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MEDICAL CHRONICLE.

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[No. 9.

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ORIGINAL COMMUNICATIONS.

ARTICLE XVIII.—*On Inflammation of the Bursa under the Tendon of the Sartorius Muscle.* By ROBERT L. MACDONNELL, M D., Surgeon to St. Patrick's Hospital, Montreal.

There is a form of bursal enlargement met with about the knee-joint, which I should suppose to be of frequent occurrence, if I were to judge from my own experience, but which has not been noticed till recently by writers upon the affections of the bursa.\* I allude to acute and chronic inflammation of the bursa lying under the tendon of the Sartorius muscle, near its insertion into the head of the tibia.

The following cases will serve as examples of the acute and chronic forms of the disease:—

A strong, healthy young woman, unaccustomed to walking long distances, passed all day strolling about the Mountain of Montreal in company with her friends, and returned to town, greatly fatigued, in the evening. About the middle of the night she awoke, suffering acute pain in the right knee, and at the upper and inner part of the head of the

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\* There is no allusion to disease of this bursa in the excellent lectures of Mr. Coulson, recently published in the *Lancet*, nor in the valuable papers, on the Bursa in the neighbourhood of Joints by Mr. Barwell, also printed in the *Lancet*.

ganglia there were found to be engorged. This, which was attributed to the irritation produced by leech-bites, was supposed to be the cause of the pain in the groin; but the next day, the peculiar position of the patient struck M. Nélaton, and an effusion of liquid was found in the hip-joint. This was greatly benefited by a dozen cups, applied in the neighbourhood of the great trochanter. After remaining nearly a month in the wards, his articulations in about the same condition, but his general health becoming worse, the man complained of pain alongside of the sternum, at about the level of the third intercostal space. There was a projection there as of abscess with an acute march. Examining, in order to determine if it came from the interior of the chest, it was evident that the greater portion of the tumour was enclosed therein. It was believed to be an abscess formed in the cellular tissue of the mediastinum. Afterwards, there was some doubt as to whether the tumour might not be an encephaloid cancer; when the hand was placed upon it, it could be felt to beat; it was pulsating and fluctuating. M. Nélaton said that it reminded him exactly of the case of Bérard, junior.

The friends of this patient unfortunately removed him from the wards, so that no examination of the body could be made after death."

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**ART. XIX.**—*Complete Inversion of the Uterus; with Laceration of the Vagina.* By CHAS. R. POTTS, Shannonville.

A rather unusual case of complete inversion of the uterus, with laceration of the anterior wall of the vagina, occurred in my practice a few months ago, to which I purpose drawing the attention of the profession through the medium of your journal.

September 15, 1858, I was called to attend a Mrs. K., who lives at a distance of 14 miles from my residence. She had been delivered of a child at 11 a.m., but as the midwife sent me word there was something wrong (it was the first confinement), I found a young, strong, and previously healthy woman, a little above the medium size. She was free from any absolute pain; but was suffering from a distressing feeling of vacuity in the lower part of the abdominal cavity, or, as she expressed it, she felt as though some of her insides had been taken out. The placenta had not been removed; but the old midwife, a Mrs. Osborne, had torn the umbilical cord away. There was no flooding. Her pulse was weak and fast, 130. Upon placing my hand above the os pubis, I could detect no tumour beneath the abdominal parietes. I proceeded with the examination of her vagina. I found a large fibrous tumour completely filling the cavity of the pelvis. Upon enquiring of the women present, I was told that immediately after the child was born, the midwife commenced pulling forcibly on the cord, and even jerked, which, as they

said, had pulled down a large lump of something. Upon this, the midwife pulled until she was forced to desist, by the women present, as the patient said she was tearing her all to pieces (I give their own words). I proceeded to search for the os uteri; but I could detect nothing but the cul de sac, formed by the mucous membrane. I now paused a moment to reflect and give the patient an interval of rest. I gently pushed my finger upwards so as to stretch the mucous membrane and get the extremity above the tumour. I bent it with the point directed downwards, and, after a short search, I felt the os directed upward and a little backward. I found it utterly impossible to detect any neck to the tumour. Having satisfied myself that the tumour was the inverted uterus, with the placenta firmly adherent, I carried my finger round it and found a laceration of the walls of the vagina, on the right side of the tumour, and rather high up in the passage. Partly in and partly to the left of the laceration, was the bladder flexed upon itself and largely distended with urine, its fundus directed downwards, the anterior portion having become directed posteriorly. The bladder was not directly in front of the tumour, but a little aside of it. At this stage of the proceedings, the patient became ungovernable, screaming violently and struggling, so I was compelled to withdraw my hand, lest it would increase the laceration during her struggles. Having allowed her ten minutes to rest, I attempted to introduce the catheter, but found it impossible, owing to the state of flexure the bladder was placed in. I then placed the patient on her knees and face, with the chest depressed, introduced my finger, and by pushing gently on the fundus of the bladder so as to lessen the flexure, I succeeded in getting the bladder almost entirely emptied. She became now so exhausted, that I judged it expedient to allow her some time to rest. I gave her pulv. opii. gr. jss. Her pulse becoming quiet, I again attempted introducing my hand; but she struggled so violently, that it was impossible to do so with safety. She became in a manner childish. Said she was perfectly easy, preferred death to the operation &c. As I considered it not improbable that (from the magnitude of the injuries she had received) she might sink under the operation, or soon after, I declined reducing the womb in direct opposition to her wish and that of her mother, although her husband and sister earnestly desired me to proceed. Without having a consultation, having written a few lines to my friend, C. V. D'orland, M.D., of Belleville, to ensure his coming as soon as possible, I left her to attend another labour, about a mile distant, leaving her 3 powders, pulv. opii. gr. j. each, to be taken every four hours, with the addition of a little b.andy if any symptoms of pain arose. I returned at 5 o'clock, a.m., of the next day; found that she had slept

well; was not yet awake; and had taken but two of the powders. Owing to the distance from Belleville (25 miles) and the bad state of the roads, Dr. Dorland did not arrive until 2 o'clock, p.m., which was 27 hours from the time the accident had occurred. After gaining her consent, he proceeded to institute an examination, and, having satisfied himself with the nature of the case, we decided upon a plan of operation, he thinking with me (although in opposition to some authorities) that it was better to remove the placenta previous to reduction. We again placed her on her knees and face to evacuate the bladder, after which we gave her pulv. opii. gr. iij. We allowed time for its anodyne effects, when I proceeded to operate (notwithstanding that she still refused her consent), I obtained assistance to hold her during the time of operating. I commenced removing the placenta, which was firmly adherent and morbidly hard. I found this difficult, owing to the part of the cord being torn away, thus losing it as a guide and no free edge of placenta to begin upon. However, I gently scraped away the placenta at the upper part of the tumour, for the space of 1½ inches, until I could detect the uterus through the opening thus made. I then continued separating the placenta from the uterus, which took a great length of time, and was extremely painful to the patient. Now, for the first time, there was considerable flooding. As soon as I succeeded in detaching the placenta, I removed it, and then immediately reintroduced my hand, and attempted to reduce the uterus, as recommended by grasping the tumor gently, to decrease its volume, and then pushing upwards. This I continued to do for some time without the slightest success. I then carried my fingers upward to the cervix uteri, which I could now distinctly feel. I grasped it firmly so as to prevent any blood circulating through the neck or attachments into the uterus. This was followed by an almost instantaneous decrease of the size of the tumour; for whereas it was as long before as to be hardly contained by the extended fingers, I could now hold easily. This I considered to be owing to the fact that the pressure on the neck prevented any influx of blood, whilst the flooding continuing, the engorgement was by this means lessened. I then, as quickly as possible, grasped the uterus so as not to give it time to become again engorged, I then pushed gently, yet rather forcibly, upwards, when, in a short time, comparatively speaking, it yielded, and suddenly slipping from my grasp and the fingers with which I had been pushing on the fundus, were now in the centre or cavity of the uterus. The bladder returned to its proper position at the same time. During the operation, the pulse had kept steady, owing, as I suppose, to the effects of the opium. Having left her 8 powders, pulv. opii. et pulv. doveri. aa. gr. ss., to be

taken once every 4 hours, and having applied the binder and perineal bandage with a perineal pad very firmly, we left her.

Sept. 17.—Found her with a very slow oppressed pulse; tongue coated; great superficial and deep tenderness over the lower part of the abdomen, the pressure of the bed-clothes causing great pain; very high colored and scanty urine, with almost total immobility, caused by the extreme suffering that the slightest movement produced. I bled her to the amount of  $\bar{z}$  ℥, with the effect of the pulse rising in strength and frequency, until near the close of the bleeding, when it began to sink, upon which I at once closed the vein. I gave her pulv. opii. gr. iij., and left her a saline mixture, acidi tartarici  $\bar{z}$  j., sodæ bicarbonatis  $\bar{z}$  iss, spiriti ætheri nitrici  $\bar{z}$  ij, aquæ  $\bar{z}$  vj.; dose, a tablespoonful every 3 hours.

Sept. 18.—Found pulse quiet; tenderness decreasing; urine discharged in larger quantities, &c.; left her 2 powders, each composed of 8 grs. of calomel, with 8 grs. of dovers powder; ordered a large mustard poultice the pressure of which she could now bear, and next morning, if tenderness continued decreasing, a dose of castor oil, provided the powders did not operate, which were to be given every 4 hours. I have seen the patient a few days ago. She is entirely well.

ART. XX.—*Aneurism of the Posterior Tibial Artery.* Operation by A. MCGARVIN, M.D., Acton, C.W.

David Yeomans, aged 30, consulted me during the summer about a painful swelling in the calf of the right leg, which he says prevented him from following his usual occupation as farmer, and therefore he was obliged to dispose of his farm.

He stated to me that he had the Tendon Achillis cut with a scythe about seventeen years ago, and about two years afterwards complained of soreness in the calf of the right leg, especially when he chanced to strike it against anything; and since then it has gradually got worse and for the last four years he has not been able to do any work. He walked entirely upon the heel, and if he chanced to make a misstep it would create so much pain that he would be obliged to lie in bed for several days. It had become so painful during the last year that he determined to have his leg taken off. Upon examining the leg, I found a tumour about the size of a large goose-egg situated beneath the bellies of the Gastrocnemius and Soleus Muscles, circumscribed and very painful. I could detect no pulsation, nor could it be lessened by pressure. The skin was somewhat discolored. I applied the stethoscope

and could detect but a slight murmur. He said he sometimes felt a beating sensation in it, and had sometimes spasmodic twitchings of the muscles, and when those spasms occurred he had severe throbbing pain. It was so painful after my manipulation he was compelled to keep his bed for nearly two weeks. About the 1st of November 1858 he again consulted me, and said he was prepared to undergo any operation if it would give him relief, as it had become so extremely painful that he would, rather than suffer the pain, have his leg taken off. I made him aware of the danger and the probable success of the operation, to which he readily submitted.

I obtained the assistance of Dr. Freeman of Milton, and on the 17th concluded to operate.

Having determined to adopt Mr. Guthrie's plan, the patient being under the influence of chloroform, I made an incision in the median line about six inches in length, cut through the Gastrocnemius and Soleus, which were wasted away considerably, and beneath the deep fascia lay the tumour. I carefully carried my incision upwards to within two inches of the knee-joint, and tied the Posterior Sibil Artery about an inch below the Popliteus Muscle.

The bleeding having ceased, I brought the wound together by sutures and adhesive straps. I then placed him comfortably in bed, ordered him to be carefully watched during the night, and, if it attempted to bleed, ordered the tourniquet to be tightened.

18th. Saw him, complained of pain, was a little feverish, vomited all night. Applied a mustard plaster over the stomach. Vomited several times during the day. At night gave him solution of Acet. Soda with Morph. Acet. gr. ss. Saw him next morning; had slept some during the night; slight fever, otherwise quite comfortable. Ordered Black Draught  $\zeta$ ij. Saw him in the evening; had a passage through the bowels; no fever, pulse slow.

20th. No vomiting nor pain; quite easy; could not sleep. Ordered Morph. Acet. grs. ss.

21st. Slept some; a slight discharge from wound.

22d. Still improving; discharging freely; no pain; bowels quite regular; no fever.

24th. Dressed it; wound quite healthy and healing kindly. In the afternoon complained of great pain in the leg. Applied a roller, which gave him ease. A slight discharge of bloody matter from the wound.

25th. Still some pain, but the wound discharging freely.

26th. No pain; bowels regular; quite easy; sleeps well. He still kept improving every day, the wound discharging freely, and on 7th of

December the ligature came away; since then it has not discharged so freely; the tumour not half the size.

Jan. 1st, 1859.—The leg had reduced to half its original size; the tumour quite small and easily moved, and without the least pain or inconvenience. He is now able to go about the house with the assistance of crutches, without the least pain.

Jan 7th. I last dressed it. The wound was entirely healed. I applied a roller tightly about the leg, and which I ordered to be tightened every day. The tumour is growing less, and can be handled roughly without pain.

My object in drawing the attention of the profession to this case is the necessity, as I conceive, of ligaturing the Posterior Tibial, instead of the Popliteal, as it is frequently done, on account of that vessel being more superficial and much more easily tied. By ligaturing the Tibial, you do not risk the life of the patient, nor a second operation, viz. amputation, for the limb gets a due supply of blood through the Anterior Tibial, therefore vitality is kept up, although the operation is formidable and bloody, but if it be brought more into practice the results will be more satisfactory.

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ART. XXI.—*Case of Complicated Double Hare-lip.* By CLARESON FREEMAN, M.D., Milton, C.W.

John M., aged four months (June 24, 1857), a fine healthy child, has been spoon-fed from its inability to nurse. It had no upper lip except a small rudimentary angular projection of integument from either commissure of the mouth. The anterior process of the alveolar process of the superior maxillary bone was attached to the apex of the nose with a slight covering of mucous membrane of an oval appearance and about the size of a pigeon's egg.

There was a fissure of both the hard and the soft palates, leaving an interspace of more than half an inch in the mesial line. The child was rolled into a sheet and inclined a little forward, when the nasal appendix was incised by the scalpel to its bony structure, which was fractured by a pair of bone forceps and pressed into its normal position, then the lateral integuments were pared, approximated and secured by two interrupted sutures and adhesive plaster, preventing any undue tension upon the ligatures. The child was almost in a state of collapse from the shock of the operation, from which it soon rallied. He slept for four hours under the influence of a dose of Tinct. opii Campb. Union took



place by first intention. The child is now nearly two years old, very healthy and looks remarkably well. A few months since a tooth made its appearance from that portion which now occupies the alveolar septum, with which and the rest of its teeth it can masticate easily.

An uncle and a cousin to this child are similarly affected, but the difficulty is not so formidable in either case.

ART. XXII.—*Des Cas intéressants de Variole.* Par O. L. ROBITAILLE, M. D., Québec.

MONSIEUR LE REDACTEUR,

Au moment où la Variole fait quelques victimes dans la Cité de Québec, je vous envoie l'historique de deux cas de cette maladie, que je vous prie d'insérer dans votre journal, si vous les jugez assez intéressants pour être publiés.

Mlle Urq. . . ., âgée de 52 ans, se sentant indisposée le 26 Décembre dernier, me fit demander. Elle était sous l'influence d'une fièvre légère qui cependant ne l'empêcha pas de vaquer à ses occupations ordinaires. Un bain de pieds et une dose sudorifique furent les seuls remèdes employés. En 1808, Mlle Urq. . . ., avait été vaccinée à l'âge de deux ans, et deux belles cicatrices de la vaccine paraissent sur le bras droit, ce qui toutefois ne la préserva pas d'avoir la variole-confluente deux ans après, en 1810.

Ce fait est attesté par sa respectable mère âgée de 94 ans, par son frère et par ses sœurs. De plus elle porte sur le visage des marques varioliques, aussi j'étais loin de penser que la fièvre légère du 20 décembre pouvait être les signes avant-coureurs de la variole. Mais cependant c'était bien le cas. Le 3eme jour l'éruption variolique fit son apparition et suivit sa marche naturelle, mais d'une manière bénigne. Il y avait sur la figure, une trentaine de pustules et un plus grand nombre sur les autres parties du corps. Ainsi cette personne bien vaccinée en 1808, passe par la variole-confluente en 1810, et 48 ans après, elle essaye de nouveau la même maladie.

Maintenant parlons de l'autre cas, beaucoup plus intéressant tant sous le point de vue de la pathologie que sous celui de la physiologie embryologique.

Le 31 décembre 1845, j'ai accouché la femme de M. C., demeurant dans le faubourg St. Jean, d'un enfant mâle et à terme, mais faible et pesant entre 4½ à 5½ livres. Le corps du nouveau né était couvert de pustule varioliques. J'ai compté au-delà de 350 pustules qui étaient en

pleine maturité, telle qu'on les rencontre le 9ème jour de l'éruption. Les pustules étaient distinctes les unes des autres. L'enfant n'a vécu que 4 heures.

Madame C., âgée de 22 ans lors de son accouchement, avait été vaccinée dès son bas âge. A son bras gauche on voyait la cicatrice de la vaccine bien caractérisée. Dans le courant du 8ème mois de sa grossesse elle avait visité 3 fois en différents temps, un jeune enfant affecté de la variole-confluente, et qui mourut le 27 Novembre, après 13 jours de maladie. Ce jour Madame C., vit l'enfant pour la dernière fois, et le soir de ce jour elle fut un peu indisposée. Elle ressentit quelques douleurs de tête avec légers frissons. Cette indisposition ne dura que quelques heures. Aucun médicament ne fut administré et pendant les dernières semaines de sa grossesse Mad. C., n'a éprouvé aucun malaise.

Du 27 Novembre, jour de la deuxième visite à l'enfant malade au 31 Décembre, jour où elle est accouchée il s'est donc écoulé 35 jours, et de ce jour (le 27 novembre,) à l'époque où l'éruption a dû paraître sur le fœtus, il s'est écoulé 26 jours pour l'état d'incubation.

J'ai invité M. le Dr. Morin à voir l'enfant pour constater avec moi le fait.

Maintenant M. le Rédacteur, qu'il me soit permis de poser qu'une seule question. Au double point de vue de la pathologie et de l'embryologie, qu'elle conclusion peut-être tirer de ce cas authentiquement constaté.

Québec, 26 Janvier, 1850.

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ART. XXIII.—*Cases of Alleged Poisoning.* By D. BERGON, M.D., Cornwall, C. W.

(Continued from page 351.)

The Court met on the 15th November, in the Court House, pursuant to adjournment—(eleven only of the Jurors were present—Mr. Gillie, the twelfth Juror, was too ill to attend.) The Coroner informed the Jury that, "he had, in accordance with their instruction to him at their last sitting, taken steps to trace the box received by Express, by the deceased Sarah Jordan—that he had discovered that it had been sent to her by Dr. Wm. E. Hoyt, of Syracuse, N. Y.—and that having made this discovery, he had caused a letter to be addressed to this individual, over a fictitious signature, requesting him to forward, by Express, a parcel containing the same articles that he had sent in July last to William S. Wood, Cornwall. This letter had the effect intended, for he had re-

ceived by Express, from Dr. Hoyt, the box which he now showed to them and which contained medicine. This box, he was of opinion, should be sent to Montreal for analysis, by Dr. Craik,—and in order to afford sufficient time for this purpose, he thought the investigation should be further postponed." After a short deliberation, the Jurors present decided upon adjourning until the 7th Decr.

December 7th, the Court met pursuant to adjournment. All the Jurors were present.—The Coroner informed them that Dr. Craik, who had been intrusted with the performance of the analysis ordered, was present and ready to make his report.—Dr. Craik's examination was then proceeded with.

Robert Craik, M. D., of Montreal, sworn—"On the 15th October, Dr. Wagner delivered to me a box said to contain the stomachs and viscera of Sarah & Anne Jordan, deceased. He said—'There was suspicion of poison having been used, and the viscera were placed in my hands for analysis.' I accordingly proceeded to examine them, and having no clue to direct me as to the poison likely to have been used, I searched carefully for all the poisons most likely to be employed, *but without discovering any* in any of the organs. Sometime after receiving the box, I also received a parcel, by Express, containing some cloths in which the deceased was said to have vomited. On proceeding to examine the cloths, I found upon them several large yellowish-green stains, over which, in some places, a darkish powder was scattered, resembling coffee grounds. I tested these stains in like manner *without finding any evidence of poison*: the only thing of which I found evidence was BILE. The dark powder I before mentioned, was evidently of a vegetable nature, I supposed it to be coffee grounds. At the same time that I received the box from Dr. Wagner, I also received a bottle and a box of pills, I examined the pills and found them to contain aloes and myrrh. The bottle was entirely empty, except a few reddish stains: it possessed a slight odor, but so faint that I was unable to decide from it what the bottle had contained. On the 13th November, Dr. Wagner called on me again and delivered into my hands a small wooden box, like a cigar box. I opened it in his presence, and found it to contain a bottle wrapped in several folds of paper. The bottle was in a brownish wrapper and carefully sealed with four or five seals. Inside this wrapper was found a printed paper purporting to contain directions for using the mixture with which the bottle was filled. On proceeding to examine the contents of the bottle, I found it to consist of a super-saturated Alcoholic solution of two or more, volatile oils, the principal of which was oil of Tansy and oil of Pennyroyal. The mixture was colored red by some vegetable substance. I had

also reason to believe that the bottle contained some Oil of Savine, but owing to the odorous character of the other ingredients, I could not be certain. The bottle contained four ounces of the mixture. After having satisfied myself as to the contents of this bottle, I proceeded to examine the viscera and the cloths, directing my search altogether to the same ingredients as it contained, but owing to the putrefaction which the viscera had reached, I was unable to obtain any reliable evidence of their presence. That closed my investigation so far as the analysis was concerned.

The appearances of the viscera were much as here described. The stomach of Sarah Jordan was found quite empty, when opened. It was very vascular, and, when held up to the light, presented a bright red color. The upper part of the small intestines was in the same condition, the vascularity gradually diminishing towards the lower intestines. The stomach and the upper part of the small intestines were in a somewhat better state of preservation than the lower part, and the liver and spleen were softened and diminished in size.

The stomach of Anne Jordan was also empty, and exhibited a more advanced state of putrefaction than the other. I observed a dark-red spot of between two and three inches in diameter, near its cardiac extremity; with this exception, there was nothing unusual about it. I did not examine the uterus (the womb) of Sarah Jordan. I observed something among the viscera, in an advanced state of putrefaction, but not knowing that the uterus was there, I did not examine it.

By the Coroner—The medicine in the bottle, now on the table, and which I analysed, is frequently used for the purpose of procuring abortion.

By the Foreman—Oil of Tansy is poisonous and produces death very rapidly—by rapidly, I mean that it is an acute poison, which will produce death in from a few hours to a few days. There is very great danger to the mother in procuring abortion by such means as by medicine. This medicine might probably have given the bright-red color to the stomach which I have described. It is difficult to say whether it would have the effect of preserving the stomach; if applied directly to the parts immediately after death, and if it were continued to be applied, it would preserve it; but, in this instance, I attribute its preservation to its emptiness, for the stomach always decomposes most rapidly when full. The spasms mentioned might have been produced by Oil of Tansy; such is one of its effects. I think the bottles sent to me were identical in shape, and were, I think of the same size. There were no pills in the box in which the second bottle sent me was contained. (The witness here produced the second bottle sent him—about one-third of its original contents

were still in it.) I think that the contents of this bottle, if taken in an overdose, would be capable of producing symptoms similar to those Sarah Jordan labored under. I do not think that it is an accumulative poison but I cannot speak positively,

By Dr. Dickinson—From the described excessive vomiting that took place; and from the length of time that has elapsed since death, I would not expect to find any of the medicine, if like this, Oil of Tansy in the stomach. I do not find any of the symptoms in Anne Jordan's case, irreconcilable with the opinion that she had been poisoned by medicine, such as is contained in this bottle. Paralysis is a symptom of disease. As Anne Jordan had been subject to paralysis, if poisoned, by some poisons, I would expect to find it (paralysis) present. I would hesitate in saying that Anne Jordan died from poison, because she was asleep when Sarah was taken ill, and because, had she taken sufficient to produce insensibility, she would probably have been attacked before that time. It is possible that Anne Jordan having laid down in bed, immediately after supper, the symptoms would not have arisen till she was agitated. Usually, but not necessarily, poisons producing such symptoms would produce death in from six to twelve hours; sometimes, however, the effect of narcotico-irritant poisons extends through many days—you cannot limit the time. The stains on the cloths were from bile, not from medicine. I never knew any one who had survived five attacks of apoplexy; the second or third usually proves fatal. As a general rule, when congestion of the brain produces Coma, it is styled apoplexy. It is difficult to tell whether these cases might have been Coup-de-soleil—I have frequently found the pulse in such cases irregular and fast, but not so fast as in the case of Sarah Jordan. I would not expect an attack of Coup-de-soleil, between 7 and 8 p. m., in a young girl, with her hat on: it generally occurs when under the direct rays of the sun. In cases of this kind (Coup-de-soleil) the treatment is at first by cold affusion: afterwards, when consciousness begins to return, stimulants are admissible, and then cautiously.

By a Juror—Medicine, such as contained in the bottle produced, is sometimes given in the menstrual periods.

[The Inquest here adjourned till 7 p.m. at which hour, before Dr. Craik's examination was proceeded with, the Coroner informed the Jury that "a great deal of dissatisfaction had been expressed at Dr. Dickinson's being allowed to put so many questions to Dr. Craik, as he had—that he himself thought the Dr. should be allowed to continue, but that if the Jury thought differently, he would at once put a stop to it" Dr. Dickinson then addressed the Jury to the effect "that it was necessary that he should be permitted to put such questions to Dr. Craik as he might deem proper

—that the cause of the death of these people was not the only question to be tried—that he had pronounced the cases poison—that he had not done so without careful consideration—that having given the opinion, his reputation as a medical man depended upon the result of their inquiry—that in short he felt that he, Dr. Dickinson, was on his trial, and that unless he were allowed to examine the witnesses in his own way, the truth would not be elicited; and he felt confident that the Jury must be anxious with him to attain this object." After a few moments' consideration, the Jury, through their Foreman, admitted the truth of the Doctor's statement that his reputation as a medical man depended upon their verifying his opinion by their verdict, and granted him the desired permission, whereupon he resumed his examination of Dr. Craik, and to his several questions received the following answers—

Cases of Coup-de-soleil generally terminate within an hour,—very rarely exceed three or four hours, unless recovery take place. Coup-de-soleil is not congestion of the brain—it is looked upon as a state of nervous exhaustion generally produced by excessive heat.

Where medicine is given sufficiently powerful to produce abortion, the death of the mother is the usual result. Abortion is not always due to the shock upon the system of the mother; but, on the contrary, is very frequently due to the direct action of the medicine taken upon the uterus (the womb.)

In a case like Sarah Jordan's I would expect to find the uterus diminished in size, certainly not expanded like a sac.

The womb resists decomposition about as well as the other organs.

In the event of an abortion, I would expect to find the womb enlarged and dilated, containing more fluid and more decomposed than if such had not taken place.

I have often examined the uteri (the wombs) of persons dead a considerable time, and have never failed to find the uterus in its usual condition. I have examined the uterus of woman in both states.

I cannot undertake to state the cause of the universal redness of the stomach of Sarah Jordan; but I think it attributable to some irritant substance having been taken into it during life.

I do not think a judicious physician would employ such medicine as is contained in the phial before me to regulate the menses.

I think it is unusual and imprudent for any young woman to send a great distance and pay a great price for medicine to produce the menses, unless she had tried the ordinary means and had failed.

I have very often been engaged in conducting investigations like the present.

Physicians who devote themselves or direct their attention to special branches of their profession are generally better capable of giving an opinion upon questions relating to such a special branch, than physicians whose attention has not been thus specially directed.

From the appearance of the Uterus, of Sarah Jordan, if as described, I would infer that an abortion had taken place. I am not prepared to state that the causes assigned by Dr. Pringle, *coup-de-soleil*, &c., produced the symptoms present in the case of Sarah Jordan, nor do I think it very probable, but I think it possible that these causes might have produced them.

By Dr. Pringle,—None of the symptoms presented by Mrs. Anne Jordan were incompatible with apoplexy. The sudden rising out of bed, as in Mrs. Anne Jordan's case, would not so rapidly produce the symptoms, and is not likely to have developed them. Judging from the symptoms alone and apart from the circumstances connected with the case of her daughter, I would not entertain any suspicion of poisoning in the case of Anne Jordan. The post-mortem appearances in the viscera of Anne Jordan might be explained from natural causes. I have already admitted the possibility of the symptoms described, as present, in the case of Sarah Jordan, being produced by the causes assigned by Dr. Pringle. The Uterus (womb) becomes congested and enlarged but I think not flaccid, at the menstrual period. As a general rule Narcotico—irritant poisons first produce vomiting, then insensibility.

By Dr. Bergin,—Not having made a quantitative analysis of the mixture, I cannot state the exact quantity of Oil of Tansy contained in it, but I think there must have been half an ounce. I have never seen a case of poisoning from Oil of Tansy—know nothing of its effects except from works—from my reading—I have only read the history of one case of poisoning by it—in that case the quantity taken was ten drachms and the patient lived twelve hours. I would not attach much importance to the time it would take the poison to prove fatal, as various circumstances, such as the strength of the constitution would hasten or protract it. It is not generally considered that the patient's recovery is almost certain in poisoning by opium, after a period of twelve hours has elapsed—twenty-four hours is, I think, looked upon as the longest period at which death will take place from opium, but I have myself seen very dangerous symptoms after thirty-six hours. The patient recovered under treatment.

Although I have said that I have been in the habit of assisting at investigations like the present, and although I have stated that medical men who devote especial attention to certain branches of the profession, are, as a general rule, better capable of giving opinions upon questions re-

lating to such branches, I did not wish, nor did I intend it to be inferred that I was more capable of giving a correct opinion in this case than the medical men in Cornwall—on the contrary, I think that any of them, who have read up the case are, or if not, ought to be, quite as capable of giving a correct opinion as I am.

In cases of profound coma the pupils do not dilate or respond to the light.

I think I could count a pulse of 169 beats to the minute, provided it was not very feeble and very irregular—if it was I could not count it.

In the absence of reliable evidence, I do not feel justified in giving an opinion as to the cause of the death of Anne Jordan; I believe that she may possibly have died from apoplexy but the cause of the apoplexy I do not know.

It having been already proved that she had had three or more such during her life, I think it very likely and indeed very probable, that having been awakened suddenly out of her sleep and brought to the door to see her daughter who was sick, and on reaching the door, finding her apparently dead, a fit of apoplexy might have resulted and such I think likely, was the case.

Under such circumstances, I would be more astonished at her escaping a fit of apoplexy, than at her having one.

I came to the conclusion that in the case of Sarah Jordan, an abortion had preceded the death, chiefly from the appearances of the Uterus, as described. I did not examine or see the Uterus (womb) myself. I did not search for it, being of opinion that the organs only, intended for analysis, were sent me.

The Uterus (womb) was described to me as being dilated and like a large sac.

I would place more confidence in a positive opinion as to the state of the Uterus than in the negative one—the latter not describing its state or appearances.

I think, if abortion took place, it must have been between 5 and 8 o'clock, before Wood found her at the fence. I think also, that vomiting and purging took place during the same period—the three hours unaccounted for.

I have read over the symptoms, described as present in the case of Sarah Jordan and am of opinion that they might have been produced by poison; but I must admit, and have already admitted, that many other cases besides poison might have produced them.

I would not be justified in saying that Sarah Jordan had died by poison. I would not be justified in giving any opinion as to the cause of death,



and I do not wish it to be inferred from anything I have said that I have a leaning towards the suspicion that she was poisoned. The only opinion, I can give is, that she died from causes unknown.

Dr. Craik here repeated his opinion as follows :

In the case of Anne Jordan, I think it very likely THAT SHE DIED OF APOPLEXY.

In the case of Sarah Jordan, I can only say THAT SHE DIED FROM CAUSES UNKNOWN.

By Dr. Dickinson. If I had been called to see the cases, and with the other symptoms present had found the matters vomited of the character described and possessing the odor of what I believed to be poison I would have treated them for poison.

Dr. Pringle re-examined, saith—The uterus was decomposed and flaccid.—There is a bare possibility that an abortion may have taken place. I think there was more uterine fibre than there ought naturally to have been. It was not dissected out carefully.—Dr. Dickinson was present at the examination. If she had died immediately after menstruation, it would have been congested. Authors describe it as being more congested at this than at any other period. In searching for the uterus, I dissected off the bladder and separated the two. I am not certain that I cut into the bladder. Dr. Dickinson remarked at the time that it was sac-like, flaccid. I mean the uterus not the bladder. I had them all spread out together. Dr. Bergin asked me if Dr. D. had said that there were appearances of abortion having taken place. I said I did not recollect his having done so. The question was asked to-day. Dr. Dickinson said the uterus was sac-like and flaccid. Then the viscera were spread on the ground, I did not contradict his opinion as it seemed to me that it was so.

If abortion had been the cause of the appearance of the uterus, it would depend on the advanced state of pregnancy at what time the abortion had taken place. The evidence would be greater in the advanced state of pregnancy than in the early. From the appearance of the uterus, if abortion had taken place, it must have been in the early state. I would consider six weeks an early state of pregnancy. It is the opinion of Taylor, that two or three days after pregnancy, it is impossible to say whether abortion has taken place or not. This is with regard to an examination during life. *I found an organ attached to the vagina having the shape of the uterus : there could not be any other organ there except the uterus. I did not notice any corpus luteum. There was a hole in the back of it, and I put my hand into it and spread it out. It appeared like a large pear flattened. Its anterior wall*

was about half an inch thick. The posterior was torn during the post-mortem examination. Decomposition would cause a lessening of its size, and cause it to occupy a smaller compass. It is quite possible that menstruation or abortion might have produced these appearances. There are cases in which the menses being stopped by the closing of the mouth of the uterus, the uterus becomes expanded. I could see no fluid in this case. There is no other cause which I could discover that would cause the appearance the uterus presented, except the one named, or abortion. At the monthly turn she might have suffered. Her health was sworn to have been good previously. I observed fluid in the pelvis—it was a bloody serous fluid. The floor of the pelvis was covered after the viscera were taken out, such as would appear in an ordinary dissection. I never expressed an opinion that there had been an abortion. I never agreed with Dr. Dickinson in his opinion, to the best of my knowledge and belief. There were no sufficient grounds for supposing there had been an abortion. My opinion of the old lady is the same as before; as to the daughter, there is positive proof that she received a box; and there is circumstantial evidence to show that the box, now before the Jury, contained medicine similar to that received by her, which if taken in large doses, might have caused the symptoms evident in the case of Sarah Jordan. I have no reason to suppose that she did take the medicine; but I cannot give a positive opinion, either one way or the other. It is my opinion that she did not die of abortion.

Dr. Dickinson re-examined, saith:—

Both Sarah and Ann Jordan labored under the same symptoms. I have no doubt they both took poison, the same as is contained in that bottle; and in my opinion, Sarah unquestionably took it for the purpose of procuring an abortion, and died from the effects of it—the old lady, I think, took it accidentally. I did not look upon Anne Jordan's case of so serious a character as that of Sarah's—indeed I thought she would have recovered. Of Sarah I had no hope from the first.

I think from the appearances of the uterus at the post mortem that she had an abortion. The appearance of the uterus, in connection with the circumstances of the box, lead me to that conclusion, together with the knowledge of the fact that the young woman has been pregnant before, and therefore not above suspicion.

Dr. Craik re-examined:—

Had I been called in to a case of apoplexy I would not have given stimulants unless I saw the patient sinking. I think it very unlikely that she could have aborted without leaving stains on her clothes or body; I have read of cases of women being at work and going out and being confined, and returning, and nothing has been known of it.

Here the Court adjourned till half past 7, P. M.

7½ P. M.—The Court resumed, pursuant to adjournment. The Coroner read to the Jury the correspondence with William E. Hoyt, then delivered his charge; immediately after which the jury retired; at 11.20 P. M. they returned into Court with the following verdict:—

In the case of Annie Jordan we are of opinion that she died of Paralysis.—(Signed by all the Jurors.)

In the case of Sarah Jordan we are of opinion that she died of causes unknown.—(Signed by six Jurors.)

In the case of Sarah Jordan we say there was a suspicion of poison.—(Signed by two Jurors.)

In the case of Sarah Jordan we are of opinion that she died by poison.—(Signed by 4 Jurors.)

## REVIEWS.

ART. XXIV.—*A Treatise on the Venereal Disease.* By JOHN HUNTER, F.R.S. With copious additions by Dr. PHILIP RICORD, Surgeon of the Hopital du Midi, Paris, etc. Translated and edited, with notes, by FREEMAN J. BUSTEAD, M.D., Lecturer on Venereal at the College of Physicians and Surgeons, New York; Assistant Surgeon to the New York Eye Infirmary. Second edition, revised, containing a résumé of Ricord's recent Lectures on Cancer. Philadelphia: Blanchard & Son. Montreal: B. Dawson & Son. Quebec: Middleton & Dawson. 1859. pp. 352.

A treatise by two such men as John Hunter and Philip Ricord, or as they have been respectively called, THE HUNTER and the FRENCH HUNTER, is not likely to be one of an ordinary character, particularly when upon a subject to which these eminent Surgeons have devoted their best exertions in its most thorough investigation. It is not our intention to expatiate in panegyric terms upon the special fitness and personal qualifications which both possessed to accomplish such a task, for we believe enough is generally known about them to render such observations uncalled for. But we may remark that something beyond the common is to be expected when we recollect that there was no book on which the first bestowed more labour, and of which he said he was determined not to make it merely "a bookseller's job," and that the second has almost spent a lifetime in treating, experimenting upon, writing and talking about syphilis, finding in the pursuit of its peculiar results at once a

strange delight and an immense profit. Yet even more talent has been brought to the completion of this treatise; it has received the assistance of two other distinguished authors, whose names do not appear on the title page,—we refer to Sir Everard Home and Dr. G. Babington. Dr. B. is the English editor of Hunter, and has enriched the volume with many valuable notes. Sir E. also edited one issue of the work, which has, like other celebrated productions, passed through several editions, and inserted many novelties which had not before appeared, and were referred to the manuscripts examined after the death of the illustrious John. And lastly, the present edition has the further advantages over its predecessors, stated in the heading above.

The venereal disease is a great fact in nature. It is a monitor and an avenger. It warns against illicit sexual intercourse by establishing itself as the inevitable consequence of the forbidden act, and it exposes to open sight the culprit who has incurred its stains of guilt, by evidences which unmistakeably declare that the transgression of the law shall not pass unpunished. It has its origin in a specific poison, which is characteristic in its nature, and uniform in its tendencies. How this first was produced may not be so easily answered to the satisfaction of every mind, and different inquirers will lean to peculiar hypotheses. To us its development appears to be an illustration of what may be stated as a general principle, that agencies capable of exercising force are conserved, while its operative elements are maintained within the precincts which are prescribed as the extent of salutary action, but once extending beyond this rule, they escape restraint or protection, and depend solely on their own resources, while the privilege is converted into an abuse, and the power which before was an advantage is now an evil. Once produced the virus has propagated itself in endless amount. Each representative particle possesses the property of re-production, and the whole is stamped by a stability which will only cease when time shall be no more. The particular laws of its communicability and progression have been minutely watched, and positive information attained concerning their individual features. It presents the conditions of organizations generally; it has a distinct origin, a manifest growth, palpable phases of development, and a final extinction. It is an active agency, it works manifold effects in attestation of its energy, and it is capable of being counteracted or annihilated by remedial powers of a controlling or subversive ability. It is produced, it exists, it performs, it may wither, it may be extinguished. It is at one time an offspring, and at another a parent. We thus see that it is a distinct entity, having uniform properties, identified by characteristic laws, over which thousands upon thou-

san's of years have had no exterminating influence, and connected invariably with a single kind of offence, of which it is the just consequence. And under such a view its occurrence clearly does not appear as the result of blind chance or simple accident, for how then could these things be explained? how then account for its precision, its stability, its uniformity and its constancy, since things that turn out of chance or accident can never have such properties as these. Taking it, however, in connection with its source, and considering it as the solitary emanation from this, and as incapable of development from any other, we must look upon it as belonging to an entirely different order of products—to those in which the highest wisdom may be traced.

In whatever form it may be introduced into the human economy, it is productive of the most dismal and enduring disasters. Examined in apparently the most simple, its destructive propensities, though not so extensive in their range, because the disease is not then hereditary, still display when in full operation an amount of structural change and local suffering that is truly appalling. Nothing is more common than for patients having a urethral discharge, while taking advice upon the matter, to inform the surgeon that it is "a small affair," a mere trifle; they say perhaps there is nothing else wrong with them besides what is visible, a drop or so of pus trickling through the lips of the meatus urinarius; they feel well, are in high spirits, and would possibly have never been seen but for the filthiness which "the affair" causes by its constant issue. Nor is this opinion confined alone to men outside of the profession; there are many within its walls who form as thoughtless an estimate about its importance. Time ere long undeceives both. In spite of the remedies used the secretion continues. Most generally it presents a distinctly intermittent type; it stops and returns, it goes away and comes again, not once or twice only but many times. Its pertinacity stirs up the patience of the subject and the resources of the practitioner—both determine upon winning a triumph—the one prescribes dose upon dose, the other swallows them. The stomach is nauseated by copaiba and by cubebs in some of the many well-bekindled preparations of the apothecary. The bowels are disturbed, food cannot be taken, the mind grows anxious, and the system everywhere participates in disorder. A truce may now be struck, the enemy has retreated, he is no more seen, and hostilities are suspended. But with returning health, upon resuming usual business, or the provocation of some very insignificant cause, as walking a few paces rather more than ordinary, the leak bursts out afresh! Perhaps now a new system is adopted. Injections are preferred or trusted to exclusively, and much ingenuity may be displayed in

their invention and combinations. The change is decided, "the running" gets to be less and less, at length it dries up altogether, except just a drop which is always seen in the morning upon awakening. Little though this be it plainly tells that there is still disease where it came from. At length worn out in trial, and persuaded it may be of the uncertainty of more tampering, all further syringing and medication are abandoned, while not unlikely the Doctor's attainments are privately called in question. Nature is allowed to take her course, and she does so. The patient rests in the belief that he cannot communicate the affection, and that is now the ultima thule of his ambition: he can go on in his former wild mad way of drinking and living, and he is satisfied. Left to itself secretion increases somewhat and settles down into the formation of a thin clear viscid humor. A gleet has entered into office and defies dislodgement. As each new year recurs, its old familiar presence still demands a recognition. This is the representation of by no means an uncommon case. Nor is it one of the worst sort; it has supposed the patient's deliverance from sundry and manifold devices of torture which are recommended in similar instances; it considers that he has been spared the infliction of absolute rest, perfect quiet, determined purgation, genteel starvation, potent cauterizations, occasional blisterings, and additional expedients, in which the surgical art rejoices, unnecessary to be mentioned. Well! the patient lives through it all, for human endurance is wonderfully great, even when taxed by the fiercest assaults; but the original affection becomes modified, as it naturally inclines to, and the membrane still "runs." While this, however, is all that appears on the surface, there are workmen behind the screen surely but slowly plying their trade in a terribly insidious manner. Nature, as we have said, takes her course, but the full result does not appear, it may be, for years after. And when her course has been taken, where does it end? Too often in lesions that render life for ever afterwards a miserable burden, and bring down the unhappy man with sorrow to a premature grave. It is hard enough to trace a gonorrhœa causing orchitis, and, afterwards when years have gone by, to find the testick somehow or other permanently damaged in its normality both structurally and functionally. It is worse to know that gonorrhœa has inducted into being an incurably enlarged prostate gland, hypertrophoid from subacute inflammation of its parenchyma, a source of ever returning trouble and increasing anxiety. But it is worse than all to see gonorrhœa progressing from the urethra into the bladder, and thence encroaching upwards to the kidneys, until it can go no further. Certain are we that practitioners of experience, who know what such cases are, will admit there is no

other ill to which flesh is heir that is so harrassing to mind, so wounding to feeling, so exhausting to body, as one in the organs now detailed, and none which once fairly established by interstitial change affords less hope of permanent recovery. And it is to be added that these are only examples of the complications which may ensue upon the simplest form of the disease. It is not for us, as reviewers, to take up the complete category, that is left for writers, such as Hunter and his followers; not in our pages, but in the pages of some excellent work, such as that the title of which is given above, is a complete account of the whole number to be found.

It may well be inferred that where so much evil ensues from the simplest form, much graver sequelæ must be entailed upon the severer forms. Of the ravages of genuine chancre, it may truly be said the infected party is a fountain of impurity, contaminating all who by blood-descent are connected with him; not limited to himself as in the antecedent case, the evils that riotously revel within his own impure system will most probably also be conveyed by heritage to his children. Nor do they cease with his immediate successors, but they may be visited upon after generations, and thus running through a lineage, the primary poison may become so changed in tendencies as to be scarcely recognisable, and it is to be feared that the idea which some have entertained that anterior syphilis is the parent of remote scrofula, consumption, skin disease, rheumatism, etc., is not without foundation. Be this as it may, it is positive that whatsoever diseases the victim of constitutional lues incurs in his lifetime subsequent to the occurrence of the primary disorder, all take character from it, and it impresses upon them peculiarities that do not pertain to similar diseases in healthy individuals who have never been similarly defiled. Verily, "the way of the transgressor is hard."

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ART. XXV.—*The History of Prostitution: Its extent, causes and effects throughout the world. Being an official report to the Boards of Alms-House Governors of the City of New York.* By WILLIAM W. SANGER, M. D., Resident Physician, Blackwell's Island, New York City; Member of the American Association for the Advancement of Science, etc., etc. New York: Harper and Brothers. Montreal: B. Dawson and Son. Quebec: Middleton and Dawson. pp. 685. 1858.

The notice of this publication forms a fitting continuation of the preceding one. We then were called upon to consider the effect and now

we have to look at the cause of syphilis. Prostitution is the reason of the disease. Had that demoralizing vice never entered the world this source of physical corruption and decay would not have been known. It is impossible to isolate the one from the other. No scheme that has been suggested for the extinction of the malady, without a corresponding suppression of the iniquity, proffers the slightest encouragement of its efficiency; and every endeavor to disconnect the two, by practically guarding against contagion and at the same time attempting no restraint of the crime itself, has been worse than a failure. As long as prostitution continues in the land, equally long will syphilis be dominant. If any one desires to avoid the latter plague he must carefully eschew the former. One of the best analyses of the early history of venereal diseases which we have read was, some years ago, by Mr. Judd, and, if we remember aright, this author believes in what we would call the inherent theory of the poison's development, and refers to the supposititious case of a number of individuals of both sexes, previously free from infection, living promiscuously together, in a condition of prostitution, when the inevitable result therefrom would be syphilis. The illustration, furthermore, presumes this degraded community were living apart from all other society, and that no infection reached them by importation. Every one must confess that disease would inevitably spring up quickly in their midst. Some philosophers, however, might incline to think it would not be genuine syphilis; but against such a conclusion many arguments might be opposed, as, for instance, the first or original production of the real disease. How this might have happened we have shewn in the antecedent review, whence it appears that it sprung up first from the rife-ness of such illegitimate proceedings as we have embodied in this example. Again, prostitution, as Dr. Sanger shews, has prevailed from the earliest periods of which we have a particular historical account, and just in strict correspondence has been the persistence of syphilis, for we at least believe that Mr. J., above quoted, ably proves the identity of syphilis as portrayed by the Jewish lawgiver with that pictured by authors of our own day. And even admitting there were differences, how likely is it that the poison would be modified by national peculiarities and numerous other influences unnecessary here to signalize, which would be competent to account for them? And lastly, the ubiquity of syphilis. Wherever the human family is, there has the pollution raised its hideous apparitions. This again is met by prostitution, which, as Dr. S. shews, has not only existed at every æra of the world's age, but also, with shame be it written, among the people of every nation. When, then, we hear it asked, how can we do away with syphilis? the correct reply we know to be this—by abolishing prostitution. And how can that be effected?



What rejoicing would attend the decision of this question in such a manner as to lead to the extermination of the monster vice; what heart shocks would be unknown, what family peace undisturbed, what ruin of the noblest virtues prevented, what wreck of all that makes life desirable escaped, what social degradation avoided, what worse than brutal assimilation unencountered, what hopeless despair unexacted, what loathsome diseases banished, what miserable reductions of natural longevity unheard of, and what numerous other forms of individual and public sorrows unfelt, if prostitution had never been. Philanthropists and men of true heart have given the enquiry their utmost considerations, the light of virtue that has shone within their breasts has fallen upon the wretched darkness that overhung their fellow-creatures, who, though fallen, still rightly possessed their deepest sympathies, but the rays have done little else than bring into view the fearful consequences. These have been witnessed, but for their prevention no human illumination has succeeded in devising a feasible remedy applicable to the plague in all its ramifications. Legislation, coercion, matrimony, seclusion and other expedients, have been tried in vain. Prostitution is still rife, and will continue. And yet, notwithstanding her miserable triumph, her extinction is not an impracticability. It can never be conceded that there is anything in the present condition of things or in the physical constitution of being to render her a necessary much less an inevitable occurrence. The parties incriminated are not compelled by any stern, irresistible influence to enter upon her service, and, when so entrained, continuance therein is not absolutely unavoidable. On the contrary prostitution is resistible. But success is not to be looked for from extraneous secondary causes, for, unlike the case of other elements in the bitter cup of human woe, she defies their opposition, and progresses fastest when they presume to interpose their obstructions. Until the internal sense be first schooled and ruled no encouragement need be anticipated. The cause of prostitution dwells within the individual, it is identified with the heart, and is strictly a personal possession. No administration of police regulations can possibly reach it, and no measure, whatever it be, will be effective which does not take cognizance in its operation of this great truth and strikes at this, the inbred corruption, the real root of the matter. That this is the only principle upon which the abolition of prostitution can be effected is abundantly testified by Dr. Sanger's history. And we may conclude by subjoining the following extract from it, as contained in a report from, probably one of the first scholars in the medical profession of America, Dr. J. W. Francis. In a report of his on this subject he says:—

“For hundreds of years the Governments of Europe have tried in vain to

dry up the sources of prostitution; with the opening of the present century they began to dike in the river and prevent avoidable mischief. For a long time we too have had laws against prostitution which, with every proper effort on the part of those in authority, have proved as useless as those who live by this illicit traffic could desire—as mischievous in spreading disease as the quack advertiser could wish. Is it not time then to inquire whether we have not attempted too much; whether, if we attempt less, we shall not accomplish more?”

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ART. XXVI.—*A Practical Treatise on the Diseases of Children.* By D. FRANCIS CONDIE, M. D., Fellow of the College of Physicians, Member of the American Medical Association, Member of the American Philosophical Society, etc. Fifth edition, revised and enlarged. Philadelphia: Blanchard and Lea. Montreal: B. Dawson and Son. Quebec: Middleton and Dawson. 1858. pp. 779.

This is one of the very best treatises on the diseases of early life that has issued from the American press. It has long since taken its place among the standard works of the day. It belongs to the class of indispensables, without which no practitioner can get along very well, and with which alone some of our number afford to be satisfied. Although merely claiming to be “practical,” it has also a high scholastic claim. We do not find fault with the reservation, for when properly understood it is very appropriate. A “practical” treatise is not merely one which conveys intelligence that admits of being applied under circumstances of necessity, but it is also one which with this yields the cream of the best information that other authors have derived as the result of their personal observations. A practical treatise therefore should not be barely a collection of useful directions, but, with this, it should be a digest of the science of its subjects. Both these characters are possessed by Dr. Condie’s present work. He has exhibited extensive research into the literature of medicine, both generally and specially in reference to children’s diseases, by having consulted a very large number of productions and applied the best fruits of his labor to the work under notice. And furthermore, upon the special department of Therapeutics, his aim appears to have been to reduce the remarks down to those only which have been proved to have the weight of authority in their favor and can exhibit a clear prospect of benefit upon their injunctions being carried into execution. The treatise having reached a fifth edition, it is presumed to be too long established in popular appreciation to require from us an analysis of its discussion of particular topics. Resting then upon this notice, we conclude with heartily presenting it to the most favorable notice of our readers.

## CLINICAL LECTURE.

(*Medical Circular.*)

*On Asthma an examination of opinions concerning its nature.* Delivered at the Hôtel Dieu. BY M. TROUSSEAU.

Asthma is a disease that manifests itself in attacks composed of paroxysms of dyspnoea and oppression, the attacks recurring at periods more or less regular, and after longer or shorter intervals; the respiratory functions resuming, during the intervals, their wonted regularity. Whether the attacks are brought on by the influence of material causes or not, —whether the disease be connected or not with the existence of appreciable organic lesions, asthma is a disease in which the principal part is enacted by the nervous system, and the spasmodic element shows itself dominant over all the others.

An individual in the enjoyment of perfect health, without having committed any excess in eating or drinking, in exercise or pleasures, in the evening retires, well as usual, and sleeps tranquilly. An hour or two afterwards he is suddenly roused by an attack of the most painful feeling of oppression and constriction; his respiration is difficult, and accompanied with a laryngo-bronchial hissing, especially during inspiration. This dyspnoea, this anxiety, increases; he sits up, resting on his hands the arms backward, the face swollen, sometimes livid or deep purple, the eyes projecting, the skin covered with perspiration, he soon throws himself out of bed, and should the ceiling not be sufficiently high, opens the window for breath, when the free, fresh air brings him some relief. The paroxysm, however, continues an hour or two, or even longer, when its rage abates, and the swollen features assume their natural appearance and hue. The urine, at first clear, and voided frequently, becomes less abundant. The patient at last lies down, and his sleep is now without interruption. Next day finds him leading his accustomed life, and pursuing his affairs as usual, experiencing sometimes a sensation, more or less vague, of tightness in the chest, but often having nothing but the recollection of his past sufferings. Next evening, almost at the same hour, the paroxysm returns, and is absolutely similar to that of the previous evening, and subsides like that, in order to return next night, the same repetition taking place, during three, four, five, ten, twenty, or even thirty days constituting a veritable *attack* of asthma. This attack, the returns of which observe no rule, may be renewed in some individuals after four or five years, even more frequently. Such is the ordinary form of essential asthma, coming on without any appreciable occasional cause, or a mate-

rial cause capable of being detected, unconnected too with any organic lesion capable of demonstration.

Let us now consider asthma as it occurs under the influence of a definite cause. Having myself been subject for a long time to this disease, I shall give you my own case as an example; for in me the attacks are always brought on by particular occasional causes. The severest I have ever experienced occurred under the circumstances I am about to mention. Suspecting my coachman of stealing the horse's fodder, and wishing to be satisfied about the thing, I got up into the granary, and measured the oats. While thus engaged I was all at once seized with such a fit of oppression and dyspnœa that I had scarcely power left to return to my apartment; my eyes were standing out from their sockets; my face, pale and swollen, was expressive of the deepest anxiety; and I had but time to take off my cravat, and rush to a window for air, for I was on the point of being suffocated. Though not in the habit of using tobacco, I asked for, or rather made signs to those about me to get me a cigar, of which I smoked a few mouthfuls; and in eight or ten minutes the paroxysm had sub-sided. By what had it been occasioned? Unquestionably by the dust from the oats I had been measuring penetrating the bronchi. But just as certainly that dust could not, of itself, have sufficed to produce that violent proxysm, for the cause bore no proportion whatever to the effect produced. A hundred times in the streets of Paris, or on our boulevards, a hundred times on the highways, have I found myself in an atmosphere of dust far more dense than that arising from the oats, and of which I could have inhaled but a few particles; yet never, from such cause, did I once experience anything similar: the cause, therefore, must have overtaken me under peculiar circumstances. Under the influence of the moral impression I had received from the thought of this domestic theft—an impression every one can understand—how unimportant soever the theft might be, my nervous system had received a shock; and a cause which, under ordinary conditions, would have been inoperative, even when represented by a force of fifty, took effect under these peculiar circumstances, though represented by a force scarcely amounting to one. This cause was the spark which, falling on dried straw, sufficed of itself to produce a conflagration.

I next mention three curious causes of the same kind, one of which, if I remember correctly, is related by Muret in his 'Apparatus Medicarium.' A pharmacist of Tours, though but slightly asthmatic, was seized with a fit of asthma every time powdered ipecacuanha was used in his shop. It was not only when the root was being powdered that he was seized with a paroxysm of an hour's duration, in which there was frightful

oppression; but the same thing took place when even a portion of the powder was being weighed; so that it became necessary to apprise him whenever ipecacuanha was to be used, that he might for the time betake himself to his apartment. No sort of dust, nor any powder but that of ipecacuanha, caused him any such symptoms. I knew, at St. Germain's, another pharmacist, asthmatic through life, in whom the attacks were brought on exactly in the same manner, and always by powdered ipecacuanha.

You may, lastly, see in the hospital a woman who was admitted on account of rheumatic pains, and who now occupies No 6 Salle street, Bernard. She is forty three years of age, and remarkably stout. Her father, she will inform you, up to the time of her birth, was in the enjoyment of the best health. Her mother, she says, sunk under dropsy, which, if we can trust her account, was probably symptomatic of disease of the heart; while her own health, up to her twenty fourth year, when she married, seems to have been excellent. She then suffered an attack of asthma, which continued to recur during two years, ceasing after suckling her children, never to return. The paroxysms came on in the evening about ten or eleven o'clock, and continued all night, leaving the patient about noon, in a state of great depression, though able to attend during the remainder of the day to her ordinary occupation. What I wish, in this case, to call your attention to, is this: the attacks were never more violent than when excited by some external influence, a circumstance remarked by many asthmatic persons. Though nothing was said to her in reference to this fact, she yet remarked that a paroxysm was immediately brought on whenever she happened to be in her bed-room, when her feather-bed was being made. Facts such as these it is not unnecessary to mention. I have stated that, in the first case, the asthma came on without known or appreciable cause; and that in the other three persons the paroxysm was excited by an external influence, but in the one as well as in the others the disease was purely spasmodic.

But, to continue: A man, without being exposed to cold, is seized with violent coryza; he sneezes twenty, thirty, or forty times in an hour; from the nostrils there is an abundant secretion of clear, liquid mucus. The coryza lasts a day or two, and it might seem merely that the patient had caught cold. There is, first, a nasal catarrh, then laryngitis, and next bronchitis; but there is also a slight cough and towards evening the patient has an attack of asthma. I say towards evening, for asthma usually comes on at night, though there are cases where the paroxysms are diurnal, as there are others that are diurnal and nocturnal, the latter being remittent the others intermittent; here we have the organic affection,

catarrh and bronchitis, with which the spasmodic affection is connected. Indeed it seems not merely connected, but so far dependant, that the asthma might be considered as symptomatic. It is, however, by no means so. The spasmodic disease has so little dependance on the inflammatory affection that let an individual, who has had no attack supervening on a slight catarrh, be seized with bronchitis of a more serious character, or with pneumonia even, and he will have no asthma.

I have long had under my care a rich capitalist who, since he was twenty-five years of age, has been subject to frightful attacks, of which the paroxysms are so violent that till within these last fifteen years he certainly had not been able to lie down in bed seven months, but slept while standing leaning against the mantle piece. Fifteen years ago he was taken with severe broncho-pneumonia on leaving the theatre, his illness was so serious that at one time his life was considered to be in danger. Now, during the whole of this illness he had not a single paroxysm of asthma. He who could not sleep in bed unless his bed were raised so as to resemble an arm-chair, in which he sat rather than reclined, lay down stretched on his back during the whole time this pneumonic disease lasted. He has several times subsequently had catarrhal attacks, but never at such times has he had any asthmatic paroxysm.

The organic lesion is not, then, the starting-point of the disease. Bronchitis, no doubt, plays a part in the production of asthma in such circumstances, but it does so only when the stage has already been set up, when the individual is placed under peculiar conditions, without the intervention of which bronchitis would have been altogether insufficient. The effect produced is not in proportion to the cause; and more powerful causes would act in vain did they not, like that, find the system in the conditions necessary to the development of the disease they are instrumental in exciting. Asthma has, therefore, its personality, nay, it has its caprices, too, like, every nervous disease.

Let us next look at asthma as it affects individuals and as it shows itself in persons of various ages. In children the manifestations of this disease are so singular as to be often mistaken; and I have, perhaps, been one of the first to point out its existence in young subjects.\* If there are children in whom asthma shows itself exactly as it does in adults, such cases are rare: and I, for my part, do not recollect but a single instance where it was so distinctly characterised. It was in a young Moldavian, a boy of five years of age, in whom the asthmatic attacks were

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\* Senectuti quidem præcipuè infestum est; tamen adultos, adolescentes, et INFANSES interdum occupat, Heberden, comment.—Tr.

very distinct and well characterised, and were connected with pulmonary emphysema. Nor did I discover in this boy's antecedents traces of any hereditary affection, nor of gout or rheumatism. Two years after his first visit he was again brought to me with one of his great toes swollen, red, and painful. He had a fit of acute gout the most decided and legitimate—the only instance of gout I have seen in a child, before or since. The arthritis next attacked the knees, and nothing could less resemble acute articular rheumatism. During this attack of gout the patient had not a single paroxysm of asthma—a thing altogether conformable with rule, for, as you will be told, gout and asthma are often manifestations of the same diathesis, so that attacks of gout may alternate with attacks of asthma in the same individual. It was thus with my little *Mohavian*, who had attacks of asthma, alternating with attacks of articular gout. This form of asthma, I repeat, is that of the adult: in children its manifestations are different. Examples will teach you more than the best description, which indeed becomes impossible, when we take into account the variety of its forms.

One of my colleagues a man of vigorous constitution, had two children whose health were very delicate. Their mother was one of those reasonably hysterical persons in whom hysteria affects chiefly the trisplanchnic nervous system. One of these children was one day seized with symptoms of capillary pneumonia, which showed themselves in a very alarming manner, and soon assumed a dangerous form. The patient had been ill an hour when I was sent for. I ascertained the existence of numerous sub-crepitant *râles*, and there was such difficulty of breathing as to cause us to apprehend impending suffocation. I caused a large vesicatory to be immediately applied to the chest; three days afterwards the cure was complete. The success attending my treatment was too wonderful, and was especially too rapid for me to ascribe to it all the honour of the cure. I was considering myself too happy in the result I had obtained, when some days after there was a recurrence of the same symptoms; this time they lasted only forty-eight hours. I was now convinced, even more certainly than in the former attack, that I had to do with something more than peripneumonia catarrh. I reflected what lobular pneumonia is in the young, and my experience in the hospital as well as in private practice had shown me that I had never lost a child with distinct lobular pneumonia—that this disease yielded generally, not to say always, when left to itself; but this case told me it was no longer thus with lobular pneumonia—of little severity when the subject it attacks has passed his second year, it is so formidable in infants of more tender age that I have seen forty die in forty-two, be the treatment what it might. Considering,

therefore, that my colleague's infant had been cured of so terrible a disease the first time in three days, and the second in twice twenty-four hours, I doubted the correctness of my diagnosis, or at least I corrected it by reference to the hereditary antecedents, not forgetting what the mother of the child was. I said to myself that in this case the nervous element must have acted a chief part, if it did not occupy the entire stage. So, when called again, three months afterwards, to visit this little patient, who, one evening, after he had been playing as usual, was suddenly seized, about ten or eleven o'clock, with a paroxysm as severe apparently as the former; I advised burning stramonium in his chamber, in order to combat the spasmodic element, and next day the child was well. His disease, then, had been a true neurosis of the pulmonary apparatus, complicated with secretion from the bronchi, resembling in this the neuroses that are so frequently accompanied with secretion, as I have on many occasions taken care to tell you. I had here to do with a fit of asthma, and was now for the first time standing in the presence of such symptoms in an infant, or rather this was the first time I had ascertained their existence in subjects so young; for on reviewing all the cases that have come under my observation, I can recollect perhaps a score which I have seen without comprehending. How often has it happened to physicians the most attentive and enlightened, to look on disease and not to see what another, because a better and more attentive observer, sees in a true light, and can clearly understand! Persons with albuminuria had been seen before Bright; but no one before him had deduced from the facts their legitimate consequences. Before Virchow and Bennett, before Magnus Huss and M. Vidal, persons with leucocythemia\* were not unknown; but like the former, their cases were misunderstood. Before Bouillaud the co-existence of affections of the heart with rheumatism had perhaps been remarked, but no one before the eminent Professor of 'La Charité' had divined the relation that exists between those affections and rheumatism. So with me; it was only now, when looking on the disease for the twentieth time, that I at last understood its true nature.

I was acquainted with a magistrate whose wife and niece were both of a temperament highly nervous. His child being subject to catarrhal

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\* M. Vidal, in his excellent monography on "Leucocythemia," published in 'Gazette Hebdomadaire,' 1856, has cited many authors, from Hippocrates downwards, who have mentioned under the names, engorgement, obstruction, and hypertrophy of the spleen, cases which, though confounded one with another, present an evident resemblance—a remarkable identity with the cases of leucocythemia published in our day, and with those he has himself seen.



affections was taken to Nice, where they passed the winter, but in May, being seized with a very violent catarrh, he was again brought back to Paris as soon as he could bear the journey. He was seized on his arrival with the same symptoms, when I was called, with M. Blache, and found him in a state apparently bordering on asphyxia. Recollecting, however, the facts I have just related to you, and taking into account his hereditary antecedents, his mother was, as I have told you highly nervous. I was far from feeling alarmed, and I prognosticated that the conflagration would be easily extinguished. We ordered fumigations with datura, and in order to quiet the imaginations of his parents rather than on his own account, we prescribed a mixture of no potency whatever—in fact, a veritable homeopathic potion. In two hours the symptoms abated; next day he was well, and we were received by the family, who ascribed, no doubt, our success to the potion with demonstrations of joy. The little patient has since suffered from similar symptoms which have each time been allayed by datura.

My attention once fixed on this sort of asthma, it did not any longer escape my attention when occasion brought it under my notice; and I have now met with it often in children, often at least when the rarest of the disease is considered—a case or two every year. Now, asthma always shows itself in those forms I have indicated to you; but in our young Moldavian it took the form it has in the adult. In the cases I have mentioned the disease had a very rapid course, but the symptoms may sometimes last seven, eight, ten, or twelve days. Though the catarrhal element may predominate and obtain entire ascendancy—and that perhaps because our interferences has not been sufficiently active or sufficiently early to prevent such result, yet the nature of the affection still remains unchanged; it is still the same disease in which the nervous affection is the capital and essential element on which the catarrhal inflammatory affection is superimposed. So true is this, that if you come in time with therapeutic means capable of combating effectually the spasmodic element, even when the catarrhal element has manifested itself, the disease marches on *uno tenore*, and yields more easily than would a legitimate pulmonary catarrh, even when the catarrh has in the former instance assumed greater intensity and a more formidable appearance than in the latter. No doubt where the catarrhal element has for a length of time been predominant, the disease is recognised with greater difficulty but still it is marked by those caprices in the symptoms, those attacks of oppression and suffocation, that return principally at night and in an intermittent manner, and often continue, even when the catarrh has ceased, with an intensity that bears no longer any proportion to the in-

flammatory affection. On the other hand, the general symptoms, the febrile phenomena, are but feebly marked, and here also they bear no proportion to the intensity of the thoracic symptoms.

Lastly, as to prognosis, the attacks how frightful soever they may seem, subside to return, however, at intervals more or less remote or more or less near. Can such be said to be the case with peripneumonia catarrh, so severe as to excite such marked symptomatic phenomena? No, certainly; for the latter disease seldom attacks twice the same person, since usually, if not always, the first attack proves fatal.

I have related cases to show you the manner in which asthma develops itself; I have given you my own case, and have spoken to you of catarrh as an occasional cause. Among the occasional causes of asthma, however, there is one highly curious and important, which it is necessary to point out—I mean conditions of *climate and habitation*, and these shall be the subject of our second lecture.

### THERAPEUTICAL RECORD.

*Arnica cerate.*—N. Hynson Jennings (Journal of Maryland College of Pharmacy) prepares a plaster, of hard cerate of arnica, in the following way: Take of arnica flowers, four ounces; olive oil, six ounces; beeswax, ten ounces; diluted alcohol, sulph. either, of each a sufficient quantity. Having reduced the flowers to a tolerably fine powder, moisten with diluted alcohol and pack firmly in a glass funnel; exhaust, and by means of a water bath, evaporate to about five fluid ounces, and mix with the oil and wax, previously heated together; then boil over a slow fire till all moisture is dissipated, and lastly strain. A little ether is required to dissolve the resin deposited on the sides of a porcelain dish.

He states that it has been found to afford great relief in tenderness of the feet, produced by exposure to intense cold.—*Peninsular Journal*.

*Chromic acid in syphilitic vegetations.*—Mr. Hairion, after describing the advantages derivable from the chromic acid in certain forms of the granular eyelid (a disease of common occurrence in the Belgian army), observes that the trials he has made of the acid, as recommended by Marshall and Heller in syphilitic vegetation, have been attended with the most complete and rapid success. Moreover, its application, whether to these syphilitic vegetations or to the fungus granulations of the conjunctiva, is never attended with pain or reaction, notwithstanding the rapid destruction of tissue that takes place.—*Annales d'Occulistique*.

*Cold applications and sulphate of copper in croup.*—Dr. Padon relates some cases as examples of the great benefit he has derived from the continuous applications of cold wet compresses to the neck simultaneously with the

Administration of sulphate of copper in two-grain doses every half hour; sixty-four grains having been given in one case and seventy in another.—*Journal für Kinderkrank.*

*Collodion in herpes zona.*—Professor Fenger has of late been treating this troublesome affection advantageously by collodion, smearing it by means of a pencil over the whole of the vesicles, their bases and their circumference, or wherever there is redness. It should be applied as early as possible, and three layers in thickness, renewing it next day. He finds the addition of castor oil to the collodion an improvement; but especially prefers the solution of cotton wool in acetic ether.—*Schmidt's Jahrb.*

*Extemporaneous chlorine solution.*—A preparation of chlorine can be readily prepared, as follows: ℞ Common salt, twenty-four parts; sulphuric acid, twenty-four parts; red lead, one part; sulphuric acid, twenty-four parts; cold water, one hundred parts. Mix the red lead with the salt, and introduce into a vessel containing the water. The acid is then gradually added, stirring at intervals. By this process sulphate of lead is first formed and precipitated, and sulphate of soda and chlorine remain in solution; the latter gives the liquid a yellow color, and is gradually disengaged from the surface of it. For disinfecting purposes, it should be poured into shallow plates. It is cheaper than chloride of lime, and more convenient.

We have recently had this solution recommended by Mr. Hagan, a pharmacist of Troy, N. Y., as an admirable means of bleaching sponges; a single immersion in it for a few moments rendering white the coarsest or finest sponges, without materially injuring their durability.

*Peninsular Journal.*

*Iodine in ague.*—M. Barrilleau has cured thirty-seven out of forty cases of ague, in which he has tried the tincture of iodine. He continued its use for several days, giving ten drops as a dose in infusion of chamomile.—*Rev. Med.*

*Vinegar in dropsy.*—Dr. Beyer, a military practitioner at Breslau, treats almost all dropsies exclusively by wine-vinegar, giving a spoonful of the fluid every hour, and in the intervals water acidulated with it. Six ounces are consumed daily, and a complete cure may require from six to nine pounds. The appetite is increased rather than diminished during this treatment; and at first three or four stools per diem are produced, which augurs success. When, after a time, the patient becomes disgusted with the vinegar, lemon juice may be substituted.—*Ib.*

*Application of cold in the vomiting of pregnancy.*—M. Dezou has published three cases of obstinate vomiting in pregnancy, in which he has derived great advantage from the employment of a towel wet with cold water, wrung out, and applied as a compress to the pit of the stomach, renewing it every five minutes. The procedure will, however, be only found useful in purely nervous vomitings.—*Ib.*

## PERISCOPE.

*On Immediate Straightening and Cauterization under starch-bandages, in the Treatment of White Swellings. Utility of Chloroform in discriminating between Muscular Contraction and Coxalgia, Croup, Cutaneous Anæsthesia. Tubing of the Glottis, substituted for Tracheotomy.*

A communication made to the Academy of Sciences by Dr. Bonnet, of Lyons, on the treatment of white swellings by instantaneous straightening, has, in latter times, created a very lively sensation in the medical world.

In many diseases of the joints, says Dr. Bonnet, articular lesions coëxist with deviations and incomplete luxations. Prudence sometimes points out the propriety of not interfering with these mal-formations, but it is often requisite to replace the limb in its proper direction. Now, when straightening is necessary, there are two modes of effecting it; immediate straightening by forcible extension, and slow and gradual straightening by machinery. Great experience in both, which he has compared, has proved to Mr. Bonnet the superiority of the former of these modes over the latter.

Dr. Bonnet already proclaimed, seven years since, its excellency in coxalgia attended with fibrous adhesions. This surgeon now shows that in all deformities without organic lesion, or resolution, the mode of straightening to be preferred, is that which requires but one operation, followed by the protracted immobilization for several weeks.

The essential and general rule to be followed in such cases is, first to loosen the articulation during artificial anæsthesia, and to restore its mobility completely. This may be accomplished by an alternate series of gentle flexions and extensions, graduated and carried to the extreme limit of the natural movements. The adhesions being destroyed and mobility restored, may be proceeded with. Proper tractions and pressure are then sufficient, and success is in proportion to the mobility obtained.

When the limb operated on has resumed the best possible direction, nothing further is required but to fix it in its new position with all due precaution, in order to prevent or alleviate the consequent pains. Grooves constructed with annealed iron-wire, properly lined, may be employed for this purpose. But these grooves are not indispensable, and, in Dr. Bonnet's estimation, it is preferable to use a wadded and starched pasteboard bandage. Some days ago, Mr. Bonnet applied his apparatus, in the presence of a great number of persons, at the clinical lecture of Dr.

Nélaton; and we remarked the minute care with which he arranged its various parts. The surgeon first rolled round the limb thick strips of wadding, which he fixed in their places by a few turns of a linen roller; pasteboard splints, impregnated with liquid starch paste were placed over it, and were, in their turn, covered with starch-bandages of considerable length; in order to give this apparatus immediate solidity, Mr. Bonnet applied over all, annealed iron-wire splints, which he prefers to Mr. Sautin's dry pasteboard ones.

Thus constituted, the starch-bandage must be left in its place for three weeks or a month. At the end of that time it is removed, the diseased parts are examined, and the surgeon, by applying either a new bandage of the same nature or some other apparatus, completes the straightening, and endeavors to obviate the return of the deformity, which long preserves a great tendency to recur.

But how brilliant soever the result of the straightening may be, when viewed with reference to form, to functional aptitude, or the rapid improvement of the inflammatory state and the removal of pain, it does not, however, directly tend to cure the disease itself. To obtain this ultimate benefit, Mr. Bonnet practices cauterization under the starch-bandage.

This cauterization can be performed with caustic potash, Vienna paste, or chloride of zinc. Mr. Bonnet usually employs potash lozenges wrapped up in wadding, so that the escharotic liquid may not extend beyond the point to be acted on.

Whatever caustic may be selected, it is important that the bandage applied after cauterization should extend far enough to procure absolute immobility and a complete protecting cover. Thus, for instance, after an operation on the knee, the bandage should extend from the extremity of the foot to the pelvis, and thus render motionless the foot and even the hip. In this manner the counter irritants act exclusively on the skin and the cellular tissue, without the local inflammation which follows the application of caustic being communicated to the diseased synovial membranes, as would happen were the limbs abandoned to their natural movements.

Dr. Bonnet began, in the spring of 1857, cauterizations in combination with immobility and occlusion, and since that period, sixty cases referring to white swellings of the foot, knee, elbow and hip, have testified in favor of this method. In the fifteen months which have just expired, Dr. Bonnet has cured, or improved to a degree bordering on cure, three white swellings of the foot, as many of the knee, and one of the elbow, all attended with numerous abscesses proceeding from the joints and in

conditions which, according to habitual surgical practice, would have justified amputation.

We should add that, during the period of cicatrization of the cauterized parts, the limbs remain supported in grooves which, while they insure immobility, expose to view the regions which require to be dressed. At the same time, a treatment calculated to modify the general state of the patient is instituted, and during the convalescence, light supports are used, with can be placed and removed at pleasure, an indispensable prop to limbs weakened by too long protracted inaction. Such is the method expounded by Dr. Bonnet, not only before the Academy of Sciences, but before the greater part of the learned societies of Paris. Several members of the Society of Surgery expressed a desire that Mr. Bonnet should state with precision the circumstances in which immediate straightening may be practised in coxalgia. Mr. Bonnet replied that for four months past he had attempted straightening eight times in that articular disease, and that he had succeeded seven times. He attributed this enormous proportion of success to the fact of having operated on subjects under fifteen years of age. Before the twelfth year, straightening, applied to coxalgia, presents chances of success so numerous as almost to amount to certainty, unless the deformation is of several years' standing and presents many closed sinuses. Above the age of fifteen, the difficulties of straightening are extreme, particularly if the injury is more than six months' date. The effects of counter-irritant cauterizations are then but uncertain, and deep and direct cauterizations may be attended with danger. Relatively to the circumstance of the disease being acute or chronic, Mr. Bonnet has always found that, far from being counterindicated by the acute state, straightening and immobilization are the best means of treatment which can be opposed to the inflammatory action. In the chronic period, straightening in children is still applicable, when any traces of mobility remain. Complete ankylosis, at any age, and in every case, is a formal counter-indication to straightening. To confute the objections raised on the subject of the inflammatory accidents, which might be induced in a diseased articulation by his operation, the skillful surgeon of Lyons had but to invoke his own experience. By resorting to methodical movements alone, by keeping up a uniform temperature around the diseased limb by means of the thick layer of wadding with which his apparatus is provided, by rendering the limb immovable after it has been straightened, Dr. Bonnet has never had to deplore any serious accident, even when, to attain his object, he has been compelled to perform the subcutaneous section of the contracted muscles.

We shall certainly revert to a question which promises to afford for

a length of time matter for discussion at the meetings of our learned societies; but we have deemed it a duty at once to call the attention of our readers to one important result obtained by the application of Dr. Bonnet's method. We allude to the facility with which artificial anaesthesia generally enables the practitioner to discriminate between mere muscular contraction and real coxalgia.

The *Gazette des Hôpitaux* has published on this subject several interesting cases, one of which was observed in Dr. Robert's wards, at the hospital of the Hôtel-Dieu in Paris.

A young woman, twenty-five years of age, occupying the bed No. 3, of Saint-Paul's ward, presented, the last four months, all the symptoms of coxalgia, viz., pain in the hip, improper attitude of the limb, which was bent upon the pelvis, placed in adduction and slightly rotated inwards, with consecutive deviation of the pelvis, immobility, resistance to straightening, attempts to effect which occasioned much pain, etc. Dr. Verneuil, who at present supplies the place of Dr. Robert, desirous of applying Dr. Bonnet's method in this case, had her conveyed to the operating theatre, where, previously to any operation, she inhaled chloroform. Mr. Verneuil expected that he should have to use great strength and he had secured the co-operation of numerous assistants, when, to his surprise, the limb reduced itself, as if spontaneously, at the first efforts of the operator. It was then easy to cause the thigh to perform, without the least violence, the most extensive physiological movements, without experiencing any resistance whatever, and without the hand or the ear detecting the smallest amount of friction. The limb replaced in its proper position, was maintained by means of Dr. Bonnet's apparatus.

We read on the other hand, in the *Gazette hebdomadaire*, that in a girl of eighteen, who had been for three years thought to be laboring under coxalgia, anaesthesia, employed for the purpose of immediate straightening, enabled Dr. Robert to ascertain the complete integrity of the coxo-femoral articulation and to discover a muscular contraction, which was most successfully treated by walking, electricity and general tonics.

The same journal relates another fact, well worthy of attention. Dr. Laugier had to treat, in his wards of the Hôtel Dieu, a boy who had been suffering three years in the right hip. The pain felt by this patient was at times so intense, that for a fortnight he remained seated on the edge of the bed with his feet resting on a chair, his thigh bent and in outward rotation.

Dr. Laugier, unable by ordinary means to relieve this child, put him under the influence of chloroform and performed instantaneous straighten-

ing without encountering any serious difficulties; a mechanical apparatus was then applied to render the extension permanent. The pain ceased as it were by magic, and the patient was soon able to walk with crutches.

Facts, such as these, are so much the more deserving of remark, that the muscles, as Dr. Jules Guerin has observed, play an extremely important part in coxalgia. Sometimes they are in a state of contraction, i. e. of spasm, and susceptible of immediate return to their normal length and consistency; at other times they are in a state of retraction or of organic shortening, and do not resume their physiological dimensions unless by laceration or tenotomy. This surgeon even considers muscular contraction the essential symptom, one of the earliest in coxalgia; so that it may exist without disease of the bones, as it, at times, is superadded to a morbid condition of the bones, and is then merely an accessory phenomenon. The benefit which may be derived in these various cases, from an agent that alleviates pain, enlightens diagnosis, and becomes the first element of rational therapeutics, will be readily conceived.

Within the last six weeks more than twenty children attacked with croup have been operated on at the Saint-Eugenie hospital. The attention of the physicians of this hospital has therefore been much engaged in the observation of this disease; and the clinical studies, to which Dr. Bouchut in particular has devoted himself, have produced results which we deem it our duty to lay before our readers.

We would first notice the existence of a new symptom of croup, which affords an indication for tracheotomy. Since Professor Trousseau has again brought his operation into favor, the question has often been asked at what time, except that of asphyxia with suffocation, the operation should be performed on children attacked with croup. We stated, some years since, in this journal, that Dr. Trousseau was of opinion that it should not take place before the last stage of the disease had fairly set in; more recently the eminent professor has pronounced in favor of an early operation. Increasing asphyxia is, with the major part of practitioners, the determining consideration; but it is known that children die with their faces pale, without cyanosis or apnœa; in short without any apparent traces of asphyxia. With regard to the latter therefore, the practitioner has no indication to guide him.

Now there is, in Mr. Bouchut's estimation, a more certain sign of asphyxia, viz. *cutaneous anæsthesia*.

Whether asphyxia be *latent* or *apparent*, when the obstacle to hæmatisation has lasted for some days and the disease is approaching a fatal termination, the skin gradually becomes insensible, and it may be pricked or cut without occasioning any pain, or at least any movement indicativ



of suffering. If croup requires tracheotomy, it is not rare to see children undergo the operation without manifesting the least sensibility. Dr. Crequy, formerly Dr. Barthez's house-surgeon, has just published in his inaugural thesis the case of a little girl of six years of age operated on for croup, who, having recovered from the operation, declared she had felt no pain. Dr. Demarquay has similarly ascertained the existence of anæsthesia in a woman on whom tracheotomy was performed for an accidental fit of suffocation. Anæsthesia is not therefore an effect of diphtheritis, but of the interruption of hæmatisis, and, as experiments on animals have proved, the result of the presence of too large a proportion of carbonic acid in the blood. Now, what is the clinical importance of this phenomenon? As we have said above, it affords one indication more for the performance of tracheotomy, and this indication will be particularly useful in the case of *latent asphyxia*.

Mr. Bouchut has thus contributed to increase perhaps the favorable chances of this operation. But his ambition did not stop here, and he has recently communicated to the Academy of Medicine an idea which, already carried out with two children attacked with croup, would tend to nothing less than the suppression of tracheotomy as an ultimate resource henceforth useless.

After all the attempts made to arrive at the cure of croup by the introduction of the catheter into the larynx, Mr. Bouchut has drawn from that practice, the principle of a new method, which he designates by the name of *tubing of the glottis*, and which consists in introducing, and leaving for a time in this orifice, a metallic ring.

The instruments he has used twice on living subjects are: 1. curved male catheters of different sizes, open at both ends and intended to penetrate into the larynx as guides to the ring which this organ is to receive; 2 straight cylindrical silver rings, of from  $\frac{1}{2}$  to  $\frac{3}{4}$  of an inch long, provided at their extremities with two ridges at the distance of a quarter of an inch, and pierced with a hole for the passage of a silk thread, the function of which is to preserve a hold upon the ring from without; 3. a ring to protect the forefinger, or an instrument designed to keep the jaws open. When provided with these instruments, Mr. Bouchut employed them first on a dead subject and he ascertained to his own satisfaction and that of his colleagues that after having been introduced into the larynx, the upper edge of the ring was engaged beneath the superior vocal chord in the ventricles of the larynx; that the movements of the epiglottis and the arytenoid cartilages were not obstructed; that the inferior vocal chord placed itself between the two ridges of the canula, and consequently that it was above the lower ridge corresponding with the internal face of the cricoid cartilage.

This being accomplished, it became necessary to apply the method on the living. An opportunity soon presented itself, but it was during the dreadful epidemic, which in the month of August sent to the Saint-Eugenie Hospital fifteen cases of croup, which terminated fatally. Diphtheritis was generalized; and in addition, as Mr. Bouchut acknowledges, had the two children, on whom the *tubing* was performed, recovered, nothing positive could be concluded from the circumstance. All that can be said, and Mr. Bouchut has kindly permitted us to witness the operation, is that the tubing of the larynx is not a difficult process; that the canula remaining in the glottis for thirty-six hours was perfectly harmless; that the two children could speak distinctly and take liquids without swallowing them the wrong way, and that there was, in every respect, a temporary improvement analogous to that which follows tracheotomy.—*Jour. of Prac. Med. and Surgery.*

*The recent Trial for Rape at Montreal.*—In a late number, we took occasion to refer to the trial of a dentist in Montreal, for alleged criminal assault upon a female patient whom he had rendered insensible by the inhalation of chloroform. The editors of the Montreal Chronicle, while they agree with us in the opinion that the defendant was unjustly condemned, think that an important element in the settlement of the question would be the nature of the anæsthetic agent employed, because, according to them, sulphuric ether is much more likely than chloroform to cause erotic ideas, when inhaled. We believe this opinion to be wholly unfounded. It is not common, we presume, for such effects to follow the administration of either agent, but they do sometimes unquestionably occur, and as often with chloroform as with ether. The fact is, that the plaintiff in this case, as happened in the celebrated case of Dr. Beale, of Philadelphia, was menstruating at the time. The sexual functions were consequently in a state of excitement, and the administration of any stimulant, even a couple of glasses of champagne wine, would have been like to create erotic ideas, and to vividly impress the patient with the belief of their reality. The instances of such effects from chloroform are perfectly well authenticated, and one was testified to by a medical gentleman during the trial.

We take this opportunity of again protesting against the injustice of allowing the testimony of a person concerning facts which took place while he or she was in a state of complete or partial insensibility, unless corroborated by other evidence, to have any great weight in a case like this. Whose life or reputation is safe, if a patient can so easily swear it away? It was not even established that any rape had been committed

at all, any more than in the Philadelphia case to which we previously alluded. before the trial took place. We cannot forbear also commenting upon the extraordinary verdict rendered at the Montreal trial. If the defendant were "guilty of an attempt to commit a rape," upon what grounds was he entitled to a recommendation to mercy? What circumstances can palliate such an attempt, especially in a case like the present, where the crime would be a most atrocious violation of confidence? Either the defendant was guilty or not guilty, there could be no other alternative; and, if guilty, he ought to be subjected to the heaviest penalty prescribed by the law.—*Boston Med. & Sur. Journal.*

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*Ash Tea as the Remedy for the Bite of a Rattlesnake.*—DR. GEORGE S. BLACKIE:—Dear Sir, An old Tennessee friend of mine writes to me to know if I were ever called to attend a patient suffering from the bite of a rattlesnake, or any other poisonous reptile; if so, to know my treatment, and the result of that treatment, as he is in misery through fear of being bitten by one. As he is a subscriber to your valuable Journal, I send my answer to you for publication, if you deem it worthy of filling a page for you.

My answer is, that I have treated two patients bitten by rattlesnakes, and one by a spreading adder. In every case the treatment was the same, with like results. The first was a negro women. While binding fodder late one evening, she was bitten on the fleshy part of the arm. I gave her about one pint of ash tea, prepared by taking a handful of the inner bark of the ash, adding one quart of water and boiling down to a pint. I do not give it all at once, but about half a gill every twenty minutes. As soon as the patient has taken about two portions, he will break out into a profuse perspiration. I also applied a poultice of the bark to the bitten part. On the following day the negro went to the field as usual. Case second was treated in the same manner with the same results.

Case third was Mr. N., who had hid a bottle of whisky behind the gate post, and wanting a dram about noon, reached his hand through the crack of the fence for it, and was bitten by this rusty old adder, who was guarding the bottle. The same treatment was adopted, but the patient was three days in recovering.

I am satisfied that the tea prepared from the ash bark is an effectual and safe antidote for the poisonous bite of such serpents as frequent this part of the country. The tea thus prepared is as bitter as quinine itself. Being satisfied that it is a certain and speedy antidote, I never pretend to do anything else, always applying a poultice of the bark to the bitten

part. Why the remedy has not been more generally used, I cannot say. It was a new thing to me in the spring of 1854.

I draw my conclusions from the following facts: 1st, That after using the ash tea, a moderately large dram will produce intoxication as if nothing had happened. 2d, That a rattlesnake will not snap or bite at an ash pole. You may torment him with a pole of any other kind of wood, until he is entirely mad, then try the ash pole, and he will coil himself up, and no effort on your part can induce him to strike a stick of ash wood. How ash tea ever came into use as an antidote for the bite of a poisonous serpent I know not. I have the history of its origin from an old Frenchman, who follows hunting and trapping. He says that a hunter was once bitten by a rattlesnake, and the effect produced by the bite was sickness and blindness and the hunter becoming hungry commenced to gnaw everything that came in his way; among the rest he fell on an ash root, which entirely relieved the sickness and also the blindness. Whether his statement is entitled to any confidence or not, I am unable to say.

Yours respectfully,

—*Nashville Jour. of Med.*

ARKANSAS SWAMP DOCTOR.

*Proceedings of the Nashville Medical Society.*—President A. H. Buchanan made a verbal report of interest and importance. He was lately called to see Mr. E., of this city, who had a violent bleeding of the nose, which alarmed him in no small degree, as his father had once nearly bled to death from the same cause. All the known remedies were had resource to, but without avail. The Doctor then attempted compression. He was not aware that his remedy was a new one, but not knowing what to do in the case, and while reflecting on the matter, it appeared to him that he might stay this bleeding by simple compression. Sitting then before his patient, he put his thumb and finger on the carotid artery of the right side, and compressed it against the transverse processes of the cervical vertebra. This stopped the bleeding almost in a moment. Twenty-five hours subsequently, it recommenced; the same practice was followed, and with the same immediate beneficial results. Since this, the bleeding has not recurred. He therefore recommended compression of the carotid artery as a remedy for epistaxis.

The Doctor mentioned also two instances in which he had saved the lives of women by using compression. This was not original, as he had gleaned the idea from reading in a medical journal, he forgot which. In one case the woman was in parturition, the child was already born and hanging by the cord; the hemorrhage was awful; she was entirely

exhausted, pale, almost dead. He relieved her of the placenta, and carrying up the finger, pressed the aorta, immediately above the bifurcation, against the spine, and the bleeding ceased readily, while an assistant swathed the legs in bandages.

Dr. J. F. May stated that he had once compressed the internal jugular vein, in a case in which the vein had been opened. A large fibrous tumor was being dissected out, when numerous deep adhesions in the substance of the neck were detected. Some of these were attached to the vein, and on traction being exercised the coat of the vein gave way. The hemorrhage was terrific. He compressed the vein at once against the processes of the vertebrae, and as the tumor was only two-thirds out, and he had not time to dissect it, he tore it out. Dr. Coolidge of the U. S. N. assisted him in the operation, and kept the patient two hours and a half on the table, and by brandy, friction and blisters, restored him. The vein was tied, and the man recovered, so that in a fortnight after the Doctor removed another tumor from the same subject. The cases of tying this vein on record are very few in number. Dr. Mott, of New York, reported a case some years ago, the first on record, he calls it, but Dr. May claims that his case preceded Dr. Mott's by several weeks. *Nashville Journal*.

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*A Case of Perforation of the Pericardium by Echinococci.* By C. A. WUNDERLICH. (Archiv für Physiol. Heilkunde, Jahrgang, 1858, Zweites Hft.)

A laboring man, aged twenty-two, had always enjoyed good health, with the exception of an attack of peritonitis following a blow on the abdomen when sixteen years old. In June, 1857, he observed that his trousers were getting too tight for him across the belly, without other unpleasant symptoms. A week later he was attacked with cholera, diarrhoea, headache, vertigo, and thirst; rigors followed, and he was brought to the hospital. The heart and lungs appeared healthy, but the diaphragm was pushed up to the fifth rib; there was high fever. The abdomen was tender, and the hypogastric region covered with a venous plexus; one prominence was observed in the epigastrium, and another in the cæcal region, due to movable tumors. The former yielded a hollow percussion-sound, the latter one resembling the vibration characteristic of hydatids; the tumors were not more tender than the rest of the abdomen. The total evidence spoke rather in favor of the presence of cancer than of hydatid cysts. The tumors grew rapidly, the tenderness increased, the fever persisted, and icterus supervened, with severe epistaxis and hæmatemesis. Some improvement took place after the middle of

the ensuing July, and the patient in August began to leave his bed; the idea of the cancerous nature of the tumors therefore was abandoned. On the 22d September there was a temporary relapse, and on the 28th September severe pain in the abdomen and dyspnoea, with great tenderness of the upper tumor. The patient recovered again somewhat, but the symptoms fluctuated more or less till the 18th October, when there was a sudden fall of temperature of the body, contracted features, cold sweats, small, slow pulse, quick breathing, increasing collapse, and death on the 20th October. We only note the prominent points observed in the autopsy twenty-nine hours later. In a pulmonary artery of third order, of the inferior right lobe, there was an echinococous cyst of the size of a pigeon's egg; the remains of echinococci were found in the branches given off from this artery. Pleura healthy; pericardium distended up to the second rib, containing four ounces of a purulent fluid. The parietal layer was thickened and covered with yellowish-red villi; the visceral layer was  $1\frac{1}{2}$  line thick; the heart reduced in size, its tissue pale and very friable. At the base of the pericardium there was a perforation with thin, smooth edges, which was covered by the heart, and which passed through the diaphragm, establishing a communication between the cavity of the pericardium and the epigastric tumour; the perforation was blocked up by a small echinococous cyst which had got wedged into it. The left lobe of the liver was almost entirely replaced by a large hydatid tumor of the size of a child's head, containing numerous subdivisions with echinococci; otherwise, there was no marked derangement in the liver. The upper third of the spleen was occupied by a hydatid tumor of the size of a fist; in the retro-peritoneal space between the diaphragm and the stomach were three similar tumors of the size of apples: six were also found, from the size of a walnut to that of an apple, in the omentum. Between the psoas and the posterior surface of the cæcum was one of the size of a fist; a cylindrical one, three inches long and one broad, lay across the hypogastrium; above fifty were scattered over the mesentery, and two lay under the serous investment of the vermiform process. The intestinal mucous membrane was normal, there was no ascites, and nothing marked about the kidneys.—*British and Foreign Medico-Chirurgical Review.*

# The Medical Chronicle.

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LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

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**NAVY MEDICAL SERVICE.**—The last of the three public services of England having Medical appointments is the Royal Navy:—

*Admiralty Office, Somerset House.*

*Director-General of the Medical Department of the Navy*—Sir JOHN LIDDELL, C.B., M.D., F.R.S.

“The candidate must produce a Diploma from one of the Colleges of Surgeons, also proof of having received a preliminary classical education; of having been engaged for not less than six months in practical pharmacy; that his age be not less than twenty years, nor more than twenty-six; that he has actually attended an hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, or Bristol, for eighteen months subsequently to the age of eighteen; that he has been engaged in actual dissections twelve months; that he has attended the following lectures—Anatomy, eighteen months (or general anatomy, twelve months, and comparative anatomy, six months); surgery, eighteen months (or general surgery, twelve months, and military surgery, six months); theory of medicine, six months; practice of medicine, twelve months; (if the lectures on the theory and practice of medicine be given in conjunction, then the period required is eighteen months;) clinical lectures on the practice of medicine, six months; practice of surgery, six months; chemistry, six months (or lectures on chemistry, three months, and practical chemistry, three months); materia medica, six months; midwifery, six months, with certificates of the number of cases attended; botany, three months.

“By an Admiralty Circular, dated 1855—1, Assistant-Surgeons of the Royal Navy are to rank with mates, according to the dates of their respective commissions, and will take relative rank with Lieutenants and Assistant-Surgeons in the Army. 2. Assistant-surgeons serving in ships commanded by captains or commanders are to mess with the ward-room officers; and those serving in vessels commanded by lieutenants or masters are to mess in the gun-room with the other officers. 3. Cabins are to be assigned to Assistant-Surgeons whenever the service admits.”

It is reported that the provisions of the warrant recently issued by the War-Office, regulating the grades, rank and emoluments, and general position of the medical officers of the army, are about to be extended in every particular to the medical departments of the navy.