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## SURGERY.

### NEUROMIMESIS.

#### LECTURE ON THE NERVOUS MIMICRY OF JOINT DISEASES.

By SIR JAMES PAGET.

(CONTINUED.)

The conjunction of pain and stiffness in a joint always looks like real disease; but you may generally detect the mimicry by observing that, while these things would indicate disease of much severity, everything else is as if there were no disease, or at most only a very mild arthritis. The inconsistency of the several parts of the case exposes its true nature. Lately I had to see a young lady, with a reported healthy nervous system, whom I found lying in bed with extreme contraction of the thigh towards the pelvis, pain at the hip and knee, increased pain on any touching near the hip-joint, and especially great pain and tenderness at and about the tuberosity of the ischium. She could not bear the least attempt to straighten the joint, and the contraction was said to be persistent during sleep. She had had vomiting, hated food, and looked ill and distressed; and all these troubles were ascribed to slight injury or over-fatigue a few days previously. The case looked very like real disease of the hip; but if it had been so at all it must have been a very acute disease, swift and severe, such as should have had attendant fever. Yet the pulse and temperature were natural, and there was certainly nothing in the case which might not be explained by mere nerve-disturbance. And the event proved that there was no organic disease, for after a few days' rest, with careful food, and some wine, and mental quietude, the pain ceased, and then very slowly the limb resumed its natural power and posture, and the young lady married.

Let me here tell you of two or three notable groups of cases of pain and stiffness of joints without real disease. None are more frequent than those of boys from ten to fifteen, who complain of pain and declare themselves unable to walk after injuries of the ankle or knee, or who disuse their arms for pain after injuries of the elbow or other part. They describe the pain as horrible, and hold their limbs in some unnatural position, and limp and cry when you try to make them walk; yet you can find nothing wrong in the shape or size, or temperature of the joint, or in the general health. It is very hard to say whether they are shamming or neuralgic; but the utter inconsistency of their cases proves that they are the one or the other, and you must make them use their limbs. They will often do it better if you have first moved the joint rather severely for them, and "loosened" them.

Something like these, yet different in having little or no pain, are the children who mimic a

disease of a joint through fear. After a hurt the immense care bestowed on a joint, and the earnest injunctions not to move it, seem to impress some children's minds so deeply that, long after all is well, they hold up their joints scrupulously and timidly, and dare not try to use them. You may amuse yourselves with the astonishment with which both child and parents find, on a positive assurance, that walking or any other use of the lame limb is quite easy and painless.

Another group allied with these is that in which you find young people with joints contracted by involuntary and quiet muscular power after injury. The joints are painless unless when great force is used at them; and you can easily feel that their stiffness is not through inflammation or adhesion, but through muscular resistance like that which sometimes produces wry-neck directly or very soon after a blow. You feel a kind of elastic recoil at efforts to move them, as if the effort was resisted by a tough elastic substance. Ether or chloroform decides at once the diagnosis: as soon as the patient is insensible the joint becomes movable as widely and as smoothly as an uninjured healthy one, and only slowly if ever stiffens again.

Just like these are the ordinary cases of painless stiff joints in hysterical girls: the muscles hold them fixed, and that is all; the joints are healthy to the touch and the sight, and even to the patient are painless unless violently used.

In all these cases the ground of diagnosis is essentially the same. You have one or two or three signs of the disease of a joint present in an extremely marked degree, or at least well marked; a pain, or a stiffness, or both, and limping or other consequent disability, such as would exist in a joint severely or long diseased. But with a joint really thus diseased there should be—unless it had some chronic, rheumatic, or gouty trouble—swelling, or heat, or spoiled shape, or general wasting of the limb, or all these together—and with them usually some disturbance of the general health. The absence of these is weightier evidence than the presence of the other symptoms.

All that I have just been saying relates to the distortion of joints produced by muscular action, not to deformity due to displacement of one or more of the bones forming the joint, such deformity as you see, for instance, in the knee when the tibia falls backwards and outwards from the femur, or is rotated by the weight of the foot, on which also the bedclothes may have been allowed to rest. When this or any similar deformity exists, it is a nearly sure sign of real disease, past or present, for it can scarcely happen except through textural changes, through softening of the ligaments and other textures about the joints permitting one bone to move away from the other. Now such softening as this can hardly take place except in inflammation. I will not

say that it is impossible, but I know that it is very rare. Posture alone, though very long continued, will not produce deformity of joints with displacement of bones. I saw a gentleman who, in a half lunatic condition, sat for five years in the same posture, and was credibly said to have never moved. At the end of this time his knee-joints were contracted to a right angle, and felt as if absolutely fixed; yet they were not deformed. Their bones had their right relations; and after some weeks of extension with instruments, the knees were straightened, and power over them was completely gained.

So, too, in a case told me by Professor Flower. A man, whose skeleton is at Marburg, was encased by his relatives for over twenty years in a space in which he could only sit with his limbs doubled up, and in which he could have had only very narrowly restrained movements of his joints, yet his limbs did not become deformed, and his joints retained their normal texture. And many a case of hysterical joint, after being contracted for years, has recovered without any error of shape.

Speaking generally, then, the presence of deformity in a joint reputed diseased may be taken as certain evidence that it is or was diseased, and the absence of such deformity in a joint which has long been very painful, or, in other characters, has seemed acutely diseased, is nearly as certain evidence that there has not been inflammation; unless, indeed, the shape of the joint has been maintained by careful treatment. A few weeks of acute inflammation of a joint will almost certainly change its shape and the relations of its bones, unless care is taken to prevent the change; but even many months of mimicry of acute disease will not produce or permit such change.

## THERAPEUTICS.

### CROTON-CHLORAL HYDRATE.

The profession and the public are chiefly indebted to Dr. Oscar Liebreich for the introduction of chloral hydrate: and this obligation is further increased by the addition of croton-chloral hydrate, which will doubtless prove an equally valuable therapeutic agent. It is of the greatest service in cases of nerve pain. Every sufferer from neuralgia is anxious to obtain speedy relief from pain: this may be obtained by taking croton-chloral hydrate, and then the antecedent causes of neuralgia may afterwards be inquired into and treated accordingly. The following cases are interesting, as showing the immediate relief from pain that this drug affords:

A. suffered from facial neuralgia of a most severe character; it affected her hearing and eyesight. She could not rest or take food. She took one grain of croton-chloral hydrate every hour. In three hours she was considerably better. After

taking three more doses she was entirely free from pain.

B. suffered much from facial neuralgia dependent on decayed teeth, and had not been able to take food or sleep for three days. She was ordered croton-chloral hydrate in grain doses every hour, and obtained great relief after two doses. Six doses removed the pain completely. She slept that night.

C. This patient suffered from concussion of the spine caused by a railway accident some years ago. She has had every variety of treatment for the pain she suffers in the spine and nerves proceeding therefrom. She took potassium bromide, gr. xx, and croton-chloral hydrate, gr. i, three times a day, with marked relief and no bad symptoms.

E. This is a young dyspeptic and neuralgic patient, and suffers greatly from dysmenorrhœa. She took two-grain doses when the paroxysms of pain came on, with marked relief.

F. has been under treatment for various neuralgias for some years. She has had, at one time or another, almost every external and internal therapeutic agent in the Pharmacopœia,—strychnia, iron, quinine, ammonium chloride, aconite, belladonna, iodine, bromine, blisters, hypodermic injections, galvanism, together with baths and other hygienic appliances, including change of air. In this case, two grain doses of croton-chloral hydrate every hour afforded more speedy relief from pain than any of the above remedies. After taking eight grains, she was almost free from pain.

In thirteen patients who have croton-chloral hydrate, not a single bad symptom has been observed. In grain doses, it relieves pain quickly, causes sleep, no subsequent headache or furred tongue. In several cases it acted as a gentle laxative.—[Penson Baker, in the British Medical Journal.

## PRACTICAL MEDICINE.

### CONSTIPATION IN PNEUMONIA.

From a Clinical Lecture by Professor Skoda, Vienna.

There is not any physician who has not had occasion to observe that pneumonia is often accompanied by a state of obstinate constipation which may be greatly prolonged. It is natural, therefore, to ask oneself if it is proper to interfere in these cases in order to put an end to the constipation.

This question of constipation in disease is more important than it seems at first. But before entering on its study we must first inquire what is the interval which separates the stools of persons in perfect health. These data will serve to form our judgment, and we can then decide whether the constipation which arises in any illness can have any influence or not on the evolution of that malady.

The observation of facts teaches us that the time which elapses between different stools is not the same in all individuals. The greater number have one stool a day; others also numerous have only one in two or three days. There are yet others who only experience this need at intervals yet more distinct. On the other hand, there

are individuals in the most perfect state of health, who have two stools a day. The physician ought not to forget this fact, when he finds himself in the presence of a commencing diarrhœa; it is especially important for the prognostic point of view. As we possess as yet only very imperfect notions of the reasons of these physiological differences, we will here content ourselves with pointing them out to the attention of physicians, and will abstain from further commentary. There are even cases of persons in whom the retention of fœces persists, not only for some days, but even for many weeks. This is seen especially in women. In these cases the first evacuations are accompanied by violent pain, which may be so severe as to provoke syncope. During the whole duration of this obstinate constipation, it is often impossible to succeed by any means in forcing a stool. Nevertheless, appetite may be preserved, the individual takes food, and even experiences only relative inconvenience. The quantity of food ingested is necessarily very small, but it is none the less a very singular thing to see the need for alimentation continue, in spite of the complete absence of evacuation.

Does the diversity which we indicate in the habits of different individuals exercise an influence on their state of health? On this point observation shows us first that the stools of individuals in whom constipation has lasted some days are in no way different to those of persons who go to stool every day.

Fæcal matters can, then, remain entire weeks in the intestinal canal without undergoing sensible modifications. It follows that substances ingested during the time that constipation lasts, are digested and absorbed, and that the fœces remain constituted by the residue of digestion as in the case in which an evacuation is produced every day.

From all these facts one has the right to conclude that fæcal matters may sojourn for a long time in the intestinal canal without undergoing any modifications prejudicial to the organism, and that constipation does not constitute in itself a state very dangerous to the general health. Thus we are enabled to reply to the question above stated: The differences observed among individuals as to the number of their stools in a given time do not induce modifications in the health of these individuals. This is a fact well established by experience, and which has been hitherto too much overlooked in practice.

How much harm has been done by the untimely employment of purgatives, which might have been avoided by the simple knowledge of this fact. We think it is our duty, therefore, particularly to insist upon it, for it is not without danger in a number of cases that purgatives are administered. And we shall avoid falling into many errors, if we keep in mind this fundamental truth of the harmlessness of constipation.

As to the gases which are developed in the intestinal canal, it is to be remarked that they also are retained with the fæcal matters; but that, in the case of prolonged constipation, unless we have to do with intestinal strangulation, there is for the most part very little gas. It is a fact

long recognised that the gases are necessary for the evacuation of the fæcal masses; they facilitate it by diminishing the friction of the matters against the walls of the intestine. It is their function also to favour the movements of the diaphragm, and to deaden the effects of the play of this muscle on the abdominal walls. The gases exercise, then, a real influence over the fæcal evacuations, and we may henceforth feel assured that in all cases where there is not any gas, the evacuations will take place with much difficulty.

What demonstrates this influence of the gases over fæcal evacuation is the happy effect produced by aliments productive of gas in individuals subject to constipation. At the head of these aliments may be placed black bread, and the legumes; these kinds of food, however, are not equally well borne by all temperaments, for they often produce a very disagreeable inflation.

But, besides gases, there must also be fluids in the intestinal canal, in order that the stools may be effected with facility. We should, therefore, seek to introduce them into the digestive tube, and we must choose those which are not immediately absorbed. And fluids stay longest in the intestine, for they are obliged to unite with bases before they can be absorbed. This transformation requires always a certain time, during which the fluids will act as irritants of the intestine, as the result of which the evacuations are notably facilitated. But these means also remain fruitless when the constipation has lasted a certain time. Then there is a complete arrest of peristaltic movements of the intestine, and we must act differently. What has given the best results to the lecturer is the employment of quinine, friction on the abdominal walls with aromatic oils, and the energetic faradisation of the abdomen. Hydrotherapia and warm baths are also very efficacious. Oppolzer employed cold compresses on the abdomen; gymnastic measures also assist these means.

Since it is established at the retention of fæcal matters gives rise to no notable disturbance in the organism, it is not difficult to reply to the question which we asked ourselves at the commencement of the lecture. And at the outset we may say that in general it is unnecessary to occupy ourselves with the constipation which accompanies pneumonia, since the increase of fæcal matters in the digestive tube does not exercise any morbid influence on the organism. Under this head we may say that one cannot insist too strongly on the fact that it is absolutely useless to give a purgative in the course of pneumonia when there is reason to desire that the patient should be left at rest. It is only when the patient becomes incommode by the accumulation of gases and liquids tending to embarrass the respiration that we should seek to unload the intestine. In this case the patient is often vainly urged by the desire to go to stool without being able to succeed in his efforts.

When constipation has lasted several days without inflation of the belly being produced, it is absolutely useless to interfere, for it is a sign rather favourable for the normal condition of the malady. Moreover, it must not be imagined

that we diminish at all the intensity or duration of pneumonia by provoking intestinal flux; on the contrary, a new affection—intestinal catarrh—is created, which can be but prejudicial to the general condition and augment the malaise. Finally, it must be remarked that it is absolutely untrue, though it was formerly believed, that the respiration becomes less embarrassed in patients with pneumonia when diarrhoea supervenes. When, in the conditions which we have just pointed out, there is any indication for putting an end to constipation in pneumonia, clysters should be employed, and purgatives should be as often as possible withheld. These cannot by any means be considered, as they too often are, as entirely inoffensive remedies. The administration of a purgative gives rise, in the greater part of the cases, to a certain excitement of the patient, and he commonly finds himself far less well after the purgative than before it. Such an aggravation of so serious a malady ought evidently to be taken into consideration. This is, moreover, what Oppolzer had already pointed out in respect to tartar emetic, which is far from producing always, as has been pretended, any relief or amelioration. On the contrary, the state of the patient is aggravated, and it is only when the effect of the medicine has ceased that the patient experiences a certain relief; but then this must be attributed, not to the action of the remedy, but rather to the disappearance of the malaise which the remedy had superadded to the primitive state of the patient.

From all these considerations it results that, in the great number of diseases, the indication is to abstain from purgatives as long as they are not indicated in the clearest manner. That is a principle acquired by experience, and one on which we cannot insist too much.

#### CLINICAL LECTURE ON EPILEPSY.

By Dr. H. C. Wood.

(CONCLUDED.)

In petit mal—the second variety of the disease—there are no convulsions, and the loss of consciousness of such short duration that the muscles remain contracted and there is no fall.

I do not propose to say much to-day about this petit mal, but merely to allude to a rare and very serious form of it, in which a paroxysm of delirious fury replaces the usual momentary simple loss of consciousness. This delirium is furious in character, very often homicidal. Generally there is a marked destructive tendency, or the patient fights those around him, under the delusion that he himself is being attacked. The celebrated alienist Dr. Gray was some time since sitting at a table with a lawyer who had suffered from petit mal, when the latter attacked him with a knife, intent upon his life. The case whose history follows presents itself to us for diagnosis. The point to be determined is whether the man has or has not had a paroxysm or epileptic delirium.

Joshua H. C., *æt.* 42, white, has always enjoyed good health. About three weeks ago, having been exposed to much cold and wet in his occupation (that of a cardriver), he took a severe cold,

which kept him at home for three or four days. At this time there were no epileptic symptoms. After this he felt well until last Sunday morning, October 26, when he went out to walk, very thinly dressed, although the day was quite chilly. On returning to his home he had a severe chill, and complained of dimness of vision lasting about three-quarters of an hour, with frontal headache and vomiting. His friends say that after this he was wildly delirious, doing peculiar things, seizing and hugging his wife, rushing around the room, yelling, etc., etc., but not offering violence to any person, and showing no destructive tendencies whatever. It should be mentioned that he has always been nervous and excitable, and that the night before this attack he had had a domestic quarrel.

Under cupping to the back of the neck, the man recovered his reason in about twenty-four hours.

In many respects this case is obscure. At first sight it resembles epilepsy. But there is no history of wetting the bed, or of other indications of night epilepsy,—of momentary loss of consciousness, or other indication of petit mal; and the delirium was unlike the usual form of epileptic furor in that it was not directed to the destruction of any object, either animate or inanimate. Cantharides, Indian hemp, or atropia, when taken in sufficient doses, might produce similar symptoms; but this man has not taken them. It cannot have been meningitis, for there was no fever; nor was the attack malarial,—although I have seen pernicious fever with very similar symptoms,—for the chill has not returned; nor is brain-tumour the cause, since, although sudden symptoms may come from such cause, yet there are generally apoplectic symptoms, and indications of paralysis exist in a greater or less degree somewhere. Moreover, the patient has not had any marked headache. I think the case, being none of these, is probably *mania transitoria*, which often occurs after chronic diseases, great anxiety, and the like, and which in many respects it is closely allied to hysteria. In the case now before us it was probably induced by exposure to cold and by the excitement of a domestic quarrel.

In the third and last variety of epilepsy there is no loss of consciousness. This form is very rare, and even the possibility of its occurrence has been denied by many authorities, who hold that unconsciousness is the only symptom of epilepsy that is never absent. The following history shows that this form may be met with. Thomas—, *æt.* 20, began to have epileptic fits nine years *æ.* The paroxysms from the outset have been frequent, from one or two every week to three or four daily. They are always preceded by a well marked aura, originating in the feet and passing upward; when it reaches the arms the convulsion begins. This affects both arms, the muscles of the upper part of the back, and those of the neck. During the spasm the pupils are widely dilated, the face is congested and disfigured, the head is drawn to the left, and the arms are lifted above the head and jerked wildly about. The attack lasts about

thirty seconds; there is no loss of consciousness, and he does not fall. He had an attack at one of his visits to the dispensary; so that the truth of his statement as to the loss of consciousness can be fully verified.

From March 10 to July 10 the treatment adopted was, first, large doses of bromide of potassium, then belladonna with nitrate of silver, and, finally, bromide of sodium; and, although the paroxysms appeared at times to diminish in frequency, no great improvement was brought about. Since July 4 he has not been seen, and most likely he has applied for aid elsewhere: though it is hardly possible that anything can be done to give him permanent relief.

This case, I think, must be considered as of the nature of epilepsy, from its commencing with aura, its paroxysmal nature, and its intractableness. If you use the term *cerebral epilepsy* for that form of petit mal in which consciousness is not lost, you may speak of this form, in which consciousness is preserved but convulsions occur, as *spinal epilepsy*.—[Philadelphia Med. Times.

#### HYDROCYANIC ACID IN DELIRIUM TREMENS.

Dr. Henry B. Dow expresses his belief (*Brit. Med. Journ.*) that hydrocyanic acid fulfils all the indications in delirium tremens better than opium, digitalis, or belladonna. "It allays the irritation of the stomach, and checks the nausea and vomiting; it quiets the nervous excitement, and, by so doing, tends to produce sleep; and it also controls the action of the heart. It has the advantages of producing its effects quickly, and of not being culminative, and is taken readily by most people. I have used it with the most satisfactory results, and will now mention my usual method of administration. I give it in combination with bicarbonate of potash, chloric ether, and camphor mixture, in doses of one, two or three minims of the Pharmacopœia solution every two, three, or four hours, according to the severity of the case; and also find that benefit may be derived from the addition either of three or four grains of carbonate of ammonia, or a few minims of the compound spirit of ammonia. The patient is to be nourished by the administration of beef-tea, milk, etc., and wine or other alcoholic stimulants to be given, according to the discretion of the medical adviser; the less, however, the better. As soon as the worst symptoms have been relieved by the above treatment, the appetite is soon restored by the use of dilute nitric acid and decoction of cinchona."

#### ASPIRATING PUNCTURE IN STRANGULATED INGUINAL HERNIA.

Case recorded by Dr. Albanese in *Gazetta Clinica de Palermo*.—Patient, thirty-seven, and suffering for three years from reducible inguinal hernia, suddenly presented signs of strangulation. Taxis was performed uselessly, and the worse signs came on; imperceptible pulse, faecal vomiting, &c. The tumour was the size of a lemon, transparent, and sonorous on percussion. Taxis, after local and general anaesthesia, was again vainly tried. The mesial and external part of the tumour was then punctured. About four drachms of an alkaline liquid, without any smell, came away. Some gas escaped; reduction was not possible. The instrument was then introduced about one inch higher. Five drachms of fluid were then aspirated, and more gas escaped. Taxis became possible, and the patient soon recovered.

**THE CANADIAN MEDICAL TIMES.**  
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MEDICAL SCIENCE, NEWS, AND POLITICS

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**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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The extraordinary case of poisoning which has occurred in Montreal, through the misadventure of a man who purloined a bottle of wine of colchicum, supposing it to be sherry, and shared his spoil among eleven companions and neighbours inviting them to carouse with him, presents features which must interest the medical man. Seven of the partakers of the plundered wine met their death from drinking the poison, and the other five only escaped the same fate narrowly. A tragic interest has attached to the extraordinary event, and no doubt many a temperance lecture will hereafter have its point touched by a reference to this sad example of the danger which attends upon a depraved appetite.

The medical interest, however, centres upon the event just as upon other cases of poisoning. It is well known that in larger doses than are given medicinally colchicum is a powerful poison. Its effects, indeed, in large medicinal doses are due to its acridity, vomiting and purging being produced by repetition. Of its great value in small medicinal doses as an excitor of the excretory organs, as the kidneys, skin and liver, it is barely necessary to allude.

Though it is comparatively rare to hear of death from colchicum, yet the annals of medicine tell of such fatalities. Two ounces of the wine caused death in one of the cases related by Pereira, and in another three and a half drachms in divided doses proved fatal. In the Montreal fatality one of the victims took four gills, an excessive quantity, and yet, strange to say, he lived longer than some who had drunk less. Others are described as having drunk between two and three gills, and Mrs Dunn took the greater part of a gill. It therefore appears that all of the deceased partook of the wine in quantities considerably above the effectively poisonous dose, and therefore it is not surprising that the well-directed efforts of the medical attendants should have proved unavailing in restoring them.

It may be expected that the medical witnesses to this tragic affair will give to the profession a detailed account of the symptoms and mode of death. An instalment of such contributions has, indeed, already been made by Dr. Dugdale, which appears in this issue.

The question was asked at the inquest why

the bottle had not been labelled "poison," and in reply it was stated that it is not usual to mark wholesale packages. In this case there was apparently little need to mark the medicine with other than its proper label. It was a bottle supplied by Messrs Evans and Mercer for the General Hospital, but was left in mistake at the shop of a druggist, who returned it as he did not want it, and it was while it was *in transitu* to be returned that it was stolen from the messenger's sleigh. It is not customary to mark even more poisonous substances than colchicum; but in the case of wines and tinctures, which are apt to excite the cupidity of inebriates, this event suggests that this class of medicines should be labelled poisonous, in all packages with a view of deterring persons from imbibing them on opportunity.

**THE MONTREAL POISONING CASE.**

The Montreal journals and other papers of the secular press have given full accounts of the dreadful case of poisoning by vinum colchici, with proceedings at the inquest, etc. Though not intended for publication (being hurriedly written) we take the liberty of making use of the contents of a letter from Dr. J. J. Dugdale to the editor, detailing the symptoms and mode of death of the victims of this extraordinary misadventure. Dr. Dugdale was called on, and attended certain of the cases together with other physicians. In his letter he recounts that,—"seven of the twelve who drank of the colchicum died from the effects of the poison and five have recovered"—only one of those who recovered partook freely, and he was a stalwart, muscular fellow, to which, as well as to the frequent and large doses of carbonate of ammonia with brandy, I think he owes his life. As consulting physician I suggested, and they received ten grain doses of the ammonia with a tablespoonful of brandy every hour.

"When called in, six of them were almost pulseless, and they gradually sank until for some hours—three or four before death—there was no pulse at the wrist; and the heart's action was barely distinguishable, yet their muscular power was very slightly interfered with. The pupils were natural; and they were able to talk distinctly and intelligently to the last moment.

"The only pain they complained of was a slight burning sensation at the pit of the stomach, and the distress of vomiting, which, with purging, was almost incessant to the last."

"In each case death, which was sudden, I would judge, resulted from spasm of the heart as the patient raised himself to vomit."

**CORRESPONDENCE.**

**BLOODLESS OPERATIONS.**

TO THE EDITOR OF THE MEDICAL TIMES.

My Dear Sir,—In reference to Esmerch's grand idea of bloodless surgery, permit me to mention that on a recent occasion, in presence of my class and many visitors, I cut into the popliteal space, in a case of aneurismal varix (traumatic of 19 years' standing, from Canada;) and made a cool, deliberate, and successful search among enor-

mously dilated arteries and veins for the original point of communication between the main artery and vein. During the whole operation, which was done according to Esmerch's plan and with the aid also of Lister's aortic compressor, not a drop of blood was seen, any more than if I had been operating on the cadaver.

Yours truly

DONALD MACLEAN.

University of Michigan }  
Dec. 1, 1873. }

**MR. CALLENDER'S OPERATIONS.**

Mr George Callender, F.R.S., one of the surgeons to St. Bartholomew's Hospital, who has succeeded to the charge of Sir James Paget's wards in that ancient and noble institution, read a paper making known his results of operations at the last meeting of the British Medical Association, London, August, 1873. In this paper he gave a table showing the results of the treatment of compound fracture and of amputations during the last four and a half years, the whole period of his surgeoncy. The table is a very remarkable one: it reads thus:

	TOTALS.	DIED.	RECOVERED.	FATAL CASES.
Operations (excluding those for hernia)	199	6	193	
Compound fractures	28	0	28	1. Ovariectomy. 2. Ovariotomy. 3. Nephrotomy. 4. Lithotomy. 5. Syphilitic laryngitis. 6. Cystic tumour.
Amp. at thigh	14	0	14	
" " leg	14	0	14	
" " arm	2	0	2	
" " forearm	3	0	3	
	33	0	33	

Thus it will be seen that there has been in these wards during four and a half years a death-rate after all operations (excluding hernia) of but three per cent, and that of the thirty-three cases of amputation, including fourteen of the thigh and fourteen of the leg, all have recovered. The twenty-eight cases of compound fracture have likewise all recovered; and this explains the absence of cases of primary amputation in the list. It may be doubted whether the results of any surgeon in private practice ever exceeded this; and hence some lectures which Mr. Callender is now publishing in the journal of the association (*British Medical Journal*), explaining all the details of his treatment, are attracting great attention. They, however, contain little that is new in principle,—indeed, they do not profess to do so,—but they are highly interesting, as showing how important is the attention to small things, and how greatly results are influenced by the most conscientious devotion to details. Rest, isolation, scrupulous cleanliness, antiseptic applications (without the exclusion of air), and a minute and intelligent supervision of everything which can avoid septic poisoning of the wound and improve the patient's condition,—these are the secrets of Mr. Callender's success. I should say that Mr. Callender is a man remarkable for scrupulous exactness in word and act, he is as conscientious in what he says as in what he does; and, besides the fact that all his cases are controlled by public record in the books and papers of the hospital, there is no one here who hesitates

to accord the most implicit reliance to his statements, as being sure to be entirely free from every conscious exaggeration, and certainly from every kind of statistical juggle. The whole question of hospital mortality is likely, therefore, now to be transferred from the region of paper statistics, in which it has rested for a long time, to its proper field, that of actual clinical experiment in the wards of great hospitals. I shall have again to return to this subject (which I do not doubt that you will agree with me in thinking of deep interest); for Professor Erichsen and Dr. Lauchlan Aitken (who assisted the late Sir James Y. Simpson in preparing his statistics) are likely to take the field again shortly on his side of the question, while the series of lectures which Mr. Callender has now commenced will give a minute review of his methods and results, and of those of his colleague at the hospital, Mr. Morratt Baker, which have been hardly less interesting and successful.—[London letter in Philadelphia Medical Times.

MEDIAEVAL MEDICINE.

A recent writer in *The Belgravia*, in an article on toads, says, "Any book of folk-lore will show how much the medicine of the mediæval period dealt with all kinds of reptiles and other such 'uncanny animals' as hedge-hogs, bats, owls, and other weird and darkness-loving things. Serpents, we know, were sacred to Æsculapius, not on account of their supposed wisdom or subtlety, but by reason of their yearly renovation in a change of skin; and it would seem, that all the reptiles of the lizard and frog classes, which inherit some share of the enmity sown in Eden between the seed of the woman and the seed of the serpent, inherit also some part of this affinity between snakes and the practise of medicine. I find that the homœopaths of the present day retain at least one drug obtained from snakehood, —'lachesis,'—which is said to be the poison of the lance-headed viper, though it may perhaps be doubted whether their chemists have really supplied their vials from the poison-bag of that interesting reptile. They also use the sepia of the cuttle-fish; and I have often been struck by the appropriateness of sepia as a medical emblem. I observe that doctors, when hard pressed in argument, always escape in a flood of hard words, like the cuttle-fish, protected and concealed by the blinding inky trail it leaves behind it."

MEDICAL PHILOSOPHY.

"I was dogmatic at twenty, an observer at thirty, an empiric at forty, and now at fifty I no longer have any system." So said Bordeau; and he is quite right; sooner or later in science, as in life, we arrive at that wisdom which almost resembles the effect of disenchantment. But it is not given to all to reach in practice this high point of medical philosophy. An acute sense, much knowledge, a superior reason, and a rare talent of distinguishing truth from fiction, and from mere probability, are necessary to enable us to form a just appreciation of theories and principles, and of their application to practice. Whoever has not acquired these qualities is condemn-

ed like the crowd, [to follow the standard of another, and to fall into, either an irrational scepticism, or an empirical routine, which is too often disguised with the appellation of experience.—*Gazette Medicale.*

A PHYSICIAN'S ERROR.

A well-known physician of St. Thomas's Hospital, greatly to the surprise of his professional brethren, lately undertook to edit a column, entitled "Our Medical Column," in a weekly paper called "The English Mechanic." This is entirely contrary to obvious rules of professional ethics. He defended himself vigorously and defiantly when called to account by the medical papers, and alleged—no doubt truly—purely philanthropic motives. But, whatever the motive, the course was obviously wrong; and, after a very brief struggle, he has succumbed, not without some loss of consideration among his professional brethren here, who do not easily pardon such a breach of professional rule. The struggle was so brief that the College of Physicians and the staff of his hospital have been relieved from the necessity of interfering.—*London Cor. of the Phila. Med. Times.*

OBSTETRICS.

AN ABSCESS IN THE PLACENTA.

By GERALD D. O'FARRELL, M.D.

A short time ago I was called to see Mrs. R., aged 20, primipara. She informed me that she was in labour, and, as far as she could judge about her full time. Looking at the woman as she lay in bed, I feared that her fond anticipations were not only destined to be disappointed, but that she was far advanced with some malignant disease. A per vaginam examination, however, showed that she was correct. The abdomen was perfectly flat; the face, neck, and breast, as visible, were of that green hue seen in well-marked cases of cancer; her eyes were brilliant; emaciation was extreme, and she complained that hands and feet were burning.

On inquiring into the history of the case, I learned that, when about six months gone, a boy about fourteen years of age playfully struck her a severe blow on the abdomen. From that time she ceased to grow larger, and the movements of the child ceased also.

On making an examination, I found the os uteri sufficiently dilated to admit two fingers, the edges, thin, hot, and wiry. Introducing the fingers into the womb, I could feel the bones of the skull denuded of the scalp, and on withdrawing my hand it was covered with a thin, dark-colored, and exceedingly offensive discharge. After several hours I succeeded in dilating the womb sufficiently to allow the head to pass, but was obliged to make a cone of my hand so as to shield the soft parts from injury. The placenta was delivered shortly after. It was hard, dark, granular and very heavy, and in the body of it I found an abscess containing about twelve fluid-ounces of fetid pus. The womb did not seem inclined to contract, nor was there much disposition to hemorrhage. I washed out the vagina with a solution of elborate of potassa in tepid flaxseed mucilage, and put the patient at once on the free use of liq. ferri iod. and quinia. She made a rapid recovery, and since enjoys excellent health.—*Phil. Med. Times.*

INFANTICIDE.

In the *Lancet*, Dr. W. Handseel Griffiths calls attention to the fact that a sharp instrument, such as a needle or bodkin, can be thrust up under the upper eyelid of an infant, made to pierce the orbital plate of the frontal bone, enter the brain, and cause death with no other symptom than a convulsion, and not only leaving no external mark whatever, but causing neither a fracture of the bone nor the escape of a single drop of blood. In experiments on animals Dr. Griffiths has found the utmost difficulty in detecting the wound on making a post-mortem examination; and he suggests that in cases of sudden death of "convulsions" it is the duty of the medical man to make an autopsy as soon as possible, and investigate minutely the state of the orbital walls,

ORANGEVILLE MEDICAL ASSOCIATION.

The medical men in Orangeville and surrounding country met a short time ago and organized an association. The following officers were appointed:—Dr. Thos. Henry, President; Dr. Joa. Carbert, Vice-President; Dr. James Henry Secretary-Treasurer. The following TARIFF OF FEES was adopted by the association:—

MEDICINE.

Day visits within a mile.....	\$ 1 00
Each additional mile.....	0 50
Night visits, from 9 p.m. to 7 a.m.....	2 00
Each additional mile.....	0 75
Consultation (mileage extra).....	2 00
Advice at office.....	1 00
Stethoscopic examination of the chest....	1 00
Administration of chloroform.....	2 00
Certificate of lunacy.....	4 00
Certificate of cause of death in cases of life insurance.....	4 00
Certificate as to state of health.....	2 00
For unusual detention in ordinary medical or surgical cases after the first two hours, per hour.....	0 50

SURGERY.

Adjusting fracture of thigh.....	\$15 00
Adjusting fracture of leg.....	10 00
Adjusting compound fracture of leg.....	15 00
Adjusting fracture of arm.....	8 00
Adjusting fracture of clavicle.....	8 00
Reduction of dislocation of upper extremity.....	5 00
Lower extremity.....	10 00
Excision of larger joints.....	50 00
Excision of smaller joints.....	20 00
Amputation of thigh.....	25 00
Amputation of leg.....	20 00
Amputation at shoulder joint.....	25 00
Amputation of arm.....	15 00
Reduction of dislocation of the thigh.....	20 00
Reduction of dislocation of the knee....	5 00
Reduction of hernia by taxis.....	5 00
Excision of mammary gland.....	25 00
Removal of tonsils.....	3 00
Removal of ordinary tumours.....	5 00
Removal of malignant tumours.....	10 00
Operation for club foot.....	20 00
Amputation of toes and fingers.....	5 00
Bleeding, plugging nares, and opening abscess,.....	1 00
Introduction of catheter.....	2 00

OBSTETRICS.

Ordinary cases within four miles.....	\$ 5 00
Cases protracted beyond twelve hours, extra per hour.....	50
Each additional visit (mileage extra)....	1 00
Instrumental or complicated cases.....	10 00
Extricating placenta.....	5 00
Uterine diseases requiring use of speculum for each introduction, mileage extra..	2 00

## GYNECOLOGY.

## THE ACTUAL CAUTERY IN THE TREATMENT OF CHRONIC CERVICAL METRITIS.

Dr. Getchell, of Jefferson Medical College, refers (*Philadelphia Medical Times*, Sept. 13), to the obstinate character of some cases of chronic inflammation of the parenchyma of the neck of the uterus, and the constitutional suffering by which they are marked, especially lumbosacral back-ache. He recommends the actual cautery as the most effective treatment. He says, 'You do not apply the powerful cautery to reduce the size of the uterine neck by destruction of the tissue by burning it away, but you apply it to set up a sub-acute inflammation, under the influence of which the induration and hypertrophy will subside, and the uterine structure resume its healthy elasticity. The strong caustics most frequently used in these cases are the acid nitrate of mercury, potassa cum calce, potassa caustica, and the actual cautery. As the last is the only one I ever use, I will describe the manner in which I use it, without further reference to the others. The idea of the actual cautery is always alarming to the patient, and may be said to remind us of the mediæval tortures; and if we were obliged to use live coals, bellows, and red-hot irons, I fear we should get few women to submit to the treatment; but by the use of these little sticks of charcoal, that I show you here, you are able to do away with all that is alarming about the actual cautery, and to apply it to the uterus without informing the patient what kind of an application you are about to make. These little sticks are made of nitrate of potash, charcoal, and pulverised acacia, in the following proportions—

R. Potass. nitrat., gr. xx;  
Carbonis ligni, ʒvj;  
Pulv. acaciæ, ʒj;  
Aque, q. s. M.

This paste is formed into sticks; the most convenient size I have found to be about two inches long and about as large around as the little finger; the ends of the sticks may be rounded to a point; after being allowed to dry they are ready for use. If you hold the end of one of these sticks in the gas-flame for a moment, you will convert from half to three-quarters of an inch of live coal; this you can do in another room, thereby avoiding the display of combustion before the patient. When once the end of the stick is thoroughly ignited you can put it down until you are ready to use it, without any fear of its going out, for it will continue to burn until the stick is consumed, which will require for a stick two inches long from fifteen minutes to half an hour. The patient being placed in a proper position, you introduce the speculum, which must be made of wood, ivory, or block tin; and I have often used the ordinary glass speculum. There is not heat enough from the caustic to do any harm, if a glass one is employed; but the wooden one that I here show you is the one I prefer. Having introduced the speculum and wiped the cervix dry, you take the caustic in the forceps and apply it, about four or five lines from the os, and to the lip that is most hypertrophied (for in some of these

cases one lip of the cervix will be three or four times the size of the other). Now, if you make slight pressure for a few seconds, you will destroy the tissue over a space of about the size of a three-cent piece and for about two lines in depth. The pain is very slight, but little, if any, more than that caused by the application of nitrate of silver. On withdrawing the cautery I sponge the parts with cold water. I then introduce a pledget of cotton saturated with glycerine, and direct the patient to remain in bed for the next forty-eight hours, and to keep her room, reclining on the lounge for the greater part of the time, for three days more. At the end of the first twenty-four hours you may remove the pledget of cotton by pulling on the thread, and then inject the vagina with cold water; this may be done every day until the slough comes off, which is generally in from five to eight days. I then paint the cervix every fourth day with the following—

R. Potassii iodidi, ʒss;  
Iodini, ʒiv;  
Glycerinæ, ʒj. M.

The actual cautery may be applied with advantage once every month, and the best time is from five to ten days after the cessation of the monthly discharge. If you have the full co-operation of the patient, you will be able to reduce the most densely hypertrophied cervix in from three to five applications. In regard to danger from the use of the actual cautery, of course it would be very easy for a bungler to do harm with it, and great care should always be exercised in the use of any caustic: so far, I have never had any difficulty with it, and I have been using it for several years, and believe it to be more manageable and less likely to do harm than the potassa fusa that is so often used in these cases. I wish you to understand that I only recommend you to use the actual cautery in those cases in which the parenchyma of the cervix is the seat of hypertrophy and induration intractable to agents of less power.

## SURGICAL CLINIQUE.

## TUBERCULOSIS OF THE SPINE.

From a Clinical Lecture by Professor Gross, Jefferson Medical College. Reported by John B. Roberts for the *Philadelphia Medical Times*.

This little child has angular curvature of the spine from caries of the bodies of the vertebrae, as is shown by this projection in the middle of the dorsal region. This affection, frequently called Pott's disease, is dependent upon deposits of tubercular matter in the areolar structure of the vertebral bodies, and is in its nature essentially like the tuberculosis of the hip and other joints that is found so frequently in children of the strumous diathesis.

After deposition has occurred, softening and disintegration take place, utterly destroying the bodies of the vertebrae, so that the weight of the head and shoulders causes the spinal column to bend forward, and the spinous processes, which are not affected by the disease, to make a protuberance upon the back. The amount of deformity produced is governed by the number of vertebrae involved, and when several of these are de-

stroyed the contour of the chest is very materially changed, the ribs and sternum being forced to assume a horizontal position.

The pus formed may be discharged in the neighbourhood of the disease, or, by travelling downward, form a lumbar or psoas abscess.

The affection occurs in children of a strumous diathesis, and usually before the age of ten; though cases are occasionally seen where the patient has attained adult years.

The child first becomes weak and delicate, has cold extremities and a tumid belly, and is awakened during the night by spasmodic pains in the chest and abdomen resembling neuralgia. Pain upon pressure is then noticed, and difficulty in progression then occurs, as shown by the peculiar gait assumed by the little patient, who walks with the body inclined forward, the head bent backward, and the feet wildly separated and scarcely raised from the floor, to avoid concussions of the spine.

As the disease advances, paralysis of the extremities may supervene from compression of the spinal cord, caused by the angularity of the column of the seat of morbid action; and, as the pressure is first brought to bear upon the anterior portion of the cord, the function of motion is generally impaired before sensation.

The treatment of caries of the spine consists essentially in absolute rest in the recumbent posture, so that the vertebral column may be relieved from sustaining the head and shoulders, which tend to increase the deformity as long as the diseased bones are compelled to support them. As soon, therefore, as the affection is recognized, the child should be confined in bed, upon a firm level mattress, without any, or at most with a very low, pillow, and should be kept there until repair takes place. This is accomplished by the formation of osseous material around the seat of disease, bridging, as it were, the gap left by the destruction of the bodies of the vertebrae, and affording support to the head and shoulders. In this position the patient must remain, not a few weeks or months, but until the cure is completed by the occurrence of firm ankylosis.

As the disease is a manifestation of constitutional vice, such internal remedies as will build up the system must be employed: hence cod-liver oil, quinine, and the ferruginous preparations should be administered, and the child given the benefit of the best possible hygienic surroundings.

## TREATMENT OF GLANDULAR AFFECTIONS.

Dr. F. Page Atkinson, (*Edinburgh Medical Journal*), after alluding to the uncertainty which prevails in the treatment of glandular affections, asserts that, according to his own experience, and speaking generally, acute glandular inflammation requires the administration internally of the effervescent citrate of potash, and the application locally of a sedative, or the tincture of iodine.

As regards quinsy, he says he can predict with certainty that any patient will be quite well and able to resume his duties on the fourth day, and that he has had a single case which went on to suppuration, when the following plan of treatment

was observed: bicarbonate of potash, 20 grains; compound tincture of guaiacum, 30 minims; compound tragacanth powder, ʒ, ʒ; in one ounce of water; and 15 grains citric acid in half an ounce of water. To be taken in a state of effervescence three or four times daily. Twenty-five minims of the tincture of iodine in an ounce of water to be used as a gargle three or four times daily; three or four glasses of port-wine in the twenty-four hours, and as much beef-tea as the patient can take. The throat should be left uncovered, and poultices, steam-inhalations, and the use of purgatives should be particularly avoided.

When suppuration has already commenced, order simply the iodine gargle, the port-wine and beef-tea, and omit all internal medicines.

In inflammation of the breast, he gives a similar effervescent mixture, containing nitre and ammonia, and applies an ointment consisting of three parts ext. belladonnae and one of unguent. iodinii. In orchitis, he recommends a lotion of fifteen minims of laudanum and fifteen minims of the tincture of belladonna to the ounce of water; and in this disease, as well as in bubo, parotitis, etc., he employs the citrate of potash mixture, with slight variations.

#### ANEURISM IN THE NAVY.

The official returns from the British naval hospitals, recently published, show, as usual, a large number of cases of aneurism. Seven were admitted during the year into Plymouth Hospital, 13 into Haslar, 4 into Chatham, and 1 into Haulbowline. The frequency of this disease among scamen of the merchant service has also been frequently noticed, and a special inquiry into its exciting cause would be both useful and interesting.

#### MEDICAL NEWS.

It is proposed to erect a cholera hospital in Liverpool at a cost of 3000 pounds.

Professor Rokitsky has expressed the intention of retiring from his public duties at the end of the present session.

A new scientific journal in the Portuguese language has just appeared, under the title of *Revista de Portugal e Brasil*.

The consumption of horseflesh is rapidly increasing in Vienna. In the quarter ending October 1st, 608 horses were slaughtered and converted into food.

Small-pox prevails in Montreal, Toronto, Napanea, and other places in Canada. It is also reported as prevailing in many of the western cities of the United States.

Dr. E. H. Bennet has been appointed Professor of Surgery in the University of Dublin, in the place of the late Dr. Robert Smith. Dr. Bennet is surgeon to Sir Patrick Dun's Hospital.

The late customers of the Dairy Reform Company have presented Dr. Murchison with a document, in which they express their admiration of his skillful and vigorous proceedings in tracing the origin of the late epidemic of typhoid fever to its true cause, by which the progress of the fever was arrested.

The following coroners have been appointed in Ontario:—William Welland Dickson, of the town of Pembroke, Esq., M.D., to be an Associate Coroner within and for the County of Renfrew. Duncan James Pollock, of the village of Agincourt, Esq., M.D., to be an Associate Coroner within and for the County of York.

Dr. Henry Kennedy has been appointed Vice-President of the King and Queen's College of Physicians, Ireland.

The Dublin Floating Cholera Hospital is now ready in the Liffey for the reception of patients. The ship is fifty-eight feet long by twenty-seven feet broad, and has a depth of ten feet and a half. The ward, which will accommodate twenty patients, is situate in the centre of the ship. The sanitary and ventilating arrangements are considered excellent.

Seven persons have died, and five others remain in a precarious condition, in Montreal, poisoned by colchicum. It appears that a man Flaherty, seeing a sleigh standing on the street without a driver, stole a bottle of what he supposed to be sherry therefrom, but which proved to be wine of colchicum. This he shared with the inmates of the tenement in which he lived and some neighbours, with the fatal results mentioned.

The National Hospital for Consumption, Ventnor, has just received two gifts of 1400 pounds each from Messrs. Samuel and John Courtault, of Braintree, Essex, for the construction of accommodation for twelve patients. The hospital is now rapidly approaching completion, there being but one block necessary to finish the design of the institution, which will consist of sixteen semi-detached houses, sufficient to accommodate over one hundred patients, each inmate having a separate bedroom. The chapel for the use of the inmates is far advanced, and will shortly be opened by the Bishop of Winchester.

The appointments among the medical attendants of royalty made in consequence of Sir Henry Holland's death, are eminently satisfactory. In the President of the College of Physicians, the Queen will have an adviser who, should his services unfortunately be required will bring to a consultation the long experience of a successful practitioner, the bearing of a polished gentleman, and a professional position requiring no artificial aids for its maintenance. Dr. Burrows succeeds to a baronet's position; we trust he may also shortly enjoy the honour of the rod hand. Dr. Sieveking has been a member of the Prince of Wales's household for the last ten years, and his appointment as Physician Extraordinary to the Queen will give satisfaction to his numerous friends.—[Lancet.

The London papers give reports of the hearing of a case by Mr. Partridge at the Southwark Police-court, in which Mr. Arthur Farr was accused of unlawfully using the title of "surgeon." In another summons he was charged with unlawfully using the title of "Doctor." The evidence went to show that there was a decided animus on the part of the complainants. Mr. Farr's qualifications are L.F.P.S., L.S.A., Lond., and L.R.P., Edinburgh. The judge thought the prosecution had failed, and said that medical gentlemen had deposed that it was customary for men holding the qualifications possessed by Mr. Farr to use the titles he had used. Moreover, he denounced in strong terms the vindictiveness of the prosecution. He therefore dismissed the case with costs, to the amount of five guineas.

Dr. Mapother, in a recent sketch of the lives of Irish surgeons says, of Macartney: "He tells us that he had paid the expenses of prosecution of some persons who had killed a Resurrectionist, and that many armed students used to go to the graveyards. At the same time, Sir A. Cooper showed that the body of the highest in the land could be had—the prohibition only raising price. Such evidence, and the disclosure of horrid murders and "Burking" procured the Act which has so greatly aided anatomical science, and the consequent saving of life. The following is an extract from the diary of a Resurrectionist, given in Sir A. Cooper's life:—"1812, Nov. 11, Saturday.—At 4 a.m., got up and went to the Hospital Crib; got 2 adults; met at Barthm.; packed up 2 for the country; sold 1 at St. Thomas's; at home all night. 12th, Sunday.—At home all day. At 11 P.M. met, and the whole party went to Wygate. Got 2 adult and 2 small. Afterwards went to the Green. Got 2 large and 1 small (that is, a well-grown child). Took them to Barthm.

## PROSPECTUS.

THE CANADIAN

# MEDICAL TIMES.

A NEW WEEKLY JOURNAL,

DEVOTED TO PRACTICAL MEDICINE.

SURGERY, OBSTETRICS, THERAPEUTICS, AND THE COL-  
LEGE AND UNIVERSITY PAPER-LISTS, PUBLIC AND PROFESSIONAL  
APPOINTMENTS, THE OUTBREAK AND SPREAD OF EPIDEMICS, THE  
INTRODUCTION OF SANITARY IMPROVEMENTS, ETC. Many inter-  
esting items of this nature, it is hoped, will be con-  
tributed by gentlemen in their respective localities.

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 paper-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.



## BABY BALANCES.

It has become the fashion in France (periodically) to weigh babies. In an official report to the Academy of Science on the Universal Exhibition of Vienna, M. Lovaseur specially calls attention to the cradle of Dr. Goussin, which is so arranged as to indicate the weight of the body. The chief director of the Paris Hospitals, M. Husson, gave details of other 'balance cradles' used in the hospitals of Paris, with the view of indicating the successive change in the weight of the baby. This instrument was very convenient, and furnished important indications to the 'administrative surveillances.' Every two or three weeks the weight of the nurse-child furnished indications for its treatment which, he considered, were not to be disdained. Baby balances and administrative surveillance go, perhaps, very well together; but there is something irresistibly and sadly comic in the notion of an 'administrative officer' surveying the indications furnished by the register of the results of the baby balance, and every two or three weeks thereupon (after a due amount of endorsing, docketing, and official mounting) ordering thereupon a change of treatment for the nurslings. We have an invincible belief that a mother's eye is worth all the weighing cradles ever invented. Besides, it seems baby must be stripped; which, in cold weather, M. Husson gravely informed the Academy, is 'not without inconveniences.'

## MEDICAL ENVY.

What is the cause of the bitterness of one physician against another? Why does he blame him in every thing, and on every occasion? The truth is, he has been occupied with the same subject and has been less successful. Do you not see the caterpillar abusing the work of the silkworm? and yet the caterpillar can spin also. Oh, my friends, guard against medical envy: it is a case of cancerous pathology, which eats its way deeper and deeper, until the whole system is contaminated.—*Gazette Medicale.*

## THE CZARINA'S PHYSICIANS.

In a very interesting article in the *Revue des Deux Mondes*, on the Czarinas of Moscow, at the date of the Renaissance, there is recounted a curious trait of medical manners. Physicians were treated then with the most singular precautions. They were only introduced, at the last extremity, into the chamber of the czarina or czarevna, after the curtains had been closed. They were not permitted to feel the pulse of the patient till after the wrist had been covered with light muslin, to preserve the epidermis from all profane contact. The history of physicians in Old Russia was a curious one. It was thought that the disciples of Hippocrates could do what they wished; if they did not cure, it was set down to pure malice and evil doing. Under Ivan the Great, a Venetian was executed publicly, because a czarevitch died in spite of his care. A German who had allowed a Tartar prince to die, was treated as a murderer, and handed over to the relatives of the deceased, who cut his throat by way of reprisal.

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

## TWENTIETH SESSION, 1873-74.

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