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## PRACTICAL MEDICINE.

### THE TREATMENT OF SPASMODIC ASTHMA.

By Dr. C. T. WILLIAMS, London.

(CONCLUDED.)

The dietetic treatment of asthma must be to a certain extent arranged to each patient's particular case, but, as a general rule, the earlier meals should be made the fullest, and but little solid food taken after two o'clock. Stimulants should be of the kind least likely to cause flatus in the stomach and intestines.

The medicinal treatment of spasmodic asthma must to some degree depend on its causation, and, in fact, on how far the cases are simply neurotic, or complicated with, and dependent on, inflammation, or, again, on a morbid state of the blood.

All the local causes, with the exception of inflammation, produce a form of asthma which is a simple neurosis resembling neuralgia; but inflammation of the bronchiæ, as a rule, leaves behind it some organic lesion, against which it is necessary to direct our treatment if we hope for any success. It will often be found in these cases that the treatment of the catarrh or of inflammatory symptoms accompanying it will considerably reduce, if not abolish, the spasmodic attacks, & the irritation of the vagus is dependent on the former. The combination of salines with small doses of such sedatives as stramonium, belladonna, and henbane, followed up by iodide of potassium, generally answers well, and these cases are perhaps the most manageable of any.

Again, where asthma is brought about by general causes acting through the blood we have not a pure neurosis to deal with, and our treatment must be directed to the particular morbid state of blood existing, whether it be gouty or syphilitic, or that producing the various skin eruptions. It is in this last form of humoral asthma, as it is called, that arsenic proves of such signal service, especially if the case be at all of a chronic order. It not rarely happens that both the asthma and the skin disease are cured by a steadily pursued course of the drug.

The great majority, however, of cases of spasmodic asthma are purely neurotic, and, like all neuroses, most difficult to treat, the result of drugs on different individuals varying greatly. On one belladonna acts like a charm; on another, by causing dryness of the fauces, it only increases the spasm. Some patients swear by stramonium, others by lobelia; a third class find relief in emetics. There is perhaps no department where empiricism is supposed to hold its sway more absolutely than in the treatment of neurotic asthma; for what between the pills, the papers, the cigarettes, and the pipes, all of which are warranted certain cures, the humble inquirer about the action of drugs may well be perplexed. Though

deprecating any attempt at an elaborate classification of the so-called antispasmodics, I would suggest that those of greatest use in the treatment of this kind of asthma may be arranged as follows:—

1. *Stimulant antispasmodics.*—A certain number of asthmatics gain relief by sulphuric ether, by strong coffee, and even alcohol. One of the most recently introduced of this class is the nitrite of amyl, which, by acting as a violent cardiac stimulant, sometimes relieves the spasm.

2. *Sedative antispasmodics.*—This is an almost endless class; and if the sufferer perseveres he generally gets relief from one or more members of the group, which includes datura, stramonium, atropa, belladonna, hyoscyamus, tobacco, lobelia, Indian hemp, and others. With regard to stramonium, belladonna, and henbane, their use was dictated, as is well known, by the experiments of Dr. C. J. B. Williams, who found that in animals poisoned by these drugs the bronchial tubes were dilated and incapable of being excited by any stimulus, and presented a marked contrast to the results of opium-poisoning, where the bronchial tubes were found contracted after death. Both stramonium and belladonna seem to act most beneficially in the slighter cases; but where they cause dryness of the throat, or even delirium, they seem to have little effect on the bronchial muscle. I found far more satisfactory results follow the use of the extract of stramonium made from the seeds, in quarter-grain to half-grain doses, than in smoking the cigarettes of the leaves, which, however, have a high repute. Lobelia is a valuable agent when used in sufficiently large doses; but to do much good it must be administered, not in doses of from ten to thirty minims, as is often done, but a drachm at a time, and repeated every three or four hours until some effect is produced. Tobacco when smoked has a sedative influence, but when taken into the stomach is a very unsafe remedy, it being necessary to push it to the extent of producing vomiting before relief comes, and oftentimes alarming symptoms of failure of the circulation follow. Indian hemp has been used, and with a certain amount of success, but it occasionally gives rise to curious head symptoms, and therefore requires careful watching.

Inhalations of various kinds, and smoking the different cigarettes often do good if the spasm be not very severe; but when this is the case we must expect them to fail, as they generally do, from the great difficulty of introducing them into the system. It is then that hypodermic injections of morphia come in useful, and, by inducing slumber, relax the spasm. The dose should be from one-sixth to one-fourth of a grain, repeated from time to time, and their use is at once contra-indicated by any blueness of the face or signs of obstructed circulation.

In very obstinate cases you will find that some-

times all drugs fail, chiefly on account of the difficulty of introducing them into the system, and the fit gradually wears itself out, generally through the carbonic acid accumulating in the lungs and inducing anaesthesia of the mucous membrane, and thus relaxing the spasm.

I can testify highly to the benefits of chloroform inhalation in the worst cases, in many of which it has acted like a charm, and sent the sufferer into a calm slumber, from which he has awoken free from dyspnoea. In others the relief is temporary and the spasm returns as severely as ever. The objections to the use of chloroform seem to me to be twofold. First, it sometimes in small quantities—i.e., less than one drachm—causes intermittence of the pulse; second, it cannot with safety be entrusted to the patients themselves.

For these reasons I determined to follow Professor Biermer's example, and try the nearest and safest approach to chloroform—viz., chloral,—and I selected for the purpose several cases where the fits were of long continuance, and marked by only short intermissions. The chloral was given in doses of from fifteen to twenty grains, in an ounce of peppermint water, every three or four hours. The effect in almost every instance was that the patients fell fast asleep after the first dose, and slept in a recumbent posture for a few hours, which they had not been able to do for days and weeks. On awaking there was a tendency of the spasm to return, which was generally obviated by two or three repetitions of the large doses. The breathing gradually became more free, except when considerable emphysema existed, and here the asthmatic spasm was removed, and only the habitual dyspnoea remained. The doses of chloral were then reduced, and gradually discontinued.

Having succeeded with the most troublesome form of asthma, I next tried the drug in cases where the attacks, though severe, are far more periodic, appearing at a fixed hour every night, and completely disappearing the following day. Here the chloral seemed still more successful, as a large evening dose generally afforded a good night's rest, and steady perseverance with the night draughts seemed to break the habit of the attacks, and eventually to get rid of them altogether. After this I have tried chloral in most forms of spasmodic asthma, and it is not to be wondered at that it has become a favourite prescription in my wards.

In the twenty cases in which I have used it, speedy relief has been obtained in all. In two this has only been temporary; in the other eighteen permanent. In three cases where the scruple doses have been repeated several times, the patients complained of queer sensations in the head, and in one of these, a very obstinate case, where the chloral was continued for days, the patient complained of feeling muddled. Vo-

miting came on, which disappeared on the appearance of a purpuric eruption on the legs. The drug was of course discontinued, and in a few hours the wheezing, which had ceased, returned. This was the only instance of bad effects following.

I will not take up your time by relating any of the above cases, some of which you have watched for yourselves, but I will conclude by strongly urging the claims of chloral to a fair trial at your hands in the treatment of neurotic asthma.

In conclusion, a word on *prognosis*. Patients do not die of asthma, although they sometimes seem on the verge of suffocation. The question of recovery is to a certain extent a question of (1) age; (2) of whether the attacks increase or not in frequency; and (3) what the state of the chest and breathing is in the intervals. If the patient be young—say under fifteen,—the chest well formed, the attacks diminishing, and the chest free in the intervals, a most hopeful prognosis can be given. If, on the other hand, the patient be over forty, the attacks increasing in number and severity, and the breathing more or less short in the intervals, the prognosis is unfavourable.

#### TAPPING IN HEPATIC ASCITES.

(*Dublin Journal of Medical Science*, August, 1873).—Dr. John M'Creca reports two cases of ascites which were greatly benefited by repeated tapplings. In the first case the disease was of a rachitic nature, and the treatment, in addition to the withdrawal of the fluid, consisted of the free administration of sal-ammoniac. In the second, diuretics and purgatives failed to make any impression; the operation was repeated fifteen times and about forty gallons of fluid were withdrawn from the patient. In both cases the accumulation of fluid ceased, and was followed by almost perfect restoration to health.

Dr. M'Creca claims the following advantages for early tapping in hepatic ascites:

1. It relieves intra-portal pressure, and prevents the backward pressure generated by the obstruction from seeking vent in diarrhoea, hemorrhoids, hæmatemesis, ect.
2. The removal of the pressure which the effusion exercises on the liver will facilitate the development of collateral circulation through the more healthy parts of the viscus.
3. The relief of the abdominal tension will make it easier for the vena cava, vena azygos, and parietal abdominal veins to establish a collateral circulation between the abdomen and the chest.
4. The removal of tension from the vena portæ and its branches will promote the absorption of remedies.
5. We clear away an impediment to the digestion and absorption of nutriment.
6. We relieve the kidneys, which exhibit increased activity after each tapping.
7. In ordinary cirrhosis we remove a pressure which is assisting to produce contraction.
8. We afford relief to other important organs, the distress of which makes tapping at least an absolute necessity.

9. We avoid the danger of typhoid peritonitis, which attends late tapping. Finally, we may hope for better results in liver dropsy by looking on tapping not merely as a palliative, but even as a radical, method of treatment.

#### DIGITALIS IN ACUTE FEBRILE DISEASES.

(*The Practitioner*, September, 1873).—The question of the power of digitalis as a heart tonic in the adynamic fevers is a very important one, and is becoming more so as we recognize the frequency with which sudden failure of the heart is a cause of death in diseases running a protracted course, or occurring in subjects whose tissues were damaged by disease or intemperance.

Dr. Anstie believes that we are entitled to view muscular heart-failure in acute febrile diseases as essentially dependent upon an enforced rapid action, under high temperature, prolonged for a period which is excessive in proportion to the vital recuperative power of the cardiac muscular tissue. The same result will be produced in a shorter period if the tissues of the heart have been previously so modified by pathological degeneration as to render their restoration to a healthy state unusually difficult. The practical effect at which we should aim in such cases, merely for the sake of preserving the soundness of the muscular tissue, if for no other reason, is the simultaneous slowing and strengthening of the ventricular contractions; and clinical experience has shown that this effect may be most safely and surely produced by the use of digitalis.

Dr. Grimshaw has given one and a half ounces of the infusion of digitalis every three hours for five or six days together, not only with impunity, but with seeming benefit, in some cases of typhus fever; Wunderlich has administered daily thirty to fifty grains of the powdered leaves; and Trousseau in uterine hemorrhage has given in 24 hours one gramme (15.6 grains) of digitalin, the normal dose of which is from one-seventeenth to one-eleventh of a grain. The true explanation of the tolerance of such enormous doses must be sought in the experiments which have shown that the real action of digitalis on the heart is that of a stimulator, instead of a paralyzer, of the cardiac muscular substance, which, weakened and exhausted by over-work, high temperature, or profuse hemorrhage, would sustain and even require a dose of digitalis merely to support a sufficient amount of contraction to continue life, which dose in health would fatally tetanize the heart.

#### SURGERY.

##### A CASE OF SPLENOTOMY.

In the *Raccoglitore Medico*, Dr. Sonzino gives an account of a case in which, on June 20, Dr. Attilio Urbinato of Casena removed a hypertrophied and mobile spleen. The incision was made in the middle line, and prolonged above the umbilicus, being at least seven inches in length. The operation was performed without much difficulty. After tying three or four cutaneous arteries, opening the peritoneum, and drawing aside some loops of intestine, the spleen was seen, free

of all abnormal adhesions, and of enormous size. At the inferior part was seen the gastro-splenic epiploön, which was adherent; and the vessels here were extremely dilated. At the upper part was seen the lower portion of the pancreas. The epiploön was detached, and the vessels tied. The ligatures, seven in number, were left inside without further precaution. The few adhesions of the pancreas were overcome without difficulty, simply by means of the finger. The largest vessels, and the connective tissue which surrounded them, were secured by a metallic loop and hempen ligature. The "toilette" of the abdominal cavity was made with great care. The patient lost but little blood. The ligatures of the vessels tied were passed out between the sutures, of which there were five deep and five superficial. The spleen weighed two and a half pounds. The operation lasted an hour; the patient bore the chloroform well, and subsequently appeared to be progressing favourably, but died of peritonitis three days after the operation.—[*British Medical Journal*.

#### THE ORIGIN OF EPITHELIAL CANCER.

A paper on the mode in which epithelial cancer develops has been contributed by Dr. Vajda, of the General Hospital of Vienna, to a recent number of the *Centralblatt*. He finds that in all instances there is a remarkable system of vessels, usually of very minute size, which form a kind of bed for the epithelial outgrowth, the two standing in such intimate relation with one another that the epithelial cells may almost be regarded as resulting from the proliferation of the nuclei imbedded in the walls of the vessels. This view is further supported by the fact that in the early stages of the affection the nuclei of the vascular walls exhibit a process of endogenous multiplication, the several nuclei becoming surrounded by protoplasm, or, rather, as it may here be called, deuteroplasm. The incipient cells are at first arranged tangentially to the walls of the vessels, but subsequently become vertically placed. When the cells have accumulated in large numbers, forming irregular masses and nodules, their vitality becomes impaired by the mutual pressure, and they undergo retrogressive metamorphosis, sometimes in the form of mucous degeneration, as in the epithelial cancer of mucous membranes, sometimes in that of fatty degeneration, as in epithelial cancer of the lips and labia, and sometimes horny degeneration, as in epithelial cancer of the limbs and eyelids. Clinical observations teach that the degenerated cancerous parts often present numerous pale cellular elements, which, when examined on the warmed stage, exhibit lively changes of form, and throw out processes, but do not undergo any changes of place. Epithelial cancers develop rapidly wherever the tissues are loose, and where consequently, there is little resistance to the extension of the vessels which form their substratum.

#### CALOMEL FOR PILES.

Calomel applied once or twice a day to tumid and tender piles rarely fails to cure in a few days.—*Western Lancet*.

## TOPICAL REMEDIES IN DISEASES OF THE THROAT, NOSE, AND EAR.

By Thomas F. Rambold, M.D., St. Louis. Contributed to the American Practitioner.

The usual solution of common table-salt—one drachm to the pint of warm water—I have found on the whole to be the best agent for mere cleansing of the nasal cavities. When the secretions are abundant the solution may be applied in spray or by the catheter nasal douche; but whichever mode is adopted the work of cleansing must be thoroughly done. This is essential. The salt solution, however, is a cleanser only; it does not deodorize. Where ozena is present a solution of bromo-chloralum, of a strength varying from two drachms to one ounce to a pint of tepid water, used by means of the catheter nasal douche, as often as may be necessary to correct fetor, is perhaps the best application. The most offensive case is usually relieved by it, at least for a time.

For four years past I have given carbolic acid the first place among local measures for the treatment of both acute and chronic inflammations of the cavities under consideration. I use it as follows:—R. Crystallized carbolic acid, ℥j—℥ij; glycerine, ℥ij; water, ℥vij. Misco. Throw on the diseased parts by the spray apparatus, from half a drachm to two drachms of this solution every other day, or daily if necessary to control the secretion. If the nasal douche be used, the carbolic acid must be in only one-fourth or thereabouts of the quantity given above, or of a strength which when applied will produce but a slight smarting sensation, lasting for a few moments only, and should, if properly used, be followed by an evident sense of relief. At the suggestion of my friend, Dr. Wm S. Edgar, of this city, I began using a year ago a solution the extract of pinus canadensis in such chronic cases of disease of the cavities under consideration as were attended by excessive secretion. By adding from half a drachm to two drachms of the sol. extr. of pinus canadensis to eight ounces of the carbolic-acid mixture, I have obtained a very valuable combination when astringent and local tonics were required. The fluid extract of geranium maculatum, when one drachm be mixed with eight ounces of the carbolic-acid solution, constitutes an efficient astringent, but should be dispensed with as soon as the secretion has been controlled. The tincture calendula officinalis, one ounce to eight ounces of the carbolic-acid solution, is useful in certain cases of subacute catarrh of the pharynx and pharyngo-nasal cavity. The tincture of aconite root, half a drachm to eight ounces of the carbolic acid solution, I have found useful in pharyngitis accompanied by great pain, but without much swelling or secretion—cases of local hyperæsthesia. As soon, however, as the pain ceases the aconite should be omitted, lest it produce unpleasant constitutional effects. The muriate of ammonia (one drachm to eight ounces of water) is especially valuable in cases attended by a varicose condition of the vessels of the pharynx and larynx, attended either by copious secretion or the reverse, a dry and glazed condition. The remedy should be suspended as soon as the secretions of the parts are regulated, as I am sure I have seen it developed new throat troubles

when too long continued. Chlorate of potash has not in my hands sustained its reputation in the treatment of nose and pharyngeal diseases. It sometimes yields good results in acute states, unattended by much swelling, but accompanied by excessive secretion. But it is not only of no benefit where ulceration is present, but is positively injurious. The sulphate of copper (fifteen to twenty grains to one ounce of water) I regard as superior to nitrate of silver in favouring healthy granulation in phagedenic ulceration; but previous to its application with a brush or sponge the parts should be thoroughly cleansed with the spray of muriate of ammonia; the carbolic-acid spray should subsequently be used in order to allay the pain produced by the blue-stone.

## SYPHILITIC ALOPECIA.

By Balmanno Squire, M. B., London.

That form of syphilitic alopecia which is independent of any eruption affecting the scalp, which accompanies the so-called secondary syphillides, and which is characterized simply by an extensive loss of hair, so that the greater portion of the scalp is denuded absolutely of hair, and not the scalp only, but also the eyebrows and eyelids (of eyelashes) as well, is often a persistent affection, and in my experience is only—very tardily, indeed—remediable by general mercurial treatment. I refer to the condition described above, as distinguished from the syphilitic alopecia, resulting commonly (in tertiary syphilis) from the limited and “discrete” loss of hair resulting from cicatrices consequent on (tertiary) syphilitic ulceration of the scalp. This kind of alopecia, which has by some eminent French writers been assumed to be identical with tinea decalvans (la teigne pelade), but which is to be distinguished from any even the most “diffused” forms of the latter disease by its want of definite limitation of margin, is, as I have found, readily (within a month or so) curable by the following topical remedies:—

For the scalp, hydrargyri iodidi rubri, gr. v; atar. rose, ℥ij; olei amygdalæ, ℥x; unguenti simplicis, ℥j.

For the eyebrows (where the skin is more tender), three grains of the mercurial iodide are used. The prescription is otherwise the same as before.

For the eyelids, which are more tender still, five grains of the yellow oxide of mercury, made by the recent method, are substituted for the iodide. The prescription is otherwise as above.

The French writers referred to regard secondary syphilis as merely a predisposing cause of tinea decalvans. I, however, regard the “secondary” syphilitic alopecia as a distinct disease.—[British Medical Journal.

## A NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.

Dr. Horvath, of Kieff, has lately proposed (The Doctor) a new method of producing local anæsthesia. If the hand be immersed for a short time in ice-water, severe pain is caused. But in experiments made in reducing the temperature of frogs by means of cold alcohol, Dr. Horvath found that no such pain was produced when the hand

was immersed in cold alcohol, not even when the temperature of the alcohol was as low as 5° C. Glycerine was found to possess a similar property. Ether caused pain, and quicksilver more acute pain still, causing the speedy withdrawal of the finger when plunged into this liquid at a temperature of 3°. It was next ascertained that when the finger was held for quite a long time in alcohol having a temperature of 5° C. no pain was experienced. Moreover, although the faintest touch was distinctly perceived in his finger, no pain was experienced from sharp pricks. This seemed to show that the application of alcohol has the effect of depriving the part of the special sensibility to pain, without however, impairing the delicacy of the general tactile sensation, which, as is well known, resides in the superficial integument. This apparent possibility of the artificial separation of these two nervous functions—viz., the tactile sensation and the sensation of pain, and the temporary suspension of the latter—seemed important in a physiological point of view, and also of no small practical utility in allaying certain forms of local pain, more especially that caused by burns and surgical operations. Dr. Horvath had an opportunity of testing the value of this application to burns on his own person, as well as upon others; and not only was all pain instantly allayed directly the part was immersed in alcohol, but it was found that the wound very speedily began to assume a more healthy appearance, the surrounding redness rapidly failing.

## SHORT NOTES.

## ENURESIS.

Dr. Buyelmann of Cologne, recommends the syrup of the iodide of iron in the treatment of incontinence of urine.

## TREATMENT OF BURNS AND SCALDS.

Dr. Breyne highly recommends the following treatment in *L'Union Pharmaceutique*:—Hydrate of lime (newly precipitated), forty-five grains; glycerine, five ounces; chloric ether, forty-five drops. It makes up a transparent, colourless liquid, with an agreeable odour, and an alkaline reaction, according to the dose of hydrate of lime. It calms the pain and prevents or abates inflammation.

## IODIDE OF MERCURY IN PULMONARY PHTHISIS.

Dr. Brachatti, of Larnaca, prescribes the above salt, combined with oxymel of squills, in the various stages of phthisis. The usual dose is one-sixth of a grain for an adult; for children he uses it in the shape of pills; one-fourth of a grain is divided into eight pills, and one or several pills are administered according to age.—*Gazette Medica delle Provincie Venete*.

## COMBINATION FOR CHRONIC DIARRHŒA.

Rayer advocates the combination of cinchona charcoal, and bismuth in the management of chronic diarrhœa, in these proportions:

R. Subnitrate of bismuth, ℥j;  
Cinchona, yellow, powdered, ℥ss;  
Charcoal, vegetable, ℥j. M. Chart. xx.

S. Two or three times daily during the intervals between meals.—*Union Medico*, No. 73.

**THE CANADIAN MEDICAL TIMES.**  
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**AN ELOQUENT TRIBUTE TO THE COUNTRY DOCTOR.**

Dr. McClellan pays the following deserved tribute to the frontier doctor: "Of our professional brethren, he who devotes himself to the relief of suffering humanity in frontier settlements surely earns the brightest crown. The remarks of the president of the American Medical Association, at its last meeting, on the pine-board hut, which served as home and office for the doctor of a Rocky Mountain railroad station, apply with equal cogency with hundreds of our profession. To our mind arises the face of a valued friend, a pupil of the illustrious Niemeyer, who devotes his life to an almost missionary work among the Mexicans. Separated from his home and kinsmen, undeterred by the pangs of hunger or fatigue, undismayed by the dangers of field or flood, by day and by night, he renders to the ignorant and superstitious inhabitants professional services which in older countries would secure to him the smiles of fame and fortune."

**STATE MEDICINE.**

What is it? Defined, and not ill-defined, by Dr. Hitchcock, of Michigan—It is the State placing the regis of her power between her citizens and preventable disease and death. It is the State securing her own upbuilding and perpetuity in the "sana mens in sano corpore" of her citizens. She finds a field for the exercise of these functions in the education of the people in respect to the nature and causes of disease. In her vigilant boards of health she must anticipate by preventive measures the approach of disease, or by wise, active, and energetic measures must stamp it out in its very first visitation. She must teach the people so to welcome king cholera that he will, with broken sceptre, crownless and victimless, slink away to the realms of shade. She must lay her hands on the projectors and builders of school-houses, and forbid that those buildings, designed to give development to the young, shall, by their height, faulty construction, ill ventilation, and miserable heating arrangements, implant the seeds of disease and premature decay in the very children who ought to be the hope of the State. She must lay her hands on the owners and builders of tenement houses, and say to

them, Your greed of gain shall not cripple or poison the children of the poor.

She must clean the crowded and filthy streets, fill up and disinfect reeking cesspools, steaming with pestilence, and drain the wet and marshy lands, breeding malaria. She must inspect and set her seal of purity on the meats, vegetables and all articles of vendible food. She must lay out, plant and cultivate parks, where the poorest sons of toil may take their weary selves and their children, to breathe for a little the life-giving air of heaven, and gain thereby a new lease of life, and a renewed insurance of health.

The fruits of these functions are already seen in the decreasing death-rate of cities and towns, and the increasing length of life.

By whom has State medicine been originated and fostered? And by whom must it be carried on to its future victories? I answer, by the medical profession. The thinking, earnest men among us must give direction and impetus to legislation. Some among us must be found willing, not to descend into politics, but to ascend for a time to the arena of the forum and the senate chamber, and there, by wise counsel, to lead the State to these grand results.

**CORRESPONDENCE.**

TO THE EDITOR OF THE MEDICAL TIMES.

Sir,—In a recent number of your interesting journal (No. 19), you reiterate from the English Medical Times certain expressions of regret relative to the position held by, alas! too many of our brethren in the Dominion. That the medical profession here occupies a position much lower than the importance of their profession and the course of study which they are required to undergo, is in many cases too true; and in the article before quoted you give some causes in explanation. In accepting low fees, practitioners are actuated by different motives; some from love of their profession, without in anywise wishing to hold their services at a low rate, are willing to accept anything offered, or, as is too frequently the case, nothing being offered, the fee is put, not in accordance with the amount of brain tissue consumed, but with the ability of the patient to pay.

Again, others delight to be seen perpetually driving about in a hurry, and, under a cloak, accept the lowest fees. The difference between these two is obvious, as the former will get as a general thing the best (medically speaking) cases, while the latter will have a note-book which will scarcely pay perusal, if he has time to keep one; both, however, do equal damage to the professional status.

That a remedy is required for the growing evil is patent to all, and demands as united action among members of the profession as the stamping out of small-pox, or syphilis, but I doubt if legislative interference could as readily be procured. Much, no doubt, could be done by the formation of district associations and the publication of tariffs, such as may be found in Toronto and Hamilton, but after these charges are made it is exceedingly difficult to enforce payment, as many

who would, without remorse, spend ten or twenty dollars in a drunken spree would grudge to pay their doctor half the sum for attending them in their last attack of d. t., two or three years ago.

Keeping in my recollection college days, yet not wishing to dictate to those my masters who have long since passed the drudgery of the young practitioner, I believe much might be done during the various courses of lectures. Why should a teacher hesitate to bring before a student's notice the smaller difficulties which will beset his path when first he launches his professional bark, and give him some idea how to conduct himself on entering a sick-room and also the fees which he has a right to expect; or must he fall back upon his school-room days when his book-keeping taught him how to take an inventory of how much each article of his stock-in-trade cost him, and to it add a sum sufficient to enable him to pocket a balance after payment of expenses?

Many of our medical men are drawn from the middle-classes, where etiquette is not the brightest jewel in their crown, and who cannot be expected, as it were, by instinct, to be possessed of a knowledge of ethics, and are apt to undervalue their own services and opinions, while others are so possessed with opinion of self that no remuneration can repay them for but a slight expenditure of brain tissue.

Is it impossible for a professor in occasional friendly hints, or, better, pointed remarks, to strike a balance between the two natures? Early impressions are the most lasting, it is said, and such a course, I believe, would render the evils alluded to in the same number, under the head "Medical Experts" less frequent.

One more "yoke under which we groan," I would remark, namely, the non-payment of medical witnesses while giving evidence in court. It is high time that the "statute made and provided in that behalf" were changed. It is frequently the case that medical men are summoned (under severe penalty in case of absence) to give evidence, and must remain, day after day, until the case is called, and all for the sake of advancing the cause of justice! In the sister province ample provision is made for the doctors, and why not in Ontario?

I believe that these diseases, if incurable, can at least be palliated, and that all that is required is a long pull, and a strong pull, and a

**PULL TOGETHER.**

Ottawa, Nov., 1873.

**A FREAK OF NATURE.**

Under the unphysiological name of "L'homme-chien" there is being exhibited in Paris a Russian peasant of most remarkable appearance whose portrait, with that of his son, we have engraved from photographs. The father, Andrian Jestsichjew, aged fifty-five, was born near Kostroma in Russia. His whole face, nose, forehead, cheeks, and ears are covered with long brown hair, which extends also down his back for some little distance. The skin beneath the hair is apparently healthy, and no nevusoid discoloration is to be seen even where the hair has been cut in order to enable the man to see. The French de-

scription likens his appearance to that of "King's Charles" (*sic*), but the resemblance is really more to a Skye-terrier, and reminds one of Leech's sketch of the hirsute youth who failed to see the beauties of his sister's "ugly beast of a dawg!" The son, Fedor, is only three years old, and the hair is so much lighter in colour and less thick that the skin is much more perceptible. The resemblance between father and son is, however, unmistakable.

A remarkable feature in both father and son is their nearly edentulous condition. The father is said to have had no teeth up to the age of seventeen, and then to have had four teeth only in the lower, and one in the upper jaw. The boy has only four incisor teeth in the lower jaw, and his gums give no evidence of there being germs of other teeth within them. These remarkable individuals have been examined at Berlin by Professor Virchow, who has published some remarks upon them in the *Berliner Klinische Wochenschrift* (No. 29, 1873), a translation of which appeared in the *Edinburgh Medical Journal* for September.—[Lancet.

### PROFESSIONAL REMUNERATION.

Sensational newspaper paragraphs respecting the large fees occasionally received by or offered to medical men are not only in the worst possible taste, but do harm to the profession, by giving false impressions respecting the incomes of the bulk of its members. Whilst a few may be fortunate enough now and then to secure large windfalls, the majority are necessarily content to plod on from day to day, perhaps making both ends meet, perhaps not—possibly laying by something for a rainy day or old age. With the great increase of wealth in the country and with the greatly enhanced cost of living, by which the value of the time-honoured guinea is so much depreciated, it becomes a serious question whether the leading members of the profession ought not, in justice to themselves and their brethren, to raise their scale of charges. The medical might well take a lesson from the dental profession in this matter, for whilst many a physician or surgeon of good repute devotes an hour to the careful investigation of a case, and is content with the usual honorarium, a leading dentist would have no scruple in asking two or three guineas for occupying the same time in stopping teeth, and the patient would be quite prepared to pay the fee asked.

One or two leading consultees already adopt the plan of asking two guineas for a first visit at their own houses, and we wish this rule were extended. The rule, also, that a consultation, whether personal or by letter, with the ordinary medical attendant, necessitates a double fee to the consultee, should be more clearly understood by the public and enforced by the profession, all members of which are interested in maintaining the proper recognition of its services. We believe that half of the difficulties which arise on these subjects are due to the false modesty of the doctor, who hesitates to inform the well-meaning but ignorant patient (who is fumbling with some-

thing wrapped up in a piece of paper) what is his proper fee.

So long as the best advice in London can be had for a single guinea—too often a sovereign—so long must the charges of general practitioners be kept down to their present scale. The well-to-do patient who has been content with three visits for a guinea because the guinea represents in his mind the cost of a physician's prescription, would, we believe, be perfectly ready to accept the scale of say four visits for two guineas, if this last were the physician's honorarium. The increase of consultees' fees is, therefore, one which affects the whole profession, and we shall be glad to elicit the opinions of all grades of it on the question we have propounded. [Lancet.]

### EUCALYPTUS GLOBULUS.

A paper by M. Gimbert on the Cultivation of the Eucalyptus Globulus was read at the last meeting of the French Academy of Sciences. M. Gimbert has not only unbounded faith in the febrifuge qualities of the plant, but asserts that when cultivated in a fever-stricken locality it destroys by the camphorous vapour all miasmatic influence, and by its singular capacity of absorbing water is capable of converting a pestilential swamp into a dry and healthy district. The data given from the results of extensive experiments in various unhealthy parts of Algeria are apparently sound and reliable and are worthy the attention of our Government. Sierra Leone offers an excellent field for the cultivation of the Eucalyptus globulus, and who knows but that a few years' benign influence of the plant will convert the "white man's grave" into a health-resort as fashionable and as much sought as the Riviera! We greatly fear, however, that the qualities ascribed to the tree are ideal, and that in reality it is as void of protective power as the fabled upas-tree is innocent of malign influence.

### TREATMENT OF BRONCHOCELE

In an interesting letter written from London, by Dr. Beverly Robinson, for the *New York Medical Journal*, it is stated that bronchocele of a hard and fibrous nature are now uniformly treated at the Hospital for Diseases of the Throat by injections with the compound tincture of iodine, B. P. The injections are made on an average, at the beginning of the treatment, once a week. At a later period, and when the tumour has notably diminished in volume, the injections are employed less frequently. The quantity of the liquor used on each occasion is thirty minims. This is injected directly into the tissues of the gland. A syringe very similar to the one familiarly known as that of Pravaz is adopted. Great care is to be exercised in washing it out immediately after the operation with rectified spirits, in order to palliate the hurtful action of the iodine on the joints of the syringe. During a brief period after the injection some few patients complain of severe pain or smarting in the goitre and its immediate neighbourhood, but this is of a very temporary nature. Swelling of the tumour takes place very shortly after the injection. In

twelve or fourteen hours diminution begins, however, and the tumour gradually lessens in density and bulk. At the expiration of a few weeks to a few months but a small portion of the original formidable tumefaction remains. Of the diverse treatments we have seen employed in this form of bronchocele this shows itself the most successful.

The softer and, as it were, more generalized form of bronchocele is treated successfully by ordinary counter-irritation with the liquor epispasticus, B. P. The cystic form of bronchocele is treated by tapping the cyst and drawing off the serous or, as is more frequently the case, thick, coffee-coloured liquid, and then by the injection of one or more drachms of a solution of perchloride of iron, one hundred and twenty grains to an ounce of water. The object of the injection of iron is to coagulate the blood which immediately follows the escape of the cystic fluid. This coagulated blood after a few days becomes purulent, and the cyst is converted into a chronic abscess. Sometimes more than one injection of the solution is necessary previous to the encysted liquid becoming purulent. The duration of this treatment, like that of bronchocele of a fibrous nature, is of course variable, depending upon the size of the cyst. Its success, however, appears certain we can bear witness to having seen many admirable cures result from its adoption. In a case in which the bronchocele had reached an enormous size—the patient's chin being pushed up by it to the farthest extent—after the cyst had been destroyed by the plan mentioned above, it was found necessary to use the injection of iodine into the walls, as they in themselves formed a considerable tumour. The result was a complete cure.

In *enlarged tonsils* excision is almost the exclusive treatment used. The tonsillitome is of simple construction, without the fork often seen made with them; and the operation is materially facilitated by external pressure, made by an assistant, below and behind the angle of the jaw. When the flow of blood becomes a source of anxiety, the hemorrhage may be immediately arrested by the patient swallowing small quantities, at short intervals, of a saturated solution of tannin in water. In comparatively acute cases we have seen the ablation of the tonsils lead to very excellent results. In more chronic ones, especially in children, persistent attacks of nightmare may often be stopped and the general nutrition very much improved by the same operation.

In *functional aphonia* we can testify to the astonishing effect of the electric current. In patients who have been completely aphonic for a number of years we have seen the voice almost magically restored in a single sitting.

Esmarch's plan of bloodless operations has been introduced into the Adelaide Hospital, Dublin.

At the recent conclave of the Irish Roman Catholic bishops at Dublin, it was resolved that the erection of a new school of medicine and university hall on Stephen's-green shall be commenced without delay.

## SURGICAL CLINIQUE.

## LECTURE ON THE PREVENTION OF LOSS OF BLOOD DURING OPERATIONS.

By Professor F. ESMARCH, of Kiel.

[CONCLUDED.]

If we now cast a glance at the history of the development of our plan; you will become acquainted with the fact, that the endeavours to restrain the loss of blood during operations as much as possible, are as old as surgery itself. They have, in many instances, impressed their characters on its different periods. If in the olden time amputation was performed with red-hot knives, or the stumps were dipped in melted pitch after the operation, the object was to obtain the mastery over the bleeding, because no other way of stopping it was known. It was when the idea of preventing hæmorrhage by ligature of the vessels occurred to Ambroise Paré that for the first time surgery assumed a less repulsive character. This surgeon taught at the same time how to restrain the flow of blood by compressing the limb above the place of amputation, and thus gave the impulse to the numerous methods of arterial compression, and to the multitude of apparatus by which we endeavour to restrain the loss of blood in amputation. That all these methods and apparatus are imperfect, appears most plainly from the fact that no method has gained for itself an exclusive pre-eminence, and that new tourniquets have been constantly devised and recommended, of which, however, not one in recent times has even come into general use among surgeons. I, at least, when a student, did not see a single amputation performed with the help of a tourniquet. My teachers preferred to have the main artery of the limb compressed with the finger; this was just as safe as the tourniquet, and it moreover gave the students and assistants a desirable opportunity of exercising themselves in the restraint of hæmorrhage. The use of the tourniquet had completely gone out of fashion, although in many instances the patients lost a great deal of blood, especially when the operation was of rather long duration.

For some time, surgeons sought their reputation in performing amputations as rapidly as possible. One of the quickest operators of his time was the old C. J. M. Langenbeck, of Göttingen. He knew how to cut off a leg or an arm by his oval method with incredible rapidity. When I studied at Göttingen, an anecdote was told me about him, which furnishes a striking example of this. A celebrated old surgeon once came to Göttingen, to be a witness of one of his rapid operations; and Langenbeck promised him that he would perform disarticulation of the humerus by his method. When the operation was about to begin, the old gentleman turned round to take a pinch of snuff; but when he again turned himself, the operation, to his sorrow, was finished. His celebrated nephew, Bernhard von Langenbeck, while general staff-surgeon of our army in Schleswig-Holstein, in 1848, threw the foreign military surgeons into amazement by the rapidity with which he performed his amputations.

This acceleration of the speed of operating arose also in part from the desire to cause the patients as little pain as possible; and since this object has been much more completely gained by the use of anaesthetics, the same value is not attached to rapidity of operation as formerly.

To me it has always seemed an especially important duty of the surgeon, to deal with the "most noble juices" of the patients entrusted to us as economically as possible; and therefore since 1855, I have always firmly enveloped limbs intended for amputation in linen bandages, so as to press out as much as possible of the blood circulating in them. This was suggested to me by an amputation of the thigh, which I removed on account of a large osteo-sarcoma. When I proceeded to examine the leg that had been removed I was horrified at the large quantity of blood which still flowed from its vessels; and I said to myself, that in future this blood must be saved. I remembered an operation, in which I had some years previously assisted my predecessor Stromeyer. It was a ligature of the brachial artery for aneurism, in which Stromeyer, in order to limit the storage of blood in the capillaries, banded the arm as high as the aneurism before he applied the tourniquet. We had much discussion at the time on the interesting fact, that the blood pressed out of the capillaries into the arteries showed the dark colour of venous blood; and were astonished at the ease with which the brachial artery could be tied after all the blood yet present in the arm had escaped through the incision. No further inferences with regard to other operations were at the time drawn from this observation either by Stromeyer or myself; but I now applied the idea to amputations and disarticulations, and have since always practised the method, when I have had the opportunity, to save as much as possible of the blood of a patient on whom amputation was to be performed. I have shown it to many surgeons in my hospital practice, and especially in the various wars in which I have acted as consulting surgeon: and during my service in the Berlin barrack hospitals in 1870 and 1871, I made the surgeons, whose adviser I was, carefully bandage the limb before every amputation. In this way, and with the help of the aorta-compressor, I have even been able to perform disarticulation at the hip-joint with very little loss of blood; but still the result was always incomplete, partly because I bandaged the limb only as far as the diseased part, or at most as far as the place of amputation, and especially because I applied digital compression only to the main artery. In such cases, where anatomical conditions had to be dealt with, and where everything depended on not allowing much blood to be lost, I sought safety in operating as rapidly as possible. Thus, in many cases, in operating by the circular incision, which is the quickest way in which amputation can be performed, I have first divided all the soft parts down to the bone with one cut, and have then rapidly sawn through the bone at the level of the incision and tied the vessels. When the hæmorrhage was arrested, I have then stripped back the periosteum from the bone, and sawn off an

additional piece some inches long. Again, in performing disarticulation of the femur, I have endeavoured to reduce the loss of blood to a minimum, by tying *en bloc* the femoral vessels in the anterior flap, making a circular cut through the muscles, and quickly sawing through the bone at the level of this incision. The vessels were now all tied singly, and when this was done, the head of the bone was disarticulated. In one such case, I injected into the femoral vein the blood poured out during the operation, having first defibrinated it.

But in desperate cases all these measures fail; the loss of blood is always greater than the enfeebled system can bear, and hence the complete occlusion of the blood from the parts to be operated on becomes desirable. In the expiration of vascular nævi, involving the whole thickness of the cheek, Dieffenbach recommended a proceeding which is capable at least of preventing the access of blood until the ligature is applied. He used a forceps, the blades of which ended in oval rings, between which the tumour to be removed was firmly compressed. In a similar way act the compression-forceps contrived by Desmarres and Snellen for the extirpation of tumours from the eyelids, which may also be very well employed in operations on the lips. In the extirpation of nævi, I myself use rings of horn or tin, which are firmly pressed round the tumour by the assistants' fingers and almost completely prevent the influx of blood, especially where there is a hard base, as on the cranial bones. The discovery of a similar proceeding applicable also to the greater operations appeared to me for a long time a profitable task.

The numerous and successful applications of india-rubber in surgery readily suggested that its elasticity might be of use for our purpose; and it has proved efficient beyond all expectation. After a few experiments had made it certain that the circulation could quite easily be interrupted by means of an ordinary caoutchouc tube, the proceeding now under consideration was rapidly developed.

A piece of tubing, such as is used for making counter-extension in the treatment of diseased joints by weights, first served as a tourniquet; and one of the india-rubber bandages, with which we can so rapidly remove serous effusions in the knee-joint, was used for enveloping the limb. Each experiment which I made with the new method demonstrated its advantages more and more. One improvement after another was found out. An experimental study of the physical conditions was undertaken by one of your fellow students (Dr. Iversen, in his inaugural dissertation, *On Artificial Ischemia in Operations*, Kiel, 1873); and the more I became convinced of the proceeding, the more lively was my desire to extend it to as many operations as possible. Unfortunately, their range is limited. We can be complete masters of the circulation only in the extremities, and in the external genital organs of the male.

Perhaps, however, the tubing might be made useful also in operations on the trunk, neck, and head by shutting up the blood in all or several of the extremities, and thus forming reserve depôts

from which the blood might be successively allowed to re-enter the general circulation if the patient threatened to bleed to death. This, however, is only an idea; the possibility of carrying it into practice must be determined by careful experiment on animals and on man.

I indulge in the hope that this proceeding may still be found capable of application in many directions.

In conclusion, there must remain one question of the greatest importance in relation to its introduction into practice; namely, whether its use is not connected also with disadvantage to the health of the patient. Certainly we cannot, without further consideration, set aside the possibility of the fact that prolonged and firm compression of a limb may be followed by dangerous disturbances of the circulation and innervation, such as thrombosis, inflammation, paralysis, &c. Nevertheless, after the thousands of experiments which surgeons of all times and countries have made with the tourniquet and with digital compression, it was scarcely probable that even total compression should bring in its train those evils, if it were not of too long duration. And while the classical experimental researches of Cohnheim have shown that, in warm-blooded animals, the total interruption of the circulation is generally not followed by any lasting disturbance, if it had not been continued for more than six or eight hours, I also, after having, during the present year, performed more than eighty operations on parts rendered artificially anæmic, can assure you that in not one case have I seen any disturbances occur such as might be feared as the result of the proceeding. I have performed operations which have occupied an hour, and have not found that any disturbance whatever of the circulation took place during the process of healing; on the contrary, since I have employed this method, the operation-wounds have always had a remarkably favourable course, and the occurrence of accidental traumatic disease has been quite the exception. There is only one precaution which I would strongly urge you to observe in the employment of this method. When you operate on the parts that are the seat of putrid infiltration, you must not attempt to deprive them entirely of blood. If you tightly bandage parts that are in this condition, you run the risk of pressing the infectious matter into the meshes of the areolar tissue and into the lymphatics, and of thus probably inducing very mischievous results. In such cases I do not apply the bandage, but content myself, before tying the compressor round the limb, with emptying it of blood as much as possible by holding it in an elevated position for some moments.—[Translated from the German.—London Medical Record.

#### A WAX CANDLE IN THE BLADDER OF A FEMALE.

This interesting case was observed a short time ago at the Hôtel Dieu, Paris. The patient, on admission, complained of intense pain in the abdomen. The urethra, abnormally dilated, easily admitted the finger into the bladder, when a hard, voluminous body was felt. The woman stated that on account of the great difficulty she had in

making water, she had passed a candle into the urethra, and it had slipped into the bladder. It was removed with a pair of forceps, and speedy recovery followed.

#### MEDICAL NEWS.

Among the twenty surviving officers who took part in the memorable naval battle of Trafalgar, fought 68 years ago, we find the name of Deputy Inspector of Hospitals Peter Suther, who during the engagement was surgeon on board the Swiftsure.

Opium land pays a price in Malwa unknown in any other part of India. Meadow land about a market town in England is scarcely more remunerative to landlords than thousands of square miles blooming with the poppy are to the chiefs of Malwa.

The Dutch Government, according to the correspondent of the Pall Mall Gazette at the Hague, has been badly served by "some of the foreign medical officers, who, after having pocketed an allowance of 4500 fr., ran away." Out of fifty medical volunteers from Great Britain, the Dutch War-office selected only two.

Professor Ebon, of Leipsic, has obtained possession of an ancient papyrus during a recent visit to Egypt. The work is a complete treatise on Egyptian medicine, nine leaves of which are devoted to diseases of the eye. The Egyptians were in advance of all other nations of antiquity in their knowledge of ophthalmic disease.

The Royal College of Surgeons of Edinburgh have unanimously re-elected Dr. Andrew Wood as their representative in the General Medical Council for the ensuing three years. The University of Dublin will continue to be represented by Dr. Apjohn. Dr. Aquila Smith has been re-elected to represent the King and Queen's College of Physicians in Ireland.

A case of quadruple gestation is reported in the Chicago Medical Journal for September, occurring in the practice of Dr. L. B. Brown, of Sheldon, Illinois. The children were all girls, perfectly formed, and of fair size—two weighing five pounds each. At the expiration of three and one half months after birth, all the children were living, and in a prosperous condition.

The Court and Council of the University of Aberdeen held a meeting lately. A committee of the Council submitted a scheme for founding fifty new medical bursaries, which was remitted for further consideration. In the Council it was moved by Professor Bain that the Court should be asked to entertain the expediency of omitting Greek as compulsory at the competition for bursaries; but his motion was rejected by 42 to 45.

As illustrating the adroitness of many lunatics in concealing their illusions, it is related that the French novelist Balzac once became so much interested in a man whom he believed to be unjustly confined in an asylum as to carry the case before the courts and obtain a decree for his liberation. On the day of his release he invited the man to breakfast with himself and a few friends. The invitation was so stoutly declined that Balzac demanded the reason, and at last extorted from the poor fellow that it was impossible for him to appear except at night because he was the moon.

#### THE LATE SIR HENRY HOLLAND.

The death of this most able and distinguished physician has occurred under circumstances highly characteristic of his remarkable career. Sir Henry had taken his usual holiday far a-field, in the autumn; he had been journeying in Russia. The other week he was a prominent figure for a day at the trial of Marshal Bazaine in Paris, and dined with some of the judges in the evening. He returned to London by way of Folkestone on Saturday, did not go out on Sunday (not feeling very well), and died quietly in his bed on Monday afternoon on the day on which he had completed his eighty-fifth year. Thus to the last this remarkable man preserved his intellectual and physical activity, and fitly closed a career which he has himself well described, and which was full of interest and of excellent and high example.

## 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, &c. Many interesting items of this nature, it is hoped, will be contributed by gentlemen in their respective localities.

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

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

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

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

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

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

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## SURGERY.

## BLOODLESS OPERATIONS.

Bloodless operations seem to be the novelty of the day, though it has been shown by Mr. Erichsen that the application of the principle is not new. The simple bandage has already been superseded by elastic pressure, and improvements will probably soon be proposed. In Paris, also, surgeons try to economise the vital fluid in operations: and we see M. Verneuil, the ingenious surgeon of Lariboisiere, removing voluminous tumours of the face and resecting the upper maxilla by the galvanic knife to avoid hæmorrhage. But the value of M. Verneuil's cases is somewhat lessened by the fact that he ties the main trunks supplying the face before the operation. The greatest success which this surgeon has attained with the galvanic knife is in tracheotomy. The stumblingblock of men who start a novelty is the enthusiastic wish of applying it to all operations. Chassaignac formerly went so far as to perform lithotomy with his écraseur. We should be cautious also respecting another new contrivance—viz., pneumatic aspirators. These in certain cases are extremely valuable, but the cases should be well chosen.—[Lancet.

## MEDICAL NEWS.

## PATRONESSES OF QUACKERY.

Since the days of St. John Long, when duchesses entered the witness-box to depose to the marvellous effects of that impostor's liniment, there has always been an irresistible attraction for the ladies of the upper ten thousand in any delicate bit of quackery. Globules are distingué. There is none of the grossness or materialistic appearance which belongs to an apothecary's bottle—globules and dilutions being to medicine what the fragrance of an herb is to its medical potency. It is interesting to be in delicate health, and under homœopathic guidance that ladylike characteristic may be indulged without the discomforts of nasty bottles. Accordingly, the "crème de la crème" are, at least professed homœopaths; and we observe from the prospectus of a Homœopathic Bazaar that titled patronesses are neither scarce nor undistinguished. H.R.H. the Duchess of Cambridge leads off, supported by five other duchesses. Five marchionesses follow, among whom are especially notable the Marchioness of Westminster and the Marquise de Caux (Madame Adelina Patti). Next we have ten countesses and nine viscountesses, the Countess Granville leading this division. Then we find about fifty "ladies" or "baronesses," including such as Ebury, Elcho, Lawrence, Rothschild, Seymour, Havelock, Erskine, etc. The mere honourable and untitled ladies who bring up the rear are grand enough to shed lustre to any ordinary cause, including as they do such names as Mrs. Milner Gibson, Mrs. Knatchbull-Hugessen, and others whose husbands' names are linked with wealth, talent or fashion.—[Dublin Medical Press and Circular.

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.

HORATIO YATES, M.D., Professor of the Principles and Practice of Medicine, and Lecturer on Clinical Medicine.

MICHAEL LAVELL, M.D., Professor of Obstetrics and Diseases of Women and Children.

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