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PRACTICAL MEDICINE.

THE MUCOUS MEMBRANES IN SCARLET FEVER.

Dr. A. Monti says (*Jahrbuch für Kinderheilkunde*, vi. 3, p. 227, 1873), that the intensity of the scarlatinal sore throat is not proportional to that of the rash, but differs according to the epidemic constitution.

1. *Simple Scarlatinal Sore Throat (angina scarlatinosæ simplex)*.—This is the most essential and characteristic, and also the earliest symptom of scarlet fever. It begins with more or less uniform redness of the middle of the soft palate, the uvula alone, or the uvula, anterior pillars of the fauces, and tonsils; never the hinder wall of the pharynx alone. [The part first affected in small-pox is the hinder wall of the pharynx; in measles the posterior pillars of the fauces and neighbouring parts of the pharynx are always redder than the anterior pillars and soft palate.] For the first twelve hours there is very little swelling of the affected parts; children seldom complain of pain in the neck, or in swallowing. This form of angina often renders it possible to suspect scarlet fever before the rash comes out. After twelve or twenty-four hours, the redness (which is at first circumscribed by a very well-marked outline) becomes more intense and extensive; the parts swell also; pain in swallowing and in the neck are felt. The redness becomes less uniform, and more punctiform. This punctiform angina commonly shows itself six or twelve hours before the rash on the skin. It is still more sharply contrasted with the natural mucous membrane around. Angina faucium following the course described is quite pathognomonic of scarlet fever. After twelve or twenty-four hours more the redness begins to lessen, and has quite disappeared by or before the disappearance of the cutaneous rash, except in cases which may be called anomalous.

In these anomalous cases the redness of the fauces is livid; and during the height or the fading of the skin rash, great swelling of the uvula and anterior arches of the palate occurs; swallowing becomes proportionately difficult. In cases which do well, this swelling begins to diminish in one, two, or three days.

In other cases there is a further development of the anginal lesion. Vesicles, miliary in size, beset the uvula, the anterior pillars of the fauces, and the tonsils. The contents of the vesicles soon become turbid, and then there is an appearance as of small false membranes; but in reality the condition differs greatly from the diphtheritic lesion shortly to be described. Small ulcers follow the rupture of these vesicles.

The follicles of the tonsils become filled with an excess of puriform secretion, which is subsequently discharged so as to form a kind of false membrane on the surface of the tonsils. This exuda-

tion disappears along with the other anginal lesions.

2. *Malignant Scarlatinal Sore Throat*.—This form of angina consists in parenchymatous inflammation of the tonsils and neighbouring connective tissue. The cases in which it occurs are for the most part those in which the nervous symptoms are well-marked. The angina assumes this form from the first, i.e., in the prodromal stage. Resolution may be the result, but usually small abscesses form in the tonsils. These abscesses either heal or are followed by sloughing.

3. *Diphtheritic Scarlatinal Angina*.—In some epidemics this is a very frequent complication. The author agrees with Trousseau, that the larynx usually escapes. Paralysis of the soft palate sometimes follows; but paralysis of the limbs never. The author minutely describes three forms of scarlatinal diphtheria; the circumscribed, the diffused, and the septic. In the epidemic which he studied, diphtheritic sore-throat occurred in nearly one-third of all the cases (31 out of 105; in three cases, at the beginning of the disease; and in twenty-eight, at the height of the disease or afterwards.

THE PREVENTION OF PAROXYSMAL COUGH.

Dr. John Stockton Howe, of Philadelphia (*American Journal of Medical Science*), has an article on the prevention of paroxysmal cough. He tells us that at the age of twenty, while a medical student, he took the whooping-cough, and the abdominal tenderness occasioned by the almost incessant coughing was so severely painful that it was necessary, in addition to the usual remedies, to resort to some method to lessen the effect of the diaphragmatic succussion, or prevent the paroxysm of cough. The former was in some degree alleviated by placing the arms across the abdomen, and bending the body as far forward as possible, thus making considerable compression of the abdominal walls. But this last procedure did not afford sufficient relief; and at the time of a paroxysm the fortunate discovery was made that, by coughing out with a strong expiration, and immediately following it by a long deep inspiration through the nostrils, succeeded by slightly hurried breathing through the nostrils alone (keeping the mouth tightly closed from the time of the first cough), the paroxysm was generally prevented—rarely coughing more than once, instead of six to twelve times, as was the case when this precaution was neglected.

This fact seems to favour the theory of reflex irritation of the fauces, from sudden access of cold air at the gasping inspiration usually succeeding the first cough, as the cause of the paroxysm; while breathing through the nostrils allows of the air being warmed and moistened by contact with a mucous canal five or six inches in length.

It is unfortunate for the application of this re-

medy, that the majority of those suffering from paroxysmal cough are too young to be taught how to cough; but Dr. Howe does not think they suffer as those who are old enough to apply it; which latter—if the author's case were not above the average degree of severity—will gladly avail themselves of a remedy, unique in its effect, and easily applied, to relieve them of their excruciating agony.

COLD BATHS IN THE FEBRILE DISEASES OF CHILDREN.

Dr. G. Mayer has treated (*Jahrb. für Kinderheilkunde*, vi. 3, p. 271, 1873), typhus (enteric) fever, pneumonia, scarlet fever, and erysipelas, occurring in children, by cold baths.

Of enteric fever (7) he treated more than twenty cases; all with a good result. The youngest child so treated was seven months old. The temperature of the water employed was 90° Fahr. to begin with, gradually reduced to 80° or even 70°. The duration of the bath was ten to fourteen minutes. An axillary temperature of 103.5°, or a rectum temperature of 103°, was regarded as the indication for a bath.

In catarrhal pneumonia Mayer abstains from baths; the danger to life lying, as he truly says, not in the pyrexia, but in the suffocation. In lobar pneumonia (croupal pneumonia, peripneumonia), on the contrary, antipyretic treatment is very useful. An infant, seventeen months old, was treated in this manner; in eleven days sixty baths, reduced to a temperature of 80° and 75°, were given. Mayer especially recommends cold baths or ice to the head in cases of pneumonia complicated with a convulsive tendency; deeming the convulsions to depend upon the pyrexia.

The results of cold baths in scarlet fever are not so satisfactory; except in the ataxic (or 'malignant') form of the disease, which has been treated in this manner, as everybody knows, since the days of Currie (1805).

Quinine he has tried in enteric fever; for a child of six, from seven to twelve grains, in two doses, half an hour or an hour apart, in the evening. A notable fall of temperature follows. Occasionally vomiting, deafness, and slight increase of diarrhoea ensue.

RETROPHARYNGEAL ABSCESS IN THE FIRST TWO YEARS OF LIFE.

Dr. Schmitz (*Jahrbuch für Kinderheilk.*) says, in three years he has seen sixteen cases of retropharyngeal abscess. Not one of these cases was associated with caries of the vertebrae, and therefore the author calls them idiopathic. He believes that the disease is commonly due to a lymphadenitis of the postpharyngeal lymphatic glands, which are constantly present up to the third year of life. In seven of the sixteen cases, the abscess formed a soft swelling below the jaw,

and under the sterno-mastoid muscle. All Schmitz's cases were less than two years old; thirteen of them less than one year old.

The symptoms are quite peculiar. Respiration is laboured, carried on through the half open mouth, and attended by a loud snoring noise. The noise made by breathing is unlike that observed in croup, and very much like that in enlarged tonsils. The neck is stretched out; the head somewhat bent backwards. There is a sense of fulness, or even actual swelling, in the neighbourhood of the angle of the lower jaw. Milk returns through the nose and mouth. Inspection of the throat is not easy; when the tongue is depressed by a spatula, the infant chokes, and the fauces become filled by regurgitated milk or mucus. Under favourable conditions, a prominence can be seen in the posterior pharyngeal wall. Palpation, by means of a finger passed into the fauces, is much more decisive; in a few seconds the presence, position, and size of the abscess can be made out. In every case of dyspnoea in an infant, without obvious cause, the possibility of retropharyngeal abscess should be considered.

The result in the sixteen cases was as follows: thirteen recovered perfectly, one was lost sight of, two died. One death was sudden, and attributable to oedema glottidis (the abscess having been opened); the other child was neglected by its mother, and died of marasmus.

Spontaneous bursting of the abscess is usually fatal from the pus entering the larynx. Resolution never occurs.

The treatment consists in opening the abscess by the knife. Whether the opening be made in the pharynx, or in the neck, or in both, depends upon circumstances. An opening in the neck should be avoided if possible. Seven times Schmitz made the opening in the pharynx only, thrice in the neck only, and five times in both places. He uses a conveniently guarded knife, the blade of which is uncovered at the very time it is wanted, and then covered again; so that all possibility of accident in introducing or withdrawing the knife is avoided. At the moment when the knife enters the abscess, the tip of the left forefinger is used to depress the epiglottis and shut the larynx.

CASE OF ACUTE BRIGHT'S DISEASE WITH URÆMIA.

By Dr. LOOMIS, New York.

The following history shows the effects of a hypodermic of morphine in uræmic intoxication, coming on during the acute stage of parenchymatous nephritis:—

J. B., a young man, 23 years of age, of temperate habits, free from hereditary or acquired tendency to disease, early in February, 1869, came under my care with acute Bright's disease. Three weeks previous he had been thoroughly chilled after an exposure of two or three hours on one of the docks on a damp, chilly day.

From that time he did not feel well, suffered more or less from headache, loss of appetite and nausea. Ten days before I first saw him, he had noticed his face swollen on rising; at the same time he noticed that his urine was scanty and

darker than usual. He had sent for me to relieve the pain in his head, which he described as terrible.

On examination I found his feet and legs, as well as his face, slightly oedematous; his pulse was 110, and irritable in character; skin hot and dry. He said that he had passed no urine since the previous night, but at my request voided about four ounces of smoky-looking urine which was highly albuminous; it was not examined microscopically. I ordered him to be dry-cupped over the lumbar region, a hot-air bath, and a large saline cathartic.

When I next visited him, twenty-four hours after, all his previous symptoms were aggravated. The oedema was increased; he had passed little urine, none for ten or twelve hours, and his bladder was empty; pulse 120, headache still severe, vision imperfect, was restless and at times delirious; dyspnoea not severe.

As the hot-air bath had produced very little diaphoresis, and his bowels had not moved, I ordered him one grain of elaterium, to be followed by an enema in four hours, and half an ounce of the infusion of digitalis every two hours.

At four o'clock the next morning, six hours after, I was summoned to him with the statement that he was in a convulsion. When I reached him he was semi-comatose; his friends said his convulsion lasted twenty minutes. His bowels had not been moved. I immediately administered a large enema of spirits of turpentine and oil, which was soon returned without any fecal discharge. His muscles began to twitch, he became restless, his skin was dry and hot; pulse 130 and small. Fearing another convulsion, I administered hypodermically fifteen drops Mag. sol. morphine. Gradually the muscular twitchings ceased, he became quiet, and passed into a heavy sleep. I remained with him. In about two hours after the administration of the hypodermic, his surface was covered with a profuse perspiration, and his breathing became more natural. He could be aroused, and would swallow when fluid was placed in his mouth; four hours after with a catheter I drew off five or six ounces of highly albuminous urine, which contained blood and granular casts. Six hours after, I commenced the administration of the infusion of digitalis, a tablespoonful every two hours; he was sleeping quietly, perspiring freely, could be easily aroused. I then left him.

At my next visit, ten hours after the administration of the hypodermic, I found him sleeping, skin moist, pulse 100, could be easily aroused and drank freely of milk. At my request he passed six or eight ounces of urine; his bowels had moved freely twice.

From this time, under the daily administration of digitalis and mur. tinct. ferri, and a milk diet, he went on to complete convalescence.

This was a somewhat rare case of acute parenchymatous nephritis occurring independent of any known blood-poison.

It shows in a striking manner how difficult it is to get the action of diaphoretics, diuretics, and cathartics, when the symptoms of acute uræmia are present in such cases, as well as their failure to prevent the occurrence of convulsions. The

administration of a full dose of morphine, at apparently the most unpromising period in the history of the case, not only seemed to prevent an impending convulsion, but aided in the establishment of a saving diaphoresis and diuresis.

THE SOURCES OF ERYSIPELAS.

Mr. Howse, in a recent clinical lecture (*Guy's Hospital Gazette*), discusses the source of the poison of erysipelas. In a large number of cases in the wards of a hospital the poison was no doubt absorbed from the wound made on the patient by a surgical operation. Mr. Howse thought that most of the cases might be prevented by the adoption of the antiseptic treatment at the time of the operation and afterwards. He had had scarcely any cases since he had applied it, now about three years ago, and in those cases in which he had had it, either the antiseptic treatment had not been used, or the cases were such that it was not possible to apply it effectually. For example, he had amputated a finger at the Out Patients' a few weeks ago; the spray was out of order, so it was done without; the patient caught erysipelas, and was at present in the hospital with it. Then, again, it was universally recognised by those who adopted antiseptic surgery, that cases of necrosis in which long sinuses ran in to the interior of bone quite out of reach, were such that it was very difficult, if not quite impossible, to apply the antiseptic properly. He had had one case of this kind last year. It was well-known to most of them, that we were at present passing through an epidemic of this disease. He was glad to be able to say that, with the exception mentioned above and one other case (an amputation in Cornelius Ward, in which the carbolic dressings had been left off ten days because the stamp was nearly well), he had literally had not one single case of the disease. And this, although his patients had been lying next to affected patients, and his dressers having the care of Erysipelas Ward, passed frequently from the one to the other. Such facts, he thought, spoke volumes for antiseptic treatment. Country hospitals were not entirely free from erysipelas. Mr. Howse had lately visited a new hospital in a provincial town, and though it had not been open more than a few months, there were a great many cases of erysipelas in the wards. He was very much inclined to question the value of statistics published regarding the number of cases of pyæmia in many country hospitals, because owing to the fact that many patients were buried without any *post mortem* examination having been made, the disease was often overlooked.

GYNECOLOGY.

FRENCH PRACTICE IN THE TREATMENT OF VARIOUS UTERINE DISEASES.

1. *Ulcerations of the Neck of the Uterus.*—M. Lucas-Championnière states that at the Bureau Central des Hôpitaux, where consultations take place twice a week on a large number of women, he has had the opportunity of hearing some of the clinical remarks of M. de Saint-Germain. As a general rule this physician rarely employs

cauterisation for ulcerations on the neck of the uterus; and he avoids them on two accounts: first, because there are various inconveniences that arise in cases where, as in the patients that present themselves at these consultations, many of whom come from a distance, the women are unable to rest immediately after the application of the cauteries; and secondly, because he thinks other means can be adopted in their stead. M. de Saint-Germain makes great use of medicated bags (*sachets medicamenteux*). These are small cylinders, five or six centimetres in length (3 inches), a little larger than the thumb, made of gauze, enclosing dry linseed meal. These are introduced and allowed to remain in the vagina after having been dipped in glycerine mixed with various remedial agents. When he treats ulcerations of the neck, which is itself more or less hypertrophied, and accompanied by more or less discharge without so much pain, the sachet is dipped in a fluid composed of a solution of 12 parts of tannin in 100 of glycerine. This is pushed on to the extremity of the speculum, and applied to the neck, being kept in position by some charpie which is well pressed in. It is allowed to remain in position for three or four days, and then withdrawn by means of a thread attached to the bag. The vagina is well washed out, and a fresh sachet introduced. This simple mode of dressing is very useful in a large number of other cases, as for example in vaginitis. It can be advantageously applied after slight cauterisation has been made with nitrate of silver or other substance. It may even prove of service in cases of retroversion. It is then, however, only a palliative, but the introduction of a plug dipped in glycerine and tannin into the posterior cul-de-sac gives great and immediate relief. Where the ulceration is accompanied by great pain, the same kind of sachet is introduced, only dipped in a solution of 8 parts of extract of belladonna in 100 of glycerine, instead of the tannin and glycerine. One of the patients complained of abdominal pain, of acute pain during intercourse, and of abundant discharge. Vaginal examination demonstrated the presence of a slightly enlarged neck of the uterus, with slight ulceration, very free uterine catarrh, and the hysterometer that the cavity of the neck was enlarged, and brought away a little blood. M. de Saint-Germain prescribed (1) that the patient should take every morning fasting a teaspoonful of white mustard-seed, in half a tumbler of fresh water; (2) a starch bath (*laine amidonnée*) every other day; (3) injection of infusion of walnut leaves (*feuilles de noyer*) three times a day; (4) linseed meal poultices to the belly every night on retiring to rest; and lastly, of hop tea three glasses a day (*tisane de houblon*).

2. *Leucorrhœa*.—In severe cases of leucorrhœa without manifest lesion, M. de Saint-Germain simply orders sulphur baths and free injection with the water of the bath. He has obtained great advantages from this, and even recommends it for young girls, using sufficiently small canula.

3. *Cancer*.—The following prescription was ordered for a case of uterine carcinoma. It comprehends disinfectants, tonics, and also iodide of

potassium, so that in the event of the surgeon being mistaken in his diagnosis no chance may be lost:—(1) Injections of chlorinated water three times a day; (2) a sulphur bath every other day; (3) a spoonful of solution of iodide of potassium internally every morning and evening, containing a grain or two of the salt; (4) every morning fasting a spoonful of cod-liver oil; (5) infusion of gentian, three glasses per diem. (*Journal de Médecine et de Chirurgie*, Lucas-Championnière, tome xlv, 1873, 2 cahier.)

CONVULSIVE DISEASES OF WOMEN.

Dr. Barnes, in his Lumleian Lectures on this subject, stated the following propositions, as containing the main facts known in regard to the convulsive diseases of women.

1. Pregnancy and labour require for their due fulfilment an extraordinary supply of nerve-force.
2. This extraordinary supply of nerve-force implies a corresponding organic development of the spinal cord.
3. The provision of an extraordinary supply of nerve-force implies a greatly augmented irritability of the nervous centres, rendering them more susceptible to emotional and peripheral impressions.
4. The disturbances in nutrition, occasioned by pregnancy, almost always entail some alteration of the blood, which increases the irritability of the nervous centres, and favours the evocation of any latent convulsive or other nervous diathesis, as chorea, epilepsy, or vomiting.
5. When the blood-change wrought by pregnancy is marked by albuminuria, a poisonous action of peculiar intensity is exerted upon the nervous centres tending to produce eclampsia.
6. Obstinate vomiting in pregnancy probably sometimes proves fatal, by the development of an unknown organic or systematic morbid process.
7. Menstruation resembles pregnancy, in giving rise to an exalted central nervous erethism, and ovulation is a primary exciting cause of epileptic, vomitive and hysterical convulsions.
8. At the climacteric age, again, there is a renewed susceptibility to convulsive diseases.
9. Pregnancy, by evoking or producing convulsive diseases, under certain known and passing conditions, puts to the test the various theories of the pathogeny of these diseases.
10. The rational treatment of these diseases in women, must take into account the two great factors in the production of these diseases, viz.:—an exalted nervous irritability under the stimulus of the reproductive function, and lowered or empoisoned conditions of the blood.—*Obstet. Jour. Gr. Brit. and Ireland*.

SURGERY.

NEW METHOD OF PERFORMING AMPUTATIONS.

At a surgical *clinique* at La Pitié, Prof. Verneuil advocated the following method of removing limbs, calculated, he thought, to do away with arterial compression, whether by fingers or tourniquet, which is frequently inefficient, and is an exciting cause of phlebitis and sloughing of the

integument from pressure, especially in patients who are fat. Flexion of joints, in the cases of the elbow and the knee, will frequently suffice to control hæmorrhage when amputations are made below these points; but by the method advocated by Prof. Verneuil, in which the limb is treated as a tumour would be, the hæmorrhage is reduced to a minimum. When antero-posterior flaps are formed, a common bistoury is all that is required for incising the soft parts, which are divided in successive layers, the blood-vessels being ligated as they are met with, and before being divided. Veins as well as arteries are closed with ligatures. The bone is divided as in the usual methods. When the principal blood-vessels are so located that they can be included in one of the flaps, it is the practice with the Professor to divide the bone before forming this flap. Twenty-one cases are reported as having been operated on by him in this manner, viz.: Eight disarticulations at the shoulder, three amputations of the thigh, two amputations of the arm, six amputations of the leg, and two coxo-femoral disarticulations. He recommends this method as having the advantages: 1, of enabling the surgeon to operate with fewer assistants; 2, the avoidance of hæmorrhage; 3, obviating the risk of phlebitis from the pressure necessary to control hæmorrhage.—*Gaz. Med. de Paris*.

ON THE TREATMENT OF GONORRHOEA, AND ESPECIALLY GLEET BY MEDICATED BOUGIES.

M. G. Lorey gives a detailed result of eighty cases of acute gonorrhœa, and of twenty cases of chronic gonorrhœa treated with Reynold's medicated bougies at the Hôpital du Midi. The bougies are made of gelatine and gum; the gelatine forms the skeleton, the central and resisting portion; and the gum mixed with the remedial agent, is spread on the surface. They are about six inches in length, and of a diameter of about one-fifth of an inch. Their consistence varies with the temperature, more or less soft; but by dipping them in cold water they can be readily passed into the urethra without causing pain. M. Lorey has found opiated or belladonized ones very efficacious against chordœ; each one contained about three-fourths of a grain. Almost immediately after the introduction of the bougie the erection subsided, and subsequent micturition was less painful. In the first stage of acute gonorrhœa, he has obtained the following results: 1. It renders micturition painless, or comparatively so; 2. It allays or prevents chordœ. But, in the second period, the belladonized sulphate of zinc bougie has not been as efficacious as anticipated. However, it presents the following advantages: 1. Its use is more simple than the injection; 2. Under certain circumstances it permits the discardure of the use of injection; 3. As they require an hour to melt in the urethra, their therapeutical action on the urethra is prolonged. The observations made on sixty cases led him to arrive at the following conclusions: The opiated or belladonized bougies are indicated in the first days of a gonorrhœa, to allay and prevent chordœ, to render micturition painless; they have a double

action; they first allay the pain, and they isolate the inflamed parietes. In the second stage the sulphate of zinc or the belladonized sulphate of zinc bougie is really efficacious, but does not appear to be much more so than analogous injections. In chronic gonorrhœa or gleet, their efficacy is unequalled by any other treatment. The twenty cases submitted to that treatment all recovered; requiring, on an average, the introduction of but nine bougies. This rapid curative action of the bougies can be readily explained by its double action; the three-fourths of a grain of sulphate of zinc contained in each has an undoubted therapeutical action on the chronically inflamed mucous membrane; moreover, they act mechanically, by remaining in contact with the diseased membrane acting as an irritant body, modifying, by its presence, the vitality of this membrane.

It might be suggested that the success of the treatment, in these cases, was due, in a great measure, to the hospital regimen, but this applies, *a fortiori*, to acute gonorrhœa. It has been objected that this bougie might induce orchitis, but its irritating action is but temporary and necessarily modified by the belladonna; moreover, in the eighty cases treated with them, there did not occur a single case of orchitis.—*American Journal of Syphilography and Derm.*

THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF

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.

TERMS OF PUBLICATION.

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

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

We have pleasure in directing attention to the College announcements in our advertising column. The Medical Department of Victoria University, in Toronto, and the Medical School in Kingston have both issued their sessional programmes.

As is well known, the British Medical Association takes charge of the publication of a weekly serial, the *British Medical Journal*. This would appear to be a great offence in the eyes of the *Lancet*, which is continuously putting forth objections, stigmatising the publication as a "commercial enterprise" with which the Association should have nothing to do, and noting from time to time the heavy charges upon the finances of the Association of which the *Journal* is the cause. In spite of all these regularly propounded objections and gratuitous advice, the Association nevertheless sticks to the publication of its journal, and is evidently determined to continue it. The objections of the *Lancet* smack too strongly of the shop to command respect; and there are sufficiently substantial reasons why the members of the Association should possess an organ of their own, so

that it is not to be presumed that the Medical Association will allow the *British Medical Journal* to pass out of its hands, much less to allow it to be discontinued at a time when the paper has begun to do more than pay expenses.

Some few months ago the municipal corporation of Troy, N.Y., anxious to obtain information relative to water supply and the purity of the available sources, referred the question to the Albany Medical Society, by whose members the subject was ably discussed in a very creditable and instructive debate. The fact of such a reference having been made has been seized upon as an example of one of the modes in which medical men may become public advisers, and whereby the special knowledge which is almost exclusively confined to the medical profession may be made available for the public good. As to the honour of such a reference being made, we presume it will not be questioned, but we feel free to say that municipal corporations should not make such services merely honorary. There should be an *honorarium*. No one would think of asking special services of architects and lawyers without fee, but in the case of doctors this seems often to be the case.

It is very annoying to the medical practitioner to have his prescriptions criticised by druggists and prescription clerks, more particularly so when the remarks are made before the patient or some member of his family. Such conduct is a gross breach of courtesy, and calls for severe animadversion. A case of the kind recently occurring in England suggests the subject, but instances are sufficiently numerous in this part of the world to make a reference to the matter reasonable. A medical man having prescribed the large doses of tincture of digitalis introduced in the treatment of delirium tremens by Dr. Jones, of Jersey, the druggist to whom it was sent, on reading it, openly declared to the messenger that it was "enough to kill anybody," and declined to put it up. We have heard of druggists who have been similarly discourteous over much more harmless medicines. In one case sulphate of soda having been prescribed, it was foolishly characterized as "horse medicine," and in another case we have heard of a druggist who so far forgot himself as to say that he could give something better! No doubt a well-educated pharmacist has it in his power to correct mistakes and inadvertencies that might possibly occur in a physician's prescription, but this he should only do after quietly communicating with the doctor, unless indeed it should be of a kind not requiring such a procedure, say in the case of some purely pharmaceutical matter. With some prescribers it is a practice to underline large doses or to tick or mark the line so as to show that it has not escaped attention. Any method that would check officiousness is worthy of adoption; but druggists require to know that disregard of proper courtesy in so delicate a matter as a physician's prescription is calculated to excite retaliation, and may end in loss of custom; certainly it is a course than which nothing is so likely to drive medical men for their own protec-

tion to do their own dispensing, and so to withdraw a profitable class of business from the druggists.

THERAPEUTICS.

ERGOT IN THE TREATMENT OF NERVOUS DISEASES.

Dr. Daniel Kitchen, Assistant Physician to the New York State Lunatic Asylum, makes, in the July number of the *American Journal of Insanity*, an interesting report of the action of ergot in certain nervous affections. He used the fluid extract prepared by Squibb, and the aqueous extract, or ergotine, made by Merck, of Vienna. The dose of the former is from one to two drachms; the latter from six to ten grains. One drachm of the alcoholic extract of Squibb's preparation is equal to about six grains of the ergotine. He also used a few ounces of a solid extract, made by Squibb, which is about equal in strength to imported ergotine. The full physiological effect of ergot will last from one half to three quarters of an hour.

"There is probably no condition so annoying to the patient as headache, and certainly it is the most common. In the following forms we have used ergotine with much benefit and comfort to the patient: 1. Headache, depending on plethora or fullness of blood; 2. Headache from anæmia; 3. Headache, depending on changes in brain substance and the membranes; 4. Epileptic headaches; 5. Migraine; 6. Headache depending on disordered menstruation. The most common form of headache is the first, or that depending on a plethoric condition of the blood-vessels of the brain. Of course we cannot estimate correctly the amount of pain endured at each sickness, but it depends largely upon the constitutional character and nervous susceptibility of the patient. In plethoric headaches the course is either very short (a few hours at most), or they last for some days. The pain is usually referable to the back of the head, and there is much throbbing of the temporal arteries. In this class of headaches we have used ergotine largely; about one hundred patients have been prescribed for, and in almost every instance relief was given in less than half an hour, and the attack thoroughly cut short.

"In headache from an anæmic condition of the brain the blood-vessels are usually lax, and as a consequence there is a slowness of the circulation. Ergotine contracts the blood-vessels, thereby giving tone to the arterial system; the blood is forced more quickly and regularly through the brain, and of course in greater quantity. Our cases of cerebral anæmia are comparatively few, and experiments are therefore limited; yet in those cases where we have had an opportunity of using it happy results have followed. In epileptic headaches and in epilepsy we have used ergot largely. In *petit mal* there are muscular twitchings, congestions of the face, suffusion of the eyes, and a rush of blood to the head. We have in many of these cases been able to ward off the *grand mal* by large doses of ergotine. We have often combined it with conium, and it seems in this combination to work even more satisfactorily

than alone, which is chiefly due, we suppose, to the sedative effect of the conium. In migraine, or sick-headache, we have distended blood-vessels pressing on the ophthalmic division of the fifth nerve, thereby causing the pain; and if we accept this theory, then ergotine, by contracting the blood-vessels, will relieve the headache. In headaches depending upon some disordered condition of menstruation we usually have a fullness or congestion of the cerebral vessels; sometimes, however, it may occur from anæmia of the brain. In both forms the use of ergotine is beneficial."

Dr. K. concludes his paper with the following statements: "1. Benefit of combination with bromide of potassium in epilepsy; 2. It is apt to produce cramps and pain in the stomach, which is remedied by combination with conium; 3. In nervous diseases it soothes all renal irritation and catarrh of the bladder; 4. It dilates the pupil sufficiently to be noticed; 5. Increases both frequency and tension of the pulse; 6. Has no appreciable effect on the heat of the body; 7. In large doses it produces the same effect as conium, by inducing sleep; 8. Its beneficial action in delirium tremens, after bromide of potassium has failed; 9. It combines readily in form of pill with sulphate of quinine; 10. It is a cerebral sedative; 11. Ergotine possesses an advantage over the alcoholic extract in not producing any pain or cramp in the stomach, and is given in smaller quantity; 12. Ergot is not likely to be adulterated, and we always secure an appreciable effect after its administration."

LOCAL APPLICATIONS OF CHLORAL.

Hardly is the topical use of carbolic acid fairly established than attempts are made to set it aside. Chloral, besides its hypnotic properties, seems to possess an anti-putrid action. Either the hydrate of chloral, or what is called metachloral, may be used. The latter, according to Dumas, is prepared by placing in a bottle with an emery stopper some chloral and five or six times its weight of sulphuric acid. The next day the chloral is transformed into metachloral, which must be well washed with water to remove the sulphuric acid. It is a coarse white powder, smelling strongly of chloral, hardly soluble even in boiling water, and distilling between 150° and 200° C. without melting. Regnault has shown that it is similar in composition to chloral, being simply an isomeric modification of chloral. Dr. Dujardin-Baumetz, of Paris, has largely experimented on the local application of chloral as a caustic or modifying agent and a local anæsthetic. It may be applied in substance, which mode is rather difficult, or in solution of different strength, viz., one or two per cent. in water or glycerina. Metachloral is applied in powder upon foul wounds, replacing advantageously iodoform, the smell of which is so disagreeable. Cases are given where the application of chloral has been of much use in gangrene, phagedæna, rodent ulcers, lardaceous ulcerations, certain diseases of the skin, lupus, and for modifying the cavities of abscesses, &c. It is of much value in relieving the pain of cancerous ulcerations; and, as chloral possesses the property of preventing decomposition

of the urine, Dr. Baumetz thinks that in certain diseases of the bladder it may be usefully injected into that viscus.—*Lancet*.

SURGERY.

ON THE PREVENTION OF HÆMORRHAGE DURING OPERATIONS.

In the *Berliner Klinische Wochenschrift*, No. 32, 1873, is reported Professor Esmarch's method of preventing hæmorrhage during operations. At the second congress of German surgeons, he made an important communication, 'Ueber Blutersparung bei Operationen an den Extremitäten.' In a few words, the plan consists in emptying as much as possible the blood from the extremity to be operated on before commencing the operation, and then, during the operation, preventing, by powerful compression, any blood from gaining access to the limb.

For instance, when a sequestrum is to be removed from the tibia, an elastic or other bandage is to be applied from the tip of the toes to the middle of the thighs whilst the patient is being chloroformed. This must be applied tightly enough to drive the greater part of the blood in the capillaries and veins towards the heart. Above the bandage an India-rubber tube, about as thick as the thumb, is then stretched tightly around the thigh, so as completely to arrest the circulation. If the subject be muscular, a pad is placed over the course of the chief artery.

The bandage may now be removed, and the operation commenced. The skin of the limb is quite pale, and no pulse to be felt anywhere in it. With the first incisions, a little dark blood may come away from the deep veins, but this speedily ceases, and the operation may be completed *wie an der Leiche*; no more blood flows than from a corpse, and the operator is not embarrassed by the blood welling up in the wound, nor by the assistant's sponges. Those accustomed to the often profuse bleeding during operations for necrosis will hail this innovation with delight. The hæmorrhage is sometimes dangerously profuse, while it is difficult to control, and renders the operation more difficult. Dr. Esmarch observes that the sensation he experienced, when he first employed this method, was one of lively regret that so simple and efficient an expedient had not been before resorted to.

CORRESPONDENCE.

THE SURGEON OF THE TORONTO EYE AND EAR INFIRMARY, AND PROFESSIONAL ETIQUETTE.

TO THE EDITOR OF THE MEDICAL TIMES.

I confess that I was both surprised and annoyed to find my name occurring in a notice of the Toronto Eye and Ear Infirmary in your issue of the 13th inst., in spite of the fact that I resigned my connection with the institution on the 30th ult., and on the 1st inst. requested the Secretary to remove my name at once from the semi-official notice of the Infirmary going the rounds of the press, as my resignation was absolute.

Your 'correspondent in Toronto' is the Superintendent of the institution himself, and the article in question is almost a literal transcript of one that appeared about three weeks ago in several religious weeklies, while the paragraph designating the medical officers

differs but slightly from that which appeared in a complimentary notice of the Infirmary from the pen of the Superintendent, in the St. Catharines Daily Times of August 8, and in various papers of later date in different parts of the province, to wit: "The medical staff is composed of Drs. A. M. Rosebrugh (a gentleman of authority and great experience in ophthalmic and aural science) Coleman and Reeve, while Dr. Canniff acts as Consulting Surgeon."

I bore with the manifest injustice done me in the paragraph quoted, on account of the relationship of the Surgeon to myself, and because the profession would readily understand that I at least was not responsible for its publication. However, when the fulsome allusions to the members of the staff appeared in the *Christian Guardian* (of Aug. 27), *Canadian Baptist* (Aug. 28), etc. (and repeated in your own columns) the Consulting Surgeon, Dr. Canniff, and myself wrote a disclaimer, stating that "in our opinion, the reference to the medical officers should have been confined to the simple mention of their names;" and in a day or so sent in our resignations. It was not till the Secretary of the Infirmary, in a letter to the Mail and Leader, insinuated that Dr. Canniff and myself had "allowed a fancied breach of professional etiquette on somebody's part to outweigh our regard for a charity," etc., that I felt convinced it was my duty to expose Dr. Rosebrugh's complicity in the matter. In my reply to the Secretary's letter, which appeared in the *Leader* of the 9th inst., I showed that Dr. Rosebrugh was as responsible for the continued repetition of the eulogy of himself as if he had penned it with his own hand, that he was therefore, guilty of unprofessional conduct "in thus trying to make capital out of a public charity (mainly supported by a legislative grant); and especially in doing so at the expense of his medical confreres;" and, also, in view of the fact that up to May 20, 1873, six years from the date of its recognition as a public charity I had done two-thirds of the professional work of the institution, having treated 867 of the 1312 patients admitted, "the Surgeon had used my name in a way calculated to seriously depreciate me as one of the staff; and by the insertion in the secular press, of a discriminating reference of a personal nature, to damage me, indirectly at least, as a private practitioner." If Dr. Rosebrugh had been a needy medical adventurer, who by a stroke of good luck had got the position of Surgeon to the Infirmary, then there might have been some propriety in the course pursued; but, for one who, by his own showing, is 'a well known authority,' etc., there is not the slightest excuse for this indecent (though very successful) attempt at cheap, wholesale advertising.

I remain, yours cordially,

R. A. REEVE,

Late Junior Surgeon,

Toronto Eye and Ear Infirmary.

22, Shuter street, Toronto, Sept. 15, 1873.

THE CHOLERA IN EUROPE.

It is feared that cholera is making way in France. At Havre it has as yet prevailed among the troops in the barracks, but it is not limited to them, nor, indeed, to the town, several neighbouring towns having become affected.

In Berlin, on August 27, there had been 144 deaths from cholera since the outbreak of the disease in that city. In Königsberg, during the week from August 17 to 23 inclusive, there were 315 cases and 146 deaths, and in Warsaw, on August 14 and 15, there were 209 cases and 69 deaths. Twelve cases are reported to have occurred in Liège (Belgium) in the week from August 11 to 18. In Roumania, from August 13 to 18, there were 732 cases; of these 162 died, 279 recovered, and 291 remained under treatment. In Ibraila, a town with a population of about 40,000, 16 deaths occurred among 40 patients in three days. The epidemic has decreased in Buda and Pesth. In the latter city, on August 21, 50 persons were attacked, and in Buda, on the same day, there were 3 cases. In Hungary, from August 1 to 16, there were 59,767 cases, with 28,949 recoveries, and 23,767 deaths.

JURISPRUDENCE.

INSANITY AND CRIME.

From the *Lancet*.

The relations between Law and Medicine, when questions of criminal responsibility require to be solved, are the reverse of satisfactory. Law appeals to precedent, Medicine to science. Law asserts that for the safety of society crime should be punished as crime in all cases where actual mania on the part of its perpetrator cannot be demonstrated. Medicine contends that there are degrees of insanity—stopping short indeed of actual mania, but nevertheless sufficiently marked to relegate its victim to the category of the insane and irresponsible. Law maintains that the ability to distinguish between right and wrong suffices to make a man amenable to jurisdiction. Medicine, on the other hand, insists that there are types of insanity in which the ability to distinguish between right and wrong does not avail to protect its victim against maniacal impulse; that there is, in short, a moral insanity which impels to crime in spite of the clearest knowledge of its consequences. The dipsomaniac, for example, while able to reason justly as to the suicidal course he is pursuing, is yet incapable of controlling himself when drink is within reach—brandy or death being the alternative, he will deliberately elect the former. And so on through the whole category of criminal acts, from stealing to murder, from kleptomania to homicidal impulse.

The collision between Law and Medicine in such cases has of late years been violent enough to set the two professions in public antagonism; and it must be admitted that counsel have betrayed a degree of jealousy and irritation when medical witnesses are called in to certify insanity which is neither fair nor dignified. Attempts have repeatedly been made to reconcile the two interests, but hitherto with small success. The rival camps have held sullenly aloof, and have received all mediary overtures with suspicion and coldness.

Professor Gairdner, of Glasgow, has recently delivered a course of lectures on the subject which is, in some respects, the most important contribution to its adjustment yet rendered. He is much less absolute than Drs. Russell Reynolds or Maudsley in advocating the medical claim. He insists that accurate definitions of insanity are impossible. The conditions of the malady are not differentiated from health or from each other so as to be susceptible of classification like the objects of natural history. The law, he maintains, is justified in declining to entertain metaphysical definitions of insanity and in coming directly to some practical point; as, for instance, "Is the person fit to be at large?" "Is he, or was he, capable of contracting a marriage, or of making a will?" These, indeed, the law to some extent regards as separate questions; so that it will often grant a power to interfere with a man's disposal of his property when it would leave his person free, or it may hold the validity of a will although the testator may have been properly confined in an asylum when he executed it. Dr. Gairdner supports English law in thinking that power to enter into a contract proves nothing whatever as

to the presence or absence of that form of insanity which may render a man irresponsible for a crime. This principle should, indeed, be extended; and not only the kind of insanity, but the degree and quality of mental derangement, should be carefully considered in each case, as affecting both the existence and degree of responsibility for a crime. There is no broad line of demarcation between the wholly sane and the wholly irresponsible, as even the law admits when it takes into account the occurrence of lucid intervals.

The law, however, is too unbending; and instances are frequent in which juries, contrary to the ruling of the judge, acquit persons obviously criminals, from a lurking impression that a more lenient punishment than the law allows is sufficient for an apparently motiveless crime; while other juries have followed the ruling of the judge, and have returned a verdict against the prisoner, leaving it to the Home Secretary to modify the sentence. Public opinion will continue to be quite incoherent on the subject till it is generally admitted that it is not only expedient but just to consider even unsound minds as amenable to the law "up to the degree of their actual or ascertainable moral responsibility." Evidence should in all cases be led as to the real nature of the criminal act till the jury are satisfied as to the verdict "Not guilty by reason of insanity," or "Guilty, but of unsound mind"—the latter carrying with it a mitigation at least, in all cases, of the extreme penalty of the law. "Let," says Professor Gairdner, "a subsequent decision be come to by the judge as to the modified punishment proper to the degree of guilt, and, if necessary, let the decision be open to further appeal, if, after a period of confinement in expiation of sentence, further evidence brings into question the justice of any part of the punishment." The real and most important services of science to criminal administration are only to be secured in this way. At present they are only a delusion and a snare, from the evidence being taken and the decision made upon an essentially wrong issue—upon an extreme and unscientific view, that is to say, of the nature and consequences of mental derangement.

DANGERS OF WELL WATER.

The dangers of bad milk are engrossing so much attention just now that there is reason to fear lest the far greater dangers of bad water should, for the time, be overlooked. We trust this serious error will not be committed. For one sample of dangerous milk a thousand of dangerous water could be obtained in almost any part of the country. Let it never be forgotten that very few rivers or wells are safe sources of water supply, and that many are as unsafe as loaded fire-arms. The shallow wells of villages are among the worst pests of the country, and it is high time that a zealous and well-organised crusade should be brought to bear upon them. It is sickening in most country places to observe the uniformity with which cesspool and well are made to stand side by side, as though each was necessary to the other; and to think of the twenty feet or so of foul, sewage-reeking soil through

which the water percolates to its fetid bed. It is always possible to provide a city or town with good water, but in a village, where houses are few, money scarce, and intelligence scarcer, it is often a matter of exceeding difficulty.

MILK-SUPPLY AND TYPHOID.

Concurrent testimony as to the connexion of milk-supply and typhoid fever is particularly interesting at the present juncture, and the evidence of Dr. Thomas Britton, of Driffield, as to the outbreak of typhoid in Brighouse, near Leeds, up to the 26th Aug., has a special value. Since the commencement of the outbreak, the total number of typhoid cases has been 68. Since the sale of milk was stopped, the number of new cases on August 17th was 6; while the deaths also at that date were 8. There have been no fresh cases since the 21st August. Out of the 68 cases of typhoid, it is important to find that 65 procured their milk from the suspected source.

THE INVENTOR OF ANÆSTHESIA.

The question as to whom belongs the honour of having invented anæsthesia seems destined never to be settled, and the *New York Evening Post* of June 30th devotes no inconsiderable part of its space to the re-ventilation of this vexed question. There appear to be two contending parties, Mortonites and Wellsites, neither of whom seem capable of taking a perfectly just view of the matter. In 1844, Dr. Horace Wells, of Hartford, had one of his own teeth extracted during anæsthetisation produced by nitrous oxide, and, subsequently, he repeated the experiment on some of his patients, but he did not succeed in establishing the use of nitrous oxide, an honour which belongs mainly to Dr. Evans, of Paris. Wells was not the discoverer of the anæsthetic properties of nitrous oxide, for it is well known that our illustrious countryman, Sir Humphry Davy, had made known that fact nearly half a century previously. Morton, of Boston, succeeded in establishing the use of ether as an anæsthetic, his first operation during its employment having been performed in September, 1846; but Morton was not the first discoverer of the anæsthetic properties of ether vapour, an honour which belongs to the writer—possibly Faraday—of an anonymous article in the *Quarterly Journal of Science and Arts* for 1818. None of these persons can possibly lay claim to be the inventors of anæsthesia, for anæsthesia (in a very rude form, certainly) appears to be of a much older date. Dioscorides (A.D. 50) recommends that decoction of mandragora should be given to those who are to be cut or cauterised, "when, being thrown into a deep sleep, they do not feel any pain." Then again, Theodoric, a writer of the 13th century, recommends that a "spongia somnifera" impregnated with spirituous extracts of various narcotic substances, should be held to the nostrils till sleep was induced. Coming to later years, it is said that Dr. Collyer, of Louisiana, five years before Wells's experiment, performed successfully some operations with patients under the influence of alcohol in which poppy-seed and coriander had been steeped. The real facts of

the case seem to us to stand thus.—Discoverer of anæsthetic properties of nitrous oxide, Sir Humphry Davy, 1798; discoverer of anæsthetic properties of ether vapour, Faraday (?), 1818; discoverer of anæsthetic properties of chloroform, Waldie, of Liverpool, 1847; first employer of nitrous oxide, Dr. Honace Wells, 1844; establisher of nitrous oxide, Dr. Evans; first employer and establisher of ether vapour, Dr. Morton, 1846; first employer and establisher of chloroform, Sir J. Y. Simpson, 1847.

These matters are not to be looked at in any narrow spirit, and, to our minds, the man whose energy and determination succeed in popularising any new discovery is deserving of almost equal credit with the inventor. For example, Mr. Cyrus Field is not the inventor of telegraphs, but it is mainly to his dogged determination that we owe the fact that distant quarters of the globe are at this day united by electric wires. He succeeded in convincing the world that the thing was practicable, and he is therefore entitled to share the honours with Wheatstone, Morse, and Canning.—*Lancet*.

MEDICAL NEWS.

Dr. Ricord has been appointed consulting surgeon to the Hospice Municipal, Paris.

The number of cases of cholera in Berlin up to the 21st August was 129, of which 90 proved fatal.

There are several members of the profession in California who own vast tracts of land. Dr. Glenn, of Colusa County, possesses a ranch containing 45,000 acres. It has a frontage of 18 miles on the Sacramento river, and is enclosed and divided by 140 miles of fencing.

Advices from Capetown intimate that smallpox is raging at Amatongal, and cutting off the natives by hundreds.

The Bengal Government (so telegraphs the Times correspondent) has ordered the extension of the medical vernacular colleges in Calcutta, Dacca, and Patna.

The Parliamentary Commission of the French National Assembly have decided that two new Faculties of Medicine will be instituted, one at Bordeaux and the other at Lyons.

It is with sincere regret that we learn of the illness of Dr. Robert Smith, Professor of Surgery in the University of Dublin, and Vice-President of the Irish College of Surgeons. Dr. Smith is suffering from hepatic disease with dropsy, and a few days back it was found necessary to tap him.

A consistent advocate of "change of air and scene," Sir Henry Holland's practice coincides with his precept. At the age of eighty-five—itself a proof of the soundness of the prescription—Sir Henry has just started on his annual two months' tour, his destination being this autumn being Nijni-Novgorod. He has never lost a patient—though he has lived to preserve many—by his wanderings, which, as is well known, include eight voyages to the United States and Canada, one to Jamaica, four tours over the East, three to Algeria, two in Russia, several visits to Sweden and Norway, and one to Iceland.—[*Lancet*.

FEMALE RESIDENT MEDICAL OFFICERS.

The experiment of appointing a female resident medical officer to the Hospital for Women at Birmingham has been followed at Bristol in the case of the Hospital for Sick Children, with the effect of leading to the unanimous resignation of the medical staff of that institution. The cases of the two hospitals are widely different; for at Birmingham the hospital was a new one, and the medical officers were favourable to the appointment; whilst at Bristol the hospital has been well served for many years by the existing staff, upon whom the governors have now forced a female

subordinate. We cannot affect surprise at the result which has been attained, and do not see how any other could have been expected.

Setting aside all prejudices which medical men may or may not entertain upon the subject of female medical education, there are one or two practical inconveniences connected with the tenure of office in a hospital by a female resident which may be worthy of notice. In the first place, in the present state of the law, the foreign degrees held by most of the lady doctors do not entitle them to register, and, consequently, they are not legally qualified practitioners. The inconvenience of this has already been experienced at Birmingham, where the coroner, when investigating a death from an anæsthetic administered by the resident medical officer, declined to recognize her evidence as that of a skilled witness. Secondly, we all know that residents are seldom altogether immaculate in the eyes at least of their seniors, and that every now and then a rub occurs in connexion with the management of some case. Is the dissatisfied surgeon to be debarred from expressing his opinion by the unpleasantness of "blowing up" a lady; and is she to be de facto mistress of the situation and exempt from all interference? We cannot wonder that the Bristol physicians and surgeons should decline to be put in such an unpleasant predicament, and question whether the governors who are so enthusiastic for female suffrage will take much by their motion.—*Lancet*.

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

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

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

PROSPECTUS.

THE CANADIAN

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

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

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

If the interest of a correspondence can be maintained and its freshness preserved by a weekly publication, it must be yet more valuable to have weekly notices instead of monthly ones of the advances which are continuously being made in the medical art. Obviously the sooner a medical practitioner hears of an improvement the sooner he can put it in practice, and the sooner will his patients reap the benefit. In this manner, the value of a weekly over a monthly or semi-annual medical journal may sometimes prove inestimable. Medical papers and clinical lectures, in abstract form or in extension, 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.

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Kingston, Ontario.

PETTENKOFER ON CHOLERA.

Almost simultaneously with the issue of Mr. Simon's precautions against cholera, Pettenkofer delivered on the same subject a lecture which has just been made public. It is gratifying to note the perfect unanimity with which the English health officer and the German analyst think and write. The disease is not, says Pettenkofer, an infectious one. Depending as it does on conditions of time, place, and of the individual, no one need be afraid of a cholera patient living under the same roof or in association with him. On the contrary, he may render all assistance in his power without risk. Only he must be punctiliously observant of cleanliness in household and in person. Not the state apartments merely, but every corner of the dwelling should be regularly and thoroughly ventilated (he does not believe in air-purifiers), especial regard being had to all sources of air-pollution, water-closets, sinks, conduits for wash-water, and so forth. Genuine foci of miasma are the rooms, the drawers, the baskets in which soiled linen is kept. While the epidemic prevails, all laid-off linen should be at once put in the soap-boiler, allowed to lie there for hours, rinsed in well-water, and dried for later use. As to disinfectants, Pettenkofer is not so reticent as Simon, but recommends green copperas and carbolic acid. Everything that comes from a cholera house or a cholera locality requires especial purification and disinfection, forming as it does the "first line" of the multiplying infection-matter in the dwelling. Linen or cotton stuffs are best purified in the steaming soap-boiler; woollen stuffs, horsehair, and bed-feathers should be boiled in water and then smoked with brimstone. The "second line" of the infecting matter, according to Pettenkofer, concerns the person, and in this respect he is much more explicit than Simon. Soap and water, of course, are essential, but so is constant change of linen, for this may be likened to a "dry bath." While warmth is kept up, transpiration should be free. Flannel swathing of the abdomen and feet, and woollen stockings are the best. Clean beds, pure linen, and good clothing most effectually aid transpiration. The physician must be consulted as to the best means of keeping active the function of the skin, depending as that does on idiosyncrasy. Moderate but sufficient food and drink is the rule; above all, the freshness of both is paramount, pure water being a universal counter agent to cholera and typhus. Against diarrhoea the above-recommended choice of food and clothing is the best protective. Finally, says Pettenkofer, there is no patent medicine or secret antidote to cholera. What are given out as such are a swindle and a snare.

The latest reports from Paris concerning Dr. Nèlaton state that he is so much better that he is able to take a little food, and has gained strength. His nights are better, and Dr. Moutard-Martin's bulletins are generally more hopeful.

Education in India is showing its good effects on the natives in many ways. They are developing a native literature, the centre of which is the University at Lahore, which is intended to impart Western science to the learned of India in an Oriental dress. One of the first and most gratifying fruits of this Eastern renaissance is a well-conducted medical journal.

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TWENTIETH SESSION, 1873-74.

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

TEACHING STAFF.

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 MICHAEL SULLIVAN, M.D., Professor of Surgery and Surgical Anatomy.
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 THOMAS R. DUPUIS, M.D., Professor of Botany.
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