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# THE MEDICAL TIMES.

VOLUME I.—NO. 8.]

KINGSTON, (CANADA), SATURDAY, AUGUST 23, 1873.

[PRICE FIVE CENTS

## SURGERY.

### ON SKIN-GRAFTING.

M. Marduel has published in the *Lyon Medical* a history of skin-grafting, which is abstracted and supplemented by other references in the *Glasgow Medical Journal* for May, 1873, so as to make it a comprehensive and tolerably complete history.

Although M. Reverdin is generally regarded as the originator of skin-grafting, yet Hamilton, of New York, states that he proposed it in 1847, but, owing to the non-compliance of his patient, was prevented from carrying it out; and that he advised the use of skin-grafting in a paper in the *New York Medical Journal* in 1854. It is also known that Tigrì, in the *Sommario Anatomico e Fisiologico* (Sienna, 1867), states that detached portions of the epidermis retain their vitality through imbibition of nutritive fluid. Though Tigrì only referred to the epidermis raised by a blister, it would require a very little extension to come to the *lambeaux cutanes* of Reverdin. However this may be, the honour is undoubtedly due to Reverdin, if not of being the first to mention the subject, at least the first to carry it into practice, and bring it prominently before the medical public.

As is usual at the outset of any innovation, considerable diversity of opinion exists in many points bearing on this subject.

Most observers are at one in regarding the healing sore as the most favourable field for the graft to live on, and some even consider it to be an essential. Page (*British Medical Journal*, December, 1870) states that the grafts must be planted on healthy vigorous granulations. Macleod (*Glasgow Medical Journal*, May, 1871,) states that the granulations must be sound and viable. Reverdin, in his paper published in the *Archives Generales de Médecine*, 1872, points out that the wound should either be on the point of cicatrization, or the cicatrization should have already commenced, and that the granulation should be healthy. He adds, however, that these conditions are not absolute, for he has planted with success a piece of tissue on a syphilitic ulcer of the lower limb in a woman aged sixty-one years, and success was further obtained by him in the following cases:—On a wound resulting from ablation of a cancerous mamma; on an ulcer, the result of a bubo, after its specific character was lost; and in one case affected with hospital gangrene. Heiberger and Hugo Scholtz (*Berliner Klinische Wochenschrift*, viii. 10, 1871) have met with considerable success in using grafts on patients who were affected with hospital gangrene. Mr. Gayet of Lyons succeeded in planting grafts on a surface from which a canceroid ulcer had been removed. We find in a paper of M. Achille Dron, published in the *Lyon Medical* in December, 1872, that he performed skin-grafting on a

undoubted initial syphilitic sore. These facts greatly enhance the value of skin-grafting as a remedial agent, and, should they stand the test of future experience, we may hope no longer to see the deformities produced by the ulcerative action of buboes induced by soft sores, which sometimes, as we have seen, cause the lower limbs to be flexed on the abdomen, by the contraction of the tissues in forming the cicatrix, and thus compel the person to walk in a stooping attitude.

The grafts proposed are various. The use of scrapings from the epidermis was advocated, and cases recorded where they were employed with success; but Mr. Goldie's experiments (*Lancet*, April 16, 1870) made in the Charlton Union Hospital, showed that the epidermal scrapings were of little value compared with grafts comprising the whole skin. Jacenko, Reverdin, and Macleod have failed to produce islets of epidermis from the employment of epidermal scrapings, though the latter remarks, that 'their presence on the sore has sometimes seemed in a curious manner to augment the cicatrizing activity of the edges.'

Grafts, including at least the Malpighian or mucous-layer, are now advocated by Reverdin, Macleod, Page, and many others; while some think they succeed best by using the whole thickness of the skin. Some prefer to take their grafts from particular parts of the body, but it matters little, provided the tissue be sufficiently vascular. M. Ollier, of Lyons, takes his from limbs amputated for accidents, and in this way secures, as a rule, healthy tissue. This proceeding is practised also by Dr. Wilson, of Greenock, (*Glasgow Medical Journal*, 1871, p. 346). Dr. Hofmohl, of Vienna, (*Wien. Med. Presse*, 1871), took a strip of epidermis half an inch square from an amputated hand, and placed it on an ulcer. 'Fourteen days afterwards, a cicatrization commenced round the margin of this piece of skin, which had adhered firmly to its new seat.' Czerny, of Vienna (*Med. Centralblatt*), took a portion of epithelium adhering to a nasal polypus two hours after it had been removed from the nose, and transplanted it on an ulcer. Its cilia were still in motion at the time of its transplantation. The epithelium grew, lost its cilia, and became converted into pavemented epithelium. He also found that portions of epithelium transplanted from an uvula, excised half an hour previously, to a wound left by excision of the mamma, grew and helped to form the cicatrix. Jacenko (of Kiew) states that he has transplanted tissue from man to man, from man to the dog, from dog to dog, but that he failed to transplant from the dog to man. Then there comes the well-known case where Mr. Bryant transplanted the skin of a negro on to a white man. Netolitzki communicates to the *Wiener Medizinische Wochenschrift*, August, 1871, the fact that a M. Philippe transplanted a portion of the skin of a

rabbit to a man with success. Reverdin used a graft from a rabbit, and another from a sheep, and succeeded in both instances.

M. Dubreuil (*Gazette des Hôpitaux*, July 30, 1872) transplanted a graft from the guinea-pig on to an ulcer of the leg, and another portion from a dog on to a wound on a girl's cheek, and both succeeded. M. Letiévant (*Lyon Medical*, 1871) transplanted with success a portion of the skin from the abdomen of a dog. M. Mollière failed in his attempt to graft a portion of the tissue of a cat on an ulcer of the leg. Ollier grafted a portion of periosteum, and found that it formed an islet of epidermis. Lastly, Mr. Benjamin Howard found an American officer who permitted him to remove a portion of muscle from his arm and engraft it on an ulcer from which the officer suffered, and it is stated that the cicatricial process was thereby hastened and that the ulcer healed. To this we may add (says the writer in the *Glasgow Medical Journal*), that we have planted a portion of the dermal covering of a dog on an ulcer beginning to heal, and we found that in four days after it was firmly adherent and a ring of epidermal cells formed round it. The hair and superficial layers of the dermis were shed, as was the case in all the instances where grafts from animals were used.

The size of the graft employed has been very varied. M. de Wecker (*Annales d'Oculistique*, 1872) forms a mosaic with numerous little fragments of skin on wounds of the eyelids. Macleod thinks that the graft should be about the size of a three-penny piece; while Hofmohl used a strip of epidermis half an inch square.

The grafts do not seem to go on extending their margins indefinitely. Dobson, of Bristol, found that the islets never extended more than the size of a florin, and generally did not go beyond that of a sixpence. Reverdin states that they do not extend indefinitely, and that they vary from the size of a 20-centime piece to that of a 50-centime piece. He further asserts that the grafts always tend to grow towards each other, or towards the marginal cicatrix, but that it is not generally admitted that they influence the growth of the cicatrix at the margin of the wound; but, as we have already mentioned, Macleod states that the epidermal scrapings appear, in a curious manner to augment the cicatrizing activity of the edges.

Considerable difference of opinion still exists regarding the histology of this subject. Page, in the *British Medical Journal*, December, 1870, thought that he had established, by microscopic investigation, that the epithelium of the skin-graft comported itself in the same manner as ordinary cicatricial epithelium; and Jacenko (of Kiew) stated that he found a multiple nucleus in the interior of the cells of the Malpighian layer of the skin-graft. But most observers deny the theory of proliferation. M. Poncez and M. Colrat have both given papers founded on micro-

study, which appear separately in the *Lyon Medical*, and these observers arrive at conclusions nearly similar to those expressed by M. Reverdin in his essay which appeared in the *Archives Generales de Médecine* (2<sup>nd</sup> ser., May, and June, 1872). M. Reverdin, on examining the graft forty-eight hours after it had been transplanted, saw that granulations were separated from the graft, and plunged down between the body of the graft and the embryonic tissue of the ulcer, with which the granulations ultimately coalesced to form a single tissue. To these prolongations he gave the name of 'bourgeons d'enchaînement,' or 'stilt granulations.' He next describes the formation of the cicatrix round the graft. The cells, springing from the graft, have apparently only one nucleus, and he never saw any appearance of it dividing, so that there is nothing to indicate a proliferation of the elements, and in this M. M. Poncet and Colrat agree with him. And M. Reverdin further states, seeing that there is nothing to indicate formation of cells from a blastema, that the only hypothesis at which he can arrive is, that the transplanted epidermis determines, by its presence, the transformation of the embryonic cells of the granulations into epidermic cells; that is to say, that the epidermis of the graft will only form a mould or model to the embryonic cells. In practicing zoo-grafting, however varied the animals were from which he obtained the grafts, they always produced the same kind of cicatrix, namely, the ordinary cicatricial tissue found in man.

Opposed to this view, we have the theory which ascribes the principal rôle in the production of the cicatrix to the connective tissue; and this is advocated by M. Ollier, who cites, in support of his views, the success obtained by him in producing cicatrization by means of a graft of periosteum. He might also have added the clinical observation of Howard, with his muscle grafts, as at least opposing the theory of Reverdin.

Probably the matter would be much more easily solved, did we know the mode of growth of the ordinary epithelium. We might then be able to ascertain the difference between the formation of ordinary and cicatricial epithelium; and we would also be better able to ascribe the correct theory to the production of the cicatrix from the grafts. Dr. Otto Weber, long ago, stated that he had seen new cells emanate from connective tissue corpuscles of granulating surfaces. Again, many believe that the epidermic and epithelial cells are derived from the primitive embryonic cells, and that each must be derived from its parent by division of its nucleus; and several observers state that they have seen cells actually undergoing a process of subdivision. The view of Reverdin has been accepted by many; but we think that there is some other cause, some other influence or agency at work in producing the cicatrix from the islets instead of the mere presence of a 'mould.' It finds no homotype in the animal body. The reviewer in the *Glasgow Medical Journal* agrees with a remark of M. Marduel, that there is still abundant room for scientific investigation, as the facts above quoted by various

authors require to be further tested before any decided opinion can be pronounced.

#### INDIA-RUBBER BANDS IN THE TREATMENT OF FRACTURES.

Dr. J. W. Southworth, of Toledo, Ohio, writes to the *Buffalo Medical Journal* as follows:—There are few who have not unfortunately found, after a first or subsequent dressing of a broken limb, that the straps had become loosened, the splints and fragments of the bone displaced, which were carefully adjusted and treated secundum artem. This misfortune we have often, no doubt, very justly attributed to the imperfection of the means at our command; though sometimes, very properly, to the refractory or careless disposition of the patient, this being most common in young subjects, whom it is more imperatively the part of the physician to cure with as perfect and useful a limb as possible. Such a desideratum, he states from personal experience, is attainable by the substitution of elastic retention bands in lieu of the ordinary inelastic cloth bands or bandages, or straps of webbing. These elastic straps are most promptly improvised by taking common India-rubber bands (from one quarter to one half inch in width, by two inches in length), doubling them and passing strips of strong muslin or factory cloth (through the doubled band so as to make it a part of the strap; thus allowing it to be stretched to the extent deemed advisable to produce the requisite degree of constricting force when applied around the splints.

In fractures of the fore-arm treated with two lateral splints, four such straps usually suffice for grown persons; and for children also; but in them the smaller-sized bands (doubled) are to be used. In fractures of the leg or thigh more will be necessary, of course. Where two parallel lateral splints are used, as in fractures of the fore-arm, the rubber portion of the encircling straps must be placed between the opposing splints alternately on the superior and inferior borders, so as to counterpoise or preserve the balance of the constricting forces; and in cases of the arm, leg, or thigh, where more splints are used, the rubber part of the straps should be likewise adapted to the interspaces of the splints, in order to attain the same object as nearly as possible.

By these means a sufficient amount of retentive force is constantly in operation, and if much swelling takes place there will be a conservative yielding of the encircling bands, which is not the case where cloth, webbing, or leather straps are used. Also, when the swelling subsides, no matter how rapidly, there is always a coincident as well as a commensurate adaptation to the diminished size of the limb, through the agency of the agency of the India-rubber. As an after-dressing, when osseous union has taken place, and nothing but a precautionary use of splints is required, the use of the elastic bands or straps around either sole-leather, pasteboard or felt splints is the most perfect dressing, in Dr. Southworth's estimation, yet devised. He is quite sure that those who resort to their application will not dissent from such conclusion.

It is, of course, understood that proper support by bandages will be given to the injured limb

below the seat of fracture, or at least up to the distal ends of the splints. By this plan we may bid good-bye to the cumbersome plaster-of-Paris after-dressing for all ordinary cases and circumstances.

#### THE REPLANTATION OF TEETH.

Mr. J. O. Smith, of Babylon, Long Island, in a communication to the *Dental Cosmos*, says that in his practice replantation of teeth has nearly ceased to be an experiment. Within the last three years he has successfully performed the operation on five teeth (two for one patient). In each case the tooth was badly decayed and the root ulcerated. After extracting and treating the tooth-socket, he treated the root, and filled not only the cavity but the nerve-canal in the root, and replaced the tooth; and without an exception each operation has been a perfect success.

The first patient whose tooth he treated in this way was a young man who had an ulcer, which gave him much trouble, on the superior incisor. It had been filled several times with different materials without satisfactory results, and he was obliged to have it extracted; and as an experiment he offered to undertake the operation of replacing it, after removing the ulcer and properly filling the tooth. The operation consumed about seventy minutes. There was much sensitiveness about the tooth at first, which soon subsided, and about a year afterward he had the other superior incisor treated in the same manner. It is now over two years since the last operation, and to use the patient's own words, "they are the best teeth I have." Since then Mr. Smith has performed the operation on three different patients, and every case has proved a perfect success.



#### PRACTICAL MEDICINE.

##### CONVALESCENCE IN TYPHOID FEVER.

By F. BRITTON, M.D., Bristol.

In the *Lancet* of July 5th appeared a letter from Dr. Latham on "Convalescence in Typhoid Fever," *apropos* of a case under my care in the Bristol Royal Infirmary, a report of which was published in the *Lancet* of June 28th by our able house-surgeon, Dr. Smith. Dr. Latham uses the case "as having an important bearing on the question—When is a patient convalescent from an attack of typhoid fever?" The only satisfactory answer to which he states to be, "after the morning and evening temperatures, and especially the latter, on at least two successive days have remained between 98° and 99°." In connection with the convalescence he also adds: "It is only after the evening temperature has remained on at least two successive days below 99° that we can be sure that the ulcers have healed, and that solid food may be given without risk." Dr. Latham desires further information as to the relations of my case to the "rule" he has thus laid down, and appeals to clinical observers for information whether their experience has confirmed or negatived it.

Regarding the "convalescence" and the "healing of the ulcers" in typhoid fever as, for our present purpose at all events, pretty nearly synony-

mous terms, it will be allowed, I think, that few more important questions arise to the practitioner than that so decidedly answered by Dr. Latham. After watching through the long and anxious course of the disease, when we see our patient emaciated, weak, and exhausted—when we hear him begging for food, and we long to pour in the supplies for his renovation,—it would indeed be a comfort, instead of cautiously and anxiously weighing symptoms and indications not to be invariably even collectively trusted, to have a definite rule for our guidance, and to settle the question by the infallible degrees on a scale. I shall endeavour, therefore, in reply to Dr. Latham's request, to show how my case reported, and my experience generally, affect his rule.

First, with regard to the case reported, it was singularly free from any characteristic features of typhoid both in history and progress. The patient ascribed his illness to a chill from having been exposed whilst very wet; then he had a severe cold, but continued at his work for eight days. On his admission he appeared to be suffering rather from a febrile condition than from specific disease. There was no diarrhoea throughout, no spots, no abdominal tenderness, no great prostration, nor delirium; pulse and temperature up to the day before his death very moderate—the former not exceeding 100, the latter 100.7°. On the fourth day after admission his evening temperature was 99.6°, on the fifth 99.2°, on the sixth 99°; at the same time he was asking for food and begging to be allowed to leave his bed, feeling so well that, as he said, there was nothing the matter with him; yet three days afterwards, his admission, he was seized with pain and collapse, and died with peritonitis from perforating ulcers. In this case, though it might, I think, be a question whether a temperature so close to 99° for three evenings is not as fair an indication as one of 99° for two evenings, still, in strict precision, Dr. Latham's rule, it may be argued, held good, and the boy's temperature may be said to have been .2° over the 99° because the ulcers were yet unhealed.

As to my experience on this question generally, I have quoted from a number of records a few which bear immediately upon it, taking of course only such as would appear to negative the rule; and my sense of the importance of the question must be my apology if I do so somewhat fully.

Case 1.—T. C.—, a boy aged fourteen, admitted on the 18th of April with well-marked typhoid fever. On the 19th his evening temperature was 105°; so also on the 28th. On May 2nd it fell to 100°, and remained between 100° and 98° to the 13th. Then, on the 14th, 15th, 16th, and 17th, it ranged between 97° and 98°. On the 17th he was allowed a little fowl. On the 18th his temperature had risen to 99°, on the 20th to 100°, and the fowl was at once discontinued; but the rise went on to the 22nd, when it reached 103.6°. From this point it gradually went down to 99° on the 31st, and remained between 98° and 99° on the 1st, 2nd, and 3rd of June. It then rapidly rose again to 101° on the 4th, owing, as I afterwards

found, to his eating something surreptitiously introduced by the friends who visited him. On the 7th it dropped again to 98°, and he steadily improved. It will be thus seen that on two occasions his temperature rose, and with the rise all the symptoms were aggravated, in consequence of taking solid food, though the temperature night and morning had been in the first instance for five and in the second for three days below 99°.

Case 2.—S. P.—, a girl eighteen years of age, had marked typhoid, with an unusual quantity and succession of spots. Her temperature rose from 100° when first seen, to 105°. On the eighteenth day it fell to 99.6°, rising at night to 100°. On the nineteenth, twentieth, and twenty-first days it remained between 98° and 99°, and she seemed convalescing rapidly. On the twenty-second day, however, in the evening it rose to 104°, and remained between that point and 102° for five days, when it again fell to the normal degree.

Case 3.—W. H.—, a boy aged thirteen, had marked typhoid, with a temperature ranging for seven days up to 104°. On the twenty-eighth day it fell to 98°. On the thirtieth and thirty-first days it was 98° in the morning and 99° in the evening. On the thirty-second day it was 98° morning and evening. On the thirty-third day it was 97.4° in the morning and 98° in the evening. He had some fowl, and on the thirty-fourth day his temperature rose, and he had melæna.

Case 4.—J. H.—, On the seventh day the temperature reached 105.6°. On the tenth day it was 106°. On the nineteenth day it had fallen to 100°. On the thirty-fifth day it was 99°. On the thirty-sixth day, morning and evening, it was 98°; and on the thirty-seventh day it fell to 97.6°. An attack of melæna now occurred, and it rose at once to 103°. In five days it again fell to 97.4°, and for five days ranged between 97.4° and 98.4°. Then melæna set in again for four days, with sudden rise to over 100°.

Case 5.—E. S.—, a girl of nineteen, had marked typhoid with spots. On the twentieth day the temperature had risen to 105°. On the twenty-second day she passed blood in her motions, which throughout were very frequent. On the twenty-seventh day the temperature had fallen to 99° in the morning and 100° in the evening. For the next six days it remained below 99°; in fact, for the last three days it never exceeded 98°. It then rose again, ranging between 99° and 103° for nine days, when for two successive evenings it stood at 98.6°; yet two days afterwards she died.

I could easily supplement these cases, but, unless they be taken as "the exceptions that prove the rule," they must be quite sufficient. In any case they show that an evening temperature of below 99° for two, or even three, or even five consecutive evenings is no trustworthy indication that real convalescence has taken place, or that the ulcers are so far healed that there is no danger of recurrent melæna, or that we may in confidence and with safety give solid food.

It would indeed be a great boon to us if such

a rule could be established, though to be of any use as a guide it must be infallible, or it would be obviously pernicious in the extreme. But I can hardly see how we can hope in these cases to be able ever to lay down a fixed rule when all we are dealing with is so variable—the phases of the disease itself, the different idiosyncrasies of patients, and the consequent varieties of ways in which they are secondarily affected by the morbid poison.

It may be true, and would, I believe, be an excellent caution if it were made a rule, that solid food should never be given until the patient's temperature has been normal for two days; though for myself, regarding the immense importance of the point, I would rather let him starve on for three or four more than run the least risk of the grave consequences I have seen follow too great haste in the matter. But to the converse—the rule laid down by Dr. Latham—I far prefer as my guide the experienced judgment which takes in all points, the state of tongue, of skin, of pulse, of bowels, and, perhaps more than either, the general aspect of the patient, as well as the temperature, remembering that two or three days' delay can do no great harm, while a few hours' precipitation may prolong the disease for days, or cost the patient his life.

## SHORT NOTES.

### NEW MEANS OF DILATATION IN STRICTURE OF THE URETHRA.

It simply consists in the employment of a column of liquid about twenty metres high, established by means of a siphon, and containing a pound and a half of water (boiled at 25° or 27° C.), and suspended above the patient's bed. An india-rubber tube (about two metres long), and provided with a cock in the middle of its length (so as to moderate or suspend the current of water), and having at its end a small glass pipe like an ordinary syringe, which is to be introduced into the meatus urinarius, connects the apparatus with the penis. The glass end being introduced, the cock is more or less opened at will, and slight pressure is exerted on the glass, to prevent the water from running outside. The water in the funnel is then forced down by its own weight, and runs down drop by drop, dilating the stricture without pain, and, through its local antiphlogistic action, rendering the urethra pervious to sounds and bougies. The patient can himself apply the apparatus three or four times a day, and when it is removed the surgeon has only to make use of his sounds or bougies.—*Mouvements Médical*.

### CARBOLIC ACID AS A PREVENTIVE OF HYDROPHOBIA.

Dr. Lallier, of St. Louis Hospital, Paris, recommends the internal use of carbolic acid as a specific remedy in all virulent affections. He thinks that, administered in doses of from seven to fifteen grains, it destroys the virulent principle. Milk of almonds and an oily laxative mixture should be administered in case of toxic effects from an overdose.

## THE CANADIAN MEDICAL TIMES.

A WEEKLY JOURNAL OF  
MEDICAL SCIENCE, NEWS, AND POLITICS

KINGSTON, SATURDAY, AUGUST 23, 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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The principle of conjoint examinations has received additional sanction by an Act of Parliament just passed, which empowers the University of London to cooperate with other examining bodies in conducting examinations, and to refuse its degrees to those who have not passed such conjoint examinations.

The returns of the mortality at sea in the British mercantile marine are somewhat startling. According to the report of the Registrar-General, "the dangers of the sea are now in the navy four times, and in the merchant service fifteen times as great as the dangers on land." This telling comparison is sufficient to justify the demand that laws shall be framed to improve the condition of seamen in the merchant service, and to lessen, if possible, the dangers to which seamen are exposed.

A demand has been made for the suppression by law of "wakes," so common among the lower classes in Ireland. The demand has started from an incident reported by a District Registrar in Ireland, as follows:—"An old woman died suddenly of what was supposed to be paralysis. A wake of course followed, and within the ensuing three weeks fifteen persons who had been either in contact with or attended the wake of the old woman were stricken down by typhus fever." The risk of infection, thus exemplified, is the main argument; but the social improvement that would attend the suppression of these occasions for whisky drinking and orgies of drunken excitement, is one that will be equally appreciated with the manifest danger to public health which such a risk of infection involves.

The precautionary cholera orders issued by the Local Government Boards in the three kingdoms have been put forth not a moment too soon. The introduction of cholera cases from abroad into the metropolis itself shows how beset with such dangers the United Kingdom is, and how necessary it becomes at such a time to exert the utmost vigilance. Fortunately all the machinery of quarantine and prevention is now at work, and the officials are ready to carry out the efficient measures directed by authority. It is the commercial activity of Great Britain which has thus exposed her. Emigrants from the north of Europe passing through to the colony of New Zealand brought the infection. It was in the same way introduced this year into the valley of the

Mississippi. It may be the turn of the valley of the St. Lawrence next. The vast immigrant travel passing up the St. Lawrence river is a great source of danger, and one to which the attention of the Canadian authorities ought at once to be directed.

The Rev. Dr. Haughton, of Dublin, exhibited a profound insight into human nature, when, in a recently delivered lecture on cholera, he declared that he "had come to look upon the epidemic as one of the greatest blessings that visited a city, for people would not give their money to hospitals until they were well frightened. One visit of cholera or small-pox was worth more than all the charity sermons ever preached. He had preached many a charitable sermon, and had obtained a good deal of money, but he assured them he had got far more by writing an anonymous sensational article in the papers." The reverend and learned physician might have added another blessing to that of charitable disposition effected by an alarming epidemic. It is only under the impulse of such alarms that people can be induced to pay anything like adequate attention to the simplest rules of hygiene.

## THE DIET OF INFANTS.

Medical men too often pay insufficient attention to the diet to be supplied to infants and children, both in sickness and in health. They too often are satisfied with giving some general direction, and leave the details at the option of the nurse or mother, who if happening to be ignorant or inexperienced, will go wide of the intended rule. Explicit direction should always be given as to time, kind and quantity of food, especially to the sick child.

It is a common thing observed in midwifery practice in this country, for the nurse, directly after the new-born has been washed and dressed, to commence with stuffing some unsuitable aliment into the infant's stomach. The duty of the doctor is to interdict this and to explain, that nature never intended the helpless creature to starve while the mother's milk was in abeyance, and so had provided sufficient nourishment in the alimentary canal, to abundantly sustain it, till milk should be secreted. So no aperient or anything else should be administered, which would have the effect of frustrating kind nature's intention. Many a poor infant's stomach has been damaged by stuffing unsuitable matters into it, and thus commencing a train of protracted evils. Let every substance whatever be strictly forbidden to be given the infant. If, as rarely happens, the mother's milk is too long a-coming, a little whey with a teaspoonful of cream added to it, may be fed, but as a rule, nothing whatever is required or should be permitted.

An important question arises when by some accident the new born child is altogether deprived of its mother's milk, as to what is the best substitute? Cow's milk undoubtedly must be substituted. But cow's milk contains more casein and relatively less cream and less sugar, and, it may be added, less potash than mother's milk. So, to make the most perfect imitation of a

mother's milk—oro part of new milk must be taken with as much cream as would rise on one part of milk, one part of hot water, a teaspoonful of loaf sugar, or better still, if obtainable, sugar of milk—to a pint—and to make the imitation perfect, one grain of bicarbonate of potash in the 24 hours' supply. From three to four ounces of this succedaneum should be given every two or three hours with a sucking bottle, always kept perfectly clean and sweet, from 5 a.m. till 11 p.m. The child will accustom itself to sleep at night. If a child then be deprived of the breast milk, this is the best and should be the sole substitute. Nature did not intend a child without teeth to take solid food. She intended it to live on suction. But when the child has cut some teeth, it may then have some solids—bread, rasks, &c., may be given to a strong one, but the best addition to the afore-mentioned milk diet is the following:—Tie a pound of unbolted flour in a pudding bag, place this in boiling water and boil for ten hours, then open and remove the tough glutinous shell and you have a solid ball. This must be grated and a teaspoonful makes a meal. It is first mixed smooth with cold milk and then boiled; but it should not be given more than twice a day. If a child has curdy motions or vomits a coagulum, one-third part of lime-water should be added to the milk.

These are facts known to doctors generally, but many are not alive to their importance in maintaining the health of young children, and many others are remiss in not giving specific directions to mothers and nurses.

In discussing a recent trial at the Wicklow Assizes, in which a widow sought to recover damages from two Dublin surgeons for the death of her husband under chloroform, administered to facilitate an amputation of the toes, the *Lancet* makes an important commentary relative to the alleged claims of ether as being superior to chloroform as an anæsthetic. The *Lancet* says:—"As public opinion runs at present, any medical man who may be placed in a position similar to that of the defendants in this trial runs the risk of having witnesses arrayed against him who might state 'that the employment of chloroform is unwarrantable, and that ether, as being less dangerous, is the only anæsthetic which, with our present knowledge, one has a right to employ.' Medical opinion has become unsettled on this point, and it is of paramount importance that some definite decision should be arrived at." The *Lancet* thereupon makes a suggestion of the propriety of registering—at all events in public hospitals—every case in which anæsthesia is resorted to. If this were done, we might in a very short time be in a position to judge of the relative merits of rival anæsthetics, and the responsibility of selection—a responsibility which threatens to be serious—would be done away with, or at least diminished.

This is a suggestion of general application—of interest in the cause of medical progress all the world over—no less than as instituting a safeguard against annoying prosecutions like the one in question. We should therefore like to see

every public hospital in Canada and the United States adopting it, and making stated returns to some central committee by whom the tabulated results could be generalized and published. There can be no doubt of the great good that would come out of such a practice.

#### ROCKWOOD ASYLUM.

*Report of the Medical Superintendent of Rockwood Lunatic Asylum for the year 1872.*

Dr. Dickson has presented another annual report respecting the affairs of this Asylum. At the very outset we find an account of the labours of the patients and keepers in quarrying rock, and improving the grounds, whereby several acres of barren waste were converted into good arable land. The labour was rather severe, but it was carried on with the greatest spirit of cheerfulness. No men could work better than the patients did, and although a great deal of blasting was required happily no casualty occurred. The Medical Superintendent says:—"Steady employment has a most decidedly favourable effect on the patients, both mentally and physically. I therefore endeavour to find employment for all who are at all capable to perform work of any kind, and as I have established workshops for blacksmiths, carpenters, tailors, shoemakers and painters, I have no difficulty in finding employment for willing hands at all times. These different branches of industry are not only beneficial to the patients in a hygienic point of view, but by utilizing the labour of the inmates, I have been able to effect an immense saving to the country, so that by this and other means I have reduced the cost of maintenance of the patients fully thirty-three per cent, and in addition to all this the improvement I have effected on the property by the agency of the patients has increased its value four-fold."

Dr. Dickson advocates the separation of the criminal from the non-criminal lunatics at Rockwood. We quote:—"It is, I think, the universal opinion of all persons having anything to do with the management of lunatic asylums, that the criminal and non-criminal classes of lunatics should never, under any circumstances, be admitted for treatment in the same building. They should never be permitted to commingle, as one vicious criminal lunatic is sufficient to contaminate a whole ward full." Dr. Dickson points out an opportunity for effecting this separation by sending the criminal lunatics to the Penitentiary to occupy the workshops (converted into wards) rendered vacant by the removal of convicts to the Province of Quebec.

The report contains the usual statistical matter and financial statements. There were in the Asylum 1st Jan. 1872, 349 patients—208 males, and 141 females; admissions 64; 23 were discharged recovered; and 21 died; transferred 1, eloped 2. Remaining in asylum 31st Dec., 1872, 199 males, 167 females; total 366. The average cost of each patient for the year is \$113.43.

Animal poisons, whether from the snake or the mad dog, appear still intractable. Last May, at Barton-on-Irwell, a boy aged nine was bitten by a cur; although the wound was dressed almost immediately, he died after several weeks' great agony.

#### SURGERY.

#### COMPOUND COMMUNED FRACTURE OF THE CRANIUM.

By S. C. HILLIER, M.D., Enniskillen.

Amid the busy scenes of practice, I send you a few hurried notes of a case which lately occurred within my limits, and which may prove of some interest to your readers, not so much, perhaps, on account of its rarity, as showing the amount of injury the system may sustain and recover.

On the 10th of June last I was called to visit a patient, about six miles from my office, reported by the messenger to have been dangerously if not fatally injured by the fall of an old building, which the unfortunate man was assisting to take down. On my arrival I found the poor fellow stretched on a mattress with his head weltering in blood, surrounded by a number of people, both male and female, such as usually congregate at a country bee, speculating on the chances of the victim, who had received (principally upon the head) an unenviable amount of force from three falling bents. After examining the pulse and finding that life still existed, I had the patient removed to a large table, sponged the head, and proceeded to examine the wound, which proved to be very extensive. Commencing on the left side, at the external angular process of the frontal bone, it extended a little to the right of the median line, thence backwards to near the lamdoid suture; from this a second line extended from the anterior superior angle of the parietal to the middle of the squamous suture. The scalp on either side was peeled off to the roots of the ears, through which the cranium with the glistening occipito-frontalis protruded, giving my patient the appearance of a victim having recently escaped from the "Mordoc war."

On further examination I found that the right temporal muscle was torn from its attachments, the superficial and deep temporal vessels lacerated, which gave rise to the hemorrhage, and the posterior inferior portion of the parietal, together with the squamous portion of the temporal bones, broken, and tightly wedged in on the brain. Having thoroughly satisfied myself as to the nature of the case, I stated my opinion to the friends (which certainly was not very assuring), who were satisfied to allow me to exercise my own judgment in the matter. With the valuable assistance of my friend, Mr. Hooper, student of the Royal College, I commenced the task. The first piece of bone was removed without difficulty—the remaining fragments were so wedged in that they resisted all efforts to remove them with the lever. Consequently, I had to resort to Hey's saw. I divided the largest remaining fragment, which tended very much to facilitate the removal of the others. The bones now before me are six in number, which when placed together are somewhat quadrangular in form, measuring two and three-quarters by four inches. I might here state that the dura mater, with the exception of a slight congestion, was quite normal. Again sponging the parts thoroughly, the scalp was readjusted and held by sutures.

The head being now completed, my attention was directed to the extremities. I found the first

phalanx of the great toe, first and second phalanges of the second toe of the right foot, completely smashed, the foot, knee and hip badly contused; but being impressed with the idea that already I had executed as much surgery as the subject would bear, I dressed the toes slightly, and determined to wind up the operation by removing the patient to a hard bed in the middle of a large room, where ice bags were continually applied until my next visit.

July 11.—Patient comatose. Has swallowed a little water during the night. I succeeded in administering hyd. chlor. gr. x, which acted freely on the bowels. Repeated this dose every second day. Pulse 100.

There was very little change until the 15th, when reaction seemed to have fully set in. The expression of the eye became wild. Pulse 130. At times he recognized his friends, but for the most part was boisterous and hard to manage. Scalp wound doing well—healthy discharge. Foot badly swollen, the toes becoming gangrenous. Prescribed chloral hydrate gr. x every hour until easy. It acted like a charm, a single dose producing quietude.

July 16.—Prospects brighter to-day. Patient easy; pulse reduced to 120; scalp wound doing well, and appetite improved. The foot badly swollen. I removed the toes at the articulations, and dressed them with linimentum acidi carbolicum (1 to 8), and continued the same treatment as before.

No important change occurred for several days save in the appetite, which became almost insatiable. The wound continued to heal. The pulse gradually lowered, but the mind remains in *status quo*. He is conscious of things around him, recognizes his friends, but the past is a blank. He has frequent hallucinations, and his general expression is maniacal.

On the 25th we removed him to his own residence. His mind was slightly improved. This was my last visit.

July 30.—To-day the patient visited my office. The scalp wound is completely healed. He is quite rational and in good spirits. At present he is able to attend to his business.

Enniskillen, Ont., August 12, 1873.

#### CORRESPONDENCE.

##### THE MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL TIMES.

Dear Sir,—Kindly permit me to express my sense of satisfaction at the prospect which is now held out of the next session of the Canadian Medical Association being held in Ontario. I read the announcement in your last number with much pleasure that the next meeting will be held at the Falls of Niagara. It occurs to me, however, that it would have been the proper thing had the Association received an invitation from one of the cities of this Province, so that the members could have been hospitably entertained instead of being left to mere hotel accommodations at the Falls of Niagara in the height of the season. We must grant that there are great natural attractions at Niagara which might well induce the choice; but it seems to me that a session at Toronto or Hamilton and an excursion to Niagara, would have met this natural desire to witness one of the grandest spectacles in nature, while it would have looked better on the part of the cities of Upper Canada. I suppose I may be met by the objection that this point ought to have been brought forward before the meeting of the Association at St. John was held, and that it is too late now to refer to the matter; but I submit it is never too late to make amends for an omission, and I should be glad to see the matter taken up so as to rectify the obvious want of attention.—Yours, &c.,

URBANUS.

Hamilton, Aug. 11, 1873.

## GYNECOLOGY.

## ON THE ALLEVIATION OF UTERINE PAIN.

By Dr. ALFRED MEADOWS, London.

In cases where the pain is, nevertheless, constant and wearing, though its cause may not be very clearly defined, there we must resort to the employment of anodynes: and these we may use either subcutaneously or by the mouth, or better still, I think, by the vagina. I will only speak of the latter mode of treatment, because, of course, the two former are well understood. The advantages of this method are—first, that the anodyne is applied directly to the affected nerves; and, secondly, that the stomach and digestive organs are not so injuriously affected as when the same drug is given by the mouth. On the other hand the disadvantages are—first, what I may call the moral or sentimental objection to the practice of daily introducing a foreign substance into the vagina; and, secondly, the discharge which must necessarily take place of those portions of the pessary which are not absorbed. This latter objection formerly applied with much greater force when the greasy substance—cocoa-butter—was used, than it does now, because, as I showed long ago, in a paper which appeared in *The Practitioner*, "On the Use of Medicated Vaginal Pessaries," it is no part of the function of the vagina to digest fats; and the presence of such a greasy substance in the vagina tends to prevent the absorption of the active ingredients. Moreover, the discharge of all the unabsorbable part, including the whole basis of the pessary, is, in private practice, very objectionable. I have, therefore, long since discarded the use of the cocoa-butter, at least in all cases where an astringent is not required; and in its place I now use, as the basis of the pessary, a mixture of gelatine and glycerine, in the proportion of one part of the former to four of the latter. This makes an admirable mass, it readily melts at the temperature of the vagina, and any ingredient that is not astringent can be added to it; but as all astringents combine with the gelatine to form an insoluble compound, it cannot be used in these cases. There is one other point I mention in connection with these pessaries—namely, their size. Very commonly they are used as large as a Minie ball, or even larger. There is no necessity for this; and I think it is on every account desirable that they should be as small as possible. I therefore always use them the size of a suppository, which is quite large enough to carry any drug you may require. Another advantage of using the gelatine and glycerine is, that the latter promotes the secretion of the vaginal mucous membrane, and so favours the absorption of the active ingredient. The anodynes which I have found most useful are the alkaloids conia, atropia, and morphia—one to two grains of conia, one eighteenth to one-twelfth of a grain of atropia, and half a grain to a grain of morphia. These may be used once or twice a day, according to circumstances. On the whole I am inclined to believe that conia is by far the best and most efficient anodyne we possess for vaginal purposes. I am satisfied that it is in all ovarian cases, but am not quite so sure of it in the class of cases we are considering.

## SURGERY.

## CARBOLISED CATGUT LIGATURES.

In the *Wiener Medicinische Wochenschrift* will be found a communication from Dr. Czerny, of Bonn, on the use of carbolised catgut for ligaturing vessels.

He points out that catgut ligatures were used by Sir A. Cooper in 1817, and that it is the mode of preparation as advised by Lister, which is novel. The catgut is steeped for a considerable period in an emulsion of olive-oil, and a strong watery solution of carbolic acid. The Listerian dogmata, Dr. Czerny thinks, are somewhat too emphatic. But, although they have not met with very general assent, the modifications in the modes of treating wounds thus brought about have certainly been very useful, and the employment of catgut ligatures has met with somewhat general adoption. The writer then refers to the experience of several English surgeons in the use of carbolised ligatures, as Lister, Buchanan, MacDonnell, Bickersteth, Lund, and quotes Mr. Holmes' remark that for two years he had used such ligatures, and found them better than torsion; and four times as good as acupressure.

In Germany, Dr. Schultze has written a paper, published in Volkmann's *Clinical Reports*, on the antiseptic treatment of wounds; and Stilling appears to have employed catgut ligatures for the pedicle after ovariectomy. The author gives nine cases in which he employed catgut ligatures; one amputation of the thigh, in which case there was secondary bleeding, three of the leg, one shoulder, arm, forearm, and hand amputation, a Pirogoff's and a Chopart's amputation.

As to whether the gut is absorbed or transformed into tissue, Professor Czerny does not venture a positive opinion, as he has very rarely observed a case in which there was healing without suppuration. But the suppuration is less, and there were no appearances of irritation in the stumps afterwards. Dr. Czerny concludes from what he has seen of their use at the bedside, that catgut ligatures are not worse than acupressure or the ordinary ligature, but that, when they are applied to large vessels there is a risk of secondary hæmorrhage.

In twelve experiments on dogs, different arteries were tied with catgut ligatures. The wounds generally suppurred more or less. The author never found the loop and knot of catgut absorbed, at least, up to thirty days. In carmine coloured preparations the catgut appeared sharply separated from the surrounding living tissues. Dr. Czerny thinks, on the whole, that, it would be safer and better to use silk for ligatures, cut both ends off short, and close the wound. The practice of some ovariectomists, especially Mr. Spencer Walls, supports strongly the author's view.

## DIAGNOSIS OF LIPOMATA.

A character peculiar to lipomata resides in the property belonging to all fatty tumours of hardening under the action of cold. When after the use of ice or the ether spray, in the case of a doubtful tumour, the growth is felt to become harder, the presumption is that the case is one of lipoma.

## THE PRODRROMATA OF CHOREA.

Dr. Schmidt, of Kitzingen, states that the essence of chorea is considered to be spinal irritation. Children on the eve of the disease are often found to present tenderness of the last dorsal and the lumbar vertebrae. Then follows a series of irregular symptoms, frontal headache, itching of the nose, rheumatic pains in the neck and shoulders, gastric disturbance. Next, we have lassitude and unsteady gait, then flashing of light, inability to fix the head for reading, the sleep broken by alarming dreams, night terrors. The duration of these prodromata varies from ten to eighteen days.

## CHLORAL IN PUERPERAL CONVULSIONS.

The following case appears in the Transactions of the Edinburgh Obstetrical Society, reported by Dr. Alexander Milne. A woman in labour with her fourth child, and progressing towards conclusion, was frightened by the noise of a falling body, and went into a convulsion. The child was born, and uterine action finally terminated, but still the fits continued at short intervals. Sixty grains of the remedy were given, and no cessation of eclampsia took place, until about fifty minutes were passed, when the patient fell into a heavy sleep which lasted eight hours. She awakened confused, but free from headache or sickness, and made a good recovery.

## PUERPERAL TETANUS.

W. Craig, M.B. reports in the Transactions of the Edinburgh Obstetrical Society, a case of this rare disease occurring in a subject aged thirty-seven. She had previously given birth to seven children, and made good recoveries after each labour. Her eighth child was delivered by a midwife, who failed to remove the placenta, which was retained by inertia of the uterus. This occasioned violent hæmorrhage, and Dr. Craig was called in. The case made fair progress until the ninth day, when tetanus set in; with opisthotonos on the tenth, and the woman died in forty hours. She was treated with Indian hemp.

## SUBCUTANEOUS INJECTIONS.

Dr. Constantin Paul recommends glycerine as a dissolvent for subcutaneous injections. He considers it to be far superior to water, alcohol, &c.; it is neutral, can be kept easily, and is of all liquids the one which approaches the nearest to the composition of the subcutaneous cellular tissue. Glycerine is, indeed, almost a normal substance for cellulose-adipose tissue.

## SYPHILITIC MENINGITIS RAPIDLY CURED BY IODIDE OF POTASSIUM.

The symptoms were as follows:—Persistent cephalalgia, contraction of the muscles of the nape of the neck, dilatation of pupils, alternate redness and paleness of the face, slowness of speech, groaning, contraction of limbs, vomiting, &c.; pulse 88 to 92; temperature normal. On the eighth day a treatment consisting of mercurial frictions, and from a half to one drachm of iodide of potassium internally was begun, and then the latter remedy alone was employed; the amendment was most rapid after three days. The use of the iodide was suspended, as a trial, and the headache came back but resumption of the remedy again removed it, and at the end of eight days the patient (a syphilitic woman) left the hospital entirely recovered. —*Annales de Syphilographie.*

## MEDICAL NEWS.

At the Vienna Exhibition there is on view an invalid's couch, devised by an Austrian Physician, over which a large fan of peacock's feathers is kept gent a punkah. In the tropical atmosphere of the building the spectacle almost makes one wish to be an invalid.

The cholera is still sluggishly extending eastwards in the valley of the Danube, and westwards in East Prussia. The disease has shown itself in numerous places, but in no instance has it, to the time of latest information, spread to any large extent. In Italy there does not appear to be any marked extension of cholera. The number of cases in Vienna was increasing at the date of the last report, and the disease had shown itself in the suburbs.

We (Lancet) believe that the visitation is going on vigorously in accordance with the late resolution of the Council. Each examination is being visited by two gentlemen, one a member of the Council, and one not a member. The examinations of the Queen's University, Ireland, have been visited by Dr. Humphry and Mr. Power. The conjoint examinations of the Scotch bodies, of the College of Physicians and the College of Surgeons, and of the College of Physicians and the Glasgow Faculty, have been visited by Dr. Parkes and Mr. Timothy Holmes.

An important modification has just been introduced into the dietary system of the French soldier. Until now the daily ration of French soldiers had been 300 grammes of meat in time of war, and 250 in time of peace. The army surgeons, and even military commanders, had long ago recognised the utter insufficiency of this quantity of food, and since 1861 some attempt at a reform had been made by authorising the commissariat officers of each regiment to make private contracts for the purchase of meat, whereby for the sum of money they got a larger quantity of it, and could increase thus the daily ration of the soldier. Of course, with this system there were many shortcomings according to localities. Now the military authorities have adopted the more radical measure of distributing a daily ration of 300 grammes (or ten ounces of meat) to the soldiers in time of peace as well as in time of war.

London and the provinces were startled on Tuesday by a communication addressed, by Mr. J. Macandrew, M.R.C.S., to the Times, announcing a bona fide case of Asiatic cholera at the East-end. The clerk of the Poplar District Board of Works having ascertained that the deceased had, a few days before, received a kick in the abdomen, found on further inquiry, that Dr. Buchanan, medical officer of the Privy Council, had failed to find the smallest vestige of cholera. At the meeting of the Board, much indignation was naturally felt at the recklessness with which Mr. Macandrew had rushed into print before making a post-mortem examination; while a hope was expressed that the journals, professional and lay, would at once relieve the anxiety of the public by setting the matter right. This is not the first time that a false alarm has been sounded as to the presence of cholera, with the inevitable result of discrediting all subsequent warnings, even when they happen to be true. We could pardon such ill-advised zeal in a layman, but when such baseless announcements come forth on the authority of a duly qualified practitioner, we feel that the dignity of the profession is directly impugned.—[Lancet.

Dr. Walter J. Channing, jun., in a communication to a recent number of the New York Medical Journal, on the Vienna Medical School, introduces us to some curious facts in connection with Professor Neumann's clinique. Among Neumann's students were three American women:—During the last course Neumann asked us if we should object to having these women present. He said he himself didn't believe in their studying medicine, but still hardly wanted to be too one-sided, and would leave it to us. We, of course, like all Americans, assented. When one naked man after another is brought in, and always looked at with the same blank stare by these women, why, we men blush, if the women don't. If they would only confine themselves to their own sex, or at least not attend such clinics with men! It is a

shocking want of modesty, and I haven't heard a person express anything but disgust at it. Even the medical local journals get in some flings at the 'American women' now and then. I think there are six of these young ladies here, one of whom is making a speciality of surgery.

In the recent competition at Wimbledon, the Belgian Challenge Cup was won by Assistant-Surgeon Frederick W. Humphreys, F.R.C.S. Eng., of the 26th Middlesex Rifle Volunteers, who there, as on other occasions, has proved himself a master of the Snider rifle. It is pleasant to find medical officers of the Volunteers taking an active interest in and contributing to the credit of their respective corps. Accurate firing we take to be the *raison d'être* of the Rifle Service, and steadiness and coolness of head and hand are valuable attributes in its surgeons, besides helping to maintain the solidarity so desirable in a Volunteer force.

## CANADIAN MEDICAL ASSOCIATION.

The members of the Canadian Medical Association met in annual meeting in the Oddfellows' Hall, St. John, New Brunswick, at ten o'clock in the morning of Thursday, the 7th August. Dr. Grant, of Ottawa, the President, in the chair. The first thing that came before the meeting was the reception of the report of the nominating committee, which had met an hour earlier.

Dr. Hamilton, the chairman of the committee, read the report, which was as follows:—

For President—Dr. Marsden, Montreal.

For Vice President for Ontario—Dr. H. H. Wright, Toronto. For Vice President for Quebec—Dr. Hingston, Montreal. For Vice President for Nova Scotia—Dr. Jennings, Halifax. For Vice President for New Brunswick—Dr. S. Z. Earle, St. John.

For General Secretary of the Association—Dr. David, Montreal. For General Treasurer of the Association—Dr. Robillard, Montreal.

For Corresponding Secretary for Ontario, Dr. Fulton. For Corresponding Secretary for Quebec, Dr. A. J. Belleau. For Corresponding Secretary for Nova Scotia, Dr. J. F. Black. For Corresponding Secretary for New Brunswick, Dr. G. E. S. Keator.

The following committees were appointed on the subjects named:—

Prize Essay Committee—Drs. David, Howard, Fenwick, Rollet, and Peletier.

Medical Education—Drs. Grant, Howard, Wm. Bayard, and Parker.

Medical Literature—Drs. Black, Fenwick, Dagenais, Farne, Bethune, McIntosh, Fulton, Oldwright, Wickwire, Russell, and Hamilton.

Necrology—Drs. Campbell, Canniff, Harding, and De Wolfe.

Publication—Drs. David, Robillard, Campbell, Trenholm, Dagenais, Hingston, and Peletier.

Auditing Committee—Drs. Fenwick, Peletier, and Turgeon.

Gentlemen were appointed to write essays on medicine, surgery, ophthalmology, and new remedies, to be read at the next meeting.

A discussion then took place on the report of the committee appointed to prepare amendments to the constitution and by-laws, which were allowed to remain as they were.

Dr. Wm. Bayard brought before the Association a little girl who had been afflicted with a very peculiar, interesting, and rare injury, viz., fracture and ultimate elimination of the odontoid process of the axis or second cervical vertebra. He made some interesting remarks on the case and its treatment.

A committee was appointed, on motion of Dr. Botsford, seconded by Dr. Travers, to bring the subject of vital statistics before the notice of the Dominion Parliament, for action thereon, consisting of Drs. Grant, Tupper, Hamilton, and Rollet, and the President ex officio.

The thanks of the Association were passed to the steamboat and railroad companies for courtesies, etc., to the Oddfellows for the use of their hall, also to the members of the Association in New Brunswick for favours received.

The next meeting of the Association is to be held at the Falls of Niagara.

## PROSPECTUS.

THE CANADIAN

## MEDICAL TIMES.

A NEW WEEKLY JOURNAL.

DEVOTED TO PRACTICAL MEDICINE.

SURGERY, OBSTETRICS, THERAPEUTICS, AND THE COLLATERAL SCIENCES, MEDICAL POLITICS, ERRORS, 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 hitherto attempted in this country, do not at times fully serve the requirements of the controversies and pieces of correspondence which spring up. It necessarily diminishes the interest of a correspondence to have to wait a month for a reply and another month for a rejoinder; and it is in consequence of this drawback, no doubt, that many important or interesting points are not more fully debated in the monthly medical journals.

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

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

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

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

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## MEDICAL NEWS.

The London Medical Record states that the late small-pox epidemic cost Dublin at least 35,000 pounds.

Dr. Joseph Pancoast has resigned the chair of Anatomy in Jefferson Medical College, Philadelphia.

**TO REMOVE A PLASTER BANDAGE.**—Soak the bandage in a solution of salt. The plaster crumbles. —[Clinic.

Dr. Milton Jay, Professor of Surgery in the Bennett Eclectic Medical College, Chicago, reports a case of Fracture of the Femur (Chicago Med. Times) in which, after being treated twenty-nine days by extension, he found by actual measurement two inches elongation. It seems to us as though there was some stretching somewhere, either in the leg or the story. — [Buffalo Med. Journal.

The British Medical Association has increased its number of members from two to five thousand during the last ten years. This is mainly due to the influence of the British Medical Journal, which has a circulation of several hundred outside the association.

## THE CHOLERA IN LONDON.

On Monday, 28th July, two cases of cholera occurred among a party of foreign emigrants who had been landed that day from a Hamburg vessel at Blackwall. The greater number of these emigrants, about 80 in number, had come from Copenhagen, by way of Kiel, and they consisted of natives of Sweden, Zealand, and Jutland, bound for New Zealand. They left Copenhagen on Tuesday, the 22nd July, by ship, and landed at Kiel. From Kiel to Hamburg they travelled by rail, receiving additions to their numbers, both at Kiel and Hamburg, and they reached Hamburg on the 24th. The additions were said to be all natives of Jutland. It is not known how the emigrants bestowed themselves at Hamburg, but on the 25th July they embarked on a vessel bound for London. This vessel sailed at 2 o'clock on the morning of Saturday the 26th, reached Blackwall at 4 o'clock on Monday morning the 28th July, not having touched at any port on the voyage.

Almost immediately after reaching Blackwall, and before leaving the ship, one of the emigrants, a Dane, forty-five years of age, was attacked with severe cramps in the belly. The emigrants, about two hours and a half after the ship's arrival, were taken to and distributed among several lodging-houses in Whitechapel, and the sick man and fifteen others were housed in a lodging-house in Queen street, near the Mint on Tower Hill. The cramp in the belly had been followed by vomiting and purging, and later in the day the matters evacuated became serous. Collapse supervened, the pulse ceasing, and the surface of the body becoming blue and cold. In the course of the evening there was almost a rally, reaction set in, but the purging continued, and the man remained in a very dangerous state.

About seven o'clock on the morning of the 28th, another of the emigrants removed to the lodging-house in Queen street, and just after they had reached it was suddenly seized with excruciating cramp in the belly. The patient was a girl of about twelve years of age, from Sweden, who had joined the emigrants at Copenhagen. The cramp was quickly followed by retching and collapse, and death occurred at 2 p.m. the same day, nine hours from the commencement of the attack. From beginning to end no urine had been passed, and the patient, although she spoke little, remained sensible. There had not been any purging or vomiting observed during life, but after death it was found that the clothes beneath her were soaked with a brown liquid.

The most energetic precautionary measures were at once adopted to prevent the spread of the disease. In addition to active measures of disinfection, steps were taken to collect together as quickly as possible the different members of the party of emigrants, in order that they might be isolated and placed under medical observation. Further, the party was to have joined a ship bound for New Zealand, which sailed from the Thames on Thursday, but they were prevented from doing so, and they will be kept isolated and under observation until all danger to themselves and others is removed. — [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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MICHAEL LAVELL, M.D., Professor of Obstetrics and Diseases of Women and Children.

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