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## PRACTICAL MEDICINE.

### ON ACUTE URÆMIA.

Dr. Alfred Loomis, of New York, read a paper recently on this subject before the New York Academy of Medicine, which is remarkable as advocating the hypodermic solution of morphia in uræmia. Ten cases are cited to justify the employment of this remedy. The paper is a very valuable contribution towards the management of a difficult class of cases:—

An acute uræmic attack is usually preceded by certain premonitory signs, such as œdema in various parts of the body, restlessness, or an almost irresistible desire to sleep, vertigo, headache, delirium, nausea, vomiting, and impaired vision; the countenance has a pale, waxy or dingy appearance; the urine is scanty, high coloured, bloody, albuminous, and contains casts. After the appearance of the premonitory symptoms the progress of the mischief will vary in different cases according to the amount and cause of the retention of the urea.

Thus, if a large amount of urea is suddenly thrown into the circulation and retained by a continuance of the arrested elimination, or increased by a continuance of the producing cause, the body and extremities become violently convulsed, or the patient passes rapidly into a state of coma.

The convulsion may consist of a single paroxysm, or a succession of paroxysms may follow one another at intervals of a few minutes or several hours, the patient lying during the interval in a state of more or less profound insensibility. During the convulsion, the face becomes livid, eyes glassy, the pupils contracted or dilated. At the commencement of the convulsive attack they are generally contracted; frothy mucus, which is sometimes bloody, collects around the mouth, and there is a strong urinous odour emanating from the perspiration. The pulse is accelerated, and the temperature is raised in some instances as high as 107°.

Uræmic coma may come on gradually, twenty-four or forty-eight hours elapsing before the stupor is complete, or the patient may fall suddenly into a state of profound coma, its advent resembling an attack of cerebral apoplexy. There are periods when the coma is so profound that nothing arouses the patient; at other times he is easily aroused, or arouses himself, and attempts to speak and to sit up, swallowing fluids with little difficulty.

When urea is gradually introduced into the circulation, or is freely eliminated, as in cases where renal disease is slowly developed, the system becomes accustomed to the presence of the poison, and thus a considerable excess of urea may exist in the blood for a long period without giving rise to any but the premonitory symptoms of acute uræmia; but when once the balance is

destroyed and a certain excess of urea in the blood is reached, the kidneys become embarrassed by the excessive demand made upon their excreting power, and rapid and intense renal congestion follows, the nerve-centres are overwhelmed and either convulsions and coma, or both, follow, and thus acute uræmia may be developed in the chronic as well as in the acute stage of renal disease.

Uræmic coma is always accompanied by a certain amount of stertor; the respirations are accelerated at first, but they soon become slow and laboured. The pupils are dilated, but they are not irregular; the pulse is more rapid than natural and lacks firmness. The temperature at first is raised, but after a time falls below the normal standard. Acute uræmia simulates in some particulars so many diseases in which convulsions and coma are the leading symptoms, that it is difficult to give directions which shall enable one to always separate it from analogous disorders. I will name a few of the more prominent points in its differential diagnosis.

The phenomena of an epileptic seizure are almost identical with those of uræmia, and in some instances the task of distinguishing the one from the other would be exceedingly difficult unless the previous history was admitted.

If the patient's history is known, the chronic character of the epilepsy is sufficient to distinguish it from acute uræmia, and an examination of the urine positively determines the uræmic character of a convulsion. At the time of the paroxysm a distinction may also be drawn, for in epilepsy one side is convulsed more violently than the other, while in uræmia both sides of the body are equally affected by the convulsive movements. In epilepsy, although there is loss of consciousness, reflex sensibility continues from the beginning to the end of the paroxysm, which is not the case in uræmia. Immediately following uræmic paroxysms there is deep coma; following an epileptic seizure there is merely a deep sleep, from which the patient may be aroused.

In cerebral apoplexy, coma always precedes convulsions, and with the convulsions there is facial paralysis and hemiplegia; there is also clonic spasm of the paralyzed parts, and the urinary symptoms are absent. In hysterical convulsions the patient falls into a convulsive, tetanic or cataleptic condition, with a scream. Close inspection shows that the patient is not unconscious, and the pupils are normal, as are also the pulse and temperature. The limbs are jerked irregularly,—the breathing is jerking and spasmodic, and is attended with a choking sensation. There is no lividity of the face or distention of the cervical blood-vessels, and the close of the paroxysm is usually accompanied by the discharge of a large quantity of pale urine.

Cholæmic convulsions, or those that occur when the blood is overcharged with the constituents of

the bile, in their phenomena very closely resemble uræmia, but may be distinguished from them by the jaundice which precedes or accompanies their development, and by the antecedent history of acute hepatic affection. Convulsions originating in meningitis and other cerebral affections are distinguished by the accompanying characteristic symptoms of these affections.

The main points in the differential diagnosis of uræmic coma are identical with those of uræmic convulsions. It may be distinguished from the coma of apoplexy by the absence of paralysis, from opium poisoning by the rise in temperature (the temperature in uræmic coma being generally above 100°, while in the coma from opium it is below the normal). The slow and peculiar character of the respiration in opium-coma also distinguishes it from uræmia.

The condition of the pupils is not a safe guide, for not unfrequently in uræmia they are contracted as in opium-poisoning.

It is distinguished from epileptic coma, by the antecedent history, and from rum-coma by the alcoholic surroundings of alcoholism.

In all cases of coma, an examination of the urine is necessary to complete the diagnosis.

Apparently the primary cause of death in uræmia is the accumulation of urea in the circulation, which acts as a true narcotic poison, resembling in its *modus operandi* other narcotics, of which belladonna and opium are the best types. When introduced in so small quantities that its elimination can be accomplished in a short time, it produces a moderate sleep; but when the quantity is sufficiently large to overtax the eliminating powers, it causes death by arresting oxidation.

(To be Continued.)

### ON SIMPLE VERTIGO.

In a paper read before the Yorkshire Branch of the British Medical Association, and published in the *British Medical Journal* for July 26, 1873, Dr. Clifford Allbutt records ten cases of simple vertigo, and makes the following comments upon them. The only constant symptom in the cases was vertigo. All of them were males, and, as far as could be made out, the giddiness was not symptomatic of any other disease or disorder. The vertigo was often very distressing and very rebellious to treatment. The average age of the patients was 44·7 years: but there was no evidence of any degenerative changes either in the arteries or other tissues. The vertigo, after lasting for months or years, disappears without any other nervous or other disease being developed. There was no loss of consciousness in any of the cases recorded. One patient suffered from migraine, which ceased about the time of the vertigo; another belonged to a neurotic family. Many of them were men of anxious or irritable temperament, or placed in positions of anxiety

and heavy responsibility. In another patient, also a male, there was some hysteria.' In some of the cases the dizziness was followed by sickness. The vertigo came on at no fixed time, but was generally worse in the forenoon. Among the exciting causes of an attack are mentioned the noise and whirl of the streets and the sight of a carriage. The attacks sometimes recurred during quiet or even in the dark. 'Assuming the erect posture in the morning often produces it (vertigo) so that the sufferer has again and again to return to his pillow.'

Dr. Allbutt does not think the disease depends upon vascular changes, but that it is 'one of the cerebellum, or of the great basal ganglia near it. Remedies addressed to the stomach as a rule do no good. Dr. Allbutt recommends complete change of scene, and removal of all causes of nervous depression, and Turkish baths. Strychnine is the only drug which he has found of much use. Leeches, blisters, purgatives, &c., do more harm than good.

#### ON THE RELATION BETWEEN SCARLATINA AND DIPHTHERIA.

In a communication to the *Berliner Klinische Wochenschrift*, July 6, Dr. zum Sande says, 'there is properly no difference between diphtheria and scarlatina, for the eruption, upon which the diagnosis of the latter has been based, is found in diphtheritis, and as regards the complications and sequelae there is so great a similarity, not to say identity, between the two affections, that one involuntarily refers both to the same cause.' In support of this, Dr. zum Sande relates that he was called to see a child twelve months old, who was suffering from diphtheritis. The mucous membrane of the throat was gangrenous, the maxillary glands very much enlarged, and the appetite quite gone. After some days this child died, without any eruption having appeared on the skin. Three days after its death, its brother, a boy ten years of age, was seized with all the symptoms of acute diphtheritis, viz.: intense redness of the mucous membrane of the throat, numerous detached exudation-patches, high fever, and pain in the neck. In order to prevent the further extension of the disease among this boy's sisters, he was placed under the care of relatives who had no young children. The swelling of his throat and the exudation increased up to the eighth day, when an eruption appeared covering the whole body. At first it was of a pale red colour, but latterly became more dark. With the appearance of the eruption the fever increased, delirium came on, and the prostration became so marked, that a fatal result was expected. The symptoms, however, became milder, the eruption faded, desquamation appeared, and the child recovered. Whilst this boy lay sick, one of his relations, a girl sixteen years of age, who had been in frequent communication with him, was seized in a similar manner, the eruption, as in the boy, appeared on the eighth day, recovery following with general desquamation eight days after. This girl's attack was hardly completed when her married sister, a woman thirty years of age, was attacked by diphtheritis. Although in

this latter case the neck and throat symptoms were very marked, the patient recovered, but without any eruption having appeared.

Scarcely had this woman recovered when her son, a boy nine years of age, sickened in a similar manner, but so severely as to endanger his life. On the eighth day of illness a general eruption appeared, which in no way differed from that of scarlatina. It lasted about six days, when the disease terminated with general desquamation. The father of this boy, who had assiduously nursed him, was seized by an attack of diphtheritis such as Dr. zum Sande had rarely seen equalled in severity. This case ended in recovery without an eruption. The disease extended from the boy first mentioned to several adult persons besides the two here mentioned, but in none of these adult cases was any eruption present. Dr. zum Sande notes the following resemblances between diphtheria and scarlatina. Vomiting at the commencement and an affection of the mucous membrane of the throat are common to both; in both the lymph-glands and the parotid glands are much swollen; in both the larynx is implicated, and in both there is more or less affection of the kidneys and of the joints. Dr. zum Sande considers that all difficulties in reference to the two diseases may be solved by admitting their essential identity; by assuming that they are due to one and the same kind of infectious matter (*Ansteckungstoff*), namely, bacteria; and that the difference in the symptoms in particular individuals is due to age and constitution. In this way, says Dr. zum Sande, it is possible that diphtheritis in passing to other individuals sometimes produces scarlatina, and sometimes diphtheritis.

#### SURGERY.

##### OPERATION FOR SECONDARY STRABISMUS.

*Secondary Divergent Strabismus, Caused by an Operation for Convergent Strabismus and Existing for Thirty Years; Cured by Transplantation of the Injured Muscles and Division of its Antagonist.*

By HASKET DERBY, M. D., Boston.

It has been justly observed that the cosmetic effect of the operation for secondary strabismus may, as regards facial expression, be considered one of the triumphs of surgery. I have thought, therefore, that the following case might possess interest, even for those not specially interested in ophthalmic matters.

A lady, now fifty years old, was operated on for convergent strabismus of the left eye, at the age of twenty. Her condition, when she consulted me in January last, was substantially what it had been for the past thirty years. The left eye diverged some three and a half lines. Its motion inward was greatly restricted, the utmost effort of the internal rectus only sufficing to bring it one line short of the middle of the palpebral aperture. The vision of this eye was extremely imperfect, fingers being counted at six feet, while no letter of the test card could be re-

cognized. The right eye was hypermetropic one-seventh, and had normal vision. On some occasions, annoying diplopia would be experienced.

For the relief of this deformity, the operation of simple division of the external rectus had been already proposed to the patient. The injudiciousness of this advice can best be shown by quoting the classic words of von Graefe:—

☉ For all considerable diminutions of mobility, or for entire loss of the same, bringing forward the muscle is the only proper remedy. Even if we succeeded by, for instance, partial excision or excessive setting back, in so reducing the strength of the abductors as to bring about a symmetrical relation between the amount of movement inwards, should we be entitled to regard this as a cure, properly so called? Inasmuch as the existing immobility depended, not on contraction of the antagonist, but solely on the fact that the activity of the internus had been circumscribed by too extreme a recession or imperfect union with the bulb, it is evident that the abductors must be brought into a like condition in order to establish an equilibrium, and what should we then have accomplished? We should have an eyeball immovable in two directions, and more prominent than before. This prominence of the eyeball gives a goggling expression, and thus is often more distressing than the deviation itself; while, in connection with the sinking of the cornea, it produces a cosmetic effect in no way allied to that of ordinary divergent strabismus. A correction consisting in the setting back of the antagonist would, even if it were practicable, seem here less desirable than in cases of complete paralysis."

The following operation was consequently performed, January 4th of the present year.

The patient was etherized, and, beginning at the inner edge of the cornea, a broad flap of conjunctiva was dissected back towards the caruncle, a distance of six lines. Care was taken to thoroughly remove the subconjunctival tissue, in order that nothing might prevent the healing of the muscle at its new point of insertion. The internal rectus was found reduced in size, attached far behind and somewhat above its old position. It was divided at its insertion, dissected away from its attachments, brought forward and laid upon the cornea, spread out so as to half cover it. In this position it was secured by two sutures through the conjunctiva, above and below the centre of the cornea.

An incision was now made over the externus, and this brought into view. A single stout thread was armed with a needle at either end. One was passed into the centre of the inserter, as near the eyeball as possible, and made to emerge through the upper edge of the muscle. The second was passed in at the same point and brought out at the lower edge. The muscle being next divided, just outside the thread, the eyeball was moved readily in any direction by means of the two threads gathered into the hand of the operator. It was rotated as far inwards as possible, so that the edge of the cornea touched the caruncle, and the ends of the thread secured

firmly to the opposite temple. A compressive bandage was applied.

Thirty hours later, there had been but trifling pain, and I removed the thread from the temple. Jan. 6th, the remaining sutures were extracted. The muscle, of course, receded in its centre, and left the cornea free. The patient rapidly convalesced, and returned to her home in the West, Feb. 12th. No strabismus existed, and there was excellent motion in every direction.

The operation will be observed to have been a combination of the two methods of "sewing forward" and "transplanting forward" (Vornähung and Vorlagerung).—*Boston Med. and Surg. Journal*.

#### DIAGNOSIS OF ANEURISM FROM ABSCESS.

Dr. Stephen Smith, of New York, gives the following as the scientific tests employed for the purpose of diagnosing aneurism:—1. A tumour in the course of an artery. 2. Pulsation synchronous with the heart, and of an expansive character. 3. Cessation of pulsation when the artery is compressed on the cardiac side with partial subsidence of the swelling. 4. A bruit heard with the pulsation. 5. Exploration. In regard to these several points he remarks:—(1.) That a tumour situated in the course of an artery is of frequent occurrence without the presence of aneurism, so that in itself the symptom is of no positive value. (2.) Pulsation may or may not be present when aneurism exists; to be of value when aneurism exists it must be expansive; and yet expansive pulsation may be present in an abscess surrounding an artery, and no aneurism be present. (3.) Cessation of pulsation will occur in any tumour or swelling situated over an artery when compression is made on its cardiac side; subsidence of the swelling on pressure may not occur in aneurism, and may occur in abscesses. (4.) A bruit may or may not be present in aneurism; when present, it is variable in character; it may be present when any tumour or abscess is situated over an artery. (5.) An exploratory puncture may fail to give exit to blood in an aneurism, and may give a jet of blood in various kinds of tumour. From all of which it appears that the several scientific tests or symptoms of aneurism are extremely variable and of doubtful value when present. The various phases of growth of an aneurism may assume all the most marked features of abscess and lose its characteristic symptoms. Thus an aneurism may form without pulsation or a bruit, and may have heat, pain, and fluctuation; while an abscess may form without pulsation and a bruit with an inconsiderable amount of heat and pain. Again, an aneurism may form with an abscess overlying it, and the symptoms of the two may become inextricably intermixed. Finally, an abscess may form which subsequently opens into an artery, and thus suddenly assumes all the apparent conditions of an aneurism. Dr. Smith then proceeds to give a series of very interesting cases culled from recent medical literature, in which many of the difficulties above alluded to in establishing a correct diagnosis were present.—*American Journal of Medical Sciences*.

#### SHORT NOTES.

##### ON THE HISTORY AND ORIGIN OF SYPHILIS.

Mr. Milton (*Edinburgh Medical Journal*, July, 1873) adduces extracts from ancient, mediæval, and modern writers on syphilis, in support of his opinion that syphilis is a disease of great antiquity, long anterior to the latter end of the fifteenth century.

##### INTRODUCTION OF VAGINAL SPECULA.

At the meeting of the London Obstetrical Society on July 2, Dr. Protheroe Smith exhibited his pneumatic India-rubber plug for facilitating the introduction of cylindrical specula into the vagina. It forms a soft elastic cushion in the end of the speculum, and renders the introduction of it painless to the patient.

##### PREDICTION OF SEX BY ABDOMINAL AUSCULTATION.

Dr. Munro, of Glasgow, in his "Dissertation on the use of the Stethoscope in Obstetrics," quotes from Steinbach's table of observations on fifty-six patients, where the sex was correctly predicted in no less than forty-three instances; the average of the female pulse-rate being 148, while that of the male was 131.

##### THE ADMINISTRATION OF PERCHLORIDE OF IRON.

Delicate patients, says Dr. Herbert S., very frequently object to the astringent metallic taste long remaining in the mouth after the administration of tincture of perchloride of iron, the flavour of which is but very imperfectly disguised by the syrup or spirit of chloroform with which it is usually ordered. It is worth knowing that the substitution of a small quantity of glycerine (about half an ounce to an eight ounce mixture) will altogether obviate this inconvenience.—*British Med. Journ.*

##### PILLS OF PROTOXIDE OF IRON

When prepared by the formula proposed ten years ago by W. Kirchmann, keep perfectly; 8.0 grm. crystallized sulphate of iron and 1.3 grm. calcined magnesia are intimately mixed and formed into sixty pills by the aid of sixteen drops of glycerine. They are readily coated with sugar, and are readily soluble in water, leaving a magma of protoxide of iron. As sulphate of iron and sulphate of magnesia require the same amount of water of crystallization, the pills form with the glycerine a very handsome mass, which also prevents the efflorescence of the sulphate of magnesia formed; while the latter, covering the protoxide of iron intimately, prevents its oxidation for years.

##### PROPYLAMINE.

New remedies are apt to create enthusiasm, and much has been written in Paris for the last few weeks touching the efficacy of propylamine in acute articular rheumatism. Some obstinate men contended at the same time that this new agent (obtained from decomposing fish) was not quite so efficacious as was supposed, and expressed a belief that the chemical facts upon which the pathology of rheumatism is founded should not be altogether thrown overboard, and the use of alkaline salts be quite given up. This is certainly a most rational opposition. But we now find an eminent physician of Paris, Dr. Gubler, saying at the conclusion of an article on the subject in the *Journ.*

*de Pharm. et de Chimie*, June, 1873: "The trust put by some people in propylamine as an agent of some value in the treatment of acute articular rheumatism is not founded upon a sure basis. Among the facts published in support of propylamine, some are actually unfavourable, and others are nothing more than a lucky coincidence. None of these facts can be looked upon as affording satisfactory proof of the efficacy of the new remedy."

##### NEW MODE OF ADMINISTERING COD-LIVER OIL.

Numerous attempts have been made to render cod-liver oil less disagreeable, either by gelatinising or solidifying it, but only with partial success. The system of capsules seems to answer best; but the great objection is the number of these which must be swallowed. Now it would seem that Messrs. Carre and Lemoine have contrived to incorporate the oil with bread. Each pound of bread contains a little more than two ounces of the oil or five tablespoonfuls, and three ounces of milk. Small loaves are also made which contain only two tablespoonfuls, and which altogether weigh only five ounces. These loaves are beautifully white, look extremely well, and have hardly any taste. Both children and adults eat them very willingly. In M. Bouchut's ward, at the Children's Hospital in Paris, 34 small loaves are brought every morning, and are looked forward to with much anxiety by the children for breakfast. They have been largely used among private patients, and no one complains of any disagreeable taste. Five or six tablespoonfuls of oil may thus be given per diem, incorporated with the bread taken with the usual food.

##### ON THE SUBDIVISION OF MEDICAL PRACTICE.

Dr. Robert Barnes, in the course of his Lumleian lectures, observed:—"It must surely strike those who reflect, that subdivision of Medical practice may be carried out to an injurious, even to an absurd, extent. The true Medical mind will always refuse to look upon any one organ of the body as anything more than a dependent part of a whole. But the public seems to grow less and less reasonable upon this subject every day. I have recently been honoured by a visit from a lady of typical modern intelligence, who consulted me about a fibroid tumour of the uterus; and lest I should stray beyond my business, she was careful to tell me that Dr. Brown-Séquard had charge of her nervous system; that Dr. Williams attended to her lungs; that her abdominal organs were intrusted to Sir William Gull; that Mr. Spencer Wells looked after her rectum; and that Dr. Walsh had her heart. If some adventurous doctor should determine to start a new specialty, and open an institution for the treatment of diseases of the umbilicus—the only region which as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient. The fragmentary way in which medicine is studied, more especially in this town, undoubtedly interposes a serious barrier to the advancement of true knowledge. And it is not difficult to see that it acts injuriously upon the Medical mind, disposing those who too exclusively study one branch to underrate the merit, and even honesty, of those who study a different branch.

## THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, SEPTEMBER 6, 1873.

## TO CORRESPONDENTS.

Communications and reports solicited. Correspondents must accompany letters, if intended to be printed anonymously, with their proper signature, as a guarantee of good faith.

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

The Medical Register of Ontario for 1873 is in press, and will shortly be issued.

We direct the reader's attention to an abstract we have prepared of Dr. Loomis's paper on *Uræmia*, which appears *in extenso* in the *New York Medical Record* of August 1. This paper supplies an important deficiency in accessible medical literature, and is worthy attentive study by young physicians. We should be glad to see Dr. Loomis publish his valuable article in the shape of a small book or pamphlet.

Doubtless there will be differences of opinion regarding certain provisions of the new Ontario Medical bill; but there is one feature which, we think, is sure to command general approval, and that is the increased stringency of the penal clauses. Under the proposed amended Act it will no longer be possible for unqualified persons to advertise that they will give advice in physic, surgery, etc., as by doing so they render themselves liable to a heavy penalty. This sweeps out of the field of Ontario the travelling advertising quack, and so aims a deadly blow at one unblushing species of quackery. To carry out the proposed improvement in the law would of necessity require a determination to prosecute every offender. Hitherto there has been much reluctance observed on the part of medical men to appear in prosecution of offenders.

There are three principal points which challenge attention in the new draft Medical Bill, now printed and laid before the profession in Ontario for consideration. These are (1) the Division and Branch Medical Associations; (2) the annual contribution; (3) the licensing of midwives.

With respect to the Division Associations these proposed organizations ought to be capable of great usefulness. The character that may be given to them depends of course altogether upon the nature of the by-laws by which they are to be governed. The by-laws are as yet unformed, but there ought to be no difficulty in the way of making them correspond to those ruling the Medical Societies that already exist in certain cities and counties, having for their object the cultivation of medical science, the mutual improvement and assistance of members, and the protection of the profession against unprincipled adventurers and the public. The provisions in the Act relating to the drawing up of tariffs of

fees, and the legal effect which such tariffs shall possess after being signed by the President as "reasonable charges" within the meaning of the Act, show plainly that the protection of the profession in this regard is contemplated as within the scope of the Division Associations. We are all agreed as to the wisdom and necessity of unity and harmony in the profession, and these Associations ought to be made powerful means for promoting such invaluable objects. As to the promotion of science, the formation of libraries, etc., these are matters not to be lost sight of, but which of course will be left to each particular Association to determine for itself. If it be advisable to have Division Associations possessed of certain legal powers, it will be convenient further to have Branch Associations within the Division as contemplated by the bill. City, town, and township societies could in this way be formed in affiliation with the general body, to the great convenience of the respective members.

It follows from the adoption of an enlarged machinery and the greater efficiency which is sought to be given to the Medical Act by the bill to amend it, that there must be increased expenses devolving upon the Medical Council. Hitherto the expenses have been met out of a fund almost altogether made up of the fees paid by students on passing the examination for legal qualification. It is now proposed to levy an annual contribution from registered practitioners. The bill specifies that this contribution shall not be less than two dollars nor more than five dollars. It was the proposed annual contribution that evoked so much opposition when the bill was before the Legislative Assembly, and which opposition undoubtedly led to the failure of the measure. While it is proper and becoming that the expenses of the Council should not be left to be borne by students arrived at the termination of their studies and just entering the active work of their profession, when money is so much required by them, there need be no hesitation in saying that the minimum amount of the proposed annual contribution is more than can be required for the legitimate objects and expenses of the Medical Council. There will be renewed opposition to the exaction of any such sum, the larger amount being utterly out of the question.

The remaining leading point is the licensing of midwives by the Division Associations. In a late number we discussed the subject of the education of midwives, with respect to a similar proposition coming up in the United Kingdom. We then stated that the need of midwives was not so pressing in North America as in the mother country. This bill leaves it almost an open question, and it is for the Associations to decide upon the wants of their respective localities. The limitation of a license to midwives for one year places the subject more entirely under the control of the profession. It is worthy of remark in this connection that there are no existing provisions in Canada for the proper education of women in this department.

We are glad that the bill has been prepared sufficiently early, and in a form that will enable the profession in Ontario to become thoroughly

acquainted with it, so that when the Legislative Assembly meets its several provisions can receive the support or condemnation to which they may be entitled.

## THE NEW MEDICAL BILL.

The draft bill to amend the Ontario Medical Act, which was considered by the Medical Council, at its June meeting, has now been printed, in the words of the endorsement, "for the consideration of the Council and of the Members of the College of Physicians and Surgeons of Ontario." It is to be presumed, therefore, that copies will be sent to members, or that members can obtain them on application to the Registrar. In this place we propose to give an abstract of the provisions of the new bill:—

By the first section the corporate powers of the College of Physicians and Surgeons of Ontario are increased, with power to hold real estate and to sue and be sued as a body corporate. Subsequent sections refer to elections; and to the College is given the power to decide the legality of an election and to order a new election.

Members are given the power to change from one class of voters to another on presentation of the certificate of examiners as to special qualification.

Section 8 makes the action of the Executive Committee in the interim between the annual meetings legal and binding.

A new feature contemplated by the bill is the formation of Division Medical Associations, of which every member resident within the said territorial division shall be a member, the representative of the division being ex-officio chairman. The Council may make by-laws for the management of Division Associations, and the Division Associations may, if deemed expedient, establish Branch Associations in their divisions in affiliation with them, and to enact by-laws concerning all matters pertaining to the medical profession within their divisions. The by-laws to be subject to the approval of the Council, and to be signed by the President. The Council may enact by-laws to take effect in any territorial division, any by-law of the Division Associations to the contrary notwithstanding. The Division Associations may submit tariffs of fees, which on being signed by the President shall be held to be a scale of "reasonable charges within the meaning of the Act." The Division Associations may appoint a public prosecutor to institute prosecutions against anyone acting in contravention of the Act. It shall be lawful for the Council to grant aid towards the payment of expenses of the Division Associations.

The fee for registration is to be fixed by by-law of the Council, and in special cases the Council may reduce the charge for registration when it may be deemed expedient. A reciprocity clause is added which admits British registered practitioners to registration, "so soon as it shall appear that the same privilege is accorded, and upon similar terms in the United Kingdom of Great Britain and Ireland, to members of the College of Physicians and Surgeons of Ontario."

An annual contribution of not less than two

dollars nor more than five dollars as may be determined by the Council, is provided for. Failure in payment excludes from the register of the year, and the name shall not be again entered until all arrears and fines and a fee of two dollars have been paid.

The Board of Examiners is to be composed of such a number of Members of the College as the Council may deem expedient. The examinations may be written and oral or written alone at the discretion of the Board of Examiners.

The penalty for fraudulent registration is erasure from the register, and on conviction before a Justice to incur a penalty of \$100; any person knowingly assisting him therein to incur a penalty of not less than \$20, nor more than \$50.

The penalty for practising without being registered, or advertising to give advice in physic, surgery, or midwifery is not to exceed \$100 nor to be less than \$25.

If a person falsely pretend to possess any medical title he is made liable to a fine of not less than \$10 and not exceeding \$50.

For falsely pretending to be registered a penalty of not less than \$25 and not exceeding \$100 is imposed.

Prosecutions under the Act may be brought before Justices of the Peace having jurisdiction in the locality; the Justices to have power to award payment of costs in addition to the penalty; and in default of payment to commit the offender to the common gaol, there to be imprisoned for any term not exceeding three months unless the penalty and costs be sooner paid. On appeal, security for the amount of costs and penalty shall be required before being released from custody.

Penalties are to be paid to the convicting Justice, and by him paid to the Registrar and to form part of the funds of the College. Prosecutions must be commenced within a year from the date of the alleged offence. Proceedings in any prosecution may be stayed by the President where it may be deemed expedient.

All inconsistent provisions are repealed, and the amended Act is to be read as part of the Ontario Medical Act.

## PATHOLOGY.

### DR. PARKES ON INFLAMMATION.

The following admirable summary is taken from the address by Prof. Parkes before the British Medical Association:—

The great subject of inflammation, which underlies so much of pathology, has suffered many changes, and yet the views held by some observers thirty years ago, at the outset of microscopical research, were almost perfectly true.

Thirty years ago the doctrine of the Vienna school, based partly on the teaching of Rokitansky, though never, I think, accepted as a whole by that great master, was dominant in Germany and in France. Everything was dyscrasia, and the belief that a profound alteration of the fluids, and especially of the blood, underlies most morbid changes, for a long time governed a large

school of pathologists. In this country it has never obtained great weight, though it certainly tended to modify our ideas of the origin both of cancer and of tubercle. Gradually losing ground before the pressure of opposing facts, the doctrine of crisis at length gave way to a local pathology almost as extreme. The theory which superseded it was the celebrated cellular pathology of Virchow—that theory which looked only to the individual elements, which traced all to growth of cells, and which virtually rejected the idea of exudation in the old sense of the word. It was admitted, indeed, that nutritive fluid emerged in disease from the vessels as in health, but it was caught up and appropriated by the cells met with outside the vessels, and especially by the connective-tissue corpuscles. At one time it seemed as if the time-honoured term "exudation" would be banished from pathology, and the old doctrine of inflammation seemed altogether undermined. But this cellular pathology was, like the creed it superseded, pushed too far. True to a large extent, it was made to embrace conditions beyond it, and the inevitable reaction came. In 1867 Cohnheim described the transit of the white blood-cells through the unruptured walls of the capillaries, and the old doctrine of exudation had again an empirical foundation. I say Cohnheim described, but I did not say he discovered. For the discovery had long been made, and the fact that it had been made and had been disregarded is a striking instance of want of appreciation of a cardinal fact, of which so many cases are recorded in the history of all sciences. It is bare justice to record that in 1839 William Addison, now of Brighton, perfectly described the emigration of the white blood-cells, as well as many other phenomena which attend inflammation. The fact did not escape notice, and one writer at least—Charles Williams, in his well-known work on the Principles of Medicine—appreciated its importance. But as a practical matter the discovery fell dead, and when Cohnheim announced the fact twenty-eight years later the world of pathology was stirred to its depths. It is also but justice to observe that the chief microscopic phenomena of inflammation and the processes of stasis and exudation were nearly as well described twenty-five years ago by W. Addison and Williams as they are now, though certainly the proliferation of tissue-cells outside vessels was not known.

The pathology of inflammation seems settling down on a mixed humoral and solid basis. It seems to be admitted that the albumen in the blood which feeds the organs partakes of the quality of the food which supplies it, and is modified also by the condition of the organs, whose action prepares its introduction into the main torrent of the blood. Degrees of nutritive adaptability may, therefore, exist in it, and we may fairly assume that the composition of the blood albumen must vary, and that it is quite possible it may be sometimes so degraded as to justify the idea which underlay the Vienna doctrine of crisis. But it seems also clear that the main phenomena of nutrition (normal and abnormal) rest with the cells and with the ultimate molecules, so to speak, which, though without a

cell wall, can be classed with cells. The cellular pathology is, to this extent, an undoubted and valuable generalization.

## KINGSTON HOSPITAL.

### CASE OF METRO-RECTAL FISTULA.

(Under the care of Dr. A. S. OLIVER; Reported by Mr. K. N. FENWICK, House Surgeon.)

Miss M. J. W., set 40, spinster, was admitted into the Kingston General Hospital on the 26th June, 1873. For some years back she has had poor health and towards the end of 1872 was affected with an excessive flowing from the womb which came on at the menstrual period and persisted for some two weeks. After this she partially recovered her usual health, but in the month of November, 1872, she was attacked with severe pain in the back at the lumbar region, and towards one side. On the 25th December an abscess, which had been forming between the rectum and uterus, broke, and pus was discharged per vaginam. In April, 1873, faeces were discharged from the vagina for the first time, since which the vagina has become almost the sole passage for the evacuations. In the month of April she became so reduced as to have every appearance of impending dissolution, but latterly her health recovering somewhat she came to this institution for treatment. She complained of a constant lancinating and shooting pain in the lumbar region, and had a yellow waxy complexion. On examination the anus was found somewhat constricted from disease and on introducing the finger up the rectum though no opening communicating with the uterus could be felt, there was a hard tumour perceptible. The finger was then introduced into the vagina, which was found very short, and the open os uteri was felt from which faeces were escaping having a most persistent and unmistakable odour, but all doubt was removed on introducing a speculum, when the faeces could be seen boozing from the open os. There could be no doubt that scirrhus was present, and as the case was hopeless she was discharged with directions to use a wash composed of zinc, alum, and carbolic acid. She died a few weeks after arriving home.

## MEDICAL NEWS.

The latest accounts from Paris represent the condition of Dr. Nelaton as hopeless.

The deaths in Vienna in the month of August from cholera have already reached 300. Since the 24th July 54 deaths have occurred in the cholera hospital.

Poor Strasburg, as if it had not suffered enough from famine, fire, and the sword, has now to bear a visitation of cholera.

The third International Medical Congress will commence its sittings on September 1, in Vienna, under the presidency of Professor Rokitansky. The meetings will terminate on September 8.

Special hospitals have been erected in various parts of Berlin for the reception of cholera patients, and rigid precautions have been taken to prevent the approach of suspected vessels. The city has voted a grant of 6000 thalers towards sanitary and preventive purposes.

There was a marked increase of the cholera epidemic in Buda-Pesth during the week ending August 12; the average daily number of persons attacked being 80. From July 18 to August 2, 41,673 persons were attacked with the disease in Hungary, making, with 3,147 remaining under treatment, a total of 44,280, of whom 18,139 recovered, and 15,855 died. Since the outbreak of the epidemic, there have been, in 97 political circles, comprising 2,622 districts, with a population of 4,395,859, 91,786 cases, of which 44,525 have recovered, and 36,435 have died. In Austrian Galicia, from May 15 to July 6, there were 51,577 cases of cholera, with 19,007 deaths. The disease has broken out with severity in several parts of Roumania, in consequence of which the Turkish Government has ordered a strict quarantine along the Danube. The disease is reported to have spread in Venice and Padua, and in the adjoining localities.

## GYNECOLOGY.

## ON LATENT GONORRHOEA IN THE FEMALE AS A CAUSE OF PELVIC DISORDERS.

Dr. Angus Macdonald read a paper before the Edinburgh Obstetrical Society (*Edinburgh Medical Journal*, June, 1873), basing it upon a remarkable paper 'On Latent Gonorrhœa in the Female,' published in Bonn last year, by Dr. Emil Noeggerath. The chief object of Dr. Noeggerath's communication was to prove that certain diseased phenomena in the female generative organs, which have hitherto been considered as separate and treated independently, possess a common basis, from which they collectively and separately take their origin, this being nothing else than gonorrhœa. The class of diseases to which he refers are such serious affections as acute, recurrent, and chronic perimetritis, oöphoritis, and catarrh of the genital passages. According to his opinion, the wife of every husband who at any time has contracted gonorrhœa, with very few exceptions, is affected with latent gonorrhœa, which sooner or later brings its existence into view through some one of the forms of disease above mentioned. There is also a great tendency to sterility or to abortion. The observations are based upon fifty cases; and Dr. Macdonald believes that Dr. Noeggerath's idea has a large amount of clear evidence in its favour, though he thinks that the latter overestimates the extent of the influence of the gonorrhœal virus. Obscure cases of gonorrhœa, however, have probably more to do with the causation of certain forms of puerperal fever, and with acute and chronic pelvic inflammation and also of chronic catarrh of the genital organs, than has hitherto been believed. Dr. Macdonald relates four cases which have occurred in his practice in which an acute endometritis supervened in the puerperal state in patients the subject of chronic or latent gonorrhœa; the diagnosis was further confirmed by the occurrence of severe ophthalmia in the children. In one of the cases the patient died, and besides the existence of general peritonitis which had started from the pelvis, there was clear evidence of chronic widening of the Fallopian tubes. He believes that medical men ought to be very guarded in giving permission of marriage to young men who have within a short period contracted a gonorrhœa, or who suffer from a gleet discharge. Want of caution in this matter is probably the reason why an unfortunately large number of young women, married in the best of health, fall into chronic ill-health shortly after marriage, or become, in two or three months, victims to a fatal metritis or perimetritis after abortion.

In cases of chronic gonorrhœa, the leucorrhœa is of itself of little diagnostic importance, as it may vary within wide limits both as regards quantity and transparency, but it is usually yellowish-coloured, as if mixed with pus, and non-transparent as it flows from the cervix uteri. The cervix is usually surrounded with an intensely red erosion of some lines in width. The uterus is usually tender, and the regions of its mucous membrane adjacent to the mouths of the

Fallopian tubes are specially tender. Inflammation of the urethra at an early stage of the disease is of great value, but it soon passes away. Much more value must be placed on the condition of the vulvo-vaginal glands and the glands of Bartholini. The vulvo-vaginal glands are enlarged; the vulva is sensitive. The existence of inflammatory catarrh of the glands of Bartholini is held by Dr. Noeggerath as most valuable. On separating the labia minora from the remains of the hymen between the first and the under lateral caruncula myrtiformis in a woman, who in former years has suffered from gonorrhœa, it is the rule to see an intensely red point, covered over with glassy mucus, from which as a centre a red streak, constantly becoming fainter, stretches upwards and outwards, and gradually becoming pale, passes over into the colour of the surrounding mucous membrane.

Dr. Macdonald gives his experience in the treatment of the acute affections referred to gonorrhœa; and points out that, in a patient suffering from chronic gonorrhœa, it is important to remember that the occurrence of pregnancy is to be regarded with some anxiety, and that in the puerperal state it is attended with considerable risk.

## TREATMENT OF CANCER OF THE UTERUS BY ERGOT AND ESCHAROTICS.

Dr. Milne, in a paper read before the Obstetrical Society of Edinburgh, claimed that the treatment of cancer of the uterus by the use of certain kinds of caustics was more satisfactory than by excision. The caustics recommended were the chloride of zinc, the nitrate of copper, and the dried sulphate of zinc; and the cases suitable were all those of encephaloid, carcinoma and epithelioma, where the cervix only was involved. One would not perform excision unless there was only a small portion of the cervix attacked by the growth, but the escharotic might be resorted to, and with benefit, when the disease was much more extensive.

As regards the mode of application of the caustics, the dried sulphate of zinc was to be first used, being applied to the cervix pretty freely through the speculum, the vagina being immediately thereafter plugged with cotton wool tipped at the uterine end with a little olive oil. This was to be applied until the slough came away, after which the cervix was to be injected with a saturated solution of nitrate of copper. This was done to attack any morbid cells lying beyond the sore from which the slough had separated.

In reference to the function of ergot given internally in cancer, Dr. Milne observed that it had usually been administered, and with benefit, as a hemostatic; but he believed it had another effect—it led to the atrophy of the uterus. This was an original observation which he claimed to have been the first to make. If it had this effect, then its therapeutic power was greater than had been previously imagined, and could not but be viewed as of great value in uterine cancer. It was not only important to diminish the afflux of blood to

the uterus, and thereby combat uterine congestion—a condition present in malignant disease—but it was no less so to induce uterine atrophy. This atrophy was natural after the change of life, at which period cancer advanced more slowly; and if we could antedate it, it would be reasonable to suppose that the progress of the dire disease would be retarded. In point of fact he had found such to be the case.

By the use of ergot and escharotics he had cured two cases of cauliflower excrescence, and in three medullary ones he had retarded the disease at least. If only a postponing of the period of dissolution was all that could be achieved, yet this result was worthy of our most devoted efforts. The great drawback in uterine cancer was the late period at which it came under our professional notice. Usually the whole cervix and contiguous parts were involved, and every form of treatment was thus debarred. Let it be seen when limited to a part only of the cervix, and there was every hope that the ergot and caustic treatment would frequently cure, and often mitigate the more distressing symptoms while postponing death.—*Obstetrical Journal of Great Britain and Ireland.*

## THERAPEUTICS.

## PHOSPHORUS IN NEURALGIA.

Dr. J. Ashburton Thompson (*Practitioner*, July, 1873), contributes a valuable paper on phosphorus in neuralgia. He records 18 cases, arranges them in three classes: 'acute primary attacks, acute recurrent attacks, and chronic cases.' Six cases occur in each class. In the first class the ages ranged between 25 and 46; in the second between 30 and 60; in the third between twenty-four and forty. Some of the patients suffered from trigeminal, some from cervico-occipital, some from cervico-brachial neuralgia; and one in the second class from sciatica. All the cases in the first two classes were cured. Of the third class three were cured (one patient had been afflicted sixteen years without a week's freedom from pain); two (both consumptive), were relieved; and one uncomplicated case, a woman, aged forty, with affection of the fifth nerve, of ten months duration, was unbenefited, although she was treated for fifteen days. As might be expected, the chronic cases take longest to cure, but in all the cases benefited, relief followed the first few doses.

The author employs large doses. He says, 'To prescribe less than one-twentieth of a grain in the first place is to render its therapeutic action apparently variable or uncertain.' He now invariably begins with one-twelfth of a grain every four hours.

He has employed phosphorus in various combinations dissolved in oil, in ether, in chloroform, in spirit, and prefers a tincture made by dissolving the phosphorus in absolute alcohol with the assistance of heat. He says, 'The most convenient proportion for dispensing is, phosphorus, one grain; absolute alcohol, three drachms. This mixture will, I know, retain its powers for six weeks.' The following is his method of employ-

ing it: Tincture of phosphorus, three drachms; rectified spirit, two drachms; spirits of peppermint, half a drachm; water to six ounces.

This mixture, being unstable, should be compounded every day. The author prefers the above form to capsules or pills.

### THE MICROSCOPE IN MEDICINE.

Dr. Parkes in his address to the British Medical Association adduced the following instance:

The Delhi or Damascus sore, the Aleppo evil, and other names have been applied to a disease which is spread over all the East, affecting men and dogs, and which, though not fatal, is yet in the highest degree harassing and discomfiting. The discovery of the cause and its cure we owe to Dr. Fleming, of the Army Medical Service, and it is a good instance of the great use of the microscope in the hands of a competent man. Dr. Fleming found, as a constant element in these rodent ulcers, a small cell: its nature is quite doubtful; no kind of plant can be developed from it, and it is presumably of animal origin; it contains nuclei, and grows marvellously fast, though whether by cleavage, or budding, or exosmotic transit, so to speak, of small cells through its wall, has not been made out. By pressing in and absorbing the nutrition of the skin, it soon destroys portions of the surface, and forms most unsightly and painful ulcers. That this cell is the cause has been proved by repeated inoculations. It is very tenacious of life, and resistant to chemical agents, hence the uselessness of the common plans of local treatment, which have been so repeatedly tried without effect. The only cure is at once to destroy the cell with potassa fusa. In a few days a sore which has been open and extending for months is cured as by magic. The cure is infallible, and if this plan of Dr. Fleming is carried out, he will have the merit of having at once obliterated a disease which has been a plague for hundreds of years, and neither spared the great Aurungzebe in his Hall of Paradise, nor the meanest pariah who was no more than useless dust beneath his feet.

### MEDICAL NEWS.

The Barrie Examiner says:—A rumour is current that the 'Defunct Lunatic Asylum,' is to be utilized for the purpose of a Female Reformatory or Magdalene Asylum.

The 160 skulls contributed to the London Anthropological Institute by Consul Hutchinson of Peru, will be presented to the Museum of the Royal College of Surgeons.

The Prefect of Police of Paris has just addressed a circular to the pharmaciens of Paris, reminding them that they expose themselves to prosecution for refusing to deliver medicines in the night when wanted.

The olive-tree is planted over an extent of 15,000 acres at Nice, and the average yearly produce is from 180,000 to 200,000 gallons. The analysis of the best oil produced in that district is as follows: carbon, 77.21; hydrogen, 13.36; oxygen 9.43.

The Belleville Ontario notes this rather remarkable instance of longevity at Adolphustown:—A year ago we chronicled the celebration of the 100th birthday of Mrs. Bogart, at Adolphustown, the mother of our respected townsman of that name. Last Sunday, we are told, she attained her 101st birthday, and attended

church, participating in the exercises of the quarterly meeting held that day. She still retains possession of her faculties to a remarkable degree, and apparently enjoyed the occasion very much.

The Belgian Government has recently ordered securely-locked letter-boxes to be placed in all the insane asylums of the country, public or private, in positions where they will be easily accessible to all the inmates. They are designed to allow complaints and suggestions to be made to the authorities in a way independent of any of the officers or attendants. No one connected with the institution can have access to them. They are in charge of the Procureur du Roi of the district, and the letters they contain are taken to him weekly for examination. The complaints are then investigated, and if any one claims to be sane, the case is ordered to be examined by medical experts. Abuses are corrected. The system, it is said, exerts a wholesome influence, and tends to secure proper management in all its details.

### OUTBREAK OF TYPHOID IN LONDON.

The outbreak of typhoid fever, to which attention has been this week drawn in *Mayfair* and *Marylebone*, is one of the most remarkable and severe with which we are acquainted. A great number of families have been attacked, and eminent medical men have largely suffered. We have been at some pains to ascertain the particulars. We are acquainted thus far with about 165 cases occurring in forty-seven families inhabiting *Wimpole street*, *Harley street*, *Nottingham Place*, *Cavendish square*, and the surrounding district, with outlying cases in *Grosvenor square*, *Portman square*, *Grosvenor street*, *Curzon street*, *Hyde Park Gardens*, and *St John's Wood*. Among the households attacked are those of *Dr. Murchison*, *Mr. Maunder*, *Dr. Gowers*, *Mr. Spencer Watson*, *Mr. John Wood*, *Dr. G. P. Murray*, *Mr. Halle*, *Dr. Buchanan*, *Dr. Liveing*, *Mr. Fairlie Clarke*, *Dr. Andrew Clark*, *Lord Alfred Paget*, *Mr. Ernest Hart*, *Colonel Knox*, *Mr. Christie*, *C.B.*, *Dr. Fuller*, *Mr. Arnott*, *Mr. Isaac*, *Dr. Priestley*, *Mr. Harry Emanuel*, *Lord Fitzwilliam*, *Hon. Mrs. Duncombe*, and others. The cause of this severe epidemic seemed at first very mysterious; but a clue has been suggested which leads pretty surely through the maze. London, it should be stated, has been very free from typhoid during the early part of the year; and the few cases of which we have heard—as, for instance, those within the extensive consultation practice of *Dr. Murchison*—were mostly traceable to direct importation. When the present outbreak occurred, it was naturally traced back to the ordinary cause, but without success. Thus in more than one of the houses the sanitary engineer had done his utmost, and the hygienic conditions were the best that could be secured. The consideration of the character of two outbreaks in his nursery, however, led *Dr. Murchison* to suspect his milk-supply as being the vehicle of the poison, as it has on several occasions during the last few years been proved to be. Thus in the first outbreak, three children who were drinking household milk were alone attacked, while presently, when these were recovering, the two who were drinking 'nursery milk' from the same dairy were attacked, suggesting successive contamination of separate supplies of milk; and a precisely inverse observation was made in respect to milk from the same dairy in a second case. This suspicion once started, the source of milk-supply in the forty-three families reported by medical men as suffering from invasions of typhoid was investigated and it was found that, although living in different parts of the town, forty out of the forty-three families were supplied from the same dairy. Many other circumstances have attracted attention. Thus the enormous majority of the cases appear to be those of young children who chiefly drink cold milk; while, of the few adults, several happen to be persons who drink milk much more copiously than usual. Too much stress must not, however, of course be laid upon this, because the disease is one which always attacks children by preference, and the precise proportion of children attacked is not before us. But, in a considerable number of the cases, the circumstances point with irresistible force to a contaminated milk-supply as the cause of the outbreak.—*[Med. Record.]*

## 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, Colleges and University classes, 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 quarter-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 a medical politics, ethics, or of questions in practice.

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

Terms for Advertising—Eight cents per line for first insertion; 4 cents per line for every subsequent insertion. Special rates will be given on application for monthly and yearly advertisements.

Terms for Subscription—Two Dollars per annum, One Dollar for six months.

Address all orders to the Publisher,

JAMES NEISH, M.D.,  
Office of the Medical Times,  
Kingston, Ontario.

## GYNECOLOGY.

## ON THE TREATMENT OF UTERINE SUBINVOLUTION.

Dr. Milne's paper (*Edinburgh Med. Journ.*) has for its object to show the importance of subinvolution in producing various forms of uterine suffering, and to point out certain causes producing it which have not been generally recognised. Metritis, frequent abortion, and rising too soon after labour are generally recognised as frequently giving rise to this condition. Another, to which Dr. Milne attaches much importance, is the neglect of lactation. The neglect of lactation seems to prevent uterine contractions after labour and favours a persistent hyperemia, which hinders the degenerative changes which should occur, and impedes absorption. Another cause is the too early cessation of the lochia, which not unfrequently occurs. A third is too frequent child-bearing, impregnation occurring before the involution following the former pregnancy has had time to be completed. No remedy seems to be so powerful in promoting involution as the ergot of rye. The author advises a course of the drug in all cases in which lactation is impossible, as also subinvolution has been found to exist. Locally painting the uterine cavity with tincture of iodine at intervals is of great value.

## AMPUTATION OF THE CERVIX UTERI.

Two cases of this operation are given in the *Buffalo Medical and Surgical Journal*, by Dr. Van Derveer, in one of which the patient (who had up to that time been sterile) had since borne two children. The other woman was unmarried. In her case the operation was performed on account of elongation of the cervix to such an extent that the organ protruded when she stood up, and the hypertrophied cervix so interfered with micturition that it had to be pushed up before the urine could be passed. Dr. Van Derveer recommends to pull the uterus down as much as possible by a silver wire passed round it, and then to remove the organ with scissors, making the cut obliquely, so that the surfaces of mucous membrane can be brought together. The wire acts as a tourniquet as well as a handle.

## A JOURNEY UNDER CHLOROFORM.

A novel, very interesting, and useful application of chloroform has just been made by Dr. Squarey, of the Soho Hospital. A lady had been subjected to an examination under chloroform on Tuesday last. The husband of the patient wished to move her as soon as possible to her home at Norwood, but in her then condition of pain and exhaustion a journey was out of the question. The advisability of her return being strongly urged by her friends, it was proposed to perform the journey under chloroform, and this was actually accomplished on Wednesday. The patient was anaesthetised on her bed in George-street, Hanover-square, having no knowledge of her impending journey. She was then carried downstairs and placed in an invalid carriage, driven to her home at Norwood, and taken out and carried upstairs to her own bed without at any time actually recognising that she was on her way home. The journey occupied an hour and a half, and the patient was under chloroform about two hours. —*Lancet*.

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

TWENTIETH SESSION, 1873-74.

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

## TEACHING STAFF.

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

FIFE FOWLER, M.D., L.R.C.S., Edin. REGISTRAR, Professor of Materia Medica.

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