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## SURGERY.

### THE ANTISEPTIC TREATMENT OF WOUNDS.

This subject has been much discussed at the recent meeting of the British Medical Association (*British Medical Journal*, Aug. 9 and 30), and in a manner likely to lead to a critical comparison of results. Mr. John Wood, in his Address on Surgery, said that, as an experimental and scientific mode of research, which may turn out to be also a converging line in surgery, he had the highest possible respect for Professor Lister's system of treating wounds.

Upon Mr. Lister's theory of germs, it is, he said, consistent and simple enough; but it is as a practical method of treating open wounds, available under ordinary circumstances in hospitals and private practice, in emergencies, and on the battle-field, that it must be estimated, and will ultimately take its place; and with that view he had put it, as far as possible, to the test. He began it at a time when King's College Hospital was in a good hygienic condition, and the cases for that time did admirably. He had some cases quite equal to any described by Mr. Lister himself. He at the same time tried the application of dry lint, without any moisture whatever, to the wound, and in many cases, especially in breast cases, the results were also perfect. In one breast case union by adhesion occurred throughout the wound. He also tried the application of the chloride of zinc solution in the manner originated by Mr. De Morgan, and very good results ensued—viz, healing with the formation of little or no pus. After about six months, there came into the hospital a very unfavourable change, and, from inquiries made at the time, he concluded that a similar condition prevailed in most or all the London hospitals. Erysipelas and its concomitant, pyæmia, began to show themselves, the former not springing up in the hospital itself, but imported with patients. The wounds now began to suppurate more, primary healing was less common, and the erysipelatous blush appeared, with blancheworthy impartiality, in cases treated in all kinds of ways, and almost as impartially on his own antiseptic side of the hospital as on his colleague, Sir William Ferguson's, non-antiseptic side. But this he felt bound to say, that there was little or no putrefaction, as evidenced by the odour, in any of his cases, which his eminent colleague shrewdly attributed to the carbolic smell overpowering all others. Upon this point, however, he did not agree with him. He had one case of amputation of the thigh for a tumour of the lower end of the femur, in a man aged about sixty. He treated it by Lister's method, carefully carried out, and, from beginning to end, there was very little discharge, and no putrid or offensive smell whatever; but the wound did not heal, the end of the bone re-

mained unadherent and devoid of granulations, and the man lingered for two months in a declining and emaciated state, and finally succumbed to chronic pyæmia with secondary abscesses in various parts. The occurrence of many other cases similar in character to this convinced him that the agencies, whatever they are, in pyæmia, operate in the general system, or, if through the atmosphere, in other channels besides the wounded part, as in cases of pyæmic poisoning from deep internal glandular pus-deposits, and in other acute and chronic tubercular affections.

In some cases of psoas abscess, treated by Lister's method, he had marked success so long as the hospital was healthy. When erysipelas and pyæmia appeared, however, cases occurred in which the pus in the abscess became putrid and offensive after the first evacuation under the spray and with all the precautions, and he was obliged to make free openings and introduce drainage-tubes, through which the abscess could be washed out thoroughly with antiseptic. Such cases showed the danger of departing, in the generality of wounds, from the old rule of providing a free exit for all purulent and offensive discharges; and, for the want of this, the exclusion of air is not a sufficient compensation. He could not, consequently, approve of the plans originated by Baron Larrey, and followed by Gosselin, and, more lately, by J. Guérin and Maisonneuve, of 'occlusion pneumatique'; the amount of resemblance to which, in Lister's method, constituted, it seemed to him, some part of its deficiencies. To a great extent, this objection also exists to the plan followed during the second siege of Paris by Alphonse Guérin, of using thick investments of compressed cotton-wool after washing the wound with alcohol, and then leaving it, without disturbance or removal of the deeper layers, for periods varying from a fortnight to two months, or even more. This plan for keeping from the wound injurious atmospheric influences, seemed to have been deduced from Professor Tyndall's experiments upon the purifying results of the cotton-filter of Pasteur. It was shown by Hervey that, as used by Guérin, it neither prevented putrefaction and fætor in the wound, nor the formation of abundance of microzoa therein. Here, again, were instances of the propriety of that regular and systematic inspection of wounds which the practice of hermetically sealing them up prevents us from obtaining.

With respect to the employment of cotton-wool combined with due drainage, he looked forward with interest to the paper promised by Mr. Callender, who has obtained much success from its use, combined with his own form of drainage-tube. Cotton-wool has one great advantage as a dressing in cases of emergency. It is usually easily to be obtained in the necessary quantities after battles and railway accidents, when it is necessary to remove patients directly after in-

juries or operations; it provides better than most other methods for the protection of the wound or stumps from injury. Tanned oakum possesses all these advantages to an equal degree, and has the superior quality of being also cooler and more antiseptic.

Professor Humphry is quite satisfied with the plan of leaving wounds and stumps uncovered by dressing, and entirely undisturbed, having only the discharges wiped or washed away. According to Dr. Weil, late assistant to Billroth, this plan is uniformly followed in the large hospital at Vienna. Here atmospheric influences have full local play, aided by the accidental contaminations of water, sponges, or tow; and yet, in the spacious and well-ventilated wards and pure air of Addenbrooke's Hospital at Cambridge, the results are far from being unsatisfactory. In a time of bad hygienic influences, epidemic erysipelas, pyæmia, or of an accumulation of wounded patients in a London hospital, it is probable that this would not be the case.

After frequent trials, Mr. Wood had come to consider that a plan comprising the free use of Chassaignac's drainage-tubes passing from the surface of the wound, or from its interior, if deep and sinuous, and with their outer extremities imbedded in cotton-wool or oakum, well permeated with MacDougall's or Calvert's powder, or other disinfectant and absorbent of discharges; the washing over the surface of the wound after bleeding has ceased with a mixture of solutions of chloride of zinc and carbolic acid or sulpho-carbolate of zinc; the same solution to saturate the lint, applied in the same way as in water-dressing, and enveloped in thin gutta-percha tissue, the whole supported by strapping and a light bandage, affords the readiest, lightest, coolest, and the most generally useful application of the antiseptic method. An outer envelope of cotton-wool or oakum, and dressing every day after the first opening of the primary dressing, complete a method from which he had obtained as good results as from any other that he had tried; and, what is perhaps important, he had found it less difficult to insure its being properly carried out.

Mr. G. W. Callender described at the same meeting (*British Medical Journal*, Aug. 30), a plan of treatment which he had followed for several years in St. Bartholomew's Hospital, and of which the results were at least as satisfactory as those following the employment of the antiseptic method, while it was much more simple. In 199 cases treated in this way, there had been six deaths; and in 28 cases of compound fracture, and 33 of amputation (including 14 of the thigh), there had been no deaths. The author insisted on the removal of foreign bodies, and expressed his objection to ligatures, as being in fact foreign substances. Instead of tying arteries, he used torsion. After all bleeding had stopped, the wound was washed with carbolic acid (1 in 20 of

water), closed with silver sutures, and fitted with a drainage-tube (a suitable form of which Mr. Callender had had made). After this, layers of lint dipped in carbolised oil (1 in 12 of olive oil) were laid over the line of incision or over the laceration, and over these a quantity of cotton-wool for warmth and protection. After the dressing the wound was placed in such a position as to secure absolute rest. After the first day the drainage-tubes were generally removed, and the dressings were applied as before. No special provision was made for excluding the air. As far as practicable, each case was placed between patients free from wound or discharge; and the wound was cleaned, by means of a camel-hair brush, with a solution of carbolic acid in five parts of spirits of wine. Mr. Callender remarked that in this plan antiseptic treatment was used in a limited way; and that the results which he brought forward showed that, with the exercise of proper care and supervision, patients did as well in a large hospital as anywhere else. Sir John Rose Cormack (Paris) said that he had, during the two sieges of Paris, treated a great variety of the worst description of shot and shell wounds; and he had seen similar cases treated contemporaneously by others; and his firm conviction was, that the success was not so much with the skillful operator, as with the man who patiently and with scrupulous care conducted his dressings, and attended to the hygiene of his patients. Mr. Lister's system was not adopted in the American ambulance, nor in either of the hospitals of which he (Sir John Cormack) had charge; and yet in all these the success was very remarkable. The system which Sir John Cormack adopted (varying it according to circumstances) was to tide over the period of shock by large opiates; to use in all the dressings abundance of *etoupe goudronnee*, or oakum, which, from its antiseptic properties and its power of absorbing the discharges, as well as its elasticity, was used universally in the American and English ambulances. He gently washed the wounds and the surrounding parts at each dressing with creosote water, to remove adherent noxious discharges; and the crevices were carefully cleansed by injecting the same fluid. When necessary and at all possible, incisions were made, and drainage-tubes were used to prevent the accumulation of discharges in crypts or pouches. The very simple and effectual method suggested by Mr. Callender, of lightly brushing out the cavities with a camel-hair pencil, would no doubt have answered as well as, and in some cases perhaps even better than, the syringe. He attributed much of Mr. Lister's success to the general medical and hygienic treatment which that gentleman strenuously carried out, rather than to the niceties and complexities of his special system. In support of his views, Sir John referred to some of his cases of lacerated wounds and amputations, in which, he believed, recovery was mainly attributable to the system which he briefly described, and, in some instances, to the additional precaution of changing the personal and bed-linen once, and sometimes even more frequently, in the course of the day. This had been done in one case where the patient had seventeen lacerated

wounds, and made a good recovery. An additional precaution was generally taken—to wit, having the patients carried out on stretchers to the free breeze of the garden, whenever the weather permitted, so that their bedding and the wards might be cleaned. In addition to this, the floors and beds were regularly watered with creosote water several times a day. Mr. Hey (Leeds) had given Mr. Lister's plan a fair and unprejudiced trial, but repeated experience of it had convinced him that, even when carried out carefully by Mr. Lister's own pupils, the method showed no superiority over a simple plan of treatment, such as that employed by Mr. Callender. He had even seen union delayed in wounds by reason, as it seemed, of the employment of the more elaborate antiseptic dressings, although in other cases it answered all expectations. Mr. Callender, in reply, pointed out that his plan involved absolutely no precautions against the admission of air, and could not, therefore, be considered as a proof of the superiority of Mr. Lister's method of 'antiseptic' treatment.

#### ESMARCH'S METHOD OF PREVENTING HÆMORRHAGE DURING OPERATIONS.

Professor Billroth writes to the *Wiener Medizinische Wochenschrift*, July 19, 1873, on Esmarch's method of bloodless operations. Billroth says that Esmarch belongs to those German surgeons, of whose communications it may be observed, that the facts therein stated are carefully and accurately recorded; and that, although he did not entertain any doubt as to the truth of Esmarch's observations, he was unable, before he had himself applied the method, fully to realise the complete nature of the local anæmia which might be thus produced. Altogether he had tried it in fourteen cases: two extensive operations on necrosis of the tibia; three resections and extirpation of bone in the foot; two resections of the elbow-joint; two Chopart's amputations; four amputations of the thigh; and one disarticulation of the hip-joint. In twelve of these cases, the result obtained by Esmarch's apparatus was complete and successful. In two cases it was incomplete, for the following reasons. In one instance a large cicatrix on the back of the knee, following a burn, had bent the knee to a right angle with the leg, and hindered the India-rubber band from exercising efficient circular compression; the smaller vessels were closed, but the main artery required to be compressed in the groin; some blood also flowed from the distal vessels. The imperfection might have been remedied by placing a pad in the popliteal space, or, perhaps, applying the compression a little higher up the limb. The second case where the compression was incomplete, was one of disarticulation of the femur, under somewhat peculiar circumstances. A man, aged forty-five, worn out by excess in drink, had amputation of the thigh performed on account of disease in the knee-joint. The patient survived the operation, but the stump did badly, and six months later two inches of bone were excised. The wound still did badly. Billroth determined to split the other side of the stump, separate the periosteum from the bone,

and remove the remaining portion of the femur. The operation was easily accomplished; the India-rubber rope was passed round the perinæum, and over the anterior superior spine of the ilium, thence over the gluteal muscles. The aorta also was compressed. Though the bleeding was much lessened, it was not prevented. Of the fourteen cases, eleven were completely cured, or approaching a cure, at the time when the author wrote. Three patients died; the case of disarticulation of the femur, and two of amputation of the thigh.

Billroth attempted to perform one of these operations without chloroform, supposing that local anæsthesia, as well as local anæmia, might be produced by the constriction, but there was no diminution of the amount of pain produced, at all events immediately; but it is suggested that further experiments in this direction should be made. In cases where amputation is performed for gangrene, or where septic abscesses exist, it may be dangerous to apply the elastic bandage, lest some of the poisonous material be forced into the circulation. Under these circumstances, it would be better to apply the circular compression only.

Mr. William MacCormac says the plan has been now tried in St. Thomas's Hospital in cases of amputation, excision of the knee, operations on necrosis, &c., with unvarying success, not a drop of blood appearing in the wound during the entire period of the operation.

Dr. Arthur Menzel, of Trieste, relates, in the *Gazzetta Medica Italiana-Lombardia* for June 14, a case in which he applied, with success, the method recommended by Esmarch, of Kiel, for preventing hæmorrhage during operations on the lower extremity.

The patient was a tall, thin man, aged sixty-five, who had, on the inner side of the left thigh, at the upper part, a tumour as large as the head of a newly born child. It had been growing five months, and had produced scarcely any pain. It was hard, with an unequal surface, and could be moved laterally, but not upwards or downwards. Dr. Menzel diagnosed the tumour to be malignant, and recommended its removal, which was agreed to by the patient.

A bandage was applied to the limb (except over the tumour), and the thigh was compressed immediately below the groin by four turns of strong India-rubber tubing. An incision ten inches long was then made, and the tumour was found to be intimately adherent to the muscles, especially the semi-membranosus and semitendinosus. The femoral artery and vein, and the saphenous nerve, ran through its centre. The artery and vein were tied at each end of the tumour, which was then removed. There was then found another smaller tumour adherent to the periosteum; this was also removed. The operation (including the time taken in inducing anæsthesia) lasted three-fourths of an hour. Not a drop of blood was lost. In order to see what the bleeding would have been if the elastic tubing had not been applied, Dr. Menzel loosened it for a moment, and immediately the blood began to escape from numerous deeply seated muscular branches. When the elastic ring was removed,

nine hours after the operation, no hæmorrhage took place.

[For the description of and method of using Esmarch's apparatus refer to page 93, *Canadian Medical Times*.]

## GYNECOLOGY.

### CASE OF CYST OF THE LABIUM.

By Theophilus Parvin, M.D., Indianapolis.

Between three and four years since I visited Mrs. —, a lady about twenty-four years of age, married two years, pregnant for the first time, the pregnancy having advanced to the fourth month, the purpose of the visit being to operate upon a tumour situated in the left labium. This tumour was first noticed when she was eleven years old. At the accession of puberty it increased rapidly for a time, then its growth ceased until after marriage; but since that time it had been constant, until now the tumour, quite as large as a medium-sized orange, it was feared would be a serious impediment in parturition.

Upon careful examination I was satisfied that it was a cyst. A portion of the wall was exposed, the sac evacuated of a light, straw-colored fluid, and as large a piece of the wall cut out as I could and lint passed into the cavity. I was disappointed in not being able to remove a large portion or the entire cyst; but the patient was exceedingly restless, and circumstances not necessary to explain did not permit the exhibition of an anæsthetic, and my stay at the place of patient's residence was limited to a few hours. Subsequently free suppuration occurred once or probably twice, in the cyst, but the final result I do not know.

*Remarks.* Labial cysts, especially such as attain the large size of the one above mentioned, are not common. Dr. Thomas, in his admirable treatise, makes no mention of the disease. Courty, the excellence of whose volume can not be too highly appreciated, briefly dismisses the affection, in company with some others, in these words: "I shall not here describe œdema, or phlegmon of the labia majora, or tumours of the dartoid sac, or encysted tumours, serous or purulent; for these diseases ordinarily do not present any peculiar indications." Churchill, on the other hand, gives quite a good description of encysted tumours, along with other diseases of the labia; but the best discussion of the subject I have seen is in Nonat and Linas. McClintock devotes a brief space to these tumours, but the largest he mentions having seen was the size of a small hen's egg. Plate XL, fig. 1 of Boivin and Duges's Atlas represents one of these tumours found by Cloquet in a woman fifty years of age, the growth being two inches and a half long and its diameter one inch. This is about the size of the tumour spoken of by McClintock.

It is hardly possible for an encysted tumour to be confounded with œdema or phlegmon of the labium. It has neither the change of colour nor the increase of sensibility of the latter, nor has it the diffused character of the former. Its history too is different: essentially indolent, no constitu-

tional derangement either antecedent or consequent. The tumour is in the majority of instances situated upon the left side. It is painless, and is said to be usually spherical. But this last observation I do not believe applies to the tumour when large; for in the case of Cloquet, and in that of McClintock and in my own, the swelling was much more in the shape of an egg than in that of a sphere: the larger portion, supposing the patient to be standing, projecting downward and forward. The tumour is distinguished from a hernia, as Vial has pointed out, by no prolongation sent between the ischium and vagina toward the abdominal cavity, by fluctuation, by its non-disappearance in the horizontal position, by no impulse being communicated by coughing or straining, etc.

These tumours, it is supposed by McClintock and others, "are in most, if not in all, instances, produced by obstruction of the mucous or sebaceous follicles, which exist here in such numbers, or of Duverney's glands." So far as cysts are supposed to be consequent upon obstruction of the vulvo-vaginal glands, may we not doubt the statement, since we so commonly see inflammation and abscess consequent upon obstruction.

In a recent discussion in the Philadelphia Obstetrical Society Dr. Wm. F. Jenks remarked that there were in the labia glands without secretory ducts, which by the abnormal accumulation of their contents might give rise to true "retention cysts," as they were called by Virchow. One difficulty in accepting the hypothesis of glandular obstruction or of excessive glandular activity being the cause of all these cysts is that in some instances, as in the one I have narrated, the cyst contents are so different from any normal glandular secretion.

The treatment of these cysts should only be resorted to when they are an inconvenience, a positive discomfort, and may be an injury from their size. The simplest method of treating them (it is that to which Nonat and Linas give the preference) is to evacuate the cyst with trocar and canula, then throw in a wine or iodine injection; in a word, treat it as a hydrocele.

Dissecting out the sac is not always easily done, nor is it always free from risk, as Dr. Churchill well remarks. We can incise the anterior surface of the tumour and cauterize the lining membrane or fill the cavity with lint, where the size of the growth and its extending up the vagina, as Dr. C. suggests; forbid extirpation. Upon the whole, however, the plan first mentioned will be the most expeditious and least painful, and to be preferred in the majority of cases, though of course it is by no means the certain cure that extirpation is. I may mention also that the plan recommended is advised by Guerin in his lectures upon diseases of the external generative organs of the female (Paris, 1864). He believes, however, that the treatment by iodized injection ought not to be resorted to if the cyst extends high up in the vagina; fearing, from the great vascularity of the organ in that part, mortal accidents that have occurred from a similar injection in hydrocele of the neck.—*Am. Practitioner, Sept.*

## OVARIAN TUMOURS — OVARIOTOMY.

Dr. J. Marion Sims has recently published (*New York Med. Jour.*) two excellent papers on this subject. In them he very briefly alludes to the past history of the operation and to the various methods which have been proposed for the management of the pedicle. For twenty years, he has advocated the plan of tying the pedicle with silver wire, and still thinks that it is the best treatment thus far proposed, though he questions whether it will not be found better in the future to apply torsion to the arteries, or else obliterate them by the enucleation of the pedicle from the coats of the cyst. As regards the results of the operation, Dr. Sims thinks that the mortality is altogether too great. He claims that the death of most of the patients is to be attributed to septicæmia. After carefully examining Mr. Spencer Wells's thirty-nine fatal cases, he considers that thirty-seven were the result of blood-poisoning, three being from pyæmia, and thirty-four from septicæmia. In all of these fatal cases, in which a *post-mortem* examination was made, a quantity of reddish serum, or grayish turbid serum or acrimonious serum was found in the peritoneal cavity. It is to these pent-up fluids that the blood-poisoning owes its origin. It seems, therefore, logical that the indication for treatment in these cases is to invent some method of draining off these poisonous fluids. As early as 1855, Dr. Peaslee (*"On Ovarian Tumours,"* page 509) used intra-peritoneal injections with a view to remove any accumulation of fluid within the peritoneal cavity. Instead, however, of occasionally washing out the cavity at the top, as Peaslee proposed, Sims advises that the peritoneal cavity should always be opened at the bottom, so that the fluids may constantly drain off. This opening should be made at the lowest point, namely through the Douglas *cul-de-sac*. Here a puncture should be made, in every case, and a tube passed into the peritoneal cavity so that all effusion into this cavity may spontaneously drain off.

As showing the advantage of this plan of treatment, he gives the details of four cases in his own practice where he used this plan of treatment, he used this plan for establishing a drainage. In the first case, a sero-sanguinolent fluid began to pass off by the tube very soon after the operation. Occasionally, a little warm water was thrown into the peritoneal cavity, by the vaginal portion of the tube. The case made a good recovery. The second case also recovered. In the third case, the proper tube was not used, and the patient died. The fourth case did nicely, the drainage-tube being worn for about a month.

Great care must be taken, in these cases, that the puncture shall be made at the *lowest* part of the Douglas *cul de sac*. In washing out the peritoneal cavity the utero-vesical pouch must be carefully washed out, so that its contents (if any) shall overflow into the Douglas *cul de sac*. If care be taken in reference to these collections of fluid in the peritoneal cavity, one great source of septicæmic poisoning will be removed and the mortality which follows the operation of ovariotomy will be very greatly reduced.—*Boston Med. and Surg. Journal.*

## THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF  
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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.

A beautiful set of pathologico-histological preparations by Dr. Otto Barth, of Leipsic, were exhibited at the meeting of the British Medical Association. The specimens consisted of admirably cut sections, large enough to show structure with the naked eye, but admitting also of microscopic examination. A portion of healthy tissue is included when possible, for the sake of comparison with the diseased tissue; and it is stated that such specimens are found to be of great use in Germany for teaching purposes. Their value for this end may readily be conceived. The Germans are good students and good teachers, and it is little wonder that original research advances so rapidly among them when we consider the means so carefully adopted to advance scientific education in their country.

It may be debated whether the large extent to which gratuitous medical advice is tendered is not an honour or a drawback to the profession. One hearty grumbler writes to a London medical journal, complaining of the hospital returns paraded in the newspapers as preposterous, and exhibiting the extent of injury done to the medical profession by such wholesale gratuitous relief. He writes:—"In this day's *Standard*, August 26th, it is declared that at the British Hospital for Diseases of the Skin 285 patients were relieved during the week ending August 23rd. At the foot of the same page we read: 'Metropolitan Free Hospital, Devonshire Square, City. The aggregate number of patients relieved during the week ending August 23rd was—medical, 1156; surgical, 819; total, 1975; of which 902 were new cases.' What a robbery of the medical profession is here announced. What would the brewers say if the same number of people had been supplied with beer for which they were not paid? What would the lawyers say if the same amount of legal advice had been given without being paid for? Here we find at two institutions alone 2260 persons treated gratuitously, who could be, as the lawyers say, 'assisted by friends' if they could not immediately find funds for themselves to pay the doctor. During the year of fifty-two weeks, taking the payment for each of those persons at the very low sum of one shilling per week, £5876 might be realized. They spend much more than that in beer, and they and their friends mule the medical profession to that extent at least. There is something radically wrong about this indiscriminate medical charity; it is a shameful robbery perpetrated upon the

medical world, and it behoves doctors of every grade to attend to it; it is a barefaced and increasing evil."

It is to the interest of medical men to take care that medical charity is not abused, or rather that it is abused as little as possible; but considerations of benevolence and humanity as well as considerations directly affecting certain important professional interests, such as the medical education of both students and practitioners, forbid the setting up of any crusade against hospitals by medical men as a body. There is no doubt, at times, and to a greater or lesser extent, a want of discrimination in the admission of patients to hospital. Too many who are able to pay are admitted to free treatment or receive free advice and medicine as outpatients. In a large city, like the English metropolis, where general and special hospitals abound, the working members of the medical profession cannot but feel that these hospitals rob them of income, and it is not surprising that they should complain. But if they were in a country destitute of such hospital advantages, the other side of the question might be presented to them. They might then find themselves troubled with the care of pauper patients, or find their income diminished by a class of persons who seek every chance to impose upon the general kindness of medical men.

SIR DOMINIC CORRIGAN ON THE  
MEDICAL PROFESSION.

The following observations are taken from an address delivered by Sir Dominic Corrigan, M. D., M.P., before the students of St. Mary's Hospital, London:—

A consideration that has always been uppermost in my mind is that we have ever this proud consolation in our profession, that we are *searchers after truth*. We are not trammelled by any party net, nor controlled by any other consideration than this—that our object is to find out what is true, and our only vocation, to practise it.

The Churchman is not thus free. He must be a churchman all his life, and, as a true churchman, he must extinguish all glimmerings of doubt that may flicker before him, and advocate the doctrines and discipline of the particular church to which he belongs.

The churchman is not free in mind as we are.

The Lawyer is an advocate. He is bound by law and ethics to advocate the cause of the client who commits to his advocacy life or property, whatever he may think ought to be the verdict. He is not at liberty to examine the several sides of any question, to determine what shall be his own view, and to act upon it.

The lawyer is not free in mind as we are.

The Soldier is bound by his duty to follow and obey the commands of his superiors, without inquiring into the justice or wisdom of the command.

The soldier is not free in mind as we are.

And as for the Politician, I will not be hard on him, for I have a brother feeling for him; but the politician and the statesman must often temporise, or even abandon what he knows to be right, in order to attain what he thinks is *practicable*.

The politician is not free as we are.

We are free from all bias, from all influences; free to seek out what is right and true in our profession, and to practise it. We may, like all other human beings, err in judgment, but we need not fall into error under the influences that sway other professions. This I have always felt as a proud reflection, even in the midst of early struggles, and throughout professional labours; and I am confident it will ever be to you, my young friends, the same.

I remember in my own early life a little incident that I may be excused for mentioning, as it exemplifies how unrestrained we are in our efforts after truth, and how little we have to fear in acknowledging our errors. In 1835 the first meeting of the British Association took place in Dublin. The physiology of the heart just then engaged much attention. Some previous contributions of mine had attracted a little notice, and I was invited to be one of a committee to investigate the subject. I did not accept the invitation, but on the first day of meeting of the Physiological Section I at once stated that the view I had put forward was erroneous, and arose from the mistake into which I fell of experimenting on the hearts of cold-blooded animals, fishes and reptiles, and arguing from them to the heart of man and warm-blooded animals. And how was my avowal received? By passing a vote of thanks to me for my communication. I do not know any other profession in which a similar avowal of error could have been as safely made and would have been as well received. Popular biographers and second-rate writers are fond of representing us as a jealous profession; we are not so. The story is again and again repeated that Harvey, the discoverer of the circulation of the blood, was hunted out of practice by the jealousy and envy of his professional brethren. There never was a more unfounded calumny. In 1607, when he was only twenty-nine years of age, he was elected a Fellow of the College of Physicians in London, eight years afterwards was appointed Professor of Anatomy to the College, and during his life-time the College erected a marble statue of him in their hall, with an inscription commemorative of his immortal discoveries and works.

## PETTENKOFER ON BEEF EXTRACT.

In a letter to Joseph Bennert, of Antwerp, Pettenkofer enters into an elaborate exposition, or rather vindication, of Liebig's extract. Like all alimentary novelties, that renowned preparation has had to fight its way into popular acceptance through at least two initial prejudices: first, a suspicion as to its wholesomeness, to use no stronger phrase; next, a scepticism as to its possessing any specific virtue whatever. Both these barriers the extractum carnis has at length surmounted, though three-and-twenty years have elapsed since its discoverer first produced it in the royal laboratory at Munich. How little its assailants understood the object of their attack may be inferred from the charges they brought against it. "The extract," said they, "containing as it does neither albuminoids, nor fats nor hy-

drates of carbon, is not an alimentary substance." Of course it is not. It was precisely on the principle of eliminating from the extract every particle of albumen, of fat, even of gelatine, that Liebig proceeded. And with what result? To produce, not an alimentary substance strictly so called, but a condiment which has a distinct and unique place in dietetics. The role of condiments in the complex action of nutrition is but partially appreciated, and the most natural condiments are usually neglected for others much coarser, more stimulating, but really less efficacious. Voit, the most recent experimenter in dietetics, confirmed the popular impression that the flow of gastric juice to the walls of the stomach may be accelerated even by the sight of meat, as when he witnessed in a fasting dog, in which he had established a stomaclic fistula, the immediate rise of the juice when he offered, without giving, the animal a bit of meat. Bouillon, he further maintained—warm and well-boiled bouillon—is the simplest and best digestive, and it is from this premise that Pettenkofer vindicates for the extract its paramount claims as a condiment. These it owes to the mixture of salts, different, indeed, but combined in definite proportions, in a ratio which the organism imperatively demands, and the slightest deviation from which would constitute a veritable impurity. No amount of the best meat can take the role of the extract any more than milk can play the part of cheese or butter. The product of Liebig is neither a nutrient nor an alimentary substance capable of economising the albumen, the fat, or the carbohydrates; it is simply a condiment, but one of such efficacy that Pettenkofer does not hesitate to anticipate for it the chief place among such aids to digestion, not only in the sick-room, but in common every day life. It has served him as a text for a very instructive essay on nutrition in general, and though much that he says is a recapitulation of a kind that has a novelty of its own from the clear and discriminating eye he passes along the series of discoveries bearing on the physiology and application of food.

## MEDICAL NEWS.

Enteric fever has broken out in several parts of Birmingham.

A movement has been initiated in London having for its object the promotion of a memorial to Von Graefe.

A clergyman living at Wolverhampton has just lost a third child from enteric fever, presumably through the agency of infected milk.

Professor Czermak, the celebrated physiologist, whose work on the Laryngoscope was translated by the Sydenham Society, died on Monday, Sept. 3, at Leipzig.

The Town Council of Portsmouth have resolved to memorialise the Government against the erection of the Hospital for Contagious Diseases which has been commenced close to Portsea.

The prize of 2000 rupees offered in October, 1861, by the Government of India for the compilation of the best Manual of Family Medicine for India has been awarded to Surgeon-Major Moore, of the Rajpootana Political Agency.

We record with regret the death of William Barker, M.D., who died on the 11th Sept., at his residence in Hatch-street, Dublin, aged sixty-three. Dr. Barker held the posts of Professor of Experimental Physics to

the Royal College of Science, and the Lectureship on Chemistry to the Royal College of Surgeons. The deceased had a high reputation in various branches of medical science, and his funeral was largely attended by the medical community, who esteemed him highly.

An inquest was held a few days ago before Dr. Lankester on the body of a boy, aged six years, whose brain, according to the medical evidence, although healthy, weighed no less than fifty-three ounces. The cause of death was pulmonic apoplexy.

A club has been formed at Hamburg for promoting the heathen practice of incineration, in place of Christian orthodox inhumation. The club, it is said, already numbers upwards of eighty members, each of whom on entering has made a will, according to which his remains are to be burned.

It is the intention of the British Government to equip a large vessel as a hospital ship for the reception of the sick and wounded during the expedition against the Ashantees. It is probable that it will be very much after the pattern of the hospital ships stationed in the Red Sea during the Abyssinian war.

A London military journal states that some reduction in the personnel of the department is at present under consideration, and that Mr. Cardwell is intent on abolishing about thirty-five places in the surgeons' list. It is stated that it is the intention of the authorities in future to utilise the civil profession to a greater extent than heretofore for taking medical charge of small detachments in outlying districts, as a substitute for the services of medical officers. It is believed that a public saving will be effected in this way.

The topic of an International Pharmacopoeia occasioned at the Vienna Congress much animated and sometimes able argument. It was admitted that an English physician, unless acquainted with the German Pharmacopoeia, would be unable to write a prescription which an Austrian professional brother could understand. A new system was proposed, of which, it was suggested, the Latin should be the uniform language; while the adoption of a metrical scale of weights was further recommended. The subject was too vast, however, for a final conclusion, and its discussion was postponed till the next congress.

While the science of "preventive medicine" seems to be taking a firm and salutary hold of the medical profession and the public at large, there is a strong counterbalancing effect produced by the science of "procurative surgery," which seems to be so much encouraged by railway companies. From the returns recently issued we learn that during the year 1872, 1145 persons were killed and 3038 were injured upon railways. Of those killed, 127 were railway passengers, and 632 were railway officials. The rest are returned as "trespassers, suicides, and miscellaneous," a large and doubtful class, numbering 336.—[London Lancet.

## MERCURY IN THE HUMAN BODY.

A paragraph lately appeared in an evening contemporary to the effect that an illustration of the accumulation of mercury in the human system was furnished recently at a lecture in Vienna, by the exhibition of the leg-bone of a man whose death had been accelerated by the use of the metal. Professor Hatt struck the bone heavily upon his lecture table, and thousands of glittering little globules of quicksilver were forced out, and rolled into larger drops on the black surface before him. All this had been absorbed into the man's system during life.

Is this possible in these days? Do our Austrian confrems prescribe mercury so freely as to accelerate death? We confess to a little scepticism about the reduction of mercury to the metallic form in the body from any of its preparations. Perhaps it was administered in the liquid form, a plan that was sometimes adopted in old times as a means for the reduction of strangulated hernia. If not, the only preparation which could supply the metal itself is the ointment of mercury, in which the particles of mercury may be seen with the microscope, but the quantity used to produce the effect described must have been enormous.—[Lancet.

The Assistance Publique, or general administration of the Paris Hospitals, has just published its budget for 1874. The total amount of expenditure appointed for the year, namely, 28,150,000 francs, brings out the fact of the extraordinary importance of this administration. In the beginning of the year the amount fixed upon had been only about 26 millions and a half (francs), but nearly two additional millions have recently been voted through the general rise here in all the necessaries of life. The number of beds to be supported in 1874 will be 20,161; of which 9311 are for the infirm and aged, 8227 for patients, and 2081 for lunatic subjects. It is reckoned that the number of individuals admitted into the hospitals, or assisted by the administration, will be about the same as during the present year. The number of patients admitted was this year 11,099; whilst 192,000 individuals received help in various shapes from the administration. Besides the above figures, the Assistance Publique has 5600 lunatic patients in the various asylums of the Department of the Seine or of France, and 26,000 infants or young children that it helps to bring up in the country. The total number of individuals of all categories succoured yearly by this vast administration of the Assistance Publique thus reached 338,200.—[Paris Letter.

## DRUGGISTS AND THE PRESCRIPTIONS OF MEDICAL MEN.

The death of a tradesman from delirium tremens at Ramsgate under the following circumstances has excited much discussion. The facts were brought to light by a coroner's jury. The tradesman was attended by Mr. James Richard Leake, a retired army surgeon, L.R.C.P. Edin., M.R.C.S. Eng., and L.S.A. Mr. Leake finding his patient very excited, and not benefited by a dose of opium, prescribed half an ounce of tincture of digitalis, which the druggist refused to dispense, on the ground that digitalis was an uncertain medicine and the dose prescribed an excessive dose, being eight times that recognised by Squire's Pharmacopoeia. Mr. Leake before the coroner justified his prescription, and was ably supported in doing so by Mr. J. Pearson Crosswell, the ordinary attendant of the patient, who had been from home at the time of his death. He naturally threw the onus of the man's death on the druggist, of whose conduct the jury expressed their disapproval. There can be no doubt that the druggist in this case acted very wrongly. And the sooner it is understood that medical practice is not to be limited by a druggist's opinion of a prescription, even if it be backed by Squire, the better. If a druggist is in doubt about the accuracy of a prescription or the intention of a practitioner in regard to any given dose, it is his duty to take steps to ascertain whether the prescription is according to the wish and purpose of the writer. There, unless the dose is obviously poisonous, his responsibility ends. Here the druggist's refusal to dispense arose from his ignorance of medical science. He knew Squire very well; but he was ignorant of the fact that for years past it has been well known that large doses of digitalis, larger than Squire ever dreamt of, cured some bad cases of delirium tremens. Mr. Leake's prescription was quite in accordance with the practice of Mr. Jones, of Jersey, and of others. For example, Dr. Garrod, whose authority will not be disputed, says he has "seen many cases of delirium tremens rapidly recover under its influence, sleep being speedily produced; but the doses have been very large, from two to four fluid drachms, repeated every four hours for two or three times only." Of course such a prescription is a responsible one; but the case was a very responsible one—extremi morbi extrema remedia; and in the absence of the medicine the patient speedily died. A druggist who refuses to dispense a recognised prescription even in gentle terms does a great injury to a medical man; and the druggist's mode of refusal in this case was not gentle. We regret to see the names of some medical men attached to a "round robin" exonerating the druggist for not making up the medicine without further communication with the medical man prescribing. It was the druggist's business to have sought such communication. Mr. Leake may, however, be well satisfied with the expression of opinion on the part of the jury, and with what he will certainly have—the sympathy of the profession.—[Lancet.

## PRACTICAL MEDICINE.

## ON THE CAUSES OF SPASMODIC ASTHMA.

By Dr. C. T. WILLIAMS, Physician to the Brompton Hospital.

The causes of spasmodic asthma may be divided into local and general. By local I mean where the exciting cause directly irritates the mucous membrane of the lung. By general I mean where the cause is more distant and less direct in its action, often taking a somewhat circuitous route to reach the lungs, as when the irritation of the abdominal sympathetic causes a fit of asthma, or when it is induced by the acid state of blood circulating through those organs. The subjoined table enumerates the principal varieties.

I. Local (acting directly on the lungs).	{	Dust. Vegetable irritants. Chemical vapours. Animal emanations. Climatic influences. Bronchial inflammation.
II. General (acting indirectly on the lungs).	{	Through nervous system { Centric. Excito-motor. { Gout. { Syphilis. { Skin diseases. { Heredity.

In the first division, the most simple in their action are the various inhalations. We know that phthisical induration of the lung can be caused by the inhalation of fine, solid particles, as in the consumption of needle-pointers, dry-grinders, stone-masons, colliers, and copper-miners, and the question naturally arises why is it that one form of dust causes the lesser evil, asthma, and another the greater evil, phthisis? The key to this is to be found in the nature of the particles inhaled, and the depth to which they penetrate into the lungs. The dust of threshing-floors and of bakehouses is light, and probably never sinks deeper than the epithelium; while the dust inhaled by grinders, colliers, and others, being heavier, penetrates beyond the epithelium into the lung-substance, irritating and giving rise to inflammatory processes in its neighbourhood. This has been proved in the case of colliers and copper-miners, and the mineral particles detected microscopically in the lungs.

**Dust.**—Common roadside dust, the fluff from woollen clothing, the dust of threshing-floors and mills and bakehouses, or any mechanical particles, when inspired, will evoke an asthmatic fit in some persons. Among old clothes-men, wool-carders, sellers of furs, and notably among millers and bakers, the disease is very common.

**Vegetable irritants.**—We know that certain plants have a powerful effect, as, for instance, *ipecacuanha* and some of the grasses. The well-known hay asthma, which prevails in the hay season, is attributed to the inflorescence of certain of these, especially to their pollen. In England the *Anthroxanthum odoratum* and the *Nardus stricta* are blamed, but in Germany the rye, the *Lolium perenne*, as well as the *Nardus stricta*, are accused. It appears, however, from the recent researches of Mr. Blackley, that the pollen of a large number of plants, belonging to no less than thirty-five natural orders, is capable of pro-

ducing this complaint. Mr. Blackley, who is himself subject to this disorder, and thus has opportunity for experiment always at hand, finds that he can produce hay asthma in the following ways:—1st, by applying the pollen to the mucous membrane of the lips, nose, fauces, or tongue; 2ndly, by inhaling it; 3rdly, by wetting the conjunctiva with a solution of it; 4thly, by inoculating moistened pollen into the limba. He states that when the pollen is moistened it is seen under the microscope to swell up and discharge its granular contents, and he suggests that after the commencement of hay catarrh, the large amount of fluid poured out into the nasal passages tends to increase and perpetuate the disease, by acting rapidly on the pollen which continues to be brought into contact with the irritated mucous membrane. He found, too, that the granular matter could be made by dialysis to pass through membranes thicker than those lining the bronchial tubes and air-cells, and he therefore concludes that it may in some cases pass through the mucous membrane of the air-passages, and, entering the circulation, give rise to the constitutional symptoms sometimes developed. His experiments demonstrated clearly the presence of pollen in the atmosphere, especially in the month of June, and his own symptoms were in direct relation with the amount detected in the air. I think these experiments leave no doubt as to the causation of the disease; and its prevention or cure by removal to the sea-side, away from vegetation, confirms this.

**Chemical Vapours.**—The inhalation of certain gases and chemical vapours, such as sulphurous acid, the smoke of pitch or of a recently extinguished candle, the fumes of an ignited lucifer match, may also be excitants. I have seen an attack brought on in an asthmatic person from simply passing through the copper-smelting district near Swansea in a train, and, again, the atmosphere of some leadworks had a similar effect on some of my patients.

**Animal Emanations.**—In some rare instances the attack may, according to Dr. Salter, be induced by the smell of certain animals, as of dogs, cats, hares, and even sheep and horses. Among the remarkable examples he gives is one of a circus proprietor who was always affected with asthma in the presence of horses, until having made his fortune he retired, and found that, with the relinquishment of his business, he had happily taken leave of his troublesome complaint, which, however, always returned if he visited the stables. Another instance was that of an American gentleman who was always affected by the presence of dogs or cats, and could even detect that they had passed through a room by the state of his breathing on entering it. A third case was that of a country clergyman who was rendered asthmatic by the neighbourhood of a hare or hare-skin. This peculiarity converted him into a remarkably keen gamekeeper, for if he met any of his parishioners who had been poaching and had their booty about them, he could always in this way detect it.

**Climatic peculiarities** are generally credited as the commonest causes of asthma. Cold, whether

dry or damp, if intense, is generally an exciting cause, though during the paroxysm a very low temperature is borne without any risk. Facing a strong wind will sometimes evoke an attack, as I remember witnessing in a lady who had been walking scatheless with her back to the wind. On her turning round and facing it her breathing immediately became difficult. Great heat is also complained of, but more in the way of general dyspnoea than spasmodic. Transitions of temperature are nearly always trying, as when an asthmatic descends from an Alpine height into a hot, close-valley an attack often occurs the first night of sojourn in the lower region.

Owing to the numerous exceptions which every law of localities suitable for asthma admits of, it is hardly safe to say that there is any law; yet in a very large number of cases dampness whether of soil or of atmosphere, or whether combined with heat or cold, is the asthmatic's great enemy and the relief that he experiences on reaching a dry locality is often striking. Another common condition is closeness and want of a proper circulation of air, such as is found in deep valleys abounding in rank and, as a sufferer informed me, oppressive vegetation. These are the hot-beds of asthma, and it would not be difficult to furnish instances of their action.

It is remarkable the great dislike that many asthmatics have to trees around their dwellings. One will not pass through a wood on any account; another perches himself up on a high, bare down, so as to live above all trees, and delights in a barren country like a sand desert.

Thundery weather affects some, and many asthmatics can foretell the atmospheric storm by their own tempestuous sensations. Among the causes of asthma, one least dwelt on by writers is malaria, and yet it is well known to travelling asthmatics, and in many instances the circumstances of the attack preclude any other explanation of its occurrence.

(To be Continued.)

## OBSTETRICS.

## GALVANISM IN POST-PARTUM HÆMORRHAGE.

Mr. Storrs, M.R.C.S., of Doncaster, contributes to the *Lancet* the following case, which he considers of interest to the profession as furnishing a mode of treatment for the great opprobrium of the obstetric art, which, if not new, is far from being so widely employed as its numerous advantages would appear to indicate.

On June 24th, 1873, I was sent for to see a patient in labour, suffering from convulsions. The convulsions came on during the first stage of labour, and could only be checked by keeping her under the influence of chloroform for some time. Failure of uterine action occurred before the os uteri was fully dilated; but as it was sufficiently dilatable, the forceps was introduced, and delivery accomplished. Still the uterus did not contract, and after the placenta was removed, hæmorrhage could only be restrained by keeping the hand within the uterus. Grasping and kneading the uterus, cold affusion externally, and injections of cold water per vaginam produced no effect. A

dilute solution of perchloride of iron was freely injected into the uterus, ineffectually. My assistant, Dr. Macintosh, then procured for me at my request one of Stöhrer's portable coil machines. An interrupted current of considerable intensity was directed through the uterus, one pole of the battery being applied over the abdominal wall directly over the fundus by means of a curved plate of copper, and the other placed in the cervix. Almost immediately firm contraction took place, and when the current was discontinued the uterus remained securely contracted. The patient made a good recovery.

To those who have witnessed as I have done the confusion and other accessories of a case of obstinate hæmorrhage after labour, any means that tend to diminish these inconveniences must be acceptable. The use of galvanism as a means of treatment in these cases, besides its remarkable efficiency as shown by this case, possesses many other advantages over the means usually employed; for instance, its cleanliness, simplicity of its mode of application, and the avoidance of those evil consequences in the puerperal state which are so apt to result from irritation of the uterus by injections, such as that of the perchloride of iron.

#### ALBUMEN OBTAINED FROM MILK.

M. Schwalbe has found that by adding one drop of the oil of mustard to twenty grammes of cow's milk, the casein is transformed into albumen. If this discovery is confirmed, it will be of great importance in the art of calico-printing.—*Druggists' Circular*.

#### AN "ANTI-OPIMUM PILL"

The *Druggist* gives the following formula for an "anti-opium pill" which has been used for several years in the English hospital at Peking, China, and its efficacy proven in numerous instances:—R. henbane, gr.  $\frac{1}{4}$ ; gentian, gr.  $\frac{1}{2}$ ; quinine, gr.  $\frac{1}{4}$ ; ginger, gr.  $\frac{1}{2}$ ; camphor, gr.  $\frac{1}{2}$ ; cayenne, gr.  $\frac{1}{2}$ ; cinnamon, gr.  $\frac{1}{2}$ . Soap and syrup for coating. Three pills a day.

#### EFFECT OF CARBOLIC ACID ON THE URINE.

Mr. W. A. Patchett reports in the *Lancet* a number of observations upon a peculiar change of colour in the urine, produced by the external application of carbolic acid to a raw surface. A blackish or dark olive-green discoloration occurs from four to forty-eight hours, and the urine resembles an infusion of tea or digitalis to which a little iron has been added. The discoloration does not appear with any regularity or constancy, and may follow the internal use of carbolic acid, but unless poisonous doses have been given the colour is not so deep as that produced by the external application of the acid.

#### MEDICAL NEWS.

The Erie Railroad Company has appointed a regular medical bureau in connection with the road.

Dr. Hughes Bennett, of Edinburgh, and M. de Vrij, of the Hague, have been elected foreign corresponding members of the Academy of Medicine in Paris.

The following are a few items in round numbers of the expenses incurred in conducting the British Medical Journal the past year:—Editor 1560 dollars, sub-editor 600 dols., printer 24,250 dols., contributions 4800 dols., stationery 1400, sundries 3000 dols.

It is intended to devote a portion of the immense wealth of the late eccentric Duke of Brunswick towards founding a faculty of medicine at Geneva.

The expenses to the London profession of entertaining the British Medical Association were 1050 pounds, including 500 pounds for three days' luncheons, more than 200 pounds for the printing of circulars, the museum catalogue, programme, etc., and 125 pounds for charges connected with the public dinner, guests, etc.

A French prefect wrote to one of the mayors of his department, advising him, as the cholera had broken out in the district, to take all the necessary precautions. After some time the mayor wrote to say that he had taken all the proper steps; and upon the prefect sending to see that they were effectual, he found that the only preparation the mayor had made consisted in having a large number of graves dug in the charchyard!

It is not often that a professional man has the opportunity, or perhaps feels equal to the effort, of returning two fees of a thousand guineas each, in the course of the same year. It is understood, however, that this has occurred with Sir Henry Thompson this year. The first occasion was in connection with the illness of the Emperor Napoleon III., when Sir Henry, in the most delicate and kindly manner, returned half of his fee of two thousand guineas; and the second is an instance yet more highly honourable to professional delicacy. Called to the bedside of a wealthy friend in the Highlands, near whose shooting lodge he was passing his vacation, he spent nine days in unremitting attendance. At the end, a cheque of a thousand guineas was handed to him, but was firmly declined, on the ground that the attendance was given to a friend and during a holiday.

The International Medical Congress met this year in Vienna. The session commenced Sept 1 with a speech by the Archduke Rainer, in which his Imperial Highness welcomed the visitors to Vienna. The chair was taken by Professor Rokitsansky as president, who delivered an address. Special discussions afterwards took place on subjects of sanitary and general professional interest, viz, vaccination, the prevention of syphilis and control of prostitution; quarantine in general, and its application to cholera; the formation of an international pharmacopoeia; the drainage of towns; and the social position of the medical profession. It is somewhat remarkable in the constitution of this Congress that, though it bore the name of international, and several of its members were accredited to it by the governments and learned societies of their respective countries, there appears to have been a deficiency of representatives from some countries—notably England and Sweden. The next meeting is to be held in Brussels in 1875.

#### WOMEN STUDENTS AT ZURICH.

The Russian decree relative to women students at Zurich, has produced great excitement in that town. All the newspapers are unanimous in condemning the arbitrary conduct of the Russian government in the matter, though several of them admit that the Russian women students often behave in a manner discreditable to their sex. One of the professors of the university of the town observes, in a letter to the *New Zurich Gazette*, that the expulsion of the Russian women from the university will probably be followed by a large increase in the number of the women students from other countries, as German, French, and English women have hitherto been deterred from going to Zurich for their education by the improper behaviour of the Russian women who attend the lectures there. A correspondent of the *Cologne Gazette* asserts that upwards of one-half of the Russian women students at Zurich live disreputably, and that many of the Swiss families in the town have consequently refused to receive them in their houses. That some belong to secret political societies is also a matter of notoriety; one of them even acted as vice-president at a "red" meeting of working men. The Russian women students have now decided, after some stormy meetings, that all but two shall leave Zurich next term, and proceed for the completion of their studies to Paris, Leipzig, Munich, and Heidelberg.—(*Medical Press and Circular*).

#### PROSPECTUS.

THE CANADIAN

## MEDICAL TIMES.

A NEW WEEKLY JOURNAL,  
DEVOTED TO PRACTICAL MEDICINE.

SURGERY, OBSTETRICS, THERAPEUTICS, AND THE COLLATERAL 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 journal in Canada, its members should feel that upon themselves rests the onus of aiding in the growth of a national professional literature.

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

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

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

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## SURGERY.

## A CURE FOR EPITHELIAL CANCER.

By GEORGE G. BREWER, M.D., Baltimore.

Whatever tends to increase our capability of coping with a formidable disease cannot be uninteresting to the medical profession. Although cancer is a common disease, and one with which the surgeon and pathologist is familiar, it is a lamentable fact that it often baffles all treatment. I have always thought that the surgeon's knife was the proper and only treatment for cancer of every description. But my experience in treating an epithelial cancer lately has greatly changed my opinion. The subject of the case was a gentleman fifty years of age, stout and healthy. An epithelial cancer about the size of a hickory-nut located on the cheek near the ear. He consulted other medical gentlemen, who confirmed my opinion and advised him to have it removed. At his request, I removed it with the knife. Part of the wound healed in a few days, but the upper portion soon sprouted out with the cancerous disease. I then applied caustic potassa, not only to it, but to a considerable margin around it. In about ten days after the sloughing was over I found that the entire margin had taken on the cancerous disease, and my patient was in a worse condition than before the operation. At my request, he consulted several surgeons, who objected to operating any more, for fear of enlarging the cancer, and advised a soothing treatment.—poultices of bread and milk. This was followed without benefit for six months, when a friend gave him a recipe which I did not object to his using:

Chlor. zinci, gr. viij;  
Bloodroot, gr. v;  
Starch, gr. viij.

Make into a paste with honey.

The cancer was at this time nearly as large as a hen's egg. After applying the paste for two weeks he called to see me. I found it had diminished to half its former size. I advised him by all means to continue it. After a month's use of the remedy, the cancer was not larger than a dime. He continued to use it until the disease was cured. There is at this time nothing but a cicatrix, where before was a large epithelial cancer. I report this case for the purpose of calling the attention of the profession to this remedy in epithelial cancer, and do recommend those who have such cases to give it a trial.—*Philadelphia Medical Times*.

[The above prescription is slightly modified from that of Dr. Fell, of cancer-curing and advertising notoriety. The chloride of zinc is the active agent. Canquoin's paste, which is in considerable repute on the continent, is much similar, and is composed of chloride of zinc and flour equal parts, or one to two or three of flour, as may be deemed suitable by the surgeon. The constituents are slightly moistened with water, and the paste applied. It was Fell's practice to accelerate the action of the caustic by making incisions into the slough to its full depth and intruding slips of fresh caustic so as to act more deeply.—[Ed. C. M. T.]

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