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THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXXVI.—*Statistics of Delirium Tremens amongst the Troops in Canada for the last thirty years, with some observations on the Disease.* By Walter Henry, M.D., Inspector General of Military Hospitals.

My attention having been called to the subject, I caused an examination to be made last summer amongst the records in the Inspector General's Office, with the object of ascertaining whether or not this disease had become more frequent, and more fatal, amongst the troops, in proportion to strength, within the last thirty years. I have divided this time into quinquennial periods, and send a synopsis of the result for the Medical Chronicle; under the impression that the matter is of public and professional, as well as military interest.

TABLE I.

For five years from 1st April 1823 to 31st March, 1828.

Aggregate strength of the troops in Canada for the period, ..	13,841
Average annual strength, ...	2,768
Number of cases of Delirium Tremens, ...	54
Number of deaths, ...	1

Ratio of cases to strength as 1 to 256.
Ratio of deaths to cases as 1 to 54.*

N.B.—Fractions omitted.

TABLE II.

For five years ending 31st March, 1833.

Aggregate strength of the troops.....	15,763
Average annual strength.....	3,152
Number of cases.....	140
Number of deaths.....	10

Ratio of cases to strength as 1 to 113.
Ratio of deaths to cases as 1 to 14.

* As the disease was not so accurately diagnosed thirty years ago as at a later period, it is probable that this table does not comprize all the fatal cases that occurred; and that those omitted were returned under some other head.

TABLE III.

For five years ending 31st March, 1838.

Aggregate strength of the troops.....15,674
Average annual strength..... 3,135
Number of cases..... 59
Number of deaths..... 5

Ratio of cases to strength as 1 to 265.
Ratio of deaths to cases as 1 to 12.

TABLE IV.

Five years ending 31st March, 1843.

Aggregate strength of the troops.....56,188
Average annual strength.....11,237
Number of cases..... 411
Number of deaths..... 36

Ratio of cases to strength as 1 to 136.
Ratio of deaths to cases as 1 to 11.

TABLE V.

Five years ending 31st March, 1848.

Aggregate strength of the troops.....35,567
Average annual strength..... 7,113
Number of cases..... 59
Number of deaths..... 41

Ratio of cases to strength as 1 to 60.
Ratio of deaths to cases as 1 to 14.

TABLE VI.

Five years ending 31st March, 1853.

Aggregate strength of the troops.....27,912
Average annual strength..... 5,582
Number of cases..... 509
Number of deaths..... 50

Ratio of cases to strength as 1 to 54.
Ratio of deaths to cases as 1 to 10.

RECAPITULATION.

Number of cases of Delirium tremens in thirty years..... 1769
Number of deaths..... 143

Ratio of cases to strength, first fifteen years, as 1 to 175.
Do., second fifteen years, as 1 to 75.
Do., the whole thirty years, as 1 to 93.
Ratio of deaths to cases, first fifteen years, as 1 to 16.*
Do., second fifteen years, as 1 to 12.
Do., the whole thirty years, as 1 to 12¼.

* Vide Note to Table I.

REMARKS.

Having had large experience in Delirium tremens in different parts of the world, during long service; transmitted many cases of it to the Director General of the Army Medical Department; and, at his desire, a few years ago, having prepared for his information an elaborate report on the disease, with a digest of the reports of sixteen medical officers under my superintendence in the Nova Scotia Command, I trust I may, without presumption, append here a few observations.

Delirium tremens, as madness from habitual intemperance in intoxicating drink is now generally called—following the designation first applied to it by Dr. Sutton—appears to be quite a modern disease, as far as relates to its distinct diagnosis and proper treatment. It no doubt existed, but was confounded with other cerebral maladies, even so late as a hundred years ago; and was unknown and undistinguished from them in ancient times. No description of it as a specific disease, is to be found in the works of Hippocrates, Celsus, Galen, or any other Greek or Latin medical writer: and the Arabian school is also silent regarding it. And though a modern writer, Dr. Blake, is of opinion that, as the Father of Medicine, and others of the early Greek Physicians, have described its most prominent symptoms, they must have seen cases of the malady, the general professional belief is that this is a mistake; and that the passages cited from their works, in confirmation of Dr. Blake's idea, refer to phrenitis or mania.

There is, perhaps, a good reason for the silence of the ancients respecting this disease, to which modern medical writers do not attach as much weight as it deserves. Delirium tremens is rarely found in wine-drinking countries, where the wine is drunk pure and unmixed with brandy, and, in all probability, owes its existence to the discovery of alcohol. It is not strange, therefore, that we hear nothing of a complaint which may not have afflicted men for their sins in early Greece and Rome.

At the present time the disease is chiefly to be found in spirit-drinking, or opium-eating regions. In France Italy, Spain and Portugal it is seldom met, except in the large seaports, where the population is vitiated, and taught to require a stronger stimulus than common wine. The Germans are great beer and wine-bibbers, but they rarely muddle in weak beer or washy wine, to the extent of contracting this drunken madness. In Sweden, where spirits are drunk largely, Delirium tremens is a common disease, as well as a miniature species not found elsewhere. In more temperate Norway, Denmark, and European as well as Asiatic Russia, it is also met, but more rarely. And in Canada, and the other British American Provinces, the abundance and cheapness of the worst kind of deleterious spirits offer inducements to intemperance that soldiers and laborers cannot withstand; which with bad brandy, in some-

what higher circles, combines in destroying hundreds by the consequent Delirium tremens.

Although drunkenness abounded in the army during the campaigns of William the First, the Duke of Marlborough, the Duke of Cumberland, and George the Second, and "our men" drank deeply, as well as "swore terribly in Flanders," we hear nothing of the disease in the works of contemporary medical writers; yet we may presume that many cases must have occurred, and passed undistinguished from other affections of the brain. At the siege of Quebec, I believe, there is no record of its occurrence amongst the besiegers: although they were so intemperate that it was necessary for General Wolfe to direct in orders that so many *sober* men should be paraded for a particular duty.*

Indeed, until about the beginning of the present century, little was known of Delirium tremens, as a distinct and definite disease: and it continued to be confounded with cerebral maladies of a very different character, and demanding different and opposite treatment. And we may well imagine how often fatal results must have ensued bleeding in this asthenic complaint. In the early Peninsular campaigns of the Duke of Wellington, it was often slurred over in the returns of Medical Officers as "Ebriositus," "Dyspepsia," "Phrenitis," or "Mania;" whilst the soldiers, with much propriety and discrimination, called the disease "the horrors."

Dr. Blake, and one or two other authors, assert that the cessation of stimulating drink is the immediate cause of the disease. Judging from an experience derived from several hundred cases, and the known opinions of several medical friends, I am inclined to believe that this is quite erroneous; and that the number of instances of Delirium tremens arising from continued stimulation, compared with those resulting from its cessation, is at least twenty to one.

Sots, or muddlers, who generally keep clear of absolute drunkenness, are especially predisposed to the disease, when they exceed a little in their potations, and approach too close to full intoxication.

In the few cases of traumatic Delirium tremens that have come under my notice, there was reason to believe that a tendency to contract the disease existed, arising from previous habits of intemperance; or, in the more sounding language of a work of great merit, "in whose constitutions the *chrostatic diathesis* had been established by frequent excesses."†

* The writer has seen an order book of General Wolfe, during the siege of Quebec, containing several such orders. But none of this kind immediately preceded the mounting of the heights of Abraham, when the excitement of the coming fight appears to have extinguished all desire for drink. This is exactly what took place on the eve of the great battles in the Peninsula.

†Cyclopædia of Practical Medicine, including italics.

The chief causes of the disease are intemperance in spirituous drink, strong wine, opium, and tobacco.

The pathology of Delirium tremens may still, I believe, be considered a questio vexata, the bulk of authors having confessed they did not understand it. It is generally considered a disease of exhausted nervous power, or asthenic irritability of the nervous system, produced by over stimulation. Post mortem examinations have not much elucidated the subject, because death is often the result of meningeal inflammation, in which the nervous disease merges; and in cases where the kidneys cease to act, and where coma and its fatal result arise from urea in the blood, much care and skill are necessary for its detection.

As the diarrhœa, which so often warns of malignant cholera, may be readily cured by proper medicine, and the dangerous attack averted, so, in the premonitory stage of this malady, a manly effort, aided by a little medicine, may save both the reason and the life. When the tippling of the sot, or the outright intemperance of the drunkard, are about to end in this disgraceful disease, the poor slave of evil habits will sometimes be induced to make a great effort, and break his chain; but at first he will feel himself most miserable: relaxation and debility have succeeded artificial tension and strength; whilst the stomach craves its customary stimulus, and some substitute must be found. According to my experience, Gentian, as below, is the best medicine under these circumstances.* If the patient can be persuaded to take it regularly for a week, his morbid craving for stimulating drink will be abated, the tone of his stomach improved, his moral dejection lessened, and he will feel himself a new man. Of course, this applies only to persons in whom organic mischief has not yet taken place.

Unfortunately, the medical man is seldom called in before the Delirium tremens has commenced, or even lasted some hours. Several authorities recommend a mild purgative as the first medicine, and that only when constipation is present. My practice, and that of my military medical friends, has been different. In common with authors of high repute,† we have preferred giving as a preliminary, in all cases where delirium has set in, some brisk and active purgative; croton oil, for instance. Some writers ascribe specific qualities to this oil in the disease. Without asserting this, I am persuaded that it is a most valuable medicine, when administered in an early stage. Much time is

* ℞—Infusi gentiani comp. ʒ xij.
Tincturæ ejusdem 3 v.
Sulphat magnesiæ 3 iij. vel. iv. *M.*
Signa.
"A common wine glassful the first thing in the morning, again at mid-day, and in the evening."

†Dr. Abercrombie, Sir Charles Forbes, and others.

gained by its rapid action, where time is precious; and it appears preferable to other purgatives in abating the torpor left in the stomach and duodenum by repeated spirituous stimulation, and restoring normal peristaltic action in the whole intestines. Long experience of its efficacy has induced me, of late years, to give a couple of drops always as the first medicine.

When the bowels have been fully evacuated—but not before—the patient is in a proper state to commence taking some preparation of opium. Indeed, sometimes, when the croton oil is given, he will not need opium; for I have seen a few instances in which the oil alone sufficed for cure; but of course this cannot be generally expected. Liquid preparations of opium appear to be most convenient and effectual; and the common tincture, given in bottled porter, is as good as any.

In the early part of my life I occasionally combined tartrate of antimony with the narcotic; but finding, or believing, that this disturbed and suspended its soporiferous effect, I have for many years administered the opium alone.

The narcotic dose, I think, should be moderate; given every hour, and not increased. Care should be taken not to administer what are called "heroic doses," nor to continue too long the exhibition of moderate quantities; and I have seen fatal results from both practices. When, after forty or fifty hours, the patient continues without sleep, jactitating, raving, and talking himself hoarse, it will be proper to leave off medicine entirely for some hours; and not unfrequently, after such interval, sleep and recovery will follow. If not, a cold douche on the head should be tried, and kept up for a considerable time. If this also fails, the administration of chloroform by the stomach, or its inhalation, still remains. The latter appears preferable; and several instances are on record of recovery by inhaling chloroform when every thing else had failed.

The writer has found the simple plan here recommended successful in a large number of cases of delirium tremens, and unsuccessful in very few. During twelve years, in which he was surgeon of a Regiment of the Line in Canada, he attended a hundred and three men ill of the disease, all of whom recovered but two, both of whom had diseased livers. Unless coma supervened, blisters were never used; but the head was often shaved, and wet linen applied.

Patients are usually harmless, and coercion is seldom necessary; but they should be amused as much as possible, and sedulously watched. Sometimes they are violent and dangerous, and require personal restraint, to prevent mischief to themselves and others. A little management is often required to induce them to submit quietly to coercion. Many years ago, in Quebec, the writer attended a Canadian

gentleman ill of delirium tremens, who became dangerously violent, in consultation with a physician of the city. Being a great rider and sportsman, he was induced to put on a strait waistcoat, on the representation that it was a newly invented riding jacket, which fitted tightly, to support the chest and back. Under the hallucination that a match had been made, and that he was about to ride a race, the patient wore this thirty-six hours, whilst all medicine was suspended, and he took nothing but cold water. He gradually fell asleep, the tightness about his body was relaxed, he slept fourteen hours, and awoke in his right mind.

Montreal, March 4, 1854.

ART. XXXVII.—*An interesting Case of Identity.* By C. Frémont, M.D., Lecturer on Surgery, Quebec School of Medicine, &c.

On the 7th July, 1846, I was requested by the Coroner of this district to accompany him to some distance in the forest, in the rear of the Township of Stoneham, where an inquest was to be held on some human remains, accidentally discovered by a man the day before. After removing about five inches of partially decomposed leaves, a skeleton fully dressed in man's clothing was discovered. The position was, of course, recumbent, legs extended, with the head resting on the right arm, and the face inclined towards the earth.

The clothes, which were such as usually worn by old countrymen, were cut open, so as not to disturb the position of the disconnected portions of the skeleton.

The size of bones and the measurement of the pelvis, left no doubt of its being the skeleton of a man.

Its length was 5 feet 9½ inches. No injury of the head nor of the other bones was perceptible.

The small bones of the extremities had disappeared, and were supposed to have been carried away by some of the many carnivorous animals inhabiting these woods. The woollen cap on the head contained a large quantity of hair of a light color. Suspended to the neck there was found a medal of the blessed Virgin and a small crucifix. A pipe, some tobacco, and a well-filled *housewife*, and beads, with 1s. 8½d. in money, were found in the pockets.

The teeth were little worn; they were sound, and were complete, with the exception of one of the molares, which had been extracted.

The left acetabulum, and the head of the thigh bone of the same side, gave signs of long standing disease. These signs were the remains of caries of the acetabulum, and a diminished size of the head of the femur,

with a porous condition of the head and neck of this bone. This must have rendered locomotion extremely painful and even impossible, unless with the assistance of a crutch or a stick, which would enable the individual to throw the greater part of his weight forward.

Search was made, and a stick, much worn on one side at its lower end, and with a cross-piece at its upper end, so as to use both hands in moving along, was found, under the same depth of leaves, at a few yards' distance from the skeleton.

From the above circumstances, I came to the following conclusions:

That these were the remains of a man, probably an emigrant, a Roman Catholic, between 30 and 35 years of age; in height, when living, 5 feet 10 inches; light hair; blue eyes; most likely thin and emaciated; no doubt in distressed pecuniary circumstances, who smoked, and who must have suffered from diseased hip-joint for at least a year before his death; who was very lame, and who must have walked miserably supported by means of a stick which he used with both hands, moving it *before him*, not on one side; that he must have died at least two years before, most probably from starvation, or if in winter, frozen to death on the spot where the remains were found.

One of the jurymen, after hearing the above declaration, recollected that about three years before, a man answering to the description had lived for some time a few miles off in another settlement, and that a widow woman, at whose house he had lived, might possibly throw some light as to the identity of the individual. She was sent for, and recognised the *house-wife* as the one she had made and fitted up, and that the description answered perfectly as to age, size, previous state of health and condition of a man named Fergus Kelly, who had lived, in 1843, for some months at her house, in great suffering, and had left it late in the autumn to endeavor to obtain admission in the Quebec Marine Hospital, and not having since been heard of, was supposed to have died there.

The verdict was, "That the remains were those of Fergus Kelly, who came to his death in the forest, not from any violence offered to his person, but probably from exhaustion, in consequence of his incapacity to reach the habitations in the neighborhood of the spot where his remains were found."

ART. XXXVIII.—*Case of Ovarian Dropsy, simulating Pregnancy.* By F. D. Gilbert, M.R.C.S.L., &c., Hatley.

April 21st, 1853, I was sent for to attend Mrs. Thos. Burns, about 24 years of age, residing some 14 or 15 miles distant, but owing to previous engagements I could not attend. On the 22nd another messenger arrived, stating that Dr. ——— (a party who practices in midwifery and

minor cases on the outskirts of the settlements, and is quite an unassuming person) had been in attendance nearly three days, and was very desirous of my assistance. On reaching the house I found the patient apparently suffering tolerably strong and regular labour pains—very large abdomen, though a small slightly formed woman. I asked how long she had been in labour and was told three days, and that the pains had been tolerably regular and at times very strong. As soon as I had warmed myself, therefore, I proceeded to make a vaginal examination, but neither with the index finger of my right hand, or with the two forefingers of my left, could I reach the os uteri. I therefore proceeded to make an examination of the abdomen, which was very large and evidently contained a large amount of fluid. This roused my suspicions, and I proceeded to examine the breasts: they contained milk which I drew from them in small quantity. There was also a perfect areola with the glandular follicles quite prominent; and the patient, who had borne a child about two years before, positively declared she had felt the motions of the child for the last four or five months, though on questioning her closely she acknowledged the motion was different to that in her former pregnancy. I now determined to find the os uteri, though it was rendered very difficult owing to the dry and rigid state of the vagina—though Dr. ——— assured me this passage had been in a state of relaxation the day before. This probably was the case, but owing to his numerous attempts to examine the mouth of the womb, it had become hot and dry. I therefore injected a little warm oil, and directed the patient to be taken out of bed and supported in an erect posture for a few minutes, and then proceeded to make another vaginal examination with the index and middle fingers of my left hand, when by using considerable exertion I succeeded in reaching the os uteri, but with every contrivance short of introducing my whole hand, which the state of the parts forbade, I was unable to trace the neck of the uterus above a quarter or half an inch from the mouth. The state of the latter was however sufficient to indicate clearly that if pregnant at all the patient was not more than four or five months advanced at furthest. I therefore directed her to be placed in bed again, and assured her she was not in labour. This statement was evidently discredited by the whole party, patient, nurses, &c. I then questioned her more closely, and learned she had ceased to menstruate nine months previously, and from soon after that time had gradually increased in size, and that some four or five months since she had first felt what she considered to be the motions of the child, and that she had continued to feel them occasionally ever since. (This must either have been the rolling of the sac or the fluctuation in it, or altogether imaginary.) Now, therefore, taking into consideration that she had ceased to menstruate for nine months, and

that the ovarian cyst commenced enlarging about that time, I considered it most probable, as she certainly was not more than four or five months advanced in pregnancy, as proved by the state of the os and as far as I could ascertain the cervix uteri. that she was not pregnant at all, as though it was well known a woman may possibly become pregnant with one or even both ovaries in a state of disease, yet the probabilities, particularly in the absence of menstruation, are certainly against it. As she was suffering somewhat from dyspnœa, caused by the excessively distended abdomen pressing on the thoracic viscera, I administered ¼ grain of the acetate of morphia, and advised her, as soon as the pains had ceased and she had recovered from the exhaustion induced by her long suffering, to be tapped. I left her some more morphia to be given in ¼ grain doses every two hours till it procured rest, and returned home. I did not see her again till the 18th of May, when I was called in conjunction with Dr. Damon of this place. When we arrived we examined the case closely again. I learnt that after taking a grain of morphia the pains had ceased and had not since returned. The breasts, however, were still enlarged, and she yet declared she felt the same motions. However, Dr. Damon agreeing with my former diagnosis, and the dyspnœa having become extremely urgent, she consented to be tapped, and I drew off 30 lb of pale straw coloured fluid, which gave her immediate relief, and reduced her to almost her natural size. In short, there was no pregnancy whatever, as I tapped her from time to time and administered to her relief as well as I could up to the time of her death, which did not occur for upwards of 18 months after.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXII.—*A Treatise on the Diseases of the Eye.* By W. Lawrence, F.R.S., Surgeon Extraordinary to the Queen; Surg. to St. Bartholomew's Hospital, and Lecturer on Surgery at that Hospital; Surgeon to Bethlem and Bridewell Hospital; and late Surgeon to the London Ophthalmic Infirmary. A new Edition. Edited, with numerous additions, and Two Hundred and Forty-Three Illustrations, by Isaac Hays, M.D., Surgeon to Will's Hospital; Fellow of the Philadelphia College of Physicians; Member of the American Medical Association, etc. etc. etc. Pp. 948. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Philosophically, anatomically, or physiologically considered what a

wonderful organ is the eye. In no part of the body is that beautiful harmony of varied though concurrent actions, that adaptivity of diverse means to the accomplishment of a definite end, which continuing in undisturbed succession throughout ages, evidences the operation of Supreme wisdom, more markedly exhibited than in the apparatus of vision. A slight addition to, or substraction from, the diameters of the eye; an opacity of the transparent membrane; a deficiency of the pigment; thickening of any of the several refracting humours; or absence of power in the muscles of the globe, would suffice to make it entirely unfit for the purposes for which it is intended. But, except as the result of diseased action, how seldom is there any deviation from the condition of normality—that typical state which was impressed upon it at the time when the mind of man first looked forth on the beauty of the world in which he was placed. As an optical instrument, the eye is the very perfection of compactness, power and efficiency. Spherical aberration is prevented by the convex cornea; and the different dispersive powers of the transparent structures serve in a measure to correct chromatic aberration.—How exquisite must be that arrangement by which it adapts itself to varying ranges of vision, and how inconceivably minute must the image of the separate portions of an extended landscape be upon the retina?

Possessing in its investments and appendages nearly all the kinds of tissues of which the body is made up, the pathology of the eye must necessarily be a subject of great interest to the medical practioner. And so we find it has always been. The importance of unimpaired sight to an individual, and the sad condition of him from whom the light of heaven is shut out, assisted materially, no doubt, in attracting attention to the diseases of the eye. The circumstance, moreover, that these diseases are nearly all visible, and susceptible of direct examination, led to their early examination. As a specialty, ophthalmic surgery, according to our author, is not of modern date. It is coeval with the practice of medicine. "We find from Herodotus that Cyrus sent to Amasis, the King of Egypt, for an oculist. The Greeks and Romans had their oculists, as is evident, not only from their writings, but from the inscriptions on ancient marbles and seals. There is no doubt that oculists were at least as numerous in ancient Rome as in any modern city."

Until the latter end of the eighteenth century, when Soemmering published his *Icones Oculi Humani*, ophthalmological literature was quite uncultivated. Since that time, this department of medical science has received, particularly from the German and British schools, a great deal of attention; and we now possess large and elaborate works on diseases of the eye, many of them containing excellent representations of the appearances presented by the organ under different pathological states.—The volume which now lies before us is a very excellent work on the

subject of which it treats. The original edition was incomplete in many respects, and did not fairly represent the present condition of ophthalmic medicine. Under the editorship of Dr. Hays, the new, or American, edition has been enriched by numerous and valuable additions, which greatly increase the size of the volume and give it the character of an entirely new work. From his position as Editor of the American Quarterly, and the experience that he had acquired from "more than a third of a century's" connection with some public ophthalmic institution, Dr. H. was peculiarly fitted for the task which he assumed, and which he has so ably accomplished.

We shall now proceed to notice, in a brief manner, two or three of the practical points treated of. After the subsidence of purulent ophthalmia, it is apt to leave behind it a condition of the lids termed "granular lids," and which consists essentially of an hypertrophied condition of the papillæ of the palpebral mucous membrane. This affection does not appear to be any better understood in some parts of Canada than in parts of the United States, for we have frequently seen persons in Montreal with this disease, who had previously been treated for something altogether different. The granulations are usually situated on the upper lid. They vary considerably in appearance: "1. The conjunctiva, instead of its natural smooth, polished surface, becomes villous. 2. It resembles an ulcerated surface, the granulations sometimes being small and pale, at others large and flabby, and bleeding on the slightest touch. 3. The granulations have a warty appearance, are firm, pale, cut like cartilage, and yield little blood. 4. The conjunctiva is thickened and fissured something like the surface of a mulberry, and this appearance we have observed most frequently on the fold of the conjunctiva where it passes from the lower lid to the eyeball." (Ed. p. 285.) A great variety of local applications have been recommended for granular lids, than which there cannot be stronger proof of its intractibility. When the granulations are very florid, scarifications may be beneficially employed. Walther's plan of excising the enlarged papillæ we consider rather mischievous than otherwise. We have seen as much success attend the local application of the sulphate of copper as that of any other caustic. There is a circumstance to be attended to in applying this or any other solid substance to the lids, which we would enforce on the attention of our readers; and that is, not to apply it solely to the portion of membrane made visible by the eversion of the lid, but pass it underneath, as far back as the point where the ocular and palpebral conjunctivæ meet. It is not the first time we have observed the granulations on the exposed part disappear under treatment, while the cornea still remained nebulous, and the mass of tortuous vessels running over the conjunctiva of the globe exhibited no signs of diminishing in size; and this entirely owing

to the presence of a small group of granulations occupying that portion of membrane to which we have directed attention. Nitrate of silver, in substance and solution; finely powdered acetate of lead; liquor plumbi diacetatis; dilute muriatic and nitric acid, have each been strongly recommended. Caustic applications should not be repeated oftener than once in three or four days. Dr. Hays, "led, by the favorable reports of the efficacy of the iodide of zinc in reducing enlargement of the tonsils, to try this application in a few cases of greatly thickened conjunctiva of long standing, which had proved rebellious to various remedies," was so satisfied with the result, that he strongly recommends it to the attention of the profession. M. Tavignot has made extensive use of the chloride of sodium in this and other affections of the eye. He uses it in the *solid* form, applied to the lid by means of a large crystal fastened in a quill, or as a very fine powder; in the form of *ointment*, made in the proportions of 1 to 4 drachms of common salt to the ounce of lard; in the form of *collyrium*, the strength varying from 1 to 3 drachms to the ounce of water. The latter preparation he considers the most effectual, and esteems it highly as an application in ulcerated cornea. Constitutional treatment must be carefully attended to. That of a tonic and alterative kind will, in the great majority of cases, be found to be indicated.

In the operation for staphyloma, as commonly performed, the crystalline lens and the greater portion of the vitreous humour usually escape, either immediately or a short time subsequently. As it is of importance to preserve a globe large enough to receive an artificial eye, we prefer, and would recommend, the operation which we saw Mr. Wilde repeatedly perform in St. Mark's Hospital. He first passes three long, slender, curved needles, threaded with fine silk, through the base of the staphylomatous portion. These fix the eye. He next divides the projecting part in front of the needles; and lastly, drawing the needles through, he brings the divided surfaces in apposition, by means of the three ligatures.

In the diagnosis between cataract and glaucoma, the catoptrical phenomena exhibited by the eye are now acknowledged to be of great importance. If a lighted candle be held before a healthy eye, three images of it are visible, two upright and one inverted. This is in accordance with the laws governing the disposition of light when it falls on surfaces. "The cornea presenting a regular, polished, *convex* surface, reflects an erect and diminished image, which moves in the same direction as the candle when this latter is carried laterally.....The anterior crystalline capsule having a surface similar to the cornea, reflects a similar image. This image, is, however, larger, being magnified by the aqueous humour and cornea through which it is seen. It is also much paler and less distinct.....The posterior crystalline capsule presents a

concave surface—the image reflected from it is inverted, diminished, appears before it, and moves in a direction opposite to that of the candle, when the latter is carried laterally in front of the eye. This image is the smaller of the three; is very bright and distinct, and appears anterior to that formed by the anterior crystalline capsule, but posterior to the corneal image. The images will be most distinctly seen when the pupil is well dilated, the room darkened, and the observer seated in front of the patient, so that he may look down into the eye rather than up." (Ed. p. 93.) When the catoptric examination is instituted in cases of cataract, it is found that, "in the early stages of lenticular cataract, the brilliancy and distinctness of the inverted image are diminished; it has no longer a sharp and well-defined margin, but its outline appears shaded off. This image gradually fades with the increase of the opacity; and long before the cataract is mature, the inverted image is obliterated. The deep erect image is also indistinct in the advanced stages, the anterior surface of the capsule giving only a general reflection. . . . . In capsulo-lenticular cataract, the inverted image fades much earlier than in mere lenticular cataract, a very slight degree of opacity of the capsule sufficing to destroy its function of reflection." (Ed. p. 675.)

We have heard surgeons speak slightingly of the anterior operation through the cornea, but, as it is performed by Dr. Jacob, who has for many years strongly advocated this treatment of cataract, it proves as successful, if not more so, than the treatment either by extraction or depression. The great objections, in our estimation, to *Keratonyxis*, are, the time that must elapse before absorption of the lens can take place after it is exposed to the action of the aqueous humour, and the necessity that exists for frequent repetition of the operation. "But these," as Dr. Jacob remarks, "which may be very valid objections on the part of metropolitan oculists, many of whose patients come from a distance, cannot be considered of great importance elsewhere, the disadvantage of delay being counterbalanced by the greater security afforded by the mildness of the operation."*

There is one circumstance likely to occur after this operation, which the surgeon would do well to keep in mind, and be prepared for, as it is certain to alarm the patient and his friends. "This is a distressing nausea and vomiting which seizes the patient, generally in the middle of the night of the day of the operation, and continues for many hours, and even more or less during the next day. I attribute it to the pressure of the fragments of the broken-up lens on the iris, and find that it is not followed by destructive consequences. I generally order an opiate to be taken when it commences, or direct the attendants to be prepared

*On the operation for Cataract with the fine needle through the cornea, p. 6.

with some effervescing draughts, and to assure the patient that there is nothing dangerous, or unusual in the occurrence." (Jacob op. cit. p. 30.)

XXXIII.—*Functional and Sympathetic Affections of the Heart.* By J. W. Corson, M.D., late Physician to the Brooklyn City Hospital, Physician to the N. Y. Dispensary. Pp. 31. 1854. From the Author.

The writer says in his opening paragraph—" It has latterly become a fearful thing, after certain taps on the chest, and listening through a mysterious tube, to pronounce in the patient's hearing, '*Disease of the Heart.*' For reasons that will appear, we venture in preface a frank confession of delusions and difficulties. We can make almost any man's heart palpitate by simply saying it has something wrong. It is taken as a hint to make a will, or a soft professional whisper, 'Thou shalt surely die!'"

He classifies " the delusions and difficulties" into,—1. Congestion; 2. Irritation; and 3. Debility of the Heart, and considers each in a variety of forms. His observations are interesting, and interlarded with original cases well deserving of careful study. The following, while " it explains itself," is given in illustration of " *Emotional Debility of the Heart.*"

" *Cardiac Debility—Grief—Amenorrhœa—Phthisis.*—A young lady, aged 19, English, fair, delicate, frequently sighing, having been forcibly separated from her lover by parental authority, on emigrating, consulted me in 1845 for *faintness on slight exertion, palpitation and fluttering, velvety impulse of the heart*, otherwise natural, accompanied by suppression of menstruation. Silent and sad,

> 'She never told her love,
> But let concealment, like a worm i' the bud,
> Feed on her damask cheek.'

" Suspecting something from her manner, I learned her story from a sister, with the addition, that her friends were often obliged to watch her as she wandered on the beach, broken-hearted, to gaze on the sea. Chalybeates and the usual restoratives were tried in vain. A few months after, with a suspicious cough, came the signs of tubercular softening; and, in the wreck of beauty we sometimes see, with the alabaster forehead, the pearly eye, and hectic flush of the cheek, she gently wasted away with consumption."

XXXIV.—*Doctors Commons.* An Ethic Address, delivered before the Burlington Medical Society, January, 1854. By S. W. Butler, M.D., President of the Society. From the Author.

If the Æsculapian Knights of Burlington would only adopt the admirable suggestions contained in this energetic appeal, we have no doubt the voice of contention would cease to be heard among them, and in its place that of science exclaiming "*excelsior.*"

XXXV.—*A Reply to the Attacks of Dr. Charles Caldwell.* By Lunsford P. Yandell, Louisville. From the Author.

We meddle not with private squabbles, desirous of avoiding the fate of the hero, who

"——————— limping from the fray,
By both sides mauled, sneak'd away."

CLINICAL LECTURE.

Clinical Lecture on Carotid Aneurism. By Samuel Solly, F.R.S., Surgeon to St. Thomas' Hospital.

(Condensed from the Lancet.)

This disease may be fatal, notwithstanding the most skilful operation. The immediate progress may be as you wish it, but when you think danger is passed, inflammation attacks the sac and your efforts are abortive. Do not then think lightly of such cases. Let your prognosis be extremely guarded, and while you encourage the patient inform his friends of his great uncertainty and danger. The case you have seen is in point.

C. B., 60, admitted 19th Oct., 1853, florid, stout, low sized, with short thick neck: has a large tumor on the right side of neck, from two inches above the clavicle to within an inch of the ear, about 3 inches wide in the centre, it pulsates strongly. He is temperate. His health always good up to a year ago, when from care and watching it gave way, gradually declining till 10 weeks since when he was unable to go out. Then he had diarrhœa for 14 days, after which he felt greatly better. 6 weeks previously had soreness in left side of throat. In a few days it went to the other side and was so bad as to hinder swallowing. A month ago a swelling began in the top of the right side and soon got as big as a hen's egg. Now he felt much, darting pain in head, chiefly at the vortex: and his only easy posture was the dorsal. Habituated to carry heavy weights on shoulder, but knows of no strain or exciting cause. These symptoms were put down to sore throat and treated by poultices, ointments, &c., but uselessly. After the first week of the lump a hacking cough came

on as if from irritation in the trachea. On the 6th he tried change of air and seeing a new Doctor learned his real disease. 20th, took pil. rhei. co. ij. which acted well and relieved his head.

The formation of this aneurism has been most rapid,—a most important feature—nearly as rapid as Mr. Tuffnell's case where a tumor in the ham attained the size of a turkey's egg in 8 days, and that of a florence flask in 40 hours after. When the case is so far advanced no mistake can occur; but not so in the earliest stage, for then it might be taken for rheumatism, and quite independantly of carelessness. In 5 known cases the tumor got very large in 14 days from this incipient uneasiness.

On the 22nd, Mr. S. tied the common carotid. While the neck was on the stretch and man on his back, an oblique cut, 2½ inches long, was made from above downwards along the edge of the sterno mastoid, ending over upper edge of sternum. The skin, platysma and superficial fascia, were divided in the first cut; the wound being opened by retractors, the deep cervical fascia and some veins (ant. jugular or thyroid) were cut. After these, the fascia tieing the omohyoid and clavicle was cut. The thyroid body overlapping the artery, was then turned inwards. The sheath was next opened, avoiding the descendens noni, and not exposing the jugular vein or par vagum. The needle was carried from without inwards, and the artery tied opposite the middle of the thyroid gland. The tumor directly diminished, and ceased to pulsate. Wound closed with two sutures and strapping. The artery was very deep; its connexions were not disturbed, a very important point, as J. Bell first shewed; for as union is to be by first intention, the inner coat is cut by the ligature, and the opposed edges joined by the nutritive action of the vasa vasorum; but if these be bruised and torn, union is prevented. When then you have hooked the artery, do not treat it like a fish by drawing it up to public gaze. By cutting on the inner side of the sheath, you will generally avoid exposing the vein and thus lessen the risk of Phlebitis.. The vein may inflame when not exposed, as occurred in Mr. Green's last operation here. This accident is usually fatal —watch for its signs, and try to arrest it by leeches, calomel and opium. Be sure the incision is on the edge of the muscle and does not wound it. I once saw the ligature inserted between its fibres, abscess involving the artery, and death from hemorrhage followed. Chloroform was withheld lest the cerebral circulation might be disturbed. The ligature causes the same effect, and sometimes fatally. Dr. N. Chevers (Medical Gazette, Vol. XXXVI.) found 11 fatal of 14 obliterations of one carotid from interference with circulation, hence, he says, the danger of cerebral disorganization must be considered before the operation, and exclude this expedient from cases not positively threatening life and otherwise curable.

After the operation he seemed comfortable; pulse quiet; no head symptoms; slept well. Slight oozing from wound during night.

23rd, 10, A.M., had a good night; no headache; relished breakfast; pulse 76; pulsation in tumor. 4, P.M.: pulse 90, soft; face flushed; slight redness round wound; cough troublesome. 24th, 9, A.M.: had a good night; cough easier; no head symptoms; pulse 84. Ordered cough mixture. 4, P. M.: pulse 96, soft and full; likes food; bowels

confined. Rhei et cal. gr. x. nocte. 9, P. M.: pulse 102, soft; dozed a good deal to-day, and has been slight oozing. At 1, sutures removed, wound dressed, and looked healthy. 25th, 9, A.M.: pulse 90; collateral circulation fully established, as the facial and occipital can easily be felt; slept well; cough better; no bleeding. 2, P. M.: pulse 100, soft and compressible; feels well; bowels open. 26th: pulse 84; no headache; bowels not opened; cough easier. 27th: has not slept well; pulse 80, rather bounding but 88, and less so in the evening; wound healthy; bowels free; appetite middling. 28th: had a good night; pulse 84; tongue moist but brown in centre; wound discharging freely. 29th: pulse 85, soft; slept well; cough easier; appetite good. 30th: bowels moved for first time since 27th, after an enema and gr. x. of Pulv. Rhei. et Cal. 31st: pulse 86; feels well; mutton for dinner. Nov. 1: improving; pulse 84; no headache; wound healing. 2nd: discharge less; sleeps well; pulse 80; tongue moist; bowels regular; appetite good; cough less. 4th: Last night had a fit of coughing; ligature removed; very slight pulsation in tumor. 5th: wound healing; general state satisfactory. 6th and 7th: better. 8th: tumor harder; no pulsation; pulse 80; eats and sleeps well; takes Pil. Rhei Co. gr. x. every night. 10th: improving; wound nearly healed.

Pneumonia, which not unfrequently follows this operation, did not occur On this result, M. Robert (de Lamballe) first wrote, and subsequently Mr. Miller. M. Robert has shown that ligature of both carotids in animals is not fatal, but, as the vertebrals are the chief arteries of their brains, and the internal carotids only half the size of the external from the smallness of the middle lobes, it would be unsafe to suppose that both carotids could be safely tied in man, in whom the arteries are different. His proofs of the danger to the lungs are important, and Mr. M. concludes that this is due to congestion from sudden disturbance of circulation, which, if rapid and extensive, may end in apoplexy, or in inflammation more or less destructive. To avoid this, he advises, especially in the plethoric, blood-letting shortly before the operation, and in the after-treatment, if necessary, either to avert or lessen evil consequences. Antimonials and sedatives alone will not suffice.

In all cases, operation must be early, the sooner the better, if you distrust your own powers, obtain the assistance of an hospital surgeon in whom you have confidence. In delay there is danger from suppuration of the sac, but not so when the aneurism is small, as all its blood clots quickly after its artery is tied, gets organised, and is more or less absorbed without decomposition or suppuration—the frequent causes of death. By pressure on the windpipe the tumor induces cough, which greatly increases the danger by jerking the artery, interfering with healing, and endangering bleeding on separation of ligature. Sir A. Cooper's first case died from pressure of the tumor.

Our case was so far doing well, but serious mischief subsequently set in and resisted treatment. Let us resume its details. 11th. Swelling in region of tumor reaching under the chin; no redness nor pain. 12th. Swelling greater; cough worse; slept well; bowels relaxed; ordered 12 leeches, and poultice on sac at night. Tongue rather brown; pulse 84. 13th. Not so good a night; swelling softer, more extended; cough worse and brings up phlegm; pulse 80. Pil. hyoscy. et pulv.

dov. gr. v. ter die. Hyd. chlor. gr. ij. om. 3 h. Towards evening swelling increased, and rose up more under the chin. 12 leeches under jaw. 14th. Pulse 90; tongue moist; swelling softer under chin; no pulsation; cough less; swallowing impeded; appetite worse. About 7½ p.m., slight oozing of venous blood from wound near trachea; great deal worse; countenance extremely anxious, pale, and slightly livid, bedewed with cold sweat; breathing hurried and difficult; if not relieved, must suffocate. A small opening was made in the sac, but as only a little dark blood and decomposed serum came out, it was enlarged a couple of inches over the sterno-mastoid; a director was passed under the muscle, and some very fetid putrid coagula escaped. I then passed a finger into the sac, but still no arterial blood escaped. He was relieved by the operation, and to be watched night and day—in charge of a dresser—and to take spt. eth. sulph. co., spt. ammon. arom. co. aa 3i. aquæ 3i., four times a day. 15th. Better; slight serous oozing from lower wound through the night; breathing easier; swelling less; pulse 92, soft and full; cough bad; more cheerful. Cannot swallow solids. Towards evening, pulse 100, stronger and fuller. 6½ p.m. Seemed better, bloody oozing from lower wound during day. 7½ p.m. While coughing, clot in sac was displaced, and a jet of blood, size of little finger, sprung out from upper part of sac, beyond three feet. It was stopped by finger applied to opening; it occurred while changing fingers, but was kept under by a sponge dipped in gallic acid. Man frightened, faint for a minute or two, but rallied. Bleeding continued, and pressure applied; much of sponge pushed out; countenance bedewed with sweat; blood extravasated in cellular tissue of neck, and pressing on larynx caused dyspnœa. 2 a.m. Intending to tie the external carotid above the sac, I extended the incision upwards, separated the cellular tissue between sterno-mastoid and lower jaw, but could not feel any pulsation either large or small. I then detached the skin from the outer and front part of sac to reach the bifurcation of the common carotid, but in so doing, my finger passed through the soft, disorganized sac, when a fresh and frightful gush of arterial blood followed, which had to be checked by sponge. Additional operation was now discontinued; tension and breathing were, however, relieved. I remained all night in the hospital, and at 9 a.m., in consultation with Mr. South, the senior surgeon, agreed that no further operation was justifiable. A little sol. ferri perchlor. was injected by Anel's syringe, alongside the sponge, through the coagulum, into the sac. This was to cause a fibrinous clot, a result which has followed the opening of larger vessels. Mr. Liston died from pressure on trachea of an aortic aneurism, six months after it had burst into the trachea by three rents. At the time there was profuse hemorrhage, but it stopped, and did not recur as the rents were plugged by coagula. Dr. Pravay first recommended injection of a few drops of iron solution within the vessel. The sac was not cleared of its contents, and the bleeding vessel or vessels tied as the inevitable gush of blood would have been instantly fatal, as in a case I once saw. To take tr. aconiti m. ij. every sixth hour. 16th, 12½ a.m. No bleeding, easy and sleepy. 2½ a.m. Pulse 104, jerking. 7 a.m. Pulse better; serum dribbling from wound; occasionally incoherent. 10½ a.m. Breathing tranquil; much nervous twitching in arms and hands. 11½ a.m. Pulse 105, feeble; cough very troublesome; no headache; much flatus. 17th, 12½

a.m. Pulse 100, small and weak; restless; picking bed clothes; sleeps much; breathing pretty free. 3¼ a.m. Breathing quicker and more laborious. 4¼ a.m. Pulse 118; no bleeding; breathes easier. 10¼ a.m. Pulse 93; copious expectoration; dozes at intervals. Gallic acid gr. v. every sixth hour. 1 p.m. Pulse 100, stronger; skin warm, perspiring; cough looser. 5 p.m. Pulse 90. 9 p.m. Pulse 80, more jerking; skin moist. 10 p.m. A gush of arterial blood arrested by pressure; ʒss perchl. iron injected into sac; coagulation immediate. 18th, 12¼ a.m. Cough difficult; pulse 120; no hemorrhage. 3¼ a.m. Another gush arrested by pressure; ʒij iron perchl. injected; at the time face pale and pulse feeble, but rallied; only takes toast water. 6 a.m. Some dyspnœa. 9 a.m. Slept much; frequent startings; swelling increased; more dyspnœa; hiccough. 12 a.m. Pulse 104, small and feeble; breathes easy; dozes often; startings. 12¼ p.m. A gush of dark blood from lower wound, arrested by pressure; ʒiij iron injected; coagulation immediate. 1¼ p.m. More bleeding; sleepy; respiration 28. 3¼ p.m. Restless; wandering; hiccough. 4¼ p.m. Pulse 108; slight oozing of bloody serum. 6 p.m. Pulse 98, feeble; dyspnœa; drowsy; partial paralysis of left arm. 7 p.m. Pulse 94; no hiccough; respiration easier. 9 p.m. Hiccough; pulse 98. 10¼ p.m. Pulse 100; very restless; dyspnœa. 19th, 12¼ a.m. Slept pretty well; pulse 90; breathes easier. 3 a.m. Breathing stertorous. 4¼ a.m. No bleeding; pulse 80; cough easier. 5¼ a.m. Hemorrhage; ʒij iron injected. 7¼ a.m. No oozing; has slept since; pulse 120. 9 a.m. Pulse jerking and very feeble; medicine stopped. 11 a.m. Sleeps constantly; copious, free expectoration; a little oozing at each cough; twitchings of right arm; left not moved; respiration 42. 1 p.m. Mouth drawn up to right; left cheek puffs out at each expiration; left arm and leg paralysed, some delirium; hiccough; coughs when takes a drop of beef tea. 5 p.m. Still oozing. 5¼ p.m. Pulse 108. 10 p.m. conscious; mutters in sleep. 12 p.m. Sleeps constantly, but not soundly; frequent strong pulsation in right infra clavicular region, nearly synchronous with pulse. Can use left leg, but not arm; breathing hurried and difficult. 20th, 3 a.m. Pulse 100; hiccough; catchings of right arm and leg; breathing irregular. 4 a.m. A gush of dark blood, quickly stopped by iron injection; very hurried respiration; pulse 120, very weak; extremities cold. 7 a.m. He died. Comatose from 5 a.m.

Autopsy 30 hours after death. *Head*—Much serous effusion on surface of brain and in ventricles; abcess ¼ inch diameter within hemispheres, one above longitudinal fissure; the other below in middle lobe, pus greenish yellow. Otherwise healthy. *Chest*—Atheromatous patches and thickening of mitral and aortic valves, chiefly first. Aorta in abdomen, and lower part of chest far gone in atheromatous disease, and softened, less so in arch. In the upper part, atheroma in various stages chiefly cheesy. In lumbar region, considerably more of this, and some patches are softening while others are calcareous. Just above termination softening has destroyed both the inner coats to the size of a 6d. The surface just like a phagadenic ulcer: here the external coat is very thin, and were it not supported by the body of 3rd lumbar vertebra, must have broken. Just above this are 2 calcareous plates beneath lining membrane. Lungs much congested: lining of smaller tubes thick, congested and covered with pus. *Abdomen* healthy. *Neck* 2 incised wounds,

as described; carotid firmly closed by clot to below ligature, and above it to sac; large decomposed mass in centre right side and forming a diffused aneurism; sac seen at division of common carotid, but very imperfect; wound of external carotid at this spot—this was the source of the bleeding coming thus in a recurrent stream. Small aneurism at root of left external carotid. Larynx congested; no effusion. Nerves uninjured.

It will be instructive to consider and compare this with some of the most important cases of carotid aneurism recorded.

Sir A. Cooper, in 1806, was the first to tie the carotid for aneurism. The patient died from inflammation of the sac which extended along the par vagum to the base of the skull, which enlarged the tumor so as to press on phrynx and larynx, preventing swallowing, exciting violent coughing, and ultimately impeded breathing. 2 ligatures were applied; went on well till 7th day; they separated on the 11th: nerves uninjured. Fatal issue referred to great size of tumor before operation. In his next case, 1808, the tumor quite small, used double ligature. 3rd day swelling firm and gradually absorbed: slight pulsation for 2 months after: upper ligature came away on the 22nd day, the lower on 23rd: in less than 3 months discharged cured. Aneurism thought to be in internal carotid.

In the same year Mr. Cline tied the artery in a strong middle aged man; tumor large and of rapid growth, impeding respiration and deglutition, and dislocating larynx. There was also pain in tumor and that side of face, as well as a very frequent cough. These were all relieved 12 hours after tieing, but returned in increased degree, particularly the cough and dysphagia, with much irritative fever. Medicine was useless and the man died on the 4th day.

Mr. Travers next tied it successfully for anastamosing aneurism of orbit.

In 1832 Mr. Green tied the right carotid for an aneurism as big as a large walnut in a porter of 65. The ligature separated on the 34th day. The man had some dysphagia and cough. The right tonsil suppurated, but in 5½ months after he left quite well.

Mr. Porter in his lectures gives a case very like poor B—'s. A man, 38, low sized and strong make, had an aneurism occupying nearly the whole of left size, soft and beating violently. 5 weeks before a large lump like a kernel, moveable, painless, and pulseless, came out near the angle of the jaw. In 10 or 12 days it became uneasy and was poulticed. It grew larger slowly, and hurt him in moving his head. It then pulsated. A week before admission, while working hard he suddenly felt excruciating pain in the tumor which darted to the forehead and vertex. He had to go home and found the tumor surprisingly large and thumping violently. The next 3 nights he suffered dreadfully; could not sleep nor lay down his head. He then became hoarse, almost aphonic, and so alarmed as to come to hospital. 3 days after the carotid was tied. The tumor opened and ceased to beat, and he was relieved on the 15th day. The ligature came away, and all went on well till the 30th day. He then had pain and stiffness in the neck, headache, furred tongue, and general derangement. The sac inflamed. Pain and swelling increased, and in 6 weeks more the sac suppurated. Mr. P., treating it as he had others, with uniform success by free incision, turning out the

coagula and discharging matter. Hemorrhage followed the cut but stopped by pressure, and sac suppurated freely. In 3 days he suddenly lost ℥xl., or l. of blood in a few months; he lived 13 days after its arrest, dying without a groan. No post mortem.

Mr. Lyford, in Med. Chir. Transactions, Vol. XI., gives a successful case, but tumor was small. The ligature separated in a month. In the same book is an interesting case by Mr. Coates. The tumor was enormous, all went on well for a month. On 32nd day sac inflamed; leeches, calomel and digitalis were employed. 36th day, 9 P.M., Pulse 90, skin very red and tumor soft at anterior part. The prominent part was incised and ℥vij. fetid blood with pus issued. Greatly relieved.—For 20 days all went on well when hemorrhage took place. It continued at intervals for 16 days when he died. Probably the blood came from the facial. He thinks it would have been better to have opened the sac earlier, before anastamosing vessels became enlarged.

In 10th vol. of the same work is Mr. Vincent's case. The sac the size of a pullet's egg. Death from arteritis above the ligature and effusion into surrounding tissue. On 22nd day ligature separated. 11 days after the neck swelled. At 8 next night he became very ill, low and uneasy, great dysphagia, had much cough and dyspnea. He was sensible: Mr. Lawrence being present incised the tumor and let out a little pus and clot. He died immediately after.

To return to my case. The immediate cause of death was hemiplegia from serous effusion and suppuration on the surface of the brain, the remote the loss of blood, though only 16 or 20 ounces escaped. Ligature of the common carotid may cause disease of that side of the brain of an anæmic kind from imperfect supply of blood, and the resulting disorganization must be augmented by future loss of blood.

From the foregoing it appears that when carotid aneurism is large it is almost always fatal. In no case has the sac been opened before recurrent circulation was established. Although such an expedient be formidable and very likely to cause systemic irritation, it might be least dangerous immediately after delegation if followed by the tieing of all arteries communicating with the sac, and thereby the danger of suppuration and secondary bleeding would be averted. But even if this had been done and succeeded in this case life would not have been much lengthened for there must soon have been a diffuse abdominal aneurism which would have been speedily mortal from sudden and unreachable hemorrhage.

THERAPEUTICAL RECORD.

(From Virginia Medical and Surgical Journal.)

Amaurosis.—Dr. Griffin, of Limerick, (*Dub. Quart. Jour.*, Aug., 1853,) strongly insists upon the efficacy of strychnia in cases even of complete amaurosis. He prefers internal administration to the endermic method. He adduces one case of complete amaurosis following retinitis which

was successfully treated by eight grains of strychnia spread over a space of about eight weeks, after leeching, counter-irritation and mercury had been tried in vain.

Fever—Intermittent.—Dr. Merritt reports (*Memphis Med. Recorder*, Jan.,) 152 cases of periodic fever, all of which were cured by a solution containing gr. j. of sulphate of quinia and gr. jss. of sulphate of zinc. with enough of elixir vitriol to effect solution. This remedy was given in drachm doses four or five times before the expected paroxysm, the patient being kept in bed and supplied with warm drinks. The zinc often caused considerable nausea. It was in some cases combined with the tincture of jessamine, without appreciable advantage. The jessamine alone proved insufficient to effect a cure.

Gleet.—Dr. Lazowki (*Rep. de Pharm.*) having noticed the good effects of ergot in paralysis and atony of the bladder, was led to employ it in blenorrhœa, which affection he attributes to a relaxed and atonic condition of the prostate and canal of the urethra. He professes to have cured many cases of long standing gleet by this means. The advantages of the ergot were still more manifest when it was combined with iron: ℞. Pulv. ergot, ʒj.; Ferri sulphuret., gr. j.; Vanillæ pulv. et camph. pulv. aa., gr. ½. Ft. chart. xx. A powder morning and evening.

Hæmorrhoids.—In cases in which piles bleed profusely, and induce debility and anæmia, Dr. Oke (*Assoc. Med. Journal*, Aug., 1853,) has found turpentine the most efficacious remedy in restraining such hæmorrhage. He recommends the following formula: Ol. terebinth, ʒss.; tinct. kino, syrup. zingib., aa. ʒj.; aq. cinam., aq. font., aa. ʒiij.; mucilag. acac., q. s. This dose may be repeated two or three times a day.

Pneumonia.—Dr. Liebig (*Organ fur die gesammte Heilkunde*, ii. 3, 1853,) employs *acetate of lead* in those cases of pneumonia in which the usual treatment is insufficient. This salt is also indicated, according to Dr. Fiebig, in tuberculous subjects, in the aged, and in cases in which pneumonia is complicated with abundant diarrhœa.

Purpura.—Mr. Grantham reports (*Assoc. Med. Jour.*, Sept. 9, 1853.) three cases of purpura hæmorrhagica of a very serious description, in which gallic acid, administered in five gram doses every two or three hours, proved to be a very valuable remedy. The compound rhubarb pill was given as an aperient and the dietetic and general treatment was carefully attended to.

Tetanus.—Prof. F. Knowles, of the Iowa Medical College, reports (*Iowa Med. Jour.*, Feb.) three cases of well-marked traumatic tetanus which were cured by the administration of tincture of lobelia every ten minutes, together with a decoction of capsicum. As soon as emesis was excited, the symptoms were mitigated, and in a few hours all spasmodic action ceased!

Phthisis.—Dr. Turnbull (*Assoc. Med. Jour.*, June 24, 1853.) warmly recommends the use of sugar of milk in the treatment of tuberculosis. He was led to use this remedy partly by the consideration of the fact that asses' milk, which has always enjoyed a reputation in pulmonary disease, was chiefly remarkable for the large proportion of milk sugar which it contains, and partly by deductions from the views of Liebig in

regard to the uses of the azotized, or plastic, and non-azotized, or combustive elements of food. Sugar of milk is an article belonging to the latter class, and is, moreover, readily digested, and possessed of a great affinity for oxygen. It may therefore be of use in supporting the slow combustion which is more or less impeded in pulmonary disease.

PERISCOPE.

Brewer's Yeast in Puerpural Fever, &c. By Gideon B. Smith, M.D., Baltimore.—I deem it a duty to report the two cases described below, for the benefit of the profession, and for the sake of humanity. I am well aware of the reception they will meet with from the profession generally, but cannot be deterred from offering them to you on that account.

The subjects were the wives of two brothers: the first about 22 years of age, married about twelve months, with her first child, of a delicate constitution, very thin habit, and nervous temperament; the second, about 26 years of age, of a healthy, full habit, sanguine temperament, with her second child. The first was delivered of a healthy, male child, on the morning of the 8th January, after four hours, and a very comfortable labor. The child was small, not weighing over 6 lbs. There was not a drop of blood lost at the birth of the child, nor at the delivery of the placenta, though a moderate lochial discharge commenced during the first twenty-four hours. Everything was doing exceedingly well until the morning of the fourth day, when I was told she had passed a very restless night, complaining of great pain in the lower part of the abdomen. On examination I found the uterus much distended, globular, hard and exceedingly sensitive, so much so that the slightest touch caused the patient to scream with agony. Her very delicate constitution and thin habit seemed to indicate that local bloodletings alone must be relied upon so far as that agent was concerned. I ordered cups to be applied over the uterus, and about ten ounces of blood taken. This promptly relieved her of the pain. I gave her the usual antiphlogistic medicines internally. At 7 P.M., found her with all the symptoms of typhoid puerperal fever fully developed; sordes on the teeth and gums, and blackish burnt-leather coat on the tongue; pulse 140 to 150, small, wirey, quick: the whole abdomen very tender to the touch, but no pain. Stopped all other medicine and ordered *brewer's yeast*, diluted with an equal quantity of water, and rendered palatable with sugar, a tablespoonful every two hours. The nurse informed me next morning that in half an hour after she took the first spoonful of yeast, she was evidently better. I found her in the morning much improved. The sordes had left the teeth; pulse 120, more full; tongue not so dry; tenderness of the abdomen much diminished; the milk returned to the breasts, so that it was necessary to have them drawn; the lochia increased; the uterus nearly reduced to its natural condition. She kept steadily improving, until, on the 12th day, I left her cured.

In the second case, the woman was delivered on the evening of the

22d January, after three hours' comfortable labor. No blood at the birth of the child, or delivery of placenta. She continued remarkably well till the evening of the 4th day, when I was called on account of her having had a severe *chill*. When I got there the chill had ceased and she had a violent fever, with intense pain in the left side of the lower abdomen, extending through the groin and thigh to the knee. She was obliged to be on her back and keep the leg drawn up, as the least attempt to extend it threw her into an agony. The inflammation in this case was evidently confined to the peritoneum, as the uterus could be distinctly felt in a healthy condition. Bled from the arm until symptoms of fainting appeared; then applied cups to region over the seat of pain in the abdomen, and took eight ounces more, in all about forty ounces of blood. When the cups were taken off, all the pain had ceased, and the pulse was reduced to about 100, soft and yielding. Ordered antiphlogistic and aperient medicines for the night. Next morning found her in a well-developed typhoid puerperal fever; teeth and gums covered with sordes; tongue dry, burnt-leather coat; pulse small, quick, 140. The pain in the abdomen had not returned, but the part was exceedingly tender, and this tenderness had extended over the whole abdomen. Ordered brewer's yeast as in the first case, and with the same result.—From the moment she commenced taking it she began to improve, the sordes left the teeth, the tongue improved, and the pulse fell below 120 in four hours. She was entirely well on the fifth day.

You remember I reported some cases of scarlatina maligna, treated with brewer's yeast, some two years ago. I have still continued to rely upon it as the sheet anchor of hope, under God, in all cases assuming a typhoid character, and in all eruptive diseases of whatever form, with the happiest effect, not having lost a single case when the remedy was freely used. In these cases of puerperal fever, and especially the first, complicated as it was with a high degree of inflammation of the womb, as well as of the peritoneum, I do not believe the patient would have survived the ordinary treatment three days. The malignant symptoms were as marked as their supervention was rapid. Within thirty-six hours after the first symptom of the attack, there was every evidence of the putrescent state having commenced. And in less than four hours after taking the yeast, every symptom of putrescence had abated, and in twenty-four hours disappeared and never returned. In both cases, from two to three moderate evacuations from the bowels occurred every twenty-four hours during the whole time of taking the remedy; the urine continued free, and, after the first twelve hours, the skin soft and natural.

I must remark that I can give no other reason for using brewer's yeast than that furnished by its good effects in previous cases. I confess it is a purely *empirical* remedy. It is not the carbonic acid gas of the yeast that performs the almost miraculous work of the remedy, for I have used carbonated waters much more highly charged with it, without any such effects. What, then, is it? Strange to say, that while every other liquid highly charged with carbonic acid gas causes large eructations, the yeast never has any such effect. It causes no flatulence nor distension of the stomach, though taken in sufficient quantity to puff up a barrel of flour, when made into dough. Neither distiller's yeast, baker's

yeast, common family yeast, nor the common yeast powders, have the same effects as brewer's yeast. Neither does stale brewer's yeast have as good effect as that which is fresh, say not more than one or two days old.—*Boston Med. and Surgical Journal.*

Spontaneous Gangrene in Glucosuria. By M. Marchal, of Calvi.—Two years ago the author observed a case of spontaneous gangrene in a diabetic patient, who first lost the little toe, and, continuing to void sugar in the urine, eventually succumbed with gangrene of nearly the whole entire foot. Since this observation, made some fifteen years ago, Dr. Landouzy, of Rheims, communicated a case of gangrene of both legs in a diabetic patient. A third case has occurred recently.

M. Marchal was called into consultation, near Paris, to see a patient suffering from two gangrenous spots upon the dorsal region. One, very large, and surrounded by phlegmonous redness and œdema, extended along the outer part of the left thigh. The patient, upon inquiry, stated that, for many years, he had drunk much, and had voided large quantities of urine. The urine, examined by M. Duroy, an experienced chemist, yielded much sugar. As in one of the preceding cases, the patient had suffered frequently from boils in various parts of the body, M. Marchal purposes carrying on his investigations further at a future period, but thought the fact of sufficient importance to lay before the Society.—*London Medical Times.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

INCORPORATION OF THE PROFESSION IN C.W.

Why are not the members of the Medical Profession in Western Canada incorporated? The evils accruing from the want of incorporation are numerous, and have been long felt; from time to time they have formed the subject of complaint, and their removal has been attempted. The last expedient, having this object in view, is a letter addressed to the Honorable President of the Executive Council, by our talented cotemporary of the Upper Canada Journal of Medicine. Its effect remains to be seen: we fear it will not be of much, if any, avail. Such procedure being destined to the fate of former failures, the experience of which is against its success. Dr. Rolph has undoubtedly the power to further the interests of his brethren, but the decision does not rest with him: there are others to be consulted, with whom co-operation is essential. The present question has been popularly considered in its relation to

quackery, and it will remain unsettled so long as the belief continues that the institution of incorporation involves the abolition of quackery, and legislators permit their judgments to be guided by the feelings of the people. It is a lamentable fact, that the majority of the people of Upper Canada are favorable to quackery, and many are so biassed that they would give it the preference, if called to choose between it and science. Very few appreciate the real merits of the case, or have a sufficient sense of equity to comprehend why the profession requires the same protection, and is entitled to the same privileges in Upper as in Lower Canada, and why without these its condition must border on anarchy. Nor can they admit that the simple right of men sanctioned by law to practice a profession obtained at heavy personal cost, and after compliance with prescribed enactments, is to be defended from the debasing aggressions of those whose knowledge is intuitive, and who, perhaps, are disabled from following their proper callings, and find in medicine a better business than in horse-shoeing or sow-gelding. But such things cannot continue long. Learned men must be encouraged in their undertakings, for if their art be without a premium, its worshippers will disappear, and its sphere become a chaos. We hold that the expression of a people in behalf of quackery is entitled to no regard, for if they be so simple minded and grossly ignorant as not to know the difference between an educated physician and a boasting empiric, they must be, like children, taught better, and like imbeciles, kept from injuring themselves. At no very distant period a similar opinion will be generally entertained, and measures devised in accordance with it. In the meanwhile, the profession should not remain idle ; much of the good that is to be effected is entirely dependant on the activity and energy of its members At one time the profession in Lower Canada was but little better off than that of Upper Canada, but by its own efforts it at length attained its rights and privileges. We would advise those desirous of incorporation not to rely upon a single effort or trust their fortunes to the exertions of one individual. Instead of leaving the matter to an advocate, and invoking a Hercules, they should associate together, determine upon a fixed line of action, resolutely strive for its accomplishment, and leave no means untried till the end had been acquired. They should first form an Institution, governed by appropriate ordinances, and embodying the present licensing board. The utility of the body would not be long unappreciated, and it would then be endowed with the required authority to legalize its proceedings. In this manner, incorporation might be secured, but unless it be attempted in the progressive way we have shewn, we fear the question will continue to be asked—Why are not the Members of the Profession in Western Canada incorporated ?

The Mayoralty.—It gives us great pleasure to notice the election of a member of our profession to the mayoralty of Montreal. Just at this juncture, when we are threatened by an invasion of cholera, the presence of Dr. Wolfred Nelson at the head of civic affairs, is a circumstance of some moment to the community. In his inaugural address he speaks of the probable visit of this scourge, and adverts to the measures, of a sanitary nature, to be adopted for the purpose of diminishing its virulence and preventing its rapid spread. His views of the steps to be taken accord exactly with those which we gave expression to in our article on cholera, published in our February number, and which, we are certain, will commend themselves to the judgment of every medical man who has bestowed a thought on the subject. Dr. Nelson, unfortunately, can speak only for Montreal. What he intends to do here, we would have the Provincial Legislature do for the whole province.

Statistics of Disease.—The importance of statistics to medical science is so self-evident as to require no demonstration. We have long wished to be put in possession of such as have reference to the prevalence and peculiarities of disease in Canada; and we are glad to have the opportunity of publishing in this number some of great interest, furnished us by a distinguished medical officer, and increased in value by the addition of copious remarks eminently practical in character. Military surgeons have better opportunities than civilians for collecting the necessary data, and we would feel obliged to any who would follow the laudable example of their able and talented chief.

Dr. Bouthillier, of St. Hyacinthe, has been appointed Inspector of the Agencies of the Woods and Forests of the Crown in Lower Canada, with a salary of £400 per annum.

Chemicals.—Our enterprising friends, Messrs. S. J. Lyman & Co., have lately imported some new and valuable chemicals, samples of which they have sent to us, and to which we would draw the attention of our readers. They are nearly all preparations from the celebrated house of T. Morson & Son, which of itself is a sufficient warranty of their purity. 1. QUEVENNE'S IRON.—This preparation is the *Fer Reduit* of MM. Quevenne and Miquelard, and the *Pulvis Ferri* of the Dublin Pharmacopœia. It is metallic iron in a state of minute division, and is prepared by the reduction of the peroxide of iron, by means of hydrogen gas and heat. Iron, in this condition, is readily acted on by the acids

of the stomach, and is, therefore, more easily taken up by the absorbents. It is liable to be adulterated with the black or magnetic oxide. From this, its greatest impurity, Morson's preparation has been proved, by some of the most eminent chemists in Great Britain, to be entirely free. It always contains a variable quantity of sulphuretted hydrogen, which, however, does not detract in the least from its efficiency. 2. IRON ALUM.—This is a new preparation of iron which has recently been introduced to the notice of the profession by the physicians of St. Mary's Hospital, London. It is a very soluble salt of a pale violet color. It forms a solution of a reddish color. It is isomorphous with common alum, its crystals being of the octohedral form, and its composition being represented by the formula $Fe_2 O_3, 3 SO_3 + NH_4 O, SO^3 + 24 HO$. As in the double sulphate of alumina and potash, the potash may be replaced by some other base, so in this salt, soda or potassa may be substituted for the oxide of ammonium. There being no alumina present in Iron Alum, Mr. Davenport suggests "that this salt when ordered in medicine should be called *ammonia-sulphate of peroxide of iron*, when the amonia salt is intended, or *potassio-sulphate of peroxide iron*, if it were intended to indicate the potash salt." Dr. Tyler Smith has found it to be "a more powerful astringent than common alum, and not liable to produce the stimulating effects of other salts of iron." 3. CHURRUS.—The concreted resinous exudation from the leaves and stems of the Cannabis Indica. Its effects, as described by Dr. O'Shaughnessy, are mental exhileration, followed by alleviation of pain and tendency to sleep; insensibility, which terminates suddenly, and is succeeded by an inordinate desire for food. It has, likewise, an aphrodisiac effect, and induces a genuine cataleptic condition. 4. VALERIANATE OF ZINC.—A very excellent preparation of a valuable drug, much used at present in various nervous diseases. 5. ALCOHOLIC EXTRACT OF COLCHICUM. 6. PURE ELATERIUM. 7. KREASOTE.—A German preparation of remarkable purity and strength.

TO CORRESPONDENTS.

Dr. P. Proulx.—His friend has not complied with his request. We *again* send Nos. 2, 8, 9 and 10. The former ones are probably in the Boucherville Post Office. We will be happy to send any other that may be missing. *Dr. O'Leary.*—Request attended to. *Drs. Larocque and Rousseau.*—Hope we shall continue to merit their approbation. *Drs. Easton and Degel.*—We regret the non-arrival of the Nos., and have forwarded duplicates. *Dr. Bergin.*—*It* must have gone astray. *Dr. Gilbert.*—His letter quite satisfactory—hope the contribution is the first of a series: very thankful for information.

BOOKS RECEIVED FOR REVIEW.

Homœopathy: its Tenets and Tendencies. By James Y. Simpson. M.D., &c. &c. Messrs. Lindsay & Blakiston. Philadelphia.

OBITUARY.

Died, at St. Polycarpe, on the 16th March, Stephen Duckett, M.D., aged 24 years. This young gentleman graduated at McGill College last spring, after which he commenced practice, and had already secured the confidence and esteem of the people among whom he was located, when his temporal career, with its bright and encouraging prospects, was suddenly arrested by the hand of Death.

Died, on the 18th March, at New York, on his way to Australia, of phthisis pulmonalis, in the 26th year of his age, Matthew Bell Mackenzie, A.B., M.D., of University College, Toronto, youngest son of the late Henry Mackenzie, Esq., merchant in this city, and nephew of the Rev Dr. Bethune, Rector of Christ Church Cathedral.

HOSPITAL REPORTS.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th February, to the 3rd March, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	40	17	2	59
Since admitted.	28	13	0	41
	68	30	2	100
Discharged,	40	19	0	59
Died,	0	1	0	1
Remaining,	28	10	2	40
	68	30	2	100

Fever,	2	Syphilis,	7	Abortus,	1
Inflam. of Lungs,	6	Abscess,	1	Hæmeralopia,	1
Inflam. of Liver,	2	Ulcers,	3	Epilepsia,	1
Rheumatism,	2	Contusions,	2	Erythema,	1
Dropsy,	1	Pregnancy,	2	Frost Bite,	4
Diseases of Skin,	1	Febricula,	3		

C. E. LEMIEUX, House Surgeon.

RETURN of Admissions and Discharges at the Marine and Emigrant Hospital, from the 1st of January, 1853, to the 31st December, 1853, inclusive, showing the number of Seamen, Emigrants and Citizens treated in that Institution, together with a list of the Deaths and the Diseases of which the individuals died, and the number of days each class of Patients remained in Hospital.

Description.	Rem'ned	Admitted	Total.	Discharg.	Died.	Rem'ing
Seamen.....	7	635	632	586	18	28
Emigrants, ..	23	372	395	331	38	26
Citizens, ...	3	88	91	75	5	11
Tot	33	1085	1118	992	61	65

Number of Days in Hospital.

Seamen,.....	12,437
Emigrants,.....	8,706
Citizens,..	2,634
Total,.....	23,777

Deaths and Classification.

	Seamen.	Emigrants.			Citizens.			Total.
		Men.	Women.	Children.	Men.	Women.	Children.	
Phthisis.....	3	2	2					6
Fever.....	4	1	8	1	1			15
Pneumonia	3				1			4
Marasmus.....				2				2
Meningitis	1	1						2
Dysentery.....	3	2	3	1				9
Rheumatism.....	1							1
Spina Bifida				1				1
Hepatitis.....	1							1
Peritonitis.....	2		1					3
Scrofula		1						1
Bronchitis.....	1		1	1	2			5
Scarlatina				5				5
Rubeola.....				2				2
Cholera		1						1
Concussion of the Brain.....			1					1
Anasarca		1						1
Puerperal Fever.....						1		1
Total.....	18	9	16	13	4	1		61

Of the 61 deaths 7 occurred within the first 24 hours after admission. A case of concussion of the brain; dysentery; measles; fever; phthisis, scarlet fever; meningitis.

C. E. LEMIEUX, House Surgeon.

MEDICAL NEWS.

Professor Chelius, the distinguished Professor of Surgery in the University of Heidelberg, has recently visited Paris, and been entertained at a splendid banquet given to him by the Surgical Society of Paris, presided over by Professor Denonvilliers.—On the 10th March, the distinguished anatomist, Professor Terdemann, completed his half century as a Professor. It is proposed to celebrate the event by distributing to his admirers, friends, and numerous pupils, bronze and silver medals at a moderate cost (10s. and 20s.) bearing his likeness. These may be obtained by subscription addressed to "Die Senckenberg naturforschende Geselschoft zw Frankfort, a. m."—At the last meeting of the Royal College of Surgeons, of England, Mr. John Lizars, of Edinburgh, was appointed student in human and comparative anatomy, in the vacancy occasioned by the resignation of Mr. J. H. Sylvester, who proceeds to India.—A large meeting of the past and present medical students of King's College was held on the 16th December, for the purpose of presenting a valuable silver tea kettle and a silver salver to Dr. Todd, as a mark of the great respect and esteem entertained for him by all who had ever had the pleasure of being his pupils.—The chair of Medical Chemistry, left vacant by the death of M. Orfila, has been suppressed by imperial decree, and a chair of Pharmacy substituted for it. Dr. Soubeiran, Professor at the Superior School of Pharmacy of Paris, has been appointed to the new chair.—Dr. Fischer de Waldheim, of Moscow, (Russia.) one of the most distinguished naturalists of Europe, died recently in that city, at the advanced age of 82 years. He was born near Leipsic, and in 1797 went to Vienna with Humboldt to practice medicine, but gave himself up entirely to the study of natural history, and especially to fishes. He was, at the time of his death, a member of more than eighty learned societies, and Knight of the principal Russian orders. —At the Sheffield sessions, an indictment was preferred against the proprietor of an anatomical museum, for a misdemeanor in committing a public nuisance by indecently exposing to public view "certain filthy, obscene, and indecent figures, calculated to offend public decency and demoralize society." The grand jury returned a true bill.—M. Elie de Beaumont has been elected Secretary to the Academy of Sciences, Paris, in place of the late M. Arago.—There were 83 suicides in the City of New York the last year.—The infamous Madame Restell, of New York, a professed abortionist, who was lately arrested on a charge preferred against her by a young woman for having, at the instigation of her seducer, procured three abortions on her person, has again escaped well merited punishment The girl at the time of the trial was not est. The almighty dollar had silenced her.—The brain of the late Senator Atherton, of New Hampshire, weighed 56¼ ounces averdupois, which is 7¼ ounces less than the weight of Mr. Webster's, a little more than that of Spurzheim, and 7 ounces more than that of Dupuytren. Cuvier's brain weighed 64¼ ounces, and Abercrombie's 63 ounces.—Dr. Last never trifled with disease. His directions were: "Bleed the north ward and blister the south ward to-day; and blister the north and bleed the south ward to-morrow."—The Petersburg Express chronicles the death of a negro woman at the advanced age of 128. She died of no particular disease, but sank under the exhaustion incident to old age.—It is stated that the hippopotamus who swallowed a lady's lap dog lately, at the public gardens, did so under the impression that he was taking a dose of *bark*.—A new and spacious hospital is to be erected at Albany, over $50,000 having been subscribed, to be under the auspices of the Albany Medical College.—A new petroleum, or oil spring, has been recently discovered in Virginia; it furnishes some two gallons of oil a day.—From recent investigations among the tombs of the ancient Egyptians, it has been discovered that they were acquainted with the use of nitrate of silver as an indelible ink; and also that nitric acid was employed by the "early Egyptian chemists" in the process of embalming dead bodies.—The London Times, Punch, Manchester Guardian, and two or three others refuse to publish any notice or advertisement from quacks that contain in it the slighest approach to indecent or indelicate expressions.—It has been found by actual experiments, performed near London, that in animals a greater degree of fatening was obtained from a less amount of food when Cod Liver Oil was used. Hogs took two ounces, sheep one ounce, and cattle a quarter to three quarters of a pint, per diem, and paid better than any others in the market.—The bill legalizing dissections, presented to the Legislature of the State of New York, has passed the Senate and is now before the Assembly or Lower House, with a fair prospect of becoming a law.—In an English paper we find the following bona fide advertisements:—To be sold, the *Wisdom Tooth* of the Duke of Wellington, price £10; and several locks of his hair, price £1 10s. each. N.B.—Likewise a small grinder of Napoleon's for £5.—It is said there are more persons now on the globe, than at any time before; about 1,000,000,000; and that about 33,838,333 die annually; 92,000 die daily; 4,000 every hour, and 61 every minute.—A Mrs. Burke died a few days ago at Quebec aged 110 years.