumour, or some forms of inflammation, may also give rise to obstruction and dysmenorrhœa as an acquired disease.

"The pain in dysmenorrhœa, depending on obstruction, commences either when the discharge is beginning to flow, or some time afterwards. Patients frequently say it begins some hours before the discharge; but, if an examination be made with the speculum when the pain begins, it will be found that the discharge is actually exuding from the uterus, though not in sufficient quantity to make its way out of the vulva and attract the patient's attention. When the obstruction is not very great, and the discharge scanty, the pain may not occur for some hours, until, in fact, the discharge becomes so copious that it cannot escape through the narrow os.

"The pain is paroxysmal in its character, and seems to depend on the efforts of the uterus to expel its contents. As soon as these efforts have so far overcome the obstruction as to allow the free escape of the discharge, the pain ceases.

During the interval of menstruation, there is freedom from pain, and the general health may be unimpaired, but the same cause that hinders the exit of fluid from the uterus prevents, in general, the entrance of semen into it, and the result is sterility.

"On examination, the impediment, its position, and true nature, can be ascertained, and, in the majority of cases, it can be removed by means adapted to the circumstances of the case.

"I have thus sketched the history of dysmenorrhœa caused by obstruction to the exit of the menstrual fluid, chiefly from the facts recorded in my own case-books. From the same source, I have now to describe another form of the disease, one in which the symptoms are so different, that it is impossible they can depend on the same condition. In these cases the disease, instead of being usually congenital, is always acquired. It may be in early girlhood, or it may be after having given birth to several children. In one case, the patient had been married eighteen years and had no family. 'While at school, through neglect,' she said, 'uterine disorder commenced, and has continued without intermission ever since.' In another case, the patient had been married six years; she had had two children, the youngest nearly four years old. She had not nursed either. She had never recovered thoroughly after the birth of her last child, but it was only within the last year menstruation became painful. In another, the disease set in after the birth of the third child. The patient became pregnant a fourth time, and nursed this child three months; but she was in bad health all the time of her pregnancy and while nursing. When menstruation returned, after weaning the child, it was as painful as ever. In many cases, the disease supervenes on the mechanical dysmenorrhœa, but the symptoms are so different, that the patient can herself tell when this took place.

"In the former group of cases, the pain commences simultaneously with the discharge or after it has appeared. In this the pain begins a week or ten days, or more, before menstruation, and at the same time that the pains occur in the pelvic region the breasts become painful, hot, swelled, and tender to the touch. The pelvic pains are spoken of as dull, achy pains, they are felt in the pelvic region, and extend down the thigh to the back. They are not the acute paroxysms of pain of the former cases; they are aggravated when menstruation actually begins, and often continue throughout the whole period, but more frequently are relieved as soon as the discharge is established. They then cease, and return on, it may be, the fourteenth day; that is, at the middle of the interval. This 'intermediate pain,' as Dr. Priestley calls it, may last only a few days, or it may continue and increase in severity till the next menstruation, the only interval of ease being for the first ten or twelve days after menstruation.

"Menstruation in these cases is often irregular, generally retarded, sometimes it comes too soon, and in some cases a whole month may be passed over, but the pain occurs when the menstruation is due, even though the discharge does not appear.

"The discharge is generally scanty, but sometimes it is excessive. Its appearance is almost always preceded or followed by severe headache, often by vomiting, and, during its flow, palpitation is often complained of, also frequent micturition, and sometimes tenosmus and knocking in the rectum.

"Miss H. states that menstruation has always been painful during the first two or three hours, but for the last two or three years she has suffered very much from pain for a week before menstruation begins, and at the same time her breasts have also become very painful. She has had much palpitation lately, and severe headaches before menstruation begins.

"Mrs. W., married seven years, no children, states that menstruation was always painful at the beginning, but, since marriage, she has suffered for a week before it begins from pain round the sides, stomach, and back, and from pain in her breasts, which become swollen. About five years ago, the os uteri was slit, after which she became pregnant, but aborted at the end of the third month. The painful menstruation continues, notwithstanding the operation and pregnancy. These were cases in which the form of dysmenorrhœa, of which I now speak, supervened on that due to obstruction; on examination, in this latter case, the uterus was found normal in position and size. The os and cervix were quite healthy, but the os was very open in consequence of the operation that had been performed on it. The right ovary, however, was found to be swollen, and very tender to the touch.

"In many cases, in addition to the symptoms already described, there is a constant dull, aching, sickening pain in the back; and there is so much pain, *in coitu*, that all attempts at intercourse have to be given up. Mrs. C. has been married ten years, and has no family. For many years she has had painful menstruation, the pain beginning more than a week beforehand. The os uteri was twice slit, without in any way relieving the pain of menstruation. She has also had the orifice of the vagina dilated, for the pain *in coitu*, but without benefit. On examination, the vagina admitted a full-sized speculum with ease; there was no contraction or spasm at the orifice. The uterus was found with the cervix slit, but otherwise healthy, and the right ovary was found lying in Douglas's space, somewhat enlarged and tender to the touch, the pain, on pressure on it, being of the same character as that caused by intercourse.

"This prolapse of the ovary into Douglas's space was described by the late Dr. Rigby. It is a frequent accompaniment of the form of dysmenorrhœa, now spoken of, and is productive of great pain *in coitu*. If it should be the left ovary that is prolapsed, there is also pain in defecation, and this pain and the pain in intercourse can generally be relieved by the use of the lever pessary of the late Professor Hodge.

"It has been mentioned that, when the menstruation has missed, the pains occur at the time, notwithstanding the non-appearance of the discharge; and it may be further mentioned, that in some cases it continues for a year or more after menstruation has finally ceased.

"When we make an examination in these cases, we may find the os uteri small and contracted; or the uterus bent on itself, or presenting evidences of endometritis; but that these are only complications, is made evident by the fact that in a large proportion of cases we find the uterus normal in position and size, and its tissues perfectly healthy. If we place the patient on her back, with her head and shoulders raised, and her legs well drawn up, and, having introduced the right forefinger into the vagina, make pressure with the left hand over the hypogastrium, we shall find the ovaries, which in the healthy state can seldom be recognized, one or both of them enlarged and very sensitive to pressure. If one of them should lie in Douglas's space, the true nature of the case will be recognized still more easily, and there will be no hesitation in referring the symptoms to their true pathological cause—subacute inflammation of the ovaria.

"To understand clearly the sequence of the symptoms and their true nature, it is only necessary to bear in mind the function of the ovaries, and their sympathetic relations with other organs, especially the breasts; to remember that the ovaries preside over and initiate the process of menstruation; that, in preparing for this, the Graafian vesicles, originally deeply seated in the substance of the organ, gradually enlarge and approach the surface till they become prominent, and then, rupturing its coats, discharge their contents into the Fallopian tubes, thus constituting the essential part of menstruation. It is not necessary to dwell on the physiology of menstruation on such an occasion as the present; but, if we consider for a moment, as was suggested by Dr. Meigs, the pain and various reflex irritations that so frequently attend the performance of another physiological process—defecation—we will have less difficulty in understanding that pain and various reflex irritations may attend the growth of the Graafian vesicle, its approach to the surface, and its bursting through the coats of the ovary, if this organ be in an unhealthy state.

"In dysmenorrhœa arising from obstruction, we may speak with much confidence on effecting a cure by dividing or dilating the os uteri, or by other appropriate means. In dysmenorrhœa caused by subacute ovaritis, surgical or other treatment directed to the uterus is of no avail, and, indeed, we must be very cautious in promising permanent relief. Leeching, especially at the anus, hot baths, hot syringing, sedatives to the rectum, counter-irritation over the ovaries, the internal use of the bromides, and, above all, rest, and especially physiological rest, will procure relief, and in my hands have often done so after surgical operations have utterly failed."—*British Medical Journal*.

### MEDICAL NEWS.

Parents and preceptors who find much difficulty in dealing with the passions and moral emotions of their charges, will learn with satisfaction (if they are sufficiently credulous) from the homœopathic Medical Investigator, of Chicago, "that the mariner steers not his ship more unerringly and with more confidence through the trackless waste of water, guided alone by his compass, than relies the homœopathic practitioner

upon acemite, opium, and pulsatilla, for the effects of fright; coffee for excessive joy; colocynth for indignation; hyoscyamus for disappointed love; ignatia for grief; or nux or chamomilla for the effects of a fit of passion." Armed with a medicine for each passion and injurious emotion, we may advance with confidence in the perfectibility of the human character!

Dr. Pouvick, Professor Virchow's assistant in the Pathological Institute at Berlin, has been nominated Professor of Pathological Anatomy in the University of Rostock.

### IMPORTANT TRIAL FOR MALPRACTICE AT ST. CATHERINES.

From a Correspondent.

At the recent Assizes at St. Catharines, a Mr. Neal brought an action against Drs. Cross and Downey, of that place, for malpractice in the treatment of a fracture of the forearm. After hearing the evidence for the plaintiff Judge Morrison decided that there was no case. Several medical gentlemen gave evidence, but nothing was elicited from them to show that the doctors bore any guilt of either neglect or unskilful treatment. The defendants had taken unusual pains to have witnesses to show that they had done all that could be done. Dr. Frank Hamilton, the well-known writer on Fractures and Dislocations, of New York, was present, as well as Drs. Holder and Canniff, of Toronto. These gentlemen were quite prepared to declare that, considering the nature of the injury, the result was unusually good.

It is satisfactory to notice that this is the third case recently tried in Ontario where an effort to obtain damages against a medical practitioner has failed—a nonsuit being entered by the judge.

### MEDICAL CERTIFICATES.

It is to us a matter of profound regret that we so often have brought under our notice cases of medical certification which, to say the least, indicate an amount of laxity altogether incompatible with a proper sense of the responsibilities involved. No doubt many, perhaps a majority, of these cases simply show that after all there is "a deal of human nature" in medical men as in other men, and that many of our brethren in the profession have so large a share of the "milk of human kindness" in their composition that they reverse the wise maxim which inculcates justice before generosity. This laxity, of course, is most commonly found to prevail under conditions in which no serious interests are concerned, but it should not on that account be overlooked. Those who chiefly profit by it are the malingers in the various walks of life; and it may be said of these, as a class, that they are for the most part unprofitable servants under any circumstances. Nevertheless it behoves every practitioner to remember that by playing into the hands of malingers he may, however unintentionally, become a party to a fraud; and it is just because this aspect of the case is so often lost sight of that avoidance of duty on insufficient grounds is procured through the doctor's agency. We noticed lately, in the report of a County Quarter Sessions, that three persons who had been summoned on the jury sent medical certificates instead of putting in an appearance themselves. The certificates, it is said, simply stated that the jurors were "not fit to attend that day," the cause of their unfitness not being assigned. All three certificates were given by the same hand, which was that of a highly respected local medical man. The recusant jurors were fined two pounds each for non-attendance, the court very properly regarding the evidence of the medical certificates as insufficient to warrant the jurors being excused from their legal obligations. It appears to have been forgotten in this case, which is a typical one for our present purpose, that a medical certificate ought always to have a scientific value, and should consequently be couched in scientifically precise terms. When it conveys nothing beyond a mere general statement, such as that above referred to, its scientific value is lost, and it becomes little more than an informal expression of opinion entitled to as much weight as if it were given by a layman, and no more.—[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 continually being made in the medical art. Obviously the sooner a medical practitioner hears of an improvement the sooner he can put it in practice, and the sooner will his patients reap the benefit. In this manner, the value of a weekly or 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 for 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.,  
Office of the Medical Times,  
Kingston, Ontario.



## MEDICAL NEWS.

The English stamp duty on patent medicines in the year ended the 31st of March ult. amounted to 95,812 pounds, 10s. 7d.

Dr. Muter, analyst for the Lambeth district, in his last report states that out of twenty-nine samples of food, consisting of tea, coffee, bread, sweets, mustard, milk, and beer, which he had analysed, seventeen were found to be adulterated.

An Italian translation of the address on Medicine, delivered by Dr. Parkes at the annual meeting of the British Medical Association in August last, is being published in an Italian journal. The Italians are displaying great activity in translating from the English scientific press.

A marked case of hydrophobia from the bite of a cat occurred in Liverpool lately. A boy of nine, five weeks after the infliction of the wound, which had been waterized and dressed, gradually became averse to the sight or mention of water, and died in great agony from a succession of convulsive fits.

An important meeting of medical men and other persons, of various nations, interested in the solution of the problem of the best means of dealing with the sick and wounded in war, has just been held in Vienna. The various ambulance-waggons, cooking-waggons, and other articles exhibited in the Sanitäts-Pavillon of the International Exhibition have been examined and the merits have been compared. The Empress Augusta of Germany has addressed an autograph letter to Dr. Wittelschofer, the principal originator of the meeting, expressing the great interest which she feels in its objects.

The traders in the pseudo-diplomas of the so-called American University of Philadelphia have been attempting to do business in Cuba. Five of these documents were lately presented to the Spanish consul in Philadelphia, it being necessary that he should certify to the existence of the college in order to give the diplomas legality with the Spanish dominions. His suspicion, however, was excited by the fact that five had been presented to him within a month, at the time of the year when diplomas are not usually given. He therefore communicated with the mayor of Philadelphia on the subject, and the matter has been placed in the hands of the police.

## THE MALADY OF THE FIRST NAPOLEON.

The following interesting letter, along with a lock of hair, has been recently discovered by Major Young, of Lincluden, Scotland. It was written to his father by Dr. Short, principal medical officer at St. Helena at the time of Napoleon's death: "St. Helena, 7th May, 1821.—You will, no doubt, be much surprised to hear of Bonaparte's death, who expired on the 5th of May, after an illness of some standing. His disease was cancer in the stomach, that must have lasted some years, and been in a state of ulceration some months. I was in consultation and attendance several days, but he would not see strangers. I was officially introduced the moment he died. His face in death was the most beautiful I ever beheld, exhibiting softness and every good expression in the highest degree, and really seemed formed to conquer. The following day I superintended the dissection of his body (at this time his countenance was much altered), which was done at his own request, to ascertain the exact seat of the disease (which he imagined to be where it was afterwards discovered to be), with the view of benefiting his son, who might inherit it. During the whole of his illness he never complained, and kept his character to the last. The disease being hereditary, his father having died of it, and his sister, the Princess Borghese, being supposed to have it, proves to the world that climate and mode of life had no hand in it; and, contrary to the assertions of Messrs. O'Meara and Stobo, his liver was perfectly sound; and had he been on the throne of France, instead of an inhabitant of St. Helena, he would equally have suffered, as no earthly power could cure the disease when formed."—[British Medical Journal.]

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

## TWENTIETH SESSION, 1873-74.

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

## TEACHING STAFF.

JOHN R. DICKSON, M.D., M.R.C.P.L., M.R.C.S.E., and F.R.C.S., Edin.; PRESIDENT, Professor of Clinical Surgery.

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