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PRACTICAL MEDICINE.

INFANTILE ENTERALGIA.

Dr. John Boyd, in an interesting paper in the *Edinburgh Medical Journal* on an affection which he terms "infantile enteralgia," remarks: "In male children especially, from two weeks to four or six months, of a lively mobile temperament, we very frequently observe them subject to attacks of abdominal pain, which come on suddenly, generally at night, commencing at a little after twelve, and continuing with slight intermissions to four or five in the morning. The little sufferer draws up its knees and tosses about in the nurse's arms; the cry varying from an agonised scream to a plaintive wail, with intervals of sobs and long-drawn breaths; but neither the pulse nor the respiration is accelerated, nor is there usually any abnormal elevation of temperature. The natural language of the malady denotes unmistakably that the bowels are the seat of the pain, though the tenderness on pressure does not seem excessive. After a time the local uneasiness appears to have produced a quasi-hysterical action on the nervous system. If the infant be old enough to be attracted by any glittering object, or a series of moderately loud noises, he may forget his woes for a time, and all at once recollect them and resume his ululation as vehemently as before; bearing on his countenance that expression of conscious ill-usage which is so generally seen in those afflicted beings of maturer age and opposite sex, of whom it has been quaintly remarked that they are so very ill because there is so very little really the matter with them. After disturbing the whole household for the best part of the night and exhausting all the curative efforts of the establishment, the young gentleman falls quietly asleep, and seems so well and fresh next day that the history of the dreadful nocturnal events sounds like a baseless romance when related even to sympathetic auditors. Yet such experiences constitute one of the most painful trials which the youthful primipara is called upon to undergo, although *Materfamilias* of fifteen or twenty years' standing sustains them in general with philosophic equanimity.

"The enteralgia referred to does not commonly depend on mere fecal accumulation. In thriving children who are not as yet subjected to the pangs of teething, the alvine evacuations are comparatively scanty so long as the maternal lacteal secretion is the sole or preponderating source of nutrition. In such cases I have invariably noticed, that so long as the abdominal suffering lasts, the urination is suspended, that a true ischuria renalis exists for the time being; and that whenever micturition occurs the crying and distress cease, presenting exactly the same termination as that of the *passio hysterica*—the copious flow of a large quantity of clear limpid fluid. Acting on this indication, I have for many years

past been in the habit, whenever such attacks were brought under my care, of prescribing from eight to ten minims of spiritus etheris nitrosi in a drachm of water, to children of the age above mentioned. Generally after the administration of this draught there occurs a discharge of flatus from the superior or inferior orifice of the alimentary canal—the ether acting as a diffusible stimulant and carminative; but without exception the passage of urine in large quantity takes place within a few minutes after its imbibition, the cries cease, and the small patient sinks into a refreshing slumber. Whatever view may be taken as to the causation of the malady in question—whether it may depend on a non-secretion depending on a temporary congestion of the glomeruli of the kidney or a partial paralysis of the more elaborated and complex urinary passages of the male, or merely from the presence of flatus in the colon mechanically suspending the renal function,—the fact is well ascertained that the phenomena above depicted are extremely frequent in male infants of all classes, and every variety of social and hygienic surrounding; also, that in some instances very serious mischiefs have been the consequence of such nocturnal pervigil.

PATHOLOGY.

BLOOD-POISONING BY SEPTIC MATTERS.

At a recent meeting (*K. K. Gesellsch der Aerzte*) held on the 16th of last May, in Vienna, Prof. Stricker communicated the results of some experiments which had been made in his laboratory by Drs. Clementi and Thin, to determine the character of septicemic poisoning. The interest of the report arose from the discussion which Davaine's researches have provoked. This latter experimentalist claimed to have made the following discoveries: After injecting beneath the skin of an animal's neck a single drop of putrid blood the surrounding tissue became extensively infiltrated, and death soon followed with symptoms of septicæmia. The blood of this animal was then employed to inject other animals in a similar way, and was found to be more poisonous than the original putrid blood. A third and fourth were then injected, each with the blood of the preceding one, and in this way 24 in all were experimented on. The results seemed to show that the toxic power of the septic material increases by dilution. Stricker undertook to test these statements. He inoculated 25 animals with healthy, 23 with putrid, and 73 with blood diluted by transmission. Of the first series 4 died. Of the second series 11 died. In experiments with diluted blood, where it had passed through 15 different animals, 53 of the 73 died. From this it appeared that even the very small amount of one twelve hundred and fiftieth part of a cubic centimetre of poisonous material could

cause death when injected hypodermically. Davaine's statements that organisms form in the blood and increase by every transmission was not sustained by investigations. Stricker found numerous colourless bodies in the blood of these animals, but he did not regard them as organisms, but rather as protoplasmic bodies.

The following facts he regards as ascertained:

1. That transmission greatly increases the injurious and fatal action of putrid matter.
2. That the original disease was infectious, but that through inoculation it became contagious.
3. That, though it be not proven, yet it is probable that the special poison is a living contagion (*contagium animalium*), for such rapid proliferation is only possible in organized material.
4. That the poison is diffusible, and is not destroyed by boiling.—*Allg. Wien. Med. Zeitung*, 20, 1873.

HOSPITAL NOTES.

THE CHARITY HOSPITAL, NEW YORK.

We call the following from the *New York Medical Record*—

Burns.—A lotion recommended for burns consists of—R Sulphate of zinc, grs. xv.; compound spirits of lavender, ℥j.; water, one pint.

Erysipelas.—The only successful method of treatment which has been employed for arresting the spread of the disease, is the formation of a boundary-line by means of a blister. For this purpose, the vesicating collodion is ordinarily used. If erysipelas attack a limb, encircle it with a blister about one-half or three quarters of an inch wide, at a free point above the part affected. A very common, and most excellent, application for the erysipelas, is an ointment composed of—R Sulphate of iron, ℥j.; soap or common ointment, ℥j. M. In this way the iron can be used, and the stains avoided which are so annoying when it is employed in solution.

Simple Cerate.—A modification of this dressing is used which renders it much more agreeable, and much easier of manipulation in cold weather. It consists of oil of almonds, in the proportion of ℥j. to ℥j. This makes one of those little variations in surgical dressings which may add to the comfort of the patient and the convenience of the surgeon.

Persistent Vomiting.—There was a case of persistent vomiting in connexion with Bright's disease. The patient was a female, and this was the second attack she had suffered. A number of months previously, in her first attack, the vomiting was sufficiently persistent to reject all remedial agents employed for its relief, and it was supposed that the patient must then and there die. She was placed, however, upon treatment by the use of raw beef, or so nearly raw that it could hardly be said to be an infringement upon the proper use of terms to call it, raw, and

she began immediately to improve. Her recovery was complete so far as the vomiting was concerned. In her second attack she was placed upon the beef treatment a few days after its commencement. The results were equally satisfactory with the first, and the patient was now able to take iced milk with her beef, and was feeling very comfortable. The beef, raw and seasoned with a little salt and pepper, or cooked in the slightest degree over coals and seasoned in the same way, was taken in quantities averaging about one ounce every three hours. It was cut in small pieces, set by the bedside, and the patient took it 'piecemeal.'

Sprains.—This class of injuries is placed at once in a plaster-of-Paris splint. Absolute rest and external support are the essentials in treatment.

Subacute Pleurisy.—Tonics are regarded as an essential element in the treatment of this affection (quinine and iron chiefly), and their administration is made the leading feature. The utility of tapping is looked upon as questionable; at all events, it is not to be resorted to early. Diuretics are administered only for the purpose of maintaining the quantity of urine at its normal standard. When a diuretic is required, infusion of digitalis is the one commonly employed. Some of the potassa salts are combined with it, if not sufficiently active when administered alone.

Ulcers.—A dressing which is said to serve a most admirable purpose for any ulcerated surface which may need a soothing and slightly stimulating application, is one composed of resin cerate and balsam of Peru. It is usually employed in the proportion of one part of balsam to four of cerate.

How to Remove Adhesive Plaster.—Every surgeon, doubtless, is familiar with the appearance of a part which has been enveloped in adhesive plaster, after the straps have been removed. The appearance is not one in very good keeping with a cleanly and neat surgical dressing. The portion of the plaster which is left adhering to the skin may be quickly and completely removed by the use of oil of turpentine and sweet oil. Use a little more than half turpentine. This compound, carefully rubbed over the parts with a bit of cloth or sponge, and then washed off with warm soap-suds, will leave the surface as clean as nature ever intended.

MATERIA MEDICA.

THE VARIETIES OF ALOES.

In a paper read before the American Pharmaceutical Association, Dr. Squibb divides the varieties of aloes into two classes, the prominent and distinguishing characteristic being that, in their therapeutic effects, one is comparatively mild and unirritating, with tonic and aromatic qualities, while the other is more harsh and drastic, producing greater irritation, and being much more liable to over-action. The two classes may also be easily distinguished by a marked difference in their physical qualities. The former class is of a lighter colour, generally soft or semi-fluid in consistence, varying in consistence with temperature and ex-

posure to the air. The odour is usually aromatic in quality and feeble in degree; when strong and approaching to a stench, as it sometimes does, it may arise from decomposing animal matter, such as pieces of goat-skin, which are often found in aloes. From the appearance of these pieces of skin, and fragments of the aloes plants, and from the presence of uncoagulated albumen, it seems almost certain that specimens of this class have not been subjected to artificial heating, but that the exuding juice has been dried in the sun. The second or more drastic class affords equal evidence of being prepared by artificial heat, the depth of colour to some extent indicating the amount and quality of heat used. Most, but not all the varieties of this class appear to be made by decoction of the plant rather than by evaporation of juices obtained by exudation from the fresh plant. The varieties of the first class are known in the market as Socotrine, or occasionally as East India aloes, while the second class includes those known by the commercial titles, Barbadoes aloes, Cape aloes, &c., these two names covering many sub-varieties produced neither in Barbadoes nor at the Cape of Good Hope.

The so-called Socotrine aloes also varies much, and many kinds are included under the one name. There is a tendency in the market to subdivide this class into the red and yellow Socotrine aloes, the red being justly held in the highest estimation. Dr. Squibb has observed that the red variety is always yellow at first, gradually changing to red by age and exposure to the air; continued exposure deepens the red colour into garnet, and finally reddish black, when the edges are no longer translucent. The yellow variety, however, does not become red by age and exposure to air, but the colour deepens, as the aloes dries and becomes brittle, into a yellowish liver or yellowish-brown colour, with little or no red tinge. It is in the yellow variety that the fetid stinking odour is occasionally met with. As both varieties are of the same yellow colour at an early stage, even of their drug market career—when they are distinguishable chiefly by odour and visible impurities—the question arises whether both are not from the same sources, and prepared by the same process; the parcels which become red being carefully prepared, while those which do not may, from containing putrescible matter, undergo a fermentation that destroys the elements upon which the red colour depends, and other more valuable qualities, as the aroma, &c. The fetid odour of this variety is diminished by age, and is not perceptible in powder made from it. The author is of opinion that only the first or Socotrine class of aloes should be used in pharmacy applicable to mankind, and that the latter class should be confined to the uses of veterinary practice, where it has special and very important advantages.

RESIN OF COPAIBA.

Dr. Wilks, of Guy's Hospital, recently reported that he had successfully used the resin of copaiba, from which the pharmacopoeial oleo-resin had been separated, as a diuretic, and found it to present a great advantage over the ordinary drug,

in the absence of the odour which makes it very difficult for patients to take the oleo-resin. In doses of fifteen to twenty grains three or four times a day, he has found the resin to possess marked diuretic properties. His former communication having induced numerous inquiries, Dr. Wilks now publishes the formula for its administration which has been advised by Mr. Girard, the late dispenser at the hospital.

Resin of Copaiba	3 drachms
Rectified Spirit	5 "
Spirit of Chloroform	1 "
Mucilage of Acacia	2 ounces
Water to make 12 ounces	

An ounce (containing 15 grains) to be taken three times a day.

Dr. Wilks has also administered the resin in the form of pills, each containing 5 grains of the resin, three of which were taken three times a day.

PRACTICAL MEDICINE.

ON THE DISPOSITION OF THE PHTHISICAL TO CATARRH.

The frequent exacerbations of catarrh, from which the phthisical suffer, are attributed by Brunn to the influence of cold. For the nature of phthisis produces a special susceptibility to changes of temperature and to draught. In the hectic fever of phthisis a large quantity of overheated blood circulates in the capillaries of the skin. The radiation of heat from the blood is thereby facilitated, and the temperature of the whole body decreased. The capillaries, however, soon become paralysed, and cease to react on the application of a stimulus. If the temperature of the surrounding medium suddenly decrease, the blood gives off a large quantity of heat, and its temperature falls below the normal. Hence the internal organs are supplied with blood of an abnormally low temperature. Such a change chiefly affects the lungs, these being already a *locus minoris resistentiæ*, and thus the original disease is aggravated.

To obviate this, and to preserve the tone of the capillaries of the skin, Brunn recommends daily ablutions of the whole body with cold water, to which at first a small quantity of spirit of wine may be added. When the nutrition of the patients is tolerably good, it will be found very useful to accustom them to cold douches.

TREATMENT OF ERYSIPELAS.

El. Wigglesworth, Jr., M.D., (*Boston Med. and Surg. Jour.*) gives the translation of Dr. V. Kaczorowski's paper on "The Treatment of Erysipelas," published in the *Berliner Klin. Wochenschrift*, in which the author believes that erysipelas is an infectious disease, dependent upon the presence of micrococci, a belief justified by the concurrent testimony of Von Becklinghausen, Waldeyer, Hüster, Klebs, and Orth. His treatment is, on the one hand, to repress the development and the extension of the globular bacterium, and, on the other, the support of the resisting power of the organism, the activity of the heart, by stimulation and an easily digestible diet.

To obtain the first result, those parts of the skin which are affected already by erysipelas are rubbed, by means of the finger or a little sponge, every three hours with a mixture of carbolic acid and oil of turpentine (1:10), but very gently; the skin of the neighbourhood, however, more energetically. The whole district rubbed is then covered with a soft linen compress moistened with concentrated lead-water (1:100), and finally the parts affected already by the disease are again covered, outside of this compress, by thicker linen cloths dipped in ice-water and lightly wrung out, or by a bladder of ice. The external enveloping compresses with ice-water are changed as often as they begin to grow warm. Internally, the patient takes lemonade or a weak solution of chlorate of potassa, to alleviate the accompanying stomatopharyngitis and prevent diphtheritic depositions, and every one or two hours a teaspoonful of strong wine, to support the action of the heart.

This treatment has been very effective during the last few months in the epidemic which occurred in Posen, Germany. He has never seen a relapse when this treatment has been pursued.

CHLORATE OF POTASH IN BOWEL COMPLAINTS.

Dr. Gates, of Louisiana, extols the efficacy of chlorate of potash in diarrhoea, especially that occurring as a sequela of measles. He writes:—My own child, aged 18 months, after an attack of measles, suffered from dysentery, passages occurring every hour or two, which persisted for a month without any relief from the accepted remedies. In my extremity I mentioned the case to a medical friend who advised me to use chlorate of potash in four grain doses every two hours; accordingly I prescribed: R Potass. chlor. gr. xxxij, syr. simp. ℥ss., aq. pur. ℥ss., and gave as directed. After the third dose the character of the discharges was completely changed, the blood and mucus disappeared, and the child made a rapid recovery.

"Measles being epidemic, I saw several other cases with identical symptoms following desquamation. In every case the sufferers were relieved by using this simple remedy. Meeting with success, I determined to give it a fair trial in cases which West, in his "Diseases of Children," calls inflammatory diarrhoea. It fully and completely answered my expectations. I have also used it in the dysentery of adults, though with no such decided success as in the above-mentioned cases; though I have reason to suppose that in two cases, in which my faith was shaken, the directions were not followed with any attempt at regularity."

OXIDE OF ZINC IN THE DIARRHOEA OF INFANTS AND YOUNG CHILDREN.

Dr. Brakenridge, of Edinburgh, whose experience is very extensive, and who has employed all the remedies in use for infantile diarrhoea, gives the preference to the oxide of zinc. He says: 1. Diarrhoea in these cases arises from a condition of debility and great susceptibility of the nervous centres, which prevent proper secretion from the alimentary tract. 2. It is intimately associated with convulsions and convul-

sive affections. 3. It is accompanied by congestion of the secreting surface of the digesting passages.

To meet these conditions requires a remedy which is at once tonic, antispasmodic and astringent. These properties he believes to be united in the oxide of zinc. It is a tonic for the nervous system, just as iron is for the blood. As an antispasmodic and astringent it has already gained a reputation founded on clinical experience. He has employed it in twelve cases, four of them girls and eight of them boys, and varying in age from four months to one and a half years. The form was usually that of the powder, but it was also given in a solution of gum-arabic, with a slight addition of glycerine. The general results observed were—1. That it moderated the diarrhoea quickly. 2. That vomiting stopped. 3. That digestion improved. 4. That intestinal hæmorrhage was frequently arrested. 5. Teething was favored rather than otherwise. 6. That even where no change was made in diet, and the other conditions remained the same, the treatment progressed favorably. 7. When, however, diet and regimen were carefully regulated, success was more rapid and decided.—*Med. Times and Gazette.*

SHORT NOTES.

URETHRAL SUPPOSITORIES IN GONORRHOEA AND STRICTURE.

Henry E. Woodbury, M.D., Washington, D.C. (*Phila. Med. Times*), uses successfully in the treatment of gonorrhoea and stricture the following remedial agents: Tannin, persulphate of iron, nitrate of silver, and morphia. He considers nitrate of silver and morphia the most effectual from his experience in about 20 cases. The grounds upon which he advocates the use of suppositories in these diseases are as follows: By their use in gonorrhoea the remedy is kept longer in contact with the unduly active mucous membrane than by any other method; while in stricture their lubricating qualities exercise a soothing effect upon the irritated surface, and prevent too rapid healing of the parts.

SUBSTITUTES FOR QUININE.

Dr. Angelo Crociani was led to try various succedanea of quinine, on account of the high price of the drug, its adulterations, and chiefly the repugnance evinced to it by the inhabitants of Val-di-Chinona, where he practises. After various trials, the drugs which succeeded best, and which he now advocates, were iodine and sulphur. According to Dr. Crociani, the success of both these drugs is due not to any antiperiodic action, but to their antizymotic properties, thereby admitting the influence of morbid ferments and the presence of cryptogamic organisms in paludal fever. Both drugs were successful in cases where quinine and arsenic had failed. The author relates four cases of tertian ague in which sulphur succeeded, and eight cases cured by the use of iodine. The sulphur was generally administered as follows: an ounce divided into four doses, to be taken during apyretic intervals. In one case two doses were given the same evening; the following

day the fit was much less intense, and as soon as it was over, the patient took the two remaining doses, and entirely recovered. As to the iodine, after previous purging, ninety drops of the tincture with three ounces and a half of strong infusion of quassia, were given, one-half the day of the fever and previous to the fit, the other half on the following morning.

EAR-COUGH.

Dr. J. Solis Cohen, of Philadelphia, (*Phila. Med. Times*), has a patient subject to ear-cough—a peculiar spasmodic cough produced by touching any part of the external auditory meatus. Recently he gave him a dose of twenty grains of quinine, which induced a cough exactly similar to the ear-cough from external irritation. This cough continued until the influence of quinine on the system subsided.

CROUP.

Dr. W. W. Parker, of Richmond, Va., relates a case of croup in which inhalations of lime proved efficacious. The most dense vapor is not at all unpleasant, and can be borne as well as the atmosphere of a heated room.

ERGOT IN PULMONARY HÆMORRHAGE.

Dr. Finny reports a case (read before the Medical Society of the College of Physicians of Dublin,) in which the liquid extract of ergot in twenty minim doses checked pulmonary hæmorrhage, when oil of turpentine and gallic acid had failed.

NOCTURNAL INCONTINENCE OF URINE CURED BY CIRCUMCISION.

Dr. Joseph Bell communicated to the Med. Chir. Soc. of Edinburgh, a case of nocturnal incontinence of urine which had persisted for seven years, in which he had performed circumcision a month previously, since which the incontinence had entirely ceased.—*Edin. Med. Journal.*

PULVIS GLYCYRRHIZÆ COMPOSITUS.

The compound liquorice powder is a preparation of the Prussian *Pharmacopœia* especially useful in simple constipation resulting from atony of the bowel. It is composed of the following constituents, so prepared as to form when incorporated an almost impalpable powder: Senna leaves, ℥vj.; liquorice root, ℥vj.; fenel seed, ℥ij.; sulphur, ℥ij.; refined sugar, ℥xvij. The usual dose is a small teaspoonful at bedtime, in water, forming an agreeable draught.

A NEW ANTISEPTIC.

Amykoseptin, or amycoseptin is an antiseptic consisting in a solution of borax combined with decoction of cloves. The author of a paper in *Allg. Med. Cent. Zeit.*; No. 46, 1873; thus describes its action:—1. Boric acid prevents bacteria from penetrating into the tissues; and thus prevents rot. 2. It destroys bacteria which may already exist in the tissues, and thus arrests rot. 3. It speedily kills true infusoria. 4. It is often a deadly poison for articulated animals and their larvae. 5. It does not prevent the development of mildew. 6. The decoction of cloves only possesses, in a limited degree, the property of preventing the development of mildew, but it certainly delays the process, and renders it difficult.

THE CANADIAN MEDICAL TIMES.
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TO CORRESPONDENTS.

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

The new Medical Amendment bill, introduced in the Imperial Parliament by Mr. Headlam, has been withdrawn by its promoter. The bill attempted to effect a one-portal plan for the three kingdoms, fusing the existing licensing bodies into conjoint boards for England, Scotland, and Ireland. It also added six members to the representation in the General Medical Council. The measure proved unpopular and encountered much opposition from the profession, and also from the licensing bodies. It has been withdrawn in the view that as there will soon be some experience of conjoint boards, the instruction thus gained can be turned to account in the next session of Parliament.

The practice is steadily extending in the large English towns of setting apart a particular Sunday in the year for the preaching of charity sermons in the churches and the collection of donations for the benefit of the local hospitals and infirmaries. The "Hospital Sunday" movement has served to enlist clergymen of all denominations, and it has been the means of evoking handsome exhibitions of English charity.

London had its first Hospital Sunday a few weeks back, when the collections made in the metropolitan churches produced an aggregate of £27,000. This is a large sum of money, and its distribution will help the needy hospitals very much. But the metropolitan district is an immense and wealthy area. The city of Carlisle raised £400 in the same manner. Birmingham is one of the towns which does handsomely on its Hospital Sunday. Whether the metropolis has fully come up to the proper or relative standard is difficult to say, but it is stated that a larger contribution may be expected next year, with an improved organization for carrying the scheme into effect.

The fund is to be distributed on a basis of merits and requirements. The Distribution Committee will have before them the reports and balance sheets of all the institutions which claim to participate, and by these data they will be guided in fixing each institution's share. It is thought that in this way the committee will exert a wholesome influence in promoting economy and good management in hospitals; and under this system a species of control will be exerted over many hospitals that have hitherto been entirely independent of any such investigation.

The extension of the plan to the metropolis, and its success in the great centre will do much in

investigating the spread of the movement to towns that have not yet adopted the plan. The example of London, so to speak, nationalizes this mode of aiding medical charity; and it may even be expected to extend to the colonies, in consequence of the impetus which the example of London may impart.

A statement is occasionally heard that the medical profession is answerable to society for very many of the cases of feeble, sickly, ill-conditioned, ill-formed, and badly developed bipeds, which now make up items in the general population. And it may be confessed that the statement is literally true! But, instead of the fact being a reflection upon the profession, it is one of its chief glories. It is a proof of its great usefulness, and of the efficacy of its mission. Formerly, when medical science was less well understood than now, sickly, "ill-begotten" children inevitably died in infancy. Now, the physician, by his greater enlightenment in medical science, is enabled to, and does, preserve those lives, which, some say, should have been forfeited in the interests of mankind, in their incipency. To illustrate the conquests of medical science:—In London, in 1730 to 1750, the percentage of deaths under five was 74.5. From 1770 to 1790 they were 51.5 per cent., and from 1850 to 1870, 29.5 per cent., according to Dr. Farr.

Brief Report of Cases of Sympathetic Ophthalmia and Sympathetic Irritation. By A. M. ROSEBROUGH, M.D., Toronto.

This is a small pamphlet report, giving details of some eleven cases of sympathetic ophthalmia and irritation, intended to show the benefit of what is now an accepted maxim of procedure by ophthalmologists—the enucleation of the injured eye with a view to save the sound one. The author gives concise and very clear directions for the performance of this operation. The subject-matter of this pamphlet has been reprinted from the *Canada Lancet* for June.

THE CHOLERA IN EUROPE.

Cholera has undergone but little extension, so far as news of its movements have reached this country, since our last notice of the progress of the disease a fortnight ago. The malady has appeared in the town of Dantzic, and it has shown itself in the north-west of Italy; but elsewhere with the exception of a few cases in Vienna, it does not seem to have travelled much.

In Dantzic two cases were reported on the 26th of June. In Italy the disease first showed itself, in the province of Treviso, on the 31st of May; and from that date to the 21st of June 24 cases were reported, of which about half the number died. Twenty of the cases occurred in the communes of Molta de Lavenga and Casalta; the remaining four were reported one in each of the communes of Molina, Carbonara, Melina, and Casale del Sale. Within the same period two cases occurred in the province of Venice: one at Portogruaro, and one at Teio. A telegram from Venice, dated the 9th inst., states that cases have occurred in that city. The Government of Italy has adopted the most energetic measures for the arrest of the malady.

Cholera, doubtless, extended into the province of Treviso from Hungary; and we shall probably learn at some future time that there has latterly been an extension of the malady into Carinthia

and Carniola. For several weeks returns of the progress of cholera in Hungary have been suppressed, and there has not been any very definite information as to the state of the disease there since the beginning of May. At that time the following districts are known to have been infected, cholera being more or less actively prevalent in them:—Pesth-Ofen, Kaschau, Eperies, Abanja, Berega, Gonor, Honth, Neograd, Saros, Torua, Zemplin, and Zips. These districts are situated in north-eastern and central Hungary. Three weeks ago the number of cases of cholera occurring in Pesth is believed to have averaged five or six daily.

In Vienna eight fatal cases had been reported to the authorities up to the 1st July; and these deaths, with two exceptions, had occurred among strangers living in hotels. Our private information states that five or six cases, all fatal, had occurred in hotels, and about double that number of cases in the city. The latter cases took place during the second week of June. There would seem to be some question as to the nature of some of the cases; and of those admitted it is said that several of the sufferers had only been a few hours in Vienna, coming there from places—as Dantzic—where cholera was known to be present.

On the Lower Danube cholera does not seem to be spreading to any marked extent, according to the latest news. Indeed, to the present moment the disease has not shown signs of wide migration anywhere in Europe, and we are still hopeful that we are watching the fag-end of the diffusion which began in 1869. But as that diffusion, according to Russian physicians, was developed out of the fag-end of the epidemic of 1866-67, there is not the less need of being watchful and prepared.—*Lancet*, July 12.

SURGERY.

EXTENSIVE INJURY TO THE BRAIN WITH LONG RETENTION OF INTELLECTUAL POWERS.

CASE OF GUNSHOT FRACTURE OF FRONTAL, PARIETAL, AND SPHENOID BONES, No. 276, in Army Museum, Washington, D.C.

Reported by J. D. HALL, M.D., late Surgeon, 24th Reg't, N.Y.V.

EMORY HOSPITAL, Washington, D.C.—On the 30th Aug., 1862, Edward Volck, private in the 55th Ohio, was wounded at the battle of Bull Run, No. 2, by a musket ball, which struck him half an inch above the right eye-brow, and about the same distance from the median line, comminuting and carrying away the os frontis to the extent of 2½ inches by 1½ inches, and making a proportionably larger scalp wound. The course of the ball must have been oblique from the left, else the head of the subject of these remarks was turned to the right when he was struck. About one-third of the ball was found battered up on the edges of the frontal bone; the other two-thirds must have passed outwards, as it could not be found inside the skull on post-mortem examination. His own statement of the case was as follows: He was about to fire his piece when he was struck; he staggered, but did not fall. In a minute or so he recovered, fired, loaded, and fired again, then fell, where he lay on the field for six days, and lost more than a teacup full of brain. On the eighth day after receiving the wound he was received at Emory Hospital, which was on the 7th of September, when he had his wound dressed for the first time. I took out many pieces

of bone, and found about one-half of the two plates which compose the frontal sinus, turned in edgewise on the brain, which could not be removed for arterial hæmorrhage. A great quantity of fetid pus, and about one teaspoonful of brain matter escaped.

The most remarkable features in the case are that there is no cerebral disturbance, no impairment of vision; in short, no complaints whatever. He acted the most rational of all the patients in the ward, and, I had like to have said, the most sensible.

In dressing I used adhesive straps to prevent the eye-brow from falling on the cheek, and to approximate the edges of the wound, which gave the muscles of the upper eye-lid a point of support, enabling him to raise the lid, when he remarked he could see with the right eye as well as he ever could. When dressed, he expressed himself as comfortable, got up, sat down, and read a newspaper with the greatest composure. I cautioned him about reading much.

Sept. 8th.—When the dressing was removed he presented a very singular appearance; fully one-half the scalp was shaved and the hernia cerebri excrescence protruding of the size of a walnut, heaving with every pulsation. I succeeded in removing the bones of the frontal sinus with a slight hæmorrhage; pus plentiful and better, with about a teaspoonful of softened brain matter.

Sept. 9th.—Appetite not good. Tongue cannot be protruded owing to injury of temporal muscle, but what was seen of it was covered with a white thick fur, tip red.

Sept. 19th.—He has continued from last date with little change in his condition, except that he is more sensible of pain on being dressed. The edges of the wound look exceedingly healthy. The pulsating tumour has receded, and nature seems to be putting forth every effort to close the opening.

Sept. 20th.—The bowels have become irritable, and seemingly there is a lack of control over them, with an indifference on the part of the patient. The diarrhoea was checked with lead, ipicac, and opium; but his strength was failing, although his mind was perfectly clear.

When asked if he had any preference for any article of diet, the same indifference would manifest itself. When asked if he had any wife, child, friends, or relatives he wished to have written to in the event of his death, his answer was invariably, "No," remarking, "If a man had to die there was no use in making a fuss about it." Although every attention was paid to his diet, which, under the circumstances, was possible, he continued to sink. Although the diarrhoea was checked, he never rallied from its effects, and finally he died at half-past three o'clock on the morning of the 25th.

The post mortem revealed a much more congested and inflammatory condition of the brain and its membranes than the weakened pulse of a few hours previous would have indicated. There was also a large quantity of watery effusion into the ventricles, mixed with pus. The fracture of the parietal bone, as will be seen by the speci-

men, is much more extensive than we would have supposed, reaching to within two inches of the occipital bone, a distance of five inches from the seat of injury. There is also a large clot between dura mater and skull at suture of os frontis and parietal bones. Such extensive injuries precluded the possibility of ultimate recovery.

Brockville, July, 1873.

CORRESPONDENCE.

MEDICAL ETHICS IN ONTARIO.

A correspondent in a populous Canadian town writes us:—"The subject of Medical Ethics is one that is ignored here to a deplorable extent. Its principles need ventilation, and the offenders need castigation at the hands of the press." This correspondent also refers to breaches of etiquette on the part of elderly practitioners by whom ignorance cannot be pleaded. He promises to return to the subject.

THE MEETING OF THE MEDICAL ASSOCIATION AT ST. JOHN.

A correspondent in Lower Canada writes, asking for information on the "exact condition of the various medical associations of Canada,—Ontario, Quebec, and the other provinces, their powers, and present condition and relations, and what objects they have in view, with a comparison with the medical societies and their politics, of the old country—and where information may be had on these points. He thinks "it might be of use for medicos going to the meeting of the Medical Association of Canada at St. John on the 6th August, as many go there, and don't know in what condition and under what laws the medical fraternity exists, and consequently can neither understand nor speak upon subjects that are brought up at those meetings."

[The objects of every medical society are, or should be, distinctly laid down in its Constitution and by-laws. Medical men going to St. John, ignorant of the nature and scope of the Medical Association should at once apply to the secretary for a copy of the constitution.]

ROCKWOOD ASYLUM.

A correspondent writes:—"Give us some reports of cases in your asylum—(Rockwood Asylum)—as these are almost never reported in the journals; and I am sure would prove very interesting and turn the attention of your readers more to this much neglected territory for medical observation and research."

[We hope soon to be able to oblige our correspondent and others interested in psychological medicine by such reports referred to.]

A QUESTION IN MEDICAL ETHICS.

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—Here is a question in Medical Ethics that came up with me lately. A patient—(obstetric)—engages an M.D. for the accouchement, who has never before attended said patient. When the event takes place, the M.D. engaged being out of town, another is called in, who is not informed of the former engagement for a couple of days after. What is the duty of the second M.D. on receiving this information.

BETA.

Montreal, July 21, 1873.

[The answer would not be complete without first stating that the husband of the patient committed a breach of conduct in not sooner acquainting the officiating accoucheur of the precise standing of his engagement. However, a lady's preferences must be consulted, and one's own dignity and independence be maintained. The second M.D. should have at once acquiesced, and, calling in the first one, have turned the patient over to his care. In this case, however, the officiating practitioner is entitled to his fee and ought to render his account.

MEDICAL NEWS.

Professor Donders, the eminent ophthalmologist of Utrecht, is at present a visitor to London.

Mr. Charles Semon, of Broughton Hall, near Skepton and Bradford, England, is about to erect on an elevated site at Jekley a convalescent hospital at an expenditure of 6,000 pounds.

According to a Parliamentary return just issued thirty nuns are engaged as nurses in Irish workhouses, and sums of money, amounting in all to 605 pounds, are paid to them for their services.

The first English midwife who appeared as an obstetrical writer was Mrs. Jane Sharp, of London, whose work was published in 1671, under the name of the "Midwives' Book," a duodecimo of 418 pages.

At this meeting the newly-elected Councilors—Messrs. Walton, Southam, and Marshall—took their seats; and the newly appointed examiners—Mr. Marshall and Mr. Holmes—will begin their labours at the primary examination held on July 12.

The transformation of church property into public institutions is bearing fruit in Rome. The Convent of San Lorenzo on the Viminal is now converted into a chemical school, where Professor Canizzari, well known to the scientific world, has his residence. Part of the noble grounds which environ it is destined for a botanical garden.

The annual elections to the various offices in the College of Surgeons took place at the meeting of the Council on Thursday, the 10th inst., when the following officers were elected:—President, Mr. Curling. Vice-Presidents: Mr. Le Gros Clark and Sir James Paget. Examiners in Medicine: Dr. Peacock and Dr. Wilks. Examiners in Midwifery: Dr. Farrs, Dr. Barnes, and Dr. Priestly. Professor of Surgery and Pathology: Mr. T. Holmes. Professor of Comparative Anatomy: Mr. W. H. Flower. Professor of Dermatology: Mr. Erasmus Wilson. Lecturer on Anatomy and Physiology: Mr. Callender.

THE SANITARY CONDITION OF DUBLIN.

The Shah has left us; but there is another Eastern potentate for whom we fear, we shall prove much less prepared, his atrocious Majesty King Cholera. Dublin has awoke to the anticipation of his advent, not a day prematurely, if we are to trust her leading organs. The Liffey, according to the Evening Mail, is "an offensive ditch, an indescribable nuisance, and an hourly peril; but we must not forget that the city is seamed, so to speak, with stable-lanes and alleys, some of these contiguous to our best streets of business or residence, where rotting filth yields its deadly poison copiously to the sun, and is borne by light and subtle breezes into the lungs of the sickly, to paralyse weak constitutions, and multiply the prey of pestilence." No health inspector, we are told, penetrates into these deadly regions, as is evidenced by the mass of vegetable debris accumulated for months over every yard's space. The city must be thoroughly cleansed—a process which should be gone through before the period of greatest heat renders it dangerous to stir the offensive matter into the air. It should be divided into districts, every part of which should be scrutinised once a fortnight. Positive nuisances would then be abated, and, yet more, the citizens would be compelled to overhaul their premises, and co-operate with the sanitary officers. Not only public hygiene, but public morals would benefit by such care. The example of filthy streets produces or perpetuates domestic slovenliness. Fetid and uncomfortable homes drive their tenants to the gin-palace, where the "vitriol poison," as the Poet Laureate terms it, maddens the brain to the perpetration of wife-beating and those street rows which have made Dublin so notorious. The social sorites, whose major premise is sanitary neglect, and whose conclusion is household misery and public rowdyism, is complete. Its practical refutation is those reforms which the Dublin Sanitary Association has so well begun, and which "house-to-house visitation" will contribute most effectually to consummate.

GYNECOLOGY.

ABRASION OF THE OS AND CERVIX.

Dr. Braxton Hicks writing in the *Obstetrical Journal*, on some points in the clinical pathology of uterine disease, selects the subject of Abrasion of the Os and Cervix Uteri. Dr. Hicks deals especially with the reflex symptoms associated with this condition, pointing out their extensive character external to the uterus, and then examining more closely the effect of irritation of nerves on the uterus itself. To illustrate his observations, he refers to the effects produced by a syphilitic fissure of the tongue. The patient complains of the enlargement of the tongue, the papillae on that side are red, enlarged, and projecting, highly tender and sensitive, and it is seen that the tongue is swollen. If the surgeon touch the fissure with nitrate of silver, some pain ensues, but after a short time it subsides, and in about half an hour only a slight remnant exists of what was before so troublesome. Here the nerve irritation was the cause of reflex engorgement of the vessels of the tongue, and of the irritation of the rest of the nerve supplying the part. In the same way irritation of the superficial terminations of nerves at the cervix uteri in cases of abrasion produces similar effects; and the relief afforded by a few applications of nitrate of silver is in many cases most marked. The author then refers to the bearing which these points have on so-called chronic inflammation of the womb. As the result of denudation of the os uteri, we find enlargement of the vessels, high sensitiveness, and all the symptoms generally said to attend chronic metritis, and yet these symptoms disappear rapidly on the removal of the exciting cause. Dr. Hicks has seen a uterus presenting all these characters restored to nearly its normal state by two applications of nitrate of silver, when every constitutional remedy had been previously tried.

PERCHLORIDE OF IRON.

Dr. Playfair relates a case of post-partum hæmorrhage, in which the injection of perchloride of iron saved the patient's life. But the case is also intended to point out one of the dangers of the practice. Alarming symptoms supervened on the third day, the explanation of which was to be found in the fact that the perchloride at once coagulated all the blood and coagula with which it came into contact, and these in due course began to decompose, and septic absorption took place. By the finger and the intrauterine injection of Condy's fluid, these coagula were gradually broken down and removed, and all unfavourable symptoms soon began to disappear.

CONTINUOUS DISCHARGES AFTER DELIVERY.

Dr. Wiltshire refers the causation of continuous discharges after delivery to subinvolution of the womb, and thinks the placental site is specially the seat of disease in such cases. In the preventive treatment, prohibition of too early rising is the first thing, and the second is that all lying-in patients should be well fed. To promote the process of involution, the recumbent posture, an abdominal binder, a generous diet, and ergot

combined with steel are recommended. Some cases improve wonderfully with quinine, others with arsenic. Hip-baths are also useful, and the French and German mineral waters are not without considerable value in certain cases.

UTERINE EPILEPSY.

According to Mr. Lawson Tait, uterine epilepsy is one of the most frequent of nervous diseases influenced by menstrual irregularities. Uterine epilepsy may be induced by the normal functional changes at the two extremes of menstrual life, and may occur from accidental disturbance between these two periods. The most common variety is the moliminal; it is almost invariably due to a deficient development of the uterus and its appendages. The climacteric form is more unfavourable in its prognosis. The third class of cases may be subdivided into those due to uterine atrophy from some central or general cause, and those due to superinvolution as the direct result of pregnancy.

SURGERY.

OLEATE OF MERCURY IN SYPHILIS.

Mr. Berkeley Hill says he has employed the oleate of mercury in a large number of cases with the following results: In the first place, if continuously applied, it quickly produces the usual effects of mercury on the system, and if used in sufficient quantity causes salivation. Secondly, it is apt, in delicate, fair-skinned persons, to excite violent smarting pain, which, though rarely lasting more than half an hour, if so much, is enough to disgust them with the remedy. The irritation may soon cause erythema and slight vesication, these being the most serious local effects noticed by Mr. Hill. To avoid these undesirable occurrences Mr. Marshall, who first suggested the remedy, has devised three preparations of different strengths, containing twenty, ten, and five per cent. of peroxide of mercury respectively: to the weakest dilution ten per cent. of morphia is added. With one or the other of these preparations the application of this form of mercury can be continued on even very sensitive skins. When used for inunction, about a scruple or half a drachm of the twenty per cent. jelly should be rubbed gently into the flank till it is absorbed by the skin, which occurs in about eight or ten minutes, leaving the skin almost dry and not greasy. This may be repeated once or twice in twenty-four hours, of course changing the site of the inunction each time. The anointed part may be washed next day without fear. This quantity usually causes swelling and slight soreness of the gums in a week, if anointed once a day, or in four days, if employed twice daily. He has found the ten per cent. preparation most useful as an adjuvant to the ordinary treatment by iodide of potassium internally or for persons whose stomachs do not bear mercury.

The great advantage of the oleate over other forms of mercury, when externally applied, lies in the rapidity of its absorption. When the twenty per cent. form is smeared as a cosmetic over syphilitic papules or stains it is remarkable

how rapidly the papules sink down and grow pale.

Again, it is of great service in fissures of the fingers about the nails or palms, the weaker preparations being employed at night and the hands covered with wash-leather gloves. Gloves should also be worn out of doors, the cracks being closed with court-plaster and collodion.

As a parasiticide the oleate has proved exceedingly valuable. In the hands of Mr. Hill success has not followed the use of the oleate in non-syphilitic affections, diseases of the joints, or in inflammatory affections.

The formula for the preparation of this substance is given as follows:—

For the 20 per cent. solution, stir ten drachms of oleic acid in a mortar, while two drachms of precipitated peroxide of mercury are gradually sprinkled into it, and triturated frequently during twenty-four hours, until the peroxide is dissolved, and a gelatinous solution formed.—*The Practitioner*.

TREATMENT OF NÆVI

Dr. Jacob Geiger (*The American Practitioner*), treated a male child, aged nine months, who had at birth a 'mother's mark' on his perineum and over the pit of his stomach. They were at first flat, but slightly elevated spots, and very small. When the patient was about six months old, however, the tumours took on a very rapid growth; that on the perineum occupying not only the entire perineum, but a portion of the scrotum also, while that on the abdomen was an inch in diameter. The perineal nevus was kept so constantly irritated by the child's diaper, his urine, and his faeces, and having on more than one occasion bled considerably, he advised an operation for its cure. The mother positively refused her consent to any other procedure than one which consisted in some external application. He determined therefore, to try the methodical use of Monsell's solution to both the growths. Making a mixture of equal parts of the solution of persulphate of iron and glycerine, he painted not only the nævi themselves thoroughly with this, but he applied it also for some lines beyond the healthy skin, and directed it to be repeated twice daily. In a week both tumours had diminished appreciably in size; and in less than one month from the date of the first application of the iron they had disappeared altogether.

TREATMENT OF PHYMOSIS.

Dr. R. W. Taylor treats phymosis caused by chancroidal ulcers by frequent injections thrown in means of a syringe having a nozzle three inches long and nearly flat, being less than one-eighth of an inch in diameter. The fluid escapes through five apertures on each side as well as at the end of the nozzle. The most useful injection is two drachms of fluid carbolic acid to half a pint of water. This should be injected six or eight times daily during the period of acute inflammation, after the discharge has been cleared away by injections of tepid water. When the inflammation subsides, the strength of the lotion should be reduced considerably; and, as soon as the swelling

diminishes sufficiently, the prepuce should be turned back and the sores treated in the ordinary manner. The average time necessary for this is two or three weeks. Finding this simple plan of treatment sufficient, the author condemns slitting the prepuce and circumcision as unnecessary, when the prepuce is only acutely inflamed and not indurated by cell proliferations and oedema. For this latter condition, incisions are requisite to prevent gangrene; the most useful being those made at the sides, thus converting the prepuce into two flaps, an upper and a lower one, which can be readily drawn from the penis sufficiently to expose the sores at the corona. They are then dressed with liquid carbolic acid on lint well packed into the sores, and compressed by a bandage round the penis. In a few days, the surfaces clean and begin to assume a healthy appearance. Complete cicatrization is attained in about forty days. Any permanent deformity is remedied, subsequently.—*Am. Jour. Syph.*

FOREIGN BODY IN THE NOSE.

Dr. Frederick P. Henry (*Phila. Med. Times*), mentions the case of a girl, two years old, who had introduced a large-sized shirt button into her nose, and was quickly relieved by the aid of Thudicum's douche. The child's cries, which were comprised in one prolonged expiratory effort, seemed to have aided the operation by raising the volum and thereby preventing the escape of water into the mouth, which any one who has used the instrument on his own person knows is so liable to occur.

TREATMENT OF CHLOROFORM NARCOSIS BY ICE IN THE RECTUM.

Dr. Baillée thinks there is no readier or more effectual mode of combating the narcosis of chloroform than that of introducing a small piece of ice into the rectum. But little force is required to pass it through the anus; it melts immediately and causes by its presence a deep reflex inspiration, which leads to respiratory movement and re-establishment of the cardiac function. The method is also recommended to be pursued in the treatment of apparent death in the newly born.—*Bul. Gen. de Therap.*

EXCISION OF ELBOW-JOINT.

Dr. J. Bell exhibited to the Med. Chir. Soc. of Edinburgh, a little girl upon whom he had performed this operation. The joint had almost perfect flexion and extension, and there might be seen on each side a fair condyle and a fair olecranon, notwithstanding no periosteum had been left.—*Edin. Med. Jour.*

HERNIA.

Thomas Bryant, F.R.C.S., Surgeon to Guy's Hospital, in his "Practice of Surgery," remarks that where a hernia can be kept up by a truss, and the patient is likely to remain in a civilized country, where trusses can be obtained, any operation for the radical cure is an unjustifiable one; to risk the life of a patient on a theory of a cure, with the probability that the patient will be rendered less liable to its descent, when a truss has to be worn subsequent to the operation as a matter of safety, is a practical delusion.

MEDICAL NEWS.

St. Thomas's Hospital, of London, enjoys the princely income per annum of 30,000 pounds.

The Journal of the Gynecological Society, the Michigan University Medical Journal, and the American Psychological Journal are no more.

The Italian Senate has just adopted the article of the new sanitary code of laws which provides for the families of medical men who are carried off during epidemics in the exercise of their professional duties.

The Minister of Public Instruction in France has purchased the elegant ancient and modern collection of books, belonging to the late Dr. Darzenberg, and presented it to the Library of the Faculty of Medicine of Paris.

Dr. Beaugrand says that, notwithstanding the various anxieties which beset the career of medical men, mental alienation is rare among them; and he gives the following table of Parchappe: artists, 9.60 per cent; lawyers, 8.41 per cent; clergymen, 4.15 per cent; medical men, 3.85 per cent.

Professor Larasque, in his recent lectures on alcoholism at the Paris School of Medicine, has shown that the chronic alcoholism was most frequent among the 'petits bourgeois' (small shopkeepers, etc.), who had the habit of tipping. It was a kind of 'decent' alcoholism, and the inmates of lunatic asylums mainly belonged to that class of people.

One of the examiners at the Royal College of Surgeons, England, is reported to have said that those candidates who recently went up for their first primary examination were the worst he ever remembered. Out of 105 who presented themselves, 46 were sent back to their studies, and only a few got first-class marks.

Dr. Lewis Rogers in a paper in the American Practitioner, calls attention to the fact that Dr. Taylor Bradford has already attained in his cases of ovariectomy the 90 per cent. success which Spencer Wells thinks may be ultimately attained.

THE LADY MEDICAL STUDENTS.

Judgment has proved adverse to the lady students at Edinburgh on their appeal to the Court of Session. The tribunal was a very competent one, and the arguments pro and con, were reviewed with clearness and impartiality. Three of the judges hold, or have held, high offices in the Universities of Scotland, while seven others have taken an active part in academic administration. Our readers will remember that some three-years ago the University Court issued regulations under which ladies might be admitted as medical students. Accordingly, Miss Jex Blake and six others matriculated after the usual examination; enrolled as students; and attended the classes which qualify for the first course. A number of the professors, however, in their professional capacity, and as members of the Senatus Academicus, declined to teach the ladies any further, or to admit them to graduation. After a good deal of platform and newspaper controversy, the ladies called upon the Chancellor and Senatus to defend their procedure before Lord Ordinary Gifford. His lordship pronounced in favour of the appellants; but his decision has been reversed by the second division, after consulting the other judges. Out of the twelve judges, five were in the appellants' favour—a fact which, it is said, will tempt the ladies to appeal to the House of Lords. It seems difficult, however, to get rid of the argument that the original constitution of the university did not contemplate the admission of ladies, either to studentship or to graduation. The remedy open to the ladies is surely a sufficiently obvious one. Let them devote the ample funds they have at their disposal, not to fruitless and vexatious litigation, but to the founding of a college of their own, where they may prosecute their medical studies, and qualify for such practice in the diseases of women and children as they may prove fit for. Society will respect them the more, and even recognize their claims as qualified nurses and accoucheuses the sooner, if they retire from a useless and not very feminine contest, and seek the attainment of their ambition by means at once legitimate and easy.—*Lancet.*

PROSPECTUS.

THE CANADIAN MEDICAL TIMES.

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

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

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

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

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

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

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

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

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

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JAMES NEISH, M.D.,

Office of the Medical Times,
Kingston, Ontario.

MEDICAL CHIT-CHAT.

Sir Dominic Corrigan, M.P. in addressing the students at St Mary's Hospital, said:—The fact that of all men the members of the medical profession were pre-eminently seekers after truth had always afforded him consolation and support. Errors of judgment or observation may occur to any man, but an honest one will confess his errors when convinced by further investigation or otherwise of their fallacy. This he may safely do, for the medical profession is not, as is often ignorantly imagined, a jealous profession, but most liberal in its sentiments, and appreciates the candid renouncement of error as highly as the enunciation of the most important truths. It will, he said, be found a rule, to which there are few exceptions, that the only trustworthy road to eminence is by diligence and hard work. Some men by a mere stroke of fortune may suddenly rise into popularity, but without the elements of hard work they will soon sink again into mediocrity.

Frequent in the temperate zone, phthisis is popularly imagined to be rare in inter-tropical countries. In Brazil, however, Dr. O. E. H. Wucherer tells us the disease is not only frequent, but increasing every day. This result is not due to European immigration. The greater condensation of the people and certain alterations in their mode of living are the most probable causes. Overcrowding in manufactories, heightened cost of necessaries of life, greater indulgence in luxuries, pernicious prevalence of drinking habits, enormous consumption of tobacco, have all their special influence in accounting for the increase of phthisis in Brazil. In 1843 in all Bahia, says Dr. Wucherer, there were but one or two cigar-shops; now they are to be seen on all sides. Now also school-boys and little slave children smoke. In the changes in the habits of life of the people Dr. Wucherer finds the principal causes of the increased frequency of phthisis in Brazil.

There is no adequate work on the remedies and nostrums in use among the English common people. It is a mistake to suppose that their *Pharmacopœia non scripta* has not still its believers. In Gloucestershire, to this day, fits are thought to be cured by "a few drops of blood got by pricking a live mole with a pin. The drops to be taken in a wineglassful of water just as the convulsion is coming on." The "paties" of the mole, sewn up in a bag, and worn round the neck, are a certain cure for epilepsy. The snail has also a prominent place in this pharmacopœia. Sewn up alive in a bag, and worn round the neck nine days, it is then taken out and thrown into the fire, where it shakes like the ague, and the patient is never troubled with the complaint again." In Carache the snail is not less efficacious. You prick the mollusc, and allow the exuded froth to drop into the affected organ.

Tyler Smith began his career as a teacher in the private school of the late Mr. Dermott. The lecture-room was a back kitchen of a house in Bedford square; the access was by the area steps. But there was a good class, and a teacher whom no hospital in London could surpass. For deficiency of material he made up by ambition, by a powerful intellect and by determined industry. His manner was ungainly, his utterance not good, he was not a fluent speaker. In spite of these disadvantages, he resolutely declined to write out his lectures; he trusted to spontaneous expression, and by dint of dogged perseverance he became an impressive and effective lecturer and speaker. He was always cool, self-possessed, quick to catch the effect produced by what he was saying. His mind was not sympathetic. He rarely excited enthusiasm in his hearers. But he rarely failed to instruct, to convince, and to lead. No one could hear him without

feeling that he was listening to a powerful intellect whose working was not merely suggestive, but fruitful in its originality, definite and practical in its conclusions.

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

TWENTIETH SESSION, 1873-74.

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

TEACHING STAFF.

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