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THE MEDICAL CHRONICLE.

VOL. III.]

FEBRUARY, 1856.

[No. 9.

ORIGINAL COMMUNICATIONS.

ART. XXVI.—*The Prevalence of Calculous Disease in the District of Montreal*; critique of Dr. Horace Nelson (*Northern Lancet*) on Prof. Gross' Work on the Urinary Organs. By A. HALL, M.D., Professor of Midwifery and Diseases of Women and Children, McGill College, Montreal.

The September number of a little periodical, by no means regular in its monthly issues, and of no very exalted professional tone, called the *Northern Lancet*, has been, within the last few days, placed in my hands by a friend, and my attention directed to an article which professes to be a critique on Prof. Gross' work on the Urinary Organs. One would have imagined that Dr. Horace Nelson, the editor of this journal, having received such a work for review,—one, the excellence of which, admitted on all hands, has been enhanced by more recent researches on the part of the able and laborious author,—would have devoted some space to its consideration, and would have sedulously laboured to point out those novelties or addenda which are the peculiar merit of this edition, and on account of which it seeks preference and favour. Such is the usual practice in reviewing new editions of standard works. The profession looks to the reviewer, and it is the duty of the latter to notice, at least, some of the more important additions, if such there be, and to test the edition, upon their merits. Let us see how Mr. Dr. Horace Nelson, editor of the *Northern Lancet*, has fulfilled his self-imposed duty as reviewer of a work, which has certainly taken the highest rank among those of a kindred literature.

The bibliographical notice (!) occupies exactly thirty-nine lines, of which fifteen are devoted to the work; from which we learn that it is truly American, (for our part we thought that science was cosmopolitan); that it became at once standard; that a second edition was called for, which appeared with numerous additions, increasing its size to 200 ad-

ditional pages; that it is a most complete and scientific treatise; and lastly, that Messrs. Blanchard & Lea deserve great praise for their labours. All this we are told in twelve lines, and not half so well as we have done it in six!

Having been informed that it is a "most complete and scientific treatise," its completeness and scientific accuracy are in the next twenty-seven lines unwittingly demolished, and a personal and professional attack is made upon myself for having ventured to express the opinion to Dr. Gross that calculous complaints were rare in this district, without having duly acknowledged the services of Dr. Robert Nelson, uncle to Dr. Horace, "who has operated close on to, if not more than, one hundred times in less than twenty years," (we admire the grammatical construction of this sentence,) and "with a success almost equal to that of the distinguished lithotomist of Kentucky, Dudley!" I am, furthermore, accused of prejudice in ignoring Dr. Robert Nelson's services as a lithotomist, although what I had to do with him, or with any one else, while expressing to Dr. Gross *my opinion* of the prevalence of calculous complaints, surpasses my comprehension; and, finally, my ignorance of surgical matters in this district, in which I have practised about twenty-one years, is severely denounced, and this, too, by a young man, whose term of professional duty scarcely exceeds the half of that period. The whole criticism, if indeed it deserves the name, is a lamentable proof that an editorial chair does not always inspire wisdom, far less is it apt to imbue its occupant with modesty, and of these two facts I will shortly furnish abundant proof.

So far as regards myself personally, the animus which pervades the editor's critique, and the tone in which he has indulged, would have precluded all reply; and I must say, that during seven years of editorial life, I have rarely met with an attack so grossly and offensively personal, or more unsolicited; and assuredly had I been alone concerned, I would have treated it with silent contempt. But unfortunately, through me, it is attempted to impugn the accuracy of Prof. Gross' work, and as, therefore, a question of scientific interest is involved, I cannot avoid a reply, both in justice to Prof. Gross and myself. It is not a little singular that the opinion expressed by myself should have been sustained by "a number of the most respectable practitioners" of Quebec, and by Dr. Bethune of Toronto; and yet, while the rarity of the disease has been acknowledged both in the Eastern and Western sections of the Province, I am singled out for attack for expressing a like opinion in regard to this district, which may almost be deemed central. Did Dr. Horace Nelson, editor of the *Northern Lancet*, think that I could be made a convenient peg on which to hang a eulogy of his uncle, or that I would constitute

a safe channel through which to give him surgical notoriety? If so, he is mistaken. I am willing to concede to Dr. Robert Nelson every credit for his surgical ability, and this, too, at a period when he had no competitors; but at the same time this ability must not be too much extolled, nor his performances as a lithotomist exaggerated, which in the critique before us has certainly been done at the expense of—TRUTH—and on this point I will permit others to speak, who ought to know.

Immediately after the receipt of the *Lancet* containing the criticism, I addressed letters to a number of medical gentlemen in various parts of the district, and have been kindly and promptly furnished with the following replies. To Drs. Holmes and Beaubien, who were contemporaneous with Dr. R. Nelson in this city, I especially addressed the following question, "Do you believe that 'Dr. R. Nelson operated for the stone close on to, if not more than, one hundred times in less than twenty years?'" And queries were generally addressed, as regards duration of practice, the prevalence of calculous diseases, the present existence of any cases, and whether my opinion, given to Dr. Gross, as to the rarity of the disease was correct or not. To the letters embodying such enquiries, the following replies have been received:—

From Dr. HOLMES, Professor of Medicine, McGill College.

DEAR HALL,—My opinion relative to calculous complaints in this region of country is that they are far from frequent. A practice of upwards of thirty years in this city, during fifteen of which I was one of the attending physicians and surgeons of the Montreal General Hospital, and subsequently consulting physician of the same, must have given me some opportunity. The practice of Dr. Robert Nelson cannot be taken as a criterion. I was present, as a student, and assisting at his first operation, which must have been about 1814 or '15. I know the case was then looked upon as extraordinary; its success established his reputation, and he became the monopolist of such cases, not only in Montreal, but through the greater part of the Lower Province. I consider your statements relative to stone to be generally correct.—Yours truly,

A. F. HOLMES, M.D.

Montreal, Dec. 22, 1855.

Dr. Beaubien, who was a contemporary of Dr. R. Nelson, has verbally informed me that he does not believe that Dr. R. Nelson has operated for lithotomy over half the number of times specified in the *Lancet*; and from his observation of fully thirty years, he considers the disease a rare one in this district.

From Dr. CAMPBELL, Prof. of Surgery, McGill College.

MY DEAR HALL,—In reply to your note of yesterday respecting the frequency of calculous disorders in this city and neighbourhood, I have

to state that I consider such affections by no means frequent. I have been in practice in Montreal for upwards of twenty two years, and for the last nineteen years I have been one of the staff of the Montreal General Hospital; during the whole of that period I do not think I have met with more than a dozen cases of renal, and eight of vesical calculus. I have performed lithotomy three times myself, and have witnessed the operation four times in the practice of my professional acquaintances.

For the last twenty-two years, there have been only three † operations for stone in the Montreal General Hospital, with an average during that period of about eighty patients, and an extensive daily attendance of out-door cases at the Dispensary.—I remain, &c.,

GEO. W. CAMPBELL, M.D.

Montreal, 18th Dec., 1855.

From WILLIAM BELIN, M.D., L'Assomption

MY DEAR HALL,—I have just received yours of the 20th instant, and hasten to reply.

I have been practising in the District of Montreal for nearly thirty years, during which period I have had under treatment, so far as I can recollect, but three cases of urinary calculi; two of these were in children, and one in a man of nearly sixty. None of them were cases requiring lithotomy.

Although I occasionally hear of a case, yet I do not consider the disease to be one of frequent occurrence in Lower Canada.—I am, &c.,

L'Assomption, Dec. 22, 1855.

WM. BELIN, M.D.

From JAMES BELL JOHNSTON, M.D., Sherbrooke.

MY DEAR HALL,—I was absent for two or three days when your letter of the 18th reached this place. In reply to your request for information about the number of cases of lithotomy Dr. R. Nelson may have had, &c., I may state that I have no precise data to go upon, but I should certainly think "*that over a hundred*" was more than double the probable number. Again, Dr. R. Nelson must have been in practice nearer thirty than twenty years. I was in his surgery for five years, (from 1826 to 1831,) and I should think that the number of cases of vesical calculus that he operated upon during that period was, at most, from eight to ten; they were not all French Canadians, and some were from a great distance from the city of Montreal. I have a recollection of a gentleman from the West Indies being operated upon with success by Dr. Nelson, in Montreal. Then, again, the fact of Dr. R. Nelson being, at that time, almost the only lithotomist in Lower Canada, would, of course, give him a preponderance of cases of calculous disease. I agree with you in opinion that vesical calculus is rather rare in Lower Canada. During upwards of fifteen years that I have been in active practice in

* One of these cases was the removal from the bladder of a piece of lead-pencil encrusted with a deposit of lithic acid or lithate of ammonia, and cannot, therefore, be deemed a case of idiopathic disease.

† One of these cases is the case referred to in the preceding note.

Sherbrooke, I have not met with a case, and though I have frequently met in consultation with my medical *confreres*, in a circuit of about thirty miles, I have never, during the period I have mentioned, heard of any case of that nature in their practice, though affections of the kidneys, and other diseases of the bladder, are rather of frequent occurrence in the Eastern Townships of Lower Canada. I am &c.,

Sherbrooke, Dec. 23, 1855.

JAS. B. JOHNSTON, M.D.

From ROBERT H. WIGHT, M.D., St. Johns.

MY DEAR HALL.—Yours of the 20th instant reached in due season, and I now reply to your questions, viz.: 1st. I have practiced at St. Johns and Laprairie during the past twenty-one years. 2ndly. During that period I have met with only two cases of vesical calculus, one of which underwent lithotomy successfully, the other passed the calculi per urethram. I may add to these one instance of renal calculus, discovered during an autopsy in a person who during life had never shewn any symptom of such an affection. 3rdly. I coincide with your opinion "that vesical calculus is a very rare disease in this district," at all events in that portion of it in which I practice. Yours truly,

St. Johns, C.E., Dec. 25, 1855.

ROBERT H. WIGHT, M.D.

From FRANCIS N. SHERIFF, M.D., Huntingdon.

SIR.—I have been in practice in the village of Huntingdon, county of Huntingdon, district of Montreal, twenty-one years. I have only seen one case of calculus which required the usual operation. I had another case of a calculus jammed in the urethra, which I removed by an incision. I have seen other two cases where very small stones were passed with the urine, after the patients had suffered severely from symptoms denoting a descent of a calculus. I have no cases under treatment at present. From my experience I certainly consider calculus a rare disease in this part of the district of Montreal. I am, &c.,

FRANCIS N. SHERIFF, M.D.

From CHARLES SMALLWOOD, M.D., St. Martins, Isle Jesus.

MY DEAR HALL,—In reply to your note I have to say that I have been practising at St. Martin upwards of twenty-one years, during which period I have seen and treated four cases of vesical calculus, two in children, and two in adults; in all these cases the calculi were small, and passed by the urethra. I have to state that I have never attended a case of vesical calculus requiring the knife; from this I should certainly draw the inference that it is a rare disease in this neighborhood. I have no case at present under treatment. I may further state that I have only heard of one case requiring operation, and that was last year in the practice of Dr. Dorion, of St. Eustache. Yours truly,

St. Martin, Dec. 22, 1855.

C. SMALLWOOD, M.D.

I think I might safely rest my case upon the evidence now adduced, but I imagine that it would hardly be complete without some reference to hospital statistics. There are two hospitals in this city whose evi-

dence may be brought forward—the Montreal General Hospital and the Hotel Dieu. The statistics of the former now lie before me, and during a period of twenty years, from 1825 to 1846, not a single case of calculous disease was admitted within its walls. Since 1846 to the present period, two cases only have been admitted. I acted as attending physician and surgeon to this institution for sixteen years, from 1836 to 1852, and during that period, not a single case presented itself, either among the in-door or out-door patients. Dr. Munro has attended as physician at the Hotel Dieu for the last twenty years, during which period only five or six cases presented themselves, and he has operated twice. Now, if the disease was a common one in this district, there would exist the most ample evidence of its prevalence in the records of hospital practice; but the hospitals are silent also on the subject.

I may observe, lastly, that before the breaking up of the classes at the Christmas vacation, the following question was put to the students of this district in attendance at McGill College, and at the French School of Medicine; and by both schools the district may be supposed to be fairly represented:—"Are you aware of the existence of any cases of calculous disease at present in that part of the country from which you come?" And from the gentlemen in attendance I have derived the information, that in a population, according to the last census, of upwards of half a million, which is that of the district of Montreal, there existed only *one* case, known to the parties, at the conclusion of the last year.

I think that I have thus most clearly substantiated the correctness of the opinion expressed to Dr. Gross, and embodied in his work, that *calculous disorders are rare in the district of Montreal*, and I feel happy that that opinion, which was given as the result of my own personal observation, has been so amply and so generally sustained. It follows, therefore, as a corollary, partially quoting the *Lancet*, "that if Prof. Gross' other statistical authorities are of the same stamp as the one in Canada," NONE "of the merit of his book is lost," while it is shewn to possess GREAT "value in a statistical point of view."

It is quite possible that in writing this paper, I have given myself an unnecessary amount of trouble, and I feel persuaded that Prof. Gross will think so; but it was due to him and to his work, that the opinion expressed in it should be substantiated, although I can scarcely imagine that the learned author will think much of the criticism of the *Lancet*. A journal which can praise, and fulsomely adulate, such a publication as Bedford's Obstetric Clinique; devote page upon page of its monthly numbers to reports of his lectures, thus unfitting them for entrance into any respectable house whose inmates it is not desired to demoral-

ise, and can dismiss with a few lines Prof. Gross' truly valuable work ; one of the most scientific treatises of the day, certainly establishes for itself a reputation of a very questionable character. We have only to look "on this picture, then on that," and the meanest intellect may draw the inference, that the latter work was immeasurably above Dr. Horace Nelson's acutest powers of analysis.

In conclusion, permit me to apologise for the space which I have occupied, which only the importance of the subject could justify, and to express the hope that the *Northern Lancet*, which evidently lives in a glass house, will throw no more stones.

Montreal, Jan. 14, 1856.

POSTSCRIPT.

Since the foregoing was written, I have received the following letter from Dr. Brigham, of Philipsburg, which satisfactorily settles the number of operations of lithotomy performed by Dr. Robert Nelson:—

PHILIPSBURG, January 23, 1856.

MY DEAR HALL,—In reply to your question I have to observe that I knew personally Dr. Robert Nelson while he resided at St. Albans, Vt., in the year 1838, and that in my presence he informed Dr. Charles Hall, then a practitioner of that town, and now deceased, with whom I studied, that he had performed the operation for lithotomy thirty-nine times, of which thirty-four cases were successful.

Yours very truly,

J. S. BRIGHAM, M.D.

XXVII.—*On the application of Statistics to Questions of Medical Science.*
By W. MABSDEN, M.D., Governor of the College of Physicians and Surgeons, C.E., Fellow Med. Soc. Lond., Fel. Na. Bot. Soc. Lond., &c., &c., &c.

The *Edinburgh Medical Journal*, for November last, contains a clever article, entitled, "Notes on the application of Statistics to Questions in Medical Science, particularly as to the External Causes of Diseases." It is followed by a paper of no less value, in the December number, "On the communicability of Cholera, by Dejections," which supports the former article. They are both from the distinguished pen of W. P. Alison, M.D., Edin., D.C.L., Oxon, Emeritus Professor of the Practice of Medicine, Edinburgh. Both articles merit the attentive perusal, and most serious consideration, not only of the medical profession, but of the legislator also, on whom rests the *onus* of carrying out the suggestions

of scientific men. The first ably advocates the utility of medical statistics, and the second as ably proves their necessity.

There is no department in the world of science of more value or importance to the people than medicine, and, yet, there is none that receives so little attention here at the hands of the government. The petition of an errant quack receives more prompt and considerate attention, than the suggestions of any number of the most learned of the legitimate members of the medical body. These remarks are drawn forth by the application of Dr. Allison's paper on medical statistics to the actual position of affairs here.

Several months since, from 50 to 60 of the most eminent medical practitioners from all sections of the country, recommended the appointment of a medical gentleman,—who was willing to sacrifice his professional emoluments and advantages in the cause of science,—to visit the different Quarantine Stations in the Northern and Eastern States of America, and report upon their efficiency and utility, &c., previous to the next meeting of Parliament. Up to this period, however, no more attention has been paid to this highly important recommendation, prompted by science and humanity alone, than if it had been the recommendation of a parish-beadle.

It is a matter of notoriety that the system of Quarantine that has oppressed this country, for upwards of a quarter of a century, has totally failed in its contemplated objects. Complaints have been so loud and so frequent, that like the cry of, wolf! wolf! they have ceased to alarm. Scientific medical enquiry, there has been none; and the biassed, and interested statements of its officials, have been both cited, and acted upon, authoritatively. In all attempts to enlighten the government on the subject, it has acted like the deaf adder which stoppeth her ears. England well knows the value of medical statistics, registration, &c., and, the reports of the Registrar General, have long been authority for legislative guidance; whereas in Canada, with her material progress, her boundless territory, her undeveloped sources of wealth, *nothing whatever* has yet been done, in a department so essential to human safety and happiness. The sum of her legislation, (harsh though it may sound,) resulting only in providing coffins and graves for the dead; instead of devising means to prevent the extension of disease.

Neither my time, nor your space will permit me to enlarge on this subject; and, I will, therefore, confine myself to a few extracts, that bear more forcibly upon this subject than anything I can say.

Dr. Allison in vol. 1 ut supra, page 385, says:—"It has so frequently and so plausibly been urged, against all the inquiries and studies which are termed statistics, that the force of such reasoning may be applied to

the support of almost any proposition, that it becomes an object of very considerable importance, in the view of any one who is truly convinced of the importance and frequent practical application of such inquiries,—to point out the circumstances of any question, or departments of any science, in which this kind of information is truly requisite, and the conditions under which it may be trusted. This is especially true of the science of medicine, because there is one great department of that science,—that which we term etiology, or the doctrine of the external causes of diseases, in which our knowledge is acquired almost entirely in this way. It is in very few cases only, that our knowledge of the essential or intimate nature, either of disorders or of the powers of nature which excite them, enables us to form any anticipation of the effects of these powers; and it is simply by empirical observation,—facts observed and recorded, and the frequency of their occurrence noted, although not explained, *i. e.*, it is by the *force of numbers* or by *statistics*, whether stated exactly in that form or not, that our information on that subject and practical rules for the prevention or treatment of diseases, founded on that information are acquired.”

At page 386 we find the following significant phrase: “*The knowledge of the external causes of diseases, is that which leads most directly to their preservation; and to the preservation of those lives especially, from which the greater amount of labour of all kinds may be obtained, and which are, therefore, generally regarded as most valuable to a state.*” Well would it be for Canada if what follows could be applied to her. “In the course of the present century, improvements have been made in Medicine, which will bear comparison in their practically beneficial tendency, with those which have made this age and this quarter of the globe so illustrious, as regards the applications of any other sciences to practical purposes. These have been almost exclusively in this department of medicine, and may be truly said to rest, as yet, almost exclusively on statistics; anticipating, probably by several ages, any information within the power of the human race, as to the intimate nature of the phenomena which are thus recorded.” By way of illustrating my subject more fully, I will draw nearer home. In your interesting Journal,* vol. 1, page 122, will be found a sensible article on “Registration of the causes of death.” After pointing out the insufficiency of the records, as now kept, of marriages, births and deaths, you say:—

*I would also refer such as feel an interest in the subject, to a paper that will amply repay the perusal, from the pen of Dr. Von Hland, “On Medical Statistics of Prisons” in the “Canada Medical Journal,” Vol. I. P. 141, in which he defines Medical Statistics as “a science, which, by demonstrating the existence of evils, may lead to a removal of their causes, and serve as a test by which to determine the success or inefficacy of the measures resorted to for that purpose.”

From them, the medical enquirer into the vital statistics of the country may learn the ratio of births to deaths—the proportion of deaths at different ages—the expectation of life at different ages, and the average rate of mortality in various parts of, and throughout the Province. All questions, however, relating to the prevalence of particular diseases in certain districts—to the effects of any epidemic which may have visited the country, or its comparative violence and mildness in different localities—to the influence on the mortality of disease of physical causes, such as nature of soil, state of cultivation, elevation above the level of the sea, thermometric and hygrometric conditions of the atmosphere, &c.,—questions, the solution of which would have a tendency to vastly improve his acquaintance with the natural history of disease, are shut out from his investigation. And, if the homely adage be true, which all experience indeed proves it to be, that “one ounce of prevention is worth a pound of cure,” the public generally are the losers by this limitation of the researches of the physician. For if it be out of his power to ascertain what disease or what particular classes of disease are endemic to the country; and if he cannot trace the progress and ravages of all epidemics, it is clearly impossible for him to advise the authorities or the populace what measures to adopt, and *where* measures should be adopted, to diminish the prevalence of the one, and to stay the progress and reduce the mortality of the other.”

The length of this hurried communication has already exceeded the limits I had contemplated, but the vital importance of the subject prevents its abridgement. It must be my apology both to you and to your readers, which indulgence I crave.

Quebec, 24th January, 1856.

ART. XXVIII.—*Cas remarquable de Larves de l'Oestre chez une petite fille, de 3 mois.* Par Dr. H. GUERIN, Sault au Récollet.

Messieurs les Redacteurs,—Permettez moi de me servir de votre journal pour rapporter un cas extraordinaire de larves de la mouche *œstri* (*œstrus*), introduites dans les tissus d'une petite fille de trois mois; chose qui se rencontre très rarement dans la pratique, et pourtant, que je suis posté à croire plus commune qu'on ne le suppose généralement, et qui pourrait bien être, même très souvent une cause inconnue de différentes maladies, comme je le ferai voir plus loin, cause dont les auteurs se sont je pense trop peu occupés, ainsi que les praticiens, c'est pourquoi je souhaite que cette observation vienne à la connaissance des médecins praticiens, afin d'attirer leur attention sur cette cause de maladie.

Le 2e Juillet dernier, je fut appelé chez un nommé Paschal Boucher, du village du Sault au Récollet, pour voir une petite fille, que la mère,

qui vint me chercher, me dit être malade depuis deux jours, qu'elle pleurait sans relâche (chose qu'elle ne faisait pas avant,) et qu'elle ne pouvait garder aucune position, tant elle paraissait souffrir, enfin qu'en l'examinant la mère s'aperçut qu'elle avait une oreille tuméfiée, et ayant sur cette oreille, sur le cou et sur l'épaule des boutons, simulant la variole, et qu'elle avait vu sortir de l'un de ces boutons un petit ver blanc, ce qui la chagrinait beaucoup, et qui lui faisait dire que sa fille était mangée des vers.

A mon arrivée je trouvai cet enfant très agité, et criant sans cesse, paraissant ressentir les plus vives douleurs. Le pavillon de l'oreille gauche très gonflé et d'un rouge foncé, avec deux pustules, l'une au bas du lobule, et l'autre dans la rainure de l'hélix vers sa partie moyenne, ces pustules d'un rouge noir représentaient assez bien l'escarce qui résulterait de l'application d'un fer rouge sur la peau, de 3 à 4 lignes de diamètre, entourés d'une aréole de 3 à 4 lignes de larges, d'un rouge moins foncé, au milieu de cet escarce on voyait un petit point blanc que l'on pouvait au premier abord prendre facilement pour des petits cônes de pus; mais en examinant avec plus d'attention, on voyait que ce petit point blanc remuait, et faisait sortir de la petite plaie, et tout autour de lui, un suintement d'une matière grisâtre. Alors pressant ces pustules l'une après l'autre j'en fis sortir—de chacune d'elle une larve, qui, tombant sur le plancher, se mouvait en tous sens avec une extrême vitesse. Elles pouvaient avoir de 3 à 4 lignes de longueur, sur une demi ligne de grosseur, ayant un petit point noir à chaque extrémité du corps, et le reste du corps blanc. Il y avait encore sur l'épaule une pustule en tout semblable aux deux premières, mais sans solution de continuité au médecin. Prèsument que cette dernière renfermait aussi une larve, je recommandai à la mère de la surveiller. En effet vers le soir du même jour, la larve fit son apparition de la même manière que les précédentes, et en la pressant la mère la fit sortir, comme je l'avait fait moi-même. Il y avait bien encore plusieurs boutons sur les parties du voisinage de l'oreille du cou et de l'épaule, dont je suis persuadé qu'ils étaient le siège de pareilles larves, mais moins avancées que les premières: d'ailleurs la mère me dit que les premières étaient tout à fait semblables à leur origine. Je prescrivis des applications souvent renouvelées, sur les parties affectées, de compresses imbibées dans la dissolution suivante à camphre pulv. 4 grammes; sulf d'alumine et de potasse 4 grs; eau camphrée 180.

Le lendemain à ma visite tous les symptômes de la maladie avaient disparu, l'enfant avait dormi paisiblement toute la nuit, et il ne restait aucune trace ni des pustules, ni des boutons dont j'ai parlé.

Remarques Pathologiques.—Supposons maintenant, que ces larves,

n'ayant pas donné l'éveil sur leur présence auraient continué leur route à l'intérieur, à travers les tissus, rongéant dans leurs course vagabonde, tout ce qui se serait rencontré sur leur passage, muscles nerfs, os etc., il est facile de prévoir les terribles accidents qui en seraient résultés. N'aurait-on pas en tout le cortège de symptômes, que tous les soins de chaque organe offrent, suivant l'organe ou ces vers auraient pénétré. Pour corroborer cette supposition je rapporterai ici ce que dit à ce sujet, M. F. V. RASPAIL, dans son *histoire naturelle de la santé et de maladie*. *Tome deuxième page 59.* " Ne pourrait-il pas se faire qu'à l'insu du malade et des observateurs, une larve de mouche, ayant ainsi pénétré dans les chairs, se frayât en rongéant une route jusqu'au cerveau, et jusqu'à la moëlle épinière? Qui l'empêcherait de le faire, en dévorant les gros nerfs qui en émanent, les nerfs optiques principalement, ou bien seulement en se glissant entre le nerf et le néurilème? La larve qui dévore des os, peut dévorer à plus forte raison, une substance nerveuse. Dès ce moment, cette larve va devenir la cause immédiate d'une foule de maux et de symptômes de diverses dénominations: cécité, avec intégrité du globe de l'œil, si elle ne fait que rattaquer l'intégrité du nerf optique; optalmie purulente, si elle pénétre dans le globe de l'œil. Qu'elle continue sa route vers le cerveau: dès lors, fièvre cérébrale si elle s'arrête aux méninges; syncope et paralysie, si les résultats tuméfiés de son érosion compriment le cerveau; manie, si l'altération est superficielle: fureur et frénésie, si elle devient plus profonde; mort à la période de la décomposition ammoniacale. Nous ne décrivons pas là, une maladie nouvelle par sa cause; Paracelle la connaissait bien. " La frénésie, disait-il (*lib. 2 paranier, no. 2.*) peut venir d'un ver de mouche qui perfore les méninges." Jean Bauchin en observa un cas de ce genre sur une petite fille de cette âge en Provence. Les vétérinaires donnent le nom de *ver coquin*, et par corruption, *versequin*, à une larve qu'ils trouvent dans le cerveau des chevaux attaqués de frénésie. Sauvages a classé ce cas morbide sous le nom de *phrénitis verminosa* (*Nos méth. tom. 2 page 322*). En un mot la maladie changera de nom à mesure que la larve changera d'organe et de place; et les périodes du mal correspondront aux périodes du développement du ver."

N'ayant pas pu conserver ces larves, jusqu'à leur métamorphose en mouches; on pourrait peut-être m'objecter que rien ne prouve que ce soit bien des larves de l'æstre dont-il s'agit ici. Je répondrai, que pour peu qu'on dit observer les larves des différentes espèces de mouches, celle de l'æstre est très reconnaissable des autres espèces. En outre on sait que l'æstre a pour habitude de déposer ses œufs dans les tissus des animaux vivants qu'elle est pour cela armée d'une tarière ovale de quatre anneaux au moyen de la quelle la femelle perfore la peau des

bestiaux pour y déposer ses œufs entre la peau et les tissus sous jacents. Tous les cultivateurs ont dû observer ces tumeurs que les vaches laitières portent l'hiver, sur le dos de chaque côté de la colonne (*loc. cit page 49.*) vertébrale d'où, en pressant ces tumeurs avec force on en fait sortir un ver, qui n'est autre chose que la larve de l'ostre. "Piedi et Réaumur, ont observé les mêmes tumeurs sur toute l'étendue de la peau de certains cerfs. Linné assumait à Réaumur que, dans le Novel les rennes, avaient des vers semblables sous leur peau; Frieval ajoute que pour préserver leurs moutons de la formation de ces tumeurs entre cuir et chair. Les lapons leurs frottent le dos, et tout le corps avec une composition de lait de beurre et de sel. Vallisnieri pense que les dains les chamois et les chevaux offrent de semblables tumeurs, des mêmes larves. Sauvages les désigne sous le nom de *astrus rangifiriculus* (Nosol."

"Sauvages décrit encore, sous le nom de *Mali corni pedum* (clavelée ou claveau), des tumeurs, furoncles ou clous qui naissent sur tout le corps des moutons, et dans l'intérieur de chacun de ces tumeurs, on trouve toujours un ver; cette maladie est évidemment un double emploi de la précédente; ce ver est la larve de l'ostre. Sauvages ajoute que, dans les furoncles humaines, on ne rencontre pas de vers, à moins dit-il qu'on doit considérer comme tel le *bourbillon*. Sauvages, ainsi que la plupart des nosologistes, perdaient de vue que le médecin n'a pas, pour désigner un furoncle humain et en rechercher la cause, la même latitude de dissection que le berger et le boucher Raspail."

Ne pourrait-il pas se faire qu'une de ces mouche, soit qu'elle se sentit trop faible, ou qu'elle fut trop petite, pour attaquer la peau des bestiaux ou enfin par pur caprice, cherchât des tissus plus souples et plus facile à perforer pour y déposer ses œufs, et s'attaqua aux tissus de l'homme endormi, de même qu'à l'enfant qui repose dans son berceau; qui l'en empêcherait? D'ailleurs il existe une espèce d'ostre de l'homme, (*astrus hominis* Nob.) et la science possède une toule de cas ou ces larves ont été la cause de terribles maladies qui viennent à l'appui de cette opinion. J'ai cité un cas où la larves de l'ostre, a été pour un voyageur la cause des plus vives douleurs. *Journal de Philadelphie*, tome 11 page 563. Humboldt a vu dans l'Amérique, des indiens dont l'abdomen était couvert de petites tumeurs produites par les larves de l'ostre. Leautaud, chirurgien juré de la ville d'Arcles, a eu à traiter une tumeur de la forme d'un chapeau, survenue sur la hanche droite d'un jeune laboureur: la jambe enfla au bout de quelques mois, de manière que le malade ne pouvait plus marcher; *les émollients n'y firent rien*; on eut recours aux *appuratifs*; et quand le chirurgien vint à faire la ponction, qu'elle ne fut pas sa surprise, en voyant sortir, par peletons plus de quatre mille

vers, tous en vie, les uns gros, les autres petits et longs ; le malade fut guérie dès lors avec tout le succès possible ; étaient-ce les larves de l'œstre. (*Journal de Med. du Roux, tom 17. page 550, 1762.*)

Saltzman, vit arriver à l'hôpital de Strasbourg, un jeune homme dont la peau était labourée sur tous les points par des milliers de vers, les uns plus petits les autres plus grands ; la substance de l'œil gauche avait été dévorée, à l'aîne et aux jarrets, il manquait des plaques entières de chair : enfin le malade en mourut comme mangé, et à l'autopsie on ne trouva pas un seul ver dans les intestins. Si ces vers n'étaient pas les larves des mouches dont nous parlons, (*mouche pendule musea pendula,*) ils devaient être celles des œstres. (Raspair laor cit.)

Enfin Honship a lu, le 26 Novembre 1832, à la société médico-chirurgicale de Londres, un mémoire étendu sur les cas où l'œstre envahit le corps humain."

On n'en finirait pas, si l'on voulait rapporter tout les cas qui sont venus à la connaissance de la science. Mais c'est surtout sur les animaux que ces mouches exercent le plus d'influence : et il serait bien à désirer que les cultivateurs congussent les ravages effrayants dont les larves de ces mouches sont la cause chaque année, sur leur animaux, car certainement on pourrait avec un peu de soins et d'attention y apporter remède.

Maintenant si l'on examine les autres espèces de mouches, on verra que leur conformation, ne leur permet pas de perforer la peau des animaux, pour y déposer leurs œufs, n'étant pas comme l'œstre pourvues d'une tarière, seulement d'une trompe et d'une suçoir y inclus au moyen duquel elle se nourrit, ce n'est pas assurément sous ce rapport mortifiant.

Par exemple, la mouche à larves carnivores (*Musca carnivor, Nob.*) Sa larve est aussi désastreuse qu'elle est elle même inoffensive ; elle est informe et d'une série d'anacaux apodes, sa bouche en suçoir est armée de deux crochets au mandibules, au moyen desquels elle hache même les tissus vivants ou morts, pour en extraire les sucs par une succion incessante, cette larve déposée à la surface de notre corps, pourrait peut-être se frayer in chemin à travers nos tissus ; mais nos mouvements continuels, et nos soins de propreté, les empêchent de s'y fixer, assez longtemps pour leur permettre de s'introduire sous nos téguments, d'ailleurs la sensation désagréable que nous ferait éprouver sa succion sur nos tissus nous avertirait du danger, et nous obligerait d'y porter la main pour détruire l'ennemie ; c'est ce qui fait que nous devenons si peu souvent sa proie, et que la larve qui fait le sujet de cette observation ne peut pas appartenir à cette dernière espèce de mouches.

La larve de la mouche commune (*Musca domestica lin*) vit principalement dans le fumier du cheval, ou la mouche désertant nos apparte-

ments, va déposer ses œufs—Elle les dépose encore à la surface des plaies du corps humain, "Job étendu sur son fumier, ne tarda à être la proie des larves que le fumier rechauffe, et sa chair en fourmillait, transpercée de part en part. Hérode n'en fut pas à l'abri sur son trône ; car, si la larve ne recherche que la fange, sa bouche a le droit de se poser sur le nez des rois." *Raspail loco-cit.* La larve de la mouche géante (*Musca grossa, L.*) vit principalement dans le fumier des bœufs. La mouche bleue de la viande (*Musca vomitoria, L.*) dépose habituellement ses œufs sur la viande fraîche dont le développement des larves fait accélérer la décomposition. La mouche dorée commune (*Musca casar, L.*) c'est la larve qui dévore les cadavres, c'est elle qui vit souvent dans les plaies des hôpitaux, et les transforme en ulcères fétides. La mouche pendule (*Musca pendula, L.*) même habitude que les précédentes.

Cependant quoique la conformation de ces différentes espèces de mouches les empêchent de percer nos vêtements pour y déposer leur œufs, et que nos soins de propreté empêchent leurs larves de séjourner, sur la surface de notre corps pour leur donner le temps de pénétrer à l'intérieur, on n'en est pas moins exposé à leurs ravages ; car ces mouches sont douées d'un grand instinct de conservation de leur progéniture, et elles ont grand soin de déposer leurs œufs dans les endroits qui les mettent à l'abri de leur destruction. Et il arrive souvent qu'elles déposent leurs œufs dans l'intérieur de nos cavités, telle que les fosses nasales, les oreilles etc., Pagoux, médecin de l'Hotel-Dieu de Nîmes, a rapporté, en 1758. Recueil périodique d'obs. de méd. chir., pharm. tom 9 p. 415, un cas de mal de tête affreux occasionné par la présence, dans les fosses nasales, des mêmes vers que l'on trouve dans cet organe chez les moutons ; la malade en rendit plus de 72, et fut soulagée.

J. L. Odhelius rapporte qu'une jeune demoiselle de dix-sept ans se plaignant de violentes douleurs dans l'estomac à la tête, à la gorge, le médecin lui administra du Jalap seul et puis mêlé à l'aloès et au mercure doux : ce qui fit rendre des larves qu'on reconnut être celles du *Musca pendula*. (*Nouv. Méri. de l'Acad. de Stockholm, 1739.* Jean Aven a vu rendre par les urines, des larves semblables aux larves des mouches à la viande. (*Ephém. des cur. de la not. ann 1688, au 7 déc. 2 obs 79.*)

Dastros médecin à Aix, eut à traiter, en Aout 1818, une femme qui s'étant endormie aux champs devint le point de mire des mouches des cadavres, les qu'elles déposèrent leurs œufs dans l'intérieur de son nez. Pendant trois jours consécutifs, elle se plaignit d'une douleur légère, mais sourde, qui semblait partir des sinus frontaux, et s'étendre à la tempe droite. Le lendemain la douleur se prolongeait jusque dans l'intérieur de l'oreille ; elle était accompagnée d'un fourmillement impor-

tin et d'un bruit tout particulier, qu'entendaient la malade et les assistants, en y prêtant un peu d'attention, ce bruit était comparable à celui des vers qui rongent le bois. Les deux jours suivant survint un épistaxis à la suite duquel on vit sortir des vers de mouche, on les attira alors en faisant renifler du lait à la malade ; et on en compta jusqu'à cent treize, après quoi la malade fut guérie. Enfin, on se rappellera sans doute l'observation recueillie en 1827, par Jule Cloquet, sur la pauvre troubadour des rues qui, ayant un jour pris la fantaisie de cuver son vin dans un fossé du boulevard près de Montfaron, ne tarda pas à entrer à l'hôpital, grouillant de vers par toute sa surface, les rendant par dizaines, du nez, des oreilles, des yeux, et reproduisant, dans toutes les circonstances effroyantes, la maladie de Job et Hérode. Il était dévoré tout vivant par les larves des mouches des cadaires, qu'avaient attirées sur toute sa personne le fumet de sa malpropreté, et l'odeur de son vin. Si ces larves avaient pris leur direction à l'intérieur, et n'étaient pas venues d'elles mêmes donner l'éveil sur leur présence et la nature de l'influence morbifique. Qui s'en serait douté, et qui n'aurait vu, dans les symptômes généraux et dans l'autopsie, les caractères de la fièvre typhoïde. On voit d'après ce que je viens de dire et de citer sur les habitudes et la conformation des différentes espèces de mouches, que les larves qui font le sujet de cette observation ne peuvent appartenir qu'à l'œstre; d'ailleurs que ce soit à l'une ou à l'autre, qu'elles appartiennent cela ne détruit en rien l'importance du fait, et le cas n'en est pas moins intéressant sous le point de vue Pathologique.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXIX.—*An introduction to Practical Pharmacy*; designed as a Text Book for the Student, and as a Guide to the Physician and Pharmaceutist; with many formulas and prescriptions. By EDWARD PARRISH, graduate in pharmacy, member of the Philadelphia College of Pharmacy, and of the American Pharmaceutical Association, and principal of the School of Practical Pharmacy, Philadelphia. With 243 illustrations. Pp. 544. Philadelphia: Blanchard and Lea. Montreal: B. Dawson.

This work is divided into five parts, which are respectively entitled—preliminary; galenical pharmacy; pharmacy of plants, their products, &c.; inorganic pharmaceutical preparations; and extemporaneous pharmacy.

As we enter upon the preliminary part we acquire the impression that the work is designed to be of restricted character, and that its utility is purposely narrowed down to a single locality; and as we proceed this stamp of nationality, as it may be briefly expressed, appears in bolder relief, and ample evidence is afforded of the truth of the original opinion. We thus learn that the production is purely American, and that the only authority it recognizes in pharmaceutical matters is the United States pharmacopœia. The third chapter professing to treat of the pharmacopœia does not make even the most distant allusion to any other than that of the United States; and in the various formulæ, &c., which are subsequently detailed the same spirit of exclusiveness is manifested. Had the work been imbued with more of a cosmopolitan character, we believe the demand for it would have been greater in British North America and European countries than can now possibly be the case. It seems to us a great mistake to contract the powers of any production, intended to be of common applicability to the profession generally, "in any pent up Utica." Liberal in all things, we would have no undue prominence assigned to the production of one place, or of one man over that of another, unless, indeed, some sufficient reason can be shown why an opposite course should be followed. But with the example in point, such exemption does not hold, unless it is to be understood that the present treatise is morely intended for the use and instruction of American students; and if this be true, in the next edition the title-page should be altered to state the fact accordingly. The history of the pharmacopœias of all nations is interesting, and we propose briefly noticing the particulars of the formation of the earliest ones, offering for this digression as an apology, if any be necessary, the absence of such information in Dr. P.'s work, as well as in others of a kindred nature.

For the first fifteen centuries of the Christian era, the world was without any pharmacopœia. Its place was supplied by various substitutes. The more learned of the apothecaries were masters of certain classical productions venerable in age and curious in matter, such as Avicenna and Serapion on Simples; the Antidostasiom of Joannes Damascenes; the Antidostasium of Nicolaus de Salerno, and a few other equally antiquated writings. Manuscript collections of prescriptions transcribed from the originals of present or bygone celebrities were also diligently procured and sacredly preserved; and not unfrequently the "copying out" fell to the lot of some Lady Bountiful, who neatly wrote in a scrap book a statement of the exact means whereby every healing marvel had been effected in the country bordering around her own habitation. The monks of old followed a similar plan, and with such zeal that their monasteries soon acquired a reputation for being the cells wherein resided

hope—hope adapted by every measure to triumph over the carnal miseries that, once escaping from the Pandorean box, speedily thereafter fastened upon frail humanity. The venerable Laurence, a worthy friar, in ruminating over his medical lore, says,

“O mickle is the powerful grace that lies
 In herbs, plants, stones, and their true qualities;
 For nought so vile, that on the earth do live,
 But to the earth some special good doth give.”

But men having higher pretensions than simple-hearted women, and the well-meaning *religieuse*, also devoted themselves to the collection of famous medicaments, and with a warm benevolence communicated them to an admiring public, who were ardently thirsting for their acquisition. Thus, we find that even the illustrious Bacon, the leviathan of philosophy, followed the customary usage. Completing his lordship's works is an appendix, in which is described his ordinary remedies for gout, consisting in a poultice, a bath, a fomentation, and a plaster—his nostrums for stone being a bath and a fomentation—his trusty examples of astringents, laxatives, and cordials—as well as some others more quaint in name and loftier in power, such as “grains of youth preserving ointment,” and “wine against adverse melancholy.” At length, in the year 1542, the first pharmacopœia was published. Its author was one Valerius Cordus, and its birth-place Nuremberg. It was a collection of the best prescriptions that had been handed down to posterity by the principal authors of earlier days. At first it was issued upon his personal responsibility, but as soon as its merits were understood the physicians of the town awarded it their conjoint approbation,

and the writer was empowered to publish it under the sanction of the Senate; and now only it became a pharmacopœia—the book of a corporation—for before then it was one individual's treatise. In rapid succession similar volumes came forth from other European cities, and were issued under the auspices of a medical association or college enjoying governing powers derived from legislative enactment or regal decree. About the last to follow in the train was the Royal College of Physicians, London, who delayed the publication of their first pharmacopœia till 1618, a date answering to a period of over 100 years from the time of their organization as an authoritative body. This book, the initiatory of future London pharmacopœias, is believed to have been principally a copy of a work called *Nicolaus Magnus*, after its author Nicolaus de Salerno, with the matter of which was ingeniously intermingled a few of the more popular recipes current at that time. As science progressed changes became necessary, and hence the next custom that arose was the frequent issue of new editions of former pharmacopœias to meet the

wants thus created. And if, scandal be true, the demands for improvement were occasionally very imperious. It is said that three editions of the London work followed before one was obtained even free from gross errors—and that the first was so outrageously bad, and so exceedingly rife in blunders, that it was called in, and the sheets cancelled. Nevertheless, a few copies escaped destruction, and are preserved as mementoes at the present day. Just 202 years after the time last specified, the first pharmacopœia of the United States was published, so that our American friends need not flatter themselves at having then developed any new *idea*, much less with the unction that they took the lead of all the world in this *particular*.

Part II. of Mr. P.'s Pharmacy contains thirteen chapters in which are given directions for the collection and desiccation of plants—for the performance of various operations as percolation, evaporation, and distillation—and some particulars about the preparations procured by their agency, as infusions, decoctions, extracts, tinctures, syrups, conserves, and spirits. A cursory examination of the descriptions shews them to be, generally, brief and significant. They are here and there interspersed with illustrations and wood-cuts, which, together with tables that are occasionally introduced, serve to facilitate the comprehension of the statements made in the text. We have noticed an account of the concentrated preparations of which mention was made in a review of Keith's work on Positive Agents—*Vide Medical Chronicle*, vol. 2, p. 354. It is short, perhaps too much so; however, inasmuch as it treats of matters that are novel to most readers, the little given will, no doubt, be very acceptable. These concentrated medicines, or, as Mr. Parish properly calls them, resinoid extracts, may be readily made from a strong tincture of the particular vegetable substance extracted by rectified spirit, throwing this fluid into water, and collecting the insoluble residue, which, after being dried, is fitted for use. In this way, jalapin may be got from the jalap tuber, sanguinarin from blood root, &c., possessing the properties mentioned in the review above quoted. By a similar process a powerful cathartic may be got from may-apple root, which is called podophyllin, and which we know, from repeated trials, to be powerfully drastic in doses of three and even of two grains. But while on the subject of new preparations, we are reminded that Dr. P. entirely overlooks others of equal merit with the preceding, and which, in intention, subserve a similar purpose, by containing within a small compass a large mass of virtue. From the advantages generally conceded to them, and from the daily use into which they are growing in England and elsewhere, it certainly seems strange why Dr. P., in his pharmacy, has left out all notice of concentrated infusions. In the last edition of the London phar-

macopœia, directions are given for the preparation of two concentrated infusions of bark; a drachm of either is said to be equal in strength to ℥iij. of the ordinary infusion, although the relative proportion more probably varies from 24 to 36, by which multiples the concentrated surpasses, in degrees of strength, the simple infusion. These fluids, when properly made, possess the active principles of the vegetables from which they are procured perfectly pure, and without the least deterioration or impairment. Again, they are very permanent, and may be preserved almost indefinitely without entailing any loss of medicinal properties.

The part assigned to the pharmacy of plants, their products, &c., requires from us a careful consideration. It may be briefly stated to be a discussion of the proximate principles found in vegetables. Organic analysis has, in the hands of modern investigators, brought to light many of the secrets of nature from the deep recesses in which they had been previously concealed. The facts elicited are in the main of a simple character, serving to demonstrate that every material amenable to artificial subtraction from its natural combinations, belongs to one of three classes, which are distinguishable according to their mutual dissimilarities, into acids, alkaloids and neutrals. Again, it can be established by experiments on living animals, that in each compound there is one ingredient more prominent than the rest, which endows the former with medicinal virtue, and which is either the sole or the chief cause of its activity. By such investigations, there has been obtained a knowledge of the active principles of drugs, and the modifications produced in their properties by extraneous constituents. This branch of scientific inquiry, having only been commenced not quite 50 years ago, and there being obviously many difficulties in the way of its accomplishment, has not yet advanced to any great limit of fulness, much less of perfectness in its information. Nevertheless, a goodly fund has been attained, and we believe were the scattered records gathered together in a continuous narrative, a far larger proportion of knowledge would be presented than is generally supposed to exist. But this aggregation or compilation has not yet been satisfactorily effected in any published work. Were the reader to look for it in Mr. P.'s treatise, his search would end in disappointment. For there he would only find the matter of older handbooks; and were a contrast drawn between the more recent of them and it, the result would assuredly be unfavourable to the latter. Having no reason for entertaining large expectations we might be content, with hoping that a work, styled a text-book, should, at least, reflect the information commonly promulgated upon the topics to the elucidation of which it is devoted, and that it should state the facts most generally

known both fully and truly. But even hopes as small as these, derived from the title-page of Mr. P.'s treatise, are afforded no realization by the perusal of the work. Of imperfections, several instances might be selected, but a few will suffice—at page 328 it is said, “Colchicina is little known; by some it is supposed to be identical with veratria, although it is stated to be more soluble in water; it has been isolated, but rarely, and its composition is not made out.” Here, then, is the entire description of this alkaloid, and the imperfections are manifest. They are, firstly, in *stating* that there is little known about colchicina, whereas a great deal is known about it; for its sensible properties, its chemical relations, the best mode of preparation, the physiological effects, its toxicological actions, its medicinal properties, its proper dose, and the cases indicating its employment, are amply known, as well as other details, which, like these, are not touched upon in Mr. P.'s work. Secondly, in *supposing* it to be identical with veratria, whereas it has been established that it is essentially dissimilar from this latter agent. It is soluble in water, but veratria is insoluble; it is crystallizable, while veratria is amorphous; it is coloured yellowish-brown by sulphuric acid, but this test produces with veratria an intensely red colour; it is changed to a deep violet by nitric acid, and this colour afterwards becomes indigo blue, greenish, and yellow, while veratria, by the same reagent, is only tinted of a reddish yellow hue; it does not possess the acidity, that is so remarkable a property of veratria; and, lastly, it does not cause sneezing when applied to the schneiderian membrane, while this effect is induced most violently by veratria. Emetina, a still better known alkaloid, receives but very little more attention; its composition, the time and place of its discovery, the names of its discoverers, its mode of preparation, its chemical properties, its analysis, its differences to other alkaloids, and its relative strength to ipecacuanha are each and severally unmentioned. And, in addition, no allusion is made to its medical properties, pathological action, therapeutical uses, doses, mode of administration, &c.; but these are, perhaps, less to be expected than the former class, which comprises subjects more strictly pharmaceutical than the latter. It is curtly asserted that emetina is the active principle of ipecacuanha, thus leading the reader to believe that it was not the active principle of any other medicinal vegetable, and thereby conveying a false impression; for this alkaloid is also the active principle of the psychotria emetica, the richardsonia scabra, and, according to Boullay and Orfila, of the viola odorata. But, besides these four in which it has been actually found, the probability, if not certainty, is that analysis would detect its presence in many other plants, particularly those which, from identity of action, are often used medicinally for ipecacuanha, such as the three

species of *viola* that, according to DeCandolle, produce the white *ipecacuanha*, and the *viola calceolaria*; the *ipecacuanha* of the *Mantissa*, and the *parviflora* of the *supplementum plantarum*; *cynanchum ipecacuanha*, *cynanche tormentosum*, *asclepias currasivica*; *richardsonia emetica*; *ionidium ipecacuanha*, *brevicaula*, *urticæ folium*, *chiococca*, *anguifuga*, and *densifolia*; and *manetta cordifolia*. Here, then, are 17 species from which, more than likely, *emetina* may be got. But besides these are several more, species of *ruellia*, which are used in *St. Domingo*, and called false *ipecacuanas*. We have only room for another illustration of Mr. P.'s imperfections. He thus disposes of *hyosciamia*: "*Hyosciamia*, by similar processes, is obtained from the seeds containing it." The reference is to *atropia*. It will here be observed that even the names of "the seeds containing it" are untold. So unmeaning a statement is especially unjustifiable, concerning, as it does, one of the most important of the narcotic alkaloids—a substance which has engaged the attention of the most distinguished experimentalists, which has by the labours of Brandes, Mein, Geiger, and Hesse been fully investigated, and which by Reisinger and others has been applied successfully to various therapeutical purposes. As directions for separating this alkaloid are not commonly met with, the plan that has been used may be briefly stated. It is exceedingly difficult to extract *hyosciamia*, on account of its extraordinary solubility in water, and the ready changes through which it passes in this fluid, especially in the presence of alkalis. It exists in all parts of the *hyoscyamus niger*, but is obtained more easily from the seeds than any other part. A tincture is first made, to this lime is added, the precipitate this throws down is separated and digested in diluted sulphuric acid, which dissolves out the *hyosciamia*, and forms a soluble sulphate with it. This salt is decomposed by carbonate of soda, and the alkaloid precipitates. Thus got, it is somewhat impure, but it may be rectified by re-solution in acids, digestion with charcoal, and re-precipitation by alkalis. It is used externally in solution—grj. dissolved in ʒj. water—for dilating the pupil, and, according to Professor Himley, *hyoscyamus* was used before *belladonna* in ophthalmic surgery. It may also be employed internally as an anodyne, calmative and sedative, in doses of from gr. 1-40 to gr. 1-10, in the numerous cases indicating such remedial agencies. But we have also implied above that when Mr. P. reflects the state of science upon any matter he does not always do so truthfully. Thus *brucia* is described as an alkaloid and distinct from *strychnia*. And yet it is now known there is no support for this old opinion, and the late investigations of Fuss and Erdmann have established that *brucia* is merely a compound of *strychnia* and yellow coloring matter. We believe that the relative pro-

portions of the two constituents to each other will be found to vary in different samples, thus accounting for the circumstances ascertained by practical observers, that while brucia produces in sufficiently increased quantities the same physiological effects as strychnia, still its comparative strength to the latter alkaloid is not invariably equal, when adjudged from the use of brucia prepared by different pharmacutists. Again, polygalic acid is classified with neutral substances, and yet it is everywhere admitted to possess the distinctive properties of acids, as well as to form compounds with different bases. And, lastly, of digitalin—this neutral is pronounced by Mr. P. to be “the most potent of vegetable poisons,” while the fact is that in point of toxic power it is far inferior to some other principles obtained from plants, as, for instance, aconitina which is so extremely energetic as to be utterly unmanageable and unfitted for internal administration. On one occasion only 1-50th of a grain of this latter substance was swallowed, and yet it was productive of the most alarming consequences, and hours of extreme anxiety passed away before the patient was pronounced to be out of danger. The same extensive omissions occur in Mr. P.’s treatment of digitalin as in the examples previously advanced—indeed the entire account of this important article consists in three statements: 1. That it is destitute of nitrogen; 2. That it effects the nervous system in doses of one-thirtieth of a grain; and 3. That it is the most potent of vegetable poisons. Imperfections and errors like these appear to us to be inexcusable in a work intended as a guide to the student, to the physician, and to the pharmacist.

Under the fourth part are discussed the various metalloids and metals, with their preparations, commonly employed in pharmacy. We have not observed anything in the general matter but what is trite. And the descriptions are characteristically laconic; scarcely two pages, for example, are allotted to the preparations of copper. A very conspicuous fault throughout the work, but especially so in this division, is the neglect with which adulterations of drugs are treated; indeed we only remember to have met with a single exception to the general rule of silence on this subject, and that happens in the case of nitrate of silver, where, contrary to his usual observances, Mr. P. states that salt may be adulterated with nitrat potass. A work on pharmacy, pretending to method or systematic character, should describe fully and clearly adulterations of every kind, for this knowledge is imperatively required alike by purchasers, retailers, and dispensers of drugs. Each one requiring to know the means whereby sophistications are effected, in order that they may be recognized when present. Recently the adulteration of drugs has been keenly investigated in England, and in July last a committee of the House of Commons was in session upon the inquiry.

Dr. Hassal in his testimony before it asserted that very few medicines were pure. And the majority were adulterated with "articles of greatly inferior value, for the purpose of imparting taste, pungency, or smell." The disclosures were generally interesting, and some of them quite unexpected. "In 23 samples of opium, no less than 19 were adulterated, chiefly with wheat flour and poppy capsules, while the active principle of the opium was only present in the proportion of one to five." "With regard to Turkey rhubarb, we know that one manufactory at Banbury produced 20 tons per annum. It is very inferior to Turkey, fetching about 4d per lb., while Russian rhubarb is worth 11s 6d." "China rhubarb, commonly called Turkey, is worth about 7s 6d per lb." "Cod Liver Oil is another drug in which there is an immense adulteration." Several specimens of mustard met with contained from 27 to 30 per cent of inorganic matter. These facts which we extract from the London Pharmaceutical journal will shew the crying need there is for druggists and physicians to possess an intimate knowledge of the subject of adulterations.

Extemporaneous pharmacy forms the concluding section of Mr. P.'s book. The first three chapters are upon prescriptions, the next three upon the different forms in which medicines are administered, and the last is entitled the art of dispensing medicines. This part is freely illustrated by a numerous collection of recipes, the majority of which are good, and no doubt if exhibited with discretion, and in suitable cases, would be found very beneficial; a few, however, on the other hand, appear to have been introduced without much attention to their suitability or propriety. At page 467 is a prescription, which we would call, *a horrid mess*. It is this: R. carbo, ligni ʒj., soda bicarb ʒss., mass hydrarg grs. viij., syrup rhei aromat ʒij. aqua ʒij. Dose, a tablespoonful. One of our earliest, and most vivid, recollections was inspired by a dose of rhubarb forced down our baby throat, and we never expect to overcome the loathing which, even now, the very thought of the drug creates. But what must a compound of charcoal and rhubarb be—and in the form of mixture too. Why the veriest soil from the dirtiest sewer or mud-puddle would not surpass it in a filthy look. It is represented by Mr. P. as "*a good anti-bilious mixture*," and we think fairly so, for in truth there is nothing like an emetic for removing the symptoms induced by bile in the stomach, and this mixture would excel every other emetic substance, inasmuch as it would cause vomiting at sight. Some of the adopted prescriptions are incorrect from associating together either incompatibles, or counter-agents. Thus, pills are recommended for diarrhæa, containing tannic acid and acetate of morphia. But if administered internally they could not yield the be-

nefit intended to be derived from the last named ingredient, as it is rendered insoluble, and converted into an inert substance by the acid with which it is mixed. Another example, where counter-action would also be indicated, though rather differently, is by a formula for anodyne pills, these are each to contain $\frac{1}{2}$ gr. of acet. of morphia, and $\frac{1}{2}$ gr. of extract hyoscyamus. Dose, 1 pill. Now, here $\frac{1}{2}$ gr. of ext. hyoscyamus, as an anodyne, is sheer nonsense, but although it is too small to effect any good, yet strange enough it is just sufficient to do a great deal of harm, for it would destroy, by a dynamical antagonism, the anodyne virtues of the morphia. It has been fully determined that opium or morphia and hyoscyamus are antagonistic, and that so far from aiding one another in operating towards the production of a common end, as many suppose, they nullify the virtues which singly each would communicate. So marked is the opposition in action mutually afforded, that large quantities of each may be safely taken together, and the one has been recommended as the proper antidote to the other in cases of poisoning. At page 474 we are treated to a "good cough mixture." Directions for compounding which are: R syrup toltutan syrup ipecacuanhæ aa. ʒj., pulv. acaciæ ʒj., tinct. opii. camph., tinct. lobeliæ aa. ʒiij., aquæ ʒj. Dose, a teaspoonful. This, as a good cough mixture, is furthermore recommended because it "has been used with great satisfaction," so that an individual more disposed to pin his faith to the sleeves of others than he is to think for himself would necessarily prescribe it to patients consulting him for cough. No restriction is put upon its employment—the mere presence of cough is the only indication to be considered—that once positively ascertained the proper remedy is indicated, and "the good cough mixture" loudly called for—as such it becomes a universal panacea—equally useful in cough from pleuritic, or other thoracic inflammation, as in the irritative cough of pulmonary cancer or tuberculosis—equally serviceable in the cough of liver and stomachic disease as in that provoked by tape worm—equally useful in the spasmodic coughs of pertussis, and kindred disorders, as in the nervous cough of hysteria—equally serviceable in cough from laryngeal disease as in that from an enlarged bronchial gland! But not only is it condemned upon principle—upon the incurability of cough by the unvarying administration of any one nostrum—"the good mixture" is also objectionable from the exiguity of its doses. The quantity taken at one time is too small to be effective. Intended for an adult, the dose specified contains a child's portion, or 16 drops of syrup ipecac. and 6 drops of tinct. lobelia, and an utterly useless proportion of paregoric and syrup of jolu, *i.e.* 6 drops of the former and 16 of the latter. *Mirabile dictu.*

CLINICAL LECTURE.

Clinical Lecture on Ovarian Tumour. By Dr. CORRIGAN, Physician to the Whitworth and Hardwicke Hospitals.

(*Dublin Hospital Gazette.*)

The preparation before us to-day is an ovarian tumour. The case has been under our observation for some months.

The points of interest which it presents are, its nature—its rapid growth—its illustration of the diagnosis of ovarian tumour, and the operation. With regard to the first, its nature, it is multilocular, and of two different formations; it consists, it will be observed, of two very distinct portions; one, a very large simple cyst, occupying the upper portion,—the simple cyst capable of containing several quarts,—on one occasion twelve quarts of fluid were extracted; the other, consisting of a congeries of cysts of varying sizes, from that of a grape to that of an orange, filled with a semigelatinous curdy fluid: these smaller cysts agglutinated and forming one large irregular mass, which extended from ilium to ilium, forming the nodulated tumours which were felt through the abdominal parietes during life.

Secondly, its rapid growth.—The patient C. W., was a married woman, ætat. 34; she had had four children, and the first symptom she felt was swelling, last Christmas, about the pelvis, which she supposed was from pregnancy. The swelling, however, rapidly increased, accompanied with very diminished action of the kidneys; and continuing still to increase with rapidity, and to incommode her very much, she was admitted into the Whitworth Hospital in May. She was then very much emaciated; blue veins, of considerable magnitude, traversed the surface of the abdomen; the tumefaction of abdomen was very considerable; the skin generally was remarkably fair, the sclerotic very white, the pupils very large, and altogether the appearance that of a person of very strumous diathesis. The tumour continued still to enlarge with such rapidity, that within a fortnight after admission it was obvious that life could not exist much longer without relieving her from the pressure, as the tumour pressed the diaphragm up so far as to impede respiration, and she was helpless from its weight and bulk. The tumour was tapped, and about twelve quarts of semigelatinous dark-coloured fluid extracted, and the operation was again repeated in a fortnight: no bad symptom followed; she left the hospital able to walk about, and greatly improved in health and strength. In six weeks she returned, the tumour having again increased to nearly its former size; the tumour was again tapped, and the operation was twice repeated within three weeks, without any unfavourable symptom following. She left the hospital again in September, but returned on the 27th October, with the tumour enlarging; but on this occasion it was evident, on examination, that her state had become more unfavourable, for the smaller and more solid congeries of tumours, which before had been merely perceptible, now occupied the hypogastric and iliac regions from side to side. As the pressure upward had become very urgent, tapping

was again employed, and relief as before obtained, but the solid mass remaining was greater than on any former occasion. In the last week of November, the pressure had again become urgent, and tapping for the sixth or seventh time was performed; on withdrawing the trocar, however, on this occasion, instead of the dark, homogenous, semigelatinous fluid which had flowed on former occasions, a curly semi-transparent fluid, mixed with flakes, with difficulty found its way through the canula, and a probe, introduced through the canula, passed through septa breaking up before it. The wound was closed, and the trocar was introduced higher up, out of reach of all the smaller and harder cysts; a large quantity of the usual dark-coloured fluid was discharged, but the day after, symptoms of low inflammation of the peritonæum and mucous membranæ showed themselves; vomiting of green fluid, fiery redness of tongue, pain on pressure, erysipelatous redness of integuments, and very quick pulse. She died in two days afterwards.

The third point is the illustration of diagnosis of ovarian disease afforded by this case. It might have been confounded with pregnancy, or with peritonæal dropsy. It would be out of place to go into all the lengthened details of diagnosis. I shall confine myself to the most certain—the physical diagnostic signs. An enlarged uterus, and the ovarian cyst, as in this case, would equally produce an oval, smooth prominence in the abdomen, and would equally give dullness on percussion as far as the prominence extended: but the enlarged uterus would not give the distinct fluctuation which was perceptible in this case on palpation. The disease might be confounded with ordinary peritonæal dropsy, from the distinct fluctuation which was so perceptible in consequence of the great size of the large superior cyst, the thinness of its walls, as well as the extreme thinness of the abdominal parietes; but change of position shewed that the fluid was contained in a cyst, situated in front of the intestines, for the anterior portion of the abdomen was dull on percussion, no matter how position was altered, while in peritonæal dropsy, alterations of position, it is well known, in nearly all cases, cause corresponding alterations of dullness and clearness of sound on percussion, according as the intestines, distended with air and fluid, change their relations of level. In this case also percussion of the lumbar region very far back gave useful information, for, as the patient lay on her back, and percussion was made passing down from the umbilicus on each side into each lumbar region, the sound became clearer over each side between the short rib and crest of the ilium, showing that the intestines were forced back into this situation, and were not surrounded by a free fluid, which would have permitted them to float through it.

The fourth point includes the circumstances of the operation performed so often for her relief. Ovarian tumours differ so much in size and structure, that it is idle to speak of them as a class of diseases to be treated on any general principle; each must be considered and treated *per se*. In the present case there was no time, even if it held out any hope of success, of attempting absorption by medicine. The operation of excision we may now consider as abandoned, unless in cases where it is not necessary, and then it is not justifiable; so that we were reduced to paracentesis, and the only question remaining was, whether it

would be more advisable to close the opening after discharging some fluid, or to keep it open, allowing the cyst to take on a purulent action, and contract in itself as hydroceles of the neck do. There was this consideration in favour of the latter, that there was adhesion of the large cyst to the peritonæum, for the most careful and repeated examination could detect no sound of frottement on moving the abdominal parietes to-and-fro; but then, on the other hand, the highly marked strumous diathesis of the patient, and the presence of the great number of smaller and hard tumours in the pelvis rendered it, I may say, quite certain that a process of suppuration, if established, would certainly prove fatal by exhaustion and irritative fever. There remained, then, only the operation of paracentesis, and to some particulars connected with it I would beg to draw attention. There are two modes recommended for this operation: one to draw off the fluid by small portions at a time, to save the patient from the exhaustion consequent on the removal of such an amount of pressure from the circulation; the other, to draw off the whole quantity at once, taking care to have the abdomen well swathed, so as to substitute an external pressure for the pressure of the fluid removed. The first mode has no definite rule for the quantity to be removed, and involves, if only very small portions be removed, very frequent repetition of the operation. The second, that is, the operation of discharging the whole quantity of fluid at once, and maintaining an outward pressure by bandage, has, I think, this very serious danger attendant on it, that by evacuating the contents at once, and imposing an outward, and, as it must be, a considerable pressure on the sides of an unhealthy structure, the walls of the cyst are brought in friction against one another; duplicatures or folds are produced in a structure of low vitality and power, the circulating and vital nutritive functions going on in it are readily impeded, and a low inflammatory or congestive action is readily set up, which will quickly propagate itself, and as we know it is a law in inflammation of serous membranes, that inflammation will spread from contiguous surfaces, the unhealthy inflammatory action that may be originally confined to the empty cyst will propagate itself on the opposing surface of the peritonæum, and thus the amount of disease and of danger will be much increased. I would beg to submit the plan followed in the several tapings practised in this case, and what would appear to me to be deserving of consideration, as free from the objections attendant on the two modes noticed. It is to allow the fluid to flow without using bandage or pressure, neither closing the orifice too soon, as might be done in compliance with the first rule, nor forcing out all the fluid with the consequent danger adverted to from adopting the second plan; simply to allow as much of the fluid to flow gradually out as the natural elasticity of the distended cyst, at the corresponding return of muscular tone in the parietes of the abdomen and of the diaphragm will expel; and when the flow as quite ceased of itself, to close up the orifice, the patient of course retaining the recumbent position. The observance of this simple rule, I believe, gives us a measure of the proper portion to withdraw without the danger of producing exhaustion, and avoids, on the other hand the danger that I have already adverted to, as attendant on the sudden

withdrawal of the whole contents of the cyst. I believe I have also seen great safety from this mode of operation in some of these diffuse abscesses in the neck accompanying scarlatina, in which the deceased cellular tissue has lost its elasticity, and cannot follow with corresponding contraction the sudden evacuation of the whole contents, but in which, if the matter be allowed merely to flow out by the *vis a tergo* without any handling or external pressure, the surrounding parts will follow up with slow but steady and corresponding contraction, the gradual flowing out of the matter; and the entrance of air, and duplicatures and friction of unhealthy structures upon themselves will be avoided. The last, or seventh operation, in W's case, followed by fatal result, but this does not I think affect the question under consideration. The pelvic tumours were rapidly increasing in size, and must soon have terminated life, and one of these, a structure of low vitality was wounded by the trocar, and it was upon this the fatal inflammation arose. The point worthy of consideration is, that under unfavourable circumstances of constitution, and accompanying disease of rapid growth, a large ovarian tumour, containing from ten to twelve quarts of fluid was tapped six times without a single unfavourable symptom, by conducting the operation on the principle above explained.

THERAPEUTICAL RECORD.

(*Virginia Medical and Surgical Journal.*)

Chronic entropium.—Mr. Wm. Batten reports, in a late number of the *Lancet*, two obstinate cases of entropium, both of which had resisted a great variety of treatment, but which were cured by the application of collodion to the skin of the eyelid, previously corrugated by the thumb and finger. Several layers are successively applied and allowed to dry before the fingers are removed. The application is made at first every other day, and afterwards at longer intervals.

Cider in gout.—I am certain that many of the old-fashioned ideas on the subject of drinks for the gouty, are susceptible of improvement. My experience coincides with that of those physicians who recommended to their gouty patients the cautious use of Rhenish and subacid French wines, especially the white varieties, (*Sauterne, Chablis, &c.*) If the stomach can manage them at the outset, I am of opinion that they are much more suitable than the Spanish wines, in the process of secondary assimilation. I think the virtues of (so called) "Sherry" are very mythical in these cases.

Diarrhœa.—The root of the blackberry (*rubus villosus*) which has generally been regarded as a simple astringent, is declared by Dr. Snead, (*Southern Medical and Surgical Journal,*) to possess most valuable tonic properties, and he recommends it is a warm astringent tonic in chro-

nic diarrhœas and dysenteries. The fresh root should be grated, and a cold infusion obtained.

Hemorrhoids.—Dr. Buckingham (Boston Medical and Surgical Journal.) prescribes the pickled unripe pepper as an article of diet for persons who suffer with hemorrhoids. He has often found this treatment successful. His dose is one pepper daily, to be eaten at dinner.

Lithectasy.—Professor Erichsen of the University college hospital (Times and Gazette) has taken a calculus from the bladder of a little girl aged three years and a half, by a process of dilatation, which is rapid and successful. He used sponge tents for three or four hours before the attempt to extract. Then putting the child under the influence of chloroform, the sponges were withdrawn, and a bivalve dilator introduced for a few minutes. A pair of small forceps were then passed into the bladder, and the stone, as large as a shilling piece, was easily extracted. No incision or laceration of the meatus was necessary.

Vaccination in abdominal typhus.—Dr. De Gressot has communicated to the Academy of Medicine some remarks upon the probable consequences of the connection established by some medical men between small-pox and typhus fever. He asks if, admitting the connection to exist it is not desirable to attempt the prevention of the eruption on the intestinal mucous membrane by vaccination, performed upon some accessible point of its surface, in the same manner as the cutaneous eruption is combatted by vaccination practiced on the skin.—*New Orleans Hosp. Gazette.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

Combustion of the Diamond by a new method.—A new method of burning the diamond has been recently adopted by Mr. Lock, lecturer on chemistry at the Cincinnati Medical College. The diamond is placed in a jar of oxygen and a jet of hydrogen is allowed to play upon it until heated to the proper temperature. Then the hydrogen is shut off and the diamond supports its own combustion, which sometimes continues ten or twelve minutes. The carbonic acid is removed by means of an air pump, and its identity with that from other sources is proved by the usual method.

THE LATE DR. CRAWFORD.

Our readers who have known his writings will, with ourselves, deplore the demise of James Crawford, M.D. Gifted with the ability to advance medical literature, and willing to exercise his trust, he frequently employed his pen in the improvement of these pages, and succeeded in elevating the original department of this journal, to a high standard of excellence. On him time has executed his commission, and we mourn that our collaborateur has been removed from among us—that we shall see his face no more—no more indeed until the day-star shall have arisen in our hearts. Till then *salve et vale*.

In recalling the departed to mind, we may profitably ponder over the obligations that have made us his debtors, and the claims he had upon the profession for their remembrance. The first article that introduced the *Medical Chronicle* to the world was his production, and future numbers contained many successors to the primitive earnest. Passing them in review, they are found to be two surgical communications, an essay on iodine in small-pox, and a series of contributions to clinical medicine. The surgical communications were descriptive of instruments he had invented for the compression of arteries, and for the adjustment of fractured clavicles; they displayed much ingenuity in their construction, and answered the ends intended. Exhibiting at the same time that their contriver possessed mechanical powers of no mean order. The paper on iodine was the continuation of a theme upon which he had formerly written. To him, by general consent, has been awarded the merit of having recommended the use of this agent as a local ætrotic in variola. That his inquiries upon this subject are well known, is exemplified by this little fact. A few days ago, while perusing a recent *Gazette des Hôpitaux* of Paris, we remarked that the writer, in stating a Dr. Francois' success with the tincture, said, "Des expériences semblables, avec le même résultat, étaient consignées en 1848 dans le *British American Journal* et M. Crawford, en 1853." A mistake, however, is here made in connecting his name with the date last recorded, for it implies that then appeared his first

communication on the subject, whereas it had been printed as far back as 1844 in the *Montreal Medical Gazette*, and establishes his right to the discovery. The utility of this application is also everywhere admitted—a sure and lasting testimony in behalf of the deceased—like a second Jenner, his efforts for the relief of the one disease, will not be overlooked: by his discernment a means was found for lessening the severity of small-pox—of ameliorating its symptoms, and preventing the disfigurement that otherwise might have occurred. His clinical contributions were eight in number, and consisted chiefly of interesting cases and remarks; they afford good examples of his style of writing, which belonged essentially to the narrative variety; his descriptions were concise and comprehensive, and drawn up in proper connexion, without confusion. But, above all, his records were truthful; confining himself to his object, he never introduced any false colourings, he was content to read, to study nature, and so keen an observer of her had he become, that his perceptive faculties acquired a remarkable culture.

He was likewise a contributor to the *Montreal Medical Gazette*, and to the *British American Journal of Medical and Physical Sciences* that were formerly published in this city. These productions exhibit the ripening of a disposition for scientific pursuits, of which evidence was furnished in earlier life. In the year 1821 he graduated at the University of Edinburgh, and wrote an inaugural dissertation “de strictura in urethra.” This thesis was dedicated to his father, as well as to his preceptors Messrs. James Henthorn and Charles H. Todd, both of whom were at that time connected with the Royal College of Surgeons, in Ireland. Of them the latter was most often talked off by the pupil; he was professor of anatomy, surgery and physiology, an eminent surgeon, and one of the proposers of compression as a means of cure in aneurism, upon the plan lately revived by the Dublin School of Surgery. He is called in the thesis “*viro summa experientia et solertia prædito*”—page 2—and was the father of the present Dr. Robert B. Todd, the eminent physician of London, so well and favourably known to the profession as an author and teacher upon physiology and

clinical medicine. At the time young Crawford studied with his father, Robert was a child, and the former has been often heard to recall various incidents of their familiarity, as nursing the scion on his knee, &c. The acquaintance then began was ripened into the more perfect friendship of maturer years, and was consolidated by mutual worth with esteem into an endearing intimacy, of which, from time to time pledges were interchanged. The dissertation, "De Strictura," in conformity with custom, was written in latin and published. It extends over 23 pages, and ends with this concluding sentence, "*Punctura per perineum nunc raro perficitur; quia hæ partes frequentissime morbida reperientur; et etiam partibus sanis, hæc operatio, quam utraque priorum multo difficilior est.*" We have transcribed it because rather extraordinarily, it refers to the very operation which he last performed—the concluding operation of his life. A man was admitted into the Montreal General Hospital, with an impassable stricture of the urethra, and urinary extravasation, the result of an injury; the medical staff in consultation considered an operation imperatively demanded, and Dr. Crawford on the last day of November, 1855, cut down upon the perineum, introduced an instrument into the bladder and drew off the urine. This patient was the last concerning whom he ever spoke, and he died the day after the Dr. paid his last visit to him, and to the hospital. This coincidence between the last operation written of just at the commencement of his surgical career, and the last operation performed just at the close of that career, is passingly strange. The more so when it is remembered that during the greater part of the interval comprehended between the epochs 1821 and 1855, the perineal section had fallen into desuetude, while a few years prior to each period, it underwent a revival in public favor, and enlisted much advocacy of its pretensions.

In the summer of 1845 Dr. Crawford's connexion with McGill College began. He was then appointed to the chair of clinical medicine and surgery, and for the following ten years continued a practical teacher. At the time of his death he was professor of clinical medicine. Clinical teaching, as a distinct branch of education, may be said to have been

first taught by him in Montreal, indeed in Lower Canada. Before its charge was undertaken by him there had been no regular course. The year prior to his appointment, a few occasional lectures were gratuitously delivered at the Montreal General Hospital, during the winter by two or three of the attending physicians. But with this exception, it is believed, that at a remoter period, the only means the pupil had of acquiring a knowledge of the cases in the wards, were by personal intuition, mutual instruction and the casual remarks of the more communicative of the physicians. As a teacher his lectures were remarkable for their originality. In this country we never attended any other who drew more largely from his own mind—who turned to a more profitable account the rich stores of information, that he had derived from personal observation—and whose experience had been so extensive, or so varied, for it had been derived under the most favourable advantages, both in military and civil life, and in countries of every clime. No man had more pity, than he, for the servile plagiarist, who could copy page after page from a book, and then read the words with voice of dolorous pitch to his assembled auditory. Of such an outrage he was never guilty. From necessity matter had often to be borrowed from authorities, but it was always conveyed in his own expressions and usually impressed by original illustrations. And these accomplishments were executed with facility, for he possessed a fertile imagination, quick comprehension, accurate reflection, tenacious memory, and a good command of language.

Few men turned the opportunities they were afforded to a better account than the lamented deceased. To the truth of this, his services in the cause of Medical literature and the character of his lectures, bear testimony. To which may be added the fact, that few Physicians in this city have had more indentured pupils under their tutelage. At one and the same time, four were studying together in his surgery under his masterly directions, and by his fostering care and able guidance, were launched out upon the sea of private practice, manned and rigged to meet any stress of stormy weather. As to Cornelia, so to him—these were his

Gracchi, his jewels; living monuments, witnessing to his celebrity and his usefulness. Possessed of great liberality, he has been known to open his office and his library to the use of the student, who, for want of a fee, might have been elsewhere excluded. More than one young man who is now in practice, passed through an apprenticeship to him without money and without price—and upon equal terms of favor and attention as his fellow associate who had at his disposal, a larger profusion of this world's goods.

Dr. Crawford took a warm interest in the concerns of the Montreal General Hospital. He had more than fulfilled the usual term of service expected of attending physicians; for several years he had been secretary to the Medical Board, and by a donation to the charity, he had become a life-governor. In the latter capacity, he manifested a lively interest in the economics of the institution. Conscientious and zealous in the discharge of any duty with which he became invested, he was not likely to slacken or prove remiss in performing a mission, such as the above, of benevolence and humanity. He was also a consulting physician to the University Lying-in Hospital, and during the greater term of his residence in this city, was an active member of the Natural History and Medico-Chirurgical Societies, of the former of which, at one period he was president, and of the latter a vice-president.

His life was terminated in this wise:—Leaving the Montreal General Hospital with one of ourselves, who had been his own student, the latter invited him to enter his carriage, and drive home. As both were being seated, the reins were drawn out by the servant in his endeavors to steady the horse, which had become frightened. The servant let go his hold, and before the reins could be secured, the animal started off, and finding himself uncontrolled, was terrified into a full speed. It bounded from opposite the wing door of the Hospital, and dashed down St. Dominique Street. As it neared Craig Street, Dr. Crawford sprang from the carriage, and in his jump, fell heavily to the ground, striking his shoulder and occiput. He was conveyed home with symptoms of concussion of the brain. From these he ral-

lied in part, but the mental condition and systemic disturbance that followed, were too ambiguous to indicate precisely the exact lesion that had been sustained. He continued in a precarious state for 26 days, and died on Friday, the 28th December, 1855. The chief symptom during the first few days, was continued stupor, without, however, profound insensibility. Afterwards, the psychical signs were such as might be referred to cerebral irritation, of slight intensity. Frequently favorable changes hovered in sight, but they were fleeting. At length, exhausted nervous energy predominated, and in the wreck of nature that followed, vital function was annihilated. Profuse and uncontrollable diarrhoea ushered in the fatal event. An autopsy was held, and it was then ascertained that some minute vascular twigs, believed to ramify from the middle cerebral artery of the right side, had been lacerated, and gave exit to a considerable quantity of blood, which was extravasated between the dura mater and arachnoid pretty generally over the right handed fossæ, at the base of the skull, and upon the back part of the corresponding hemisphere of the brain. During his illness, he was affectionately attended by several of his professional brethren, of whom the seniors met together in consultation by day, and the juniors in turn, watched him by night. The last watcher was he who sat beside him, before the occurrence of the melancholy catastrophe.

We have been kindly furnished by Dr. Henry, Inspector General of Military Hospitals, H.P, with the following memoranda, which will complete our otherwise imperfect sketch:

Dr. James Crawford was the second son of Dr. David Crawford, of Donegal, in the North of Ireland. He was born in 1796. His father, after several years service as Surgeon in the Royal Navy, retired on a comfortable independence. He was an intelligent and kind hearted man, an active and useful magistrate, and much respected by all classes.

James was a very good and steady boy, fond of mechanics; and he afterwards, as surgeon, turned this taste to advantage. After receiving a respectable preparatory education, he went to Dublin, to study medicine, and afterwards graduated in

Edinburgh. Pursuant to his father's wish he entered the army as Hospital Assistant in 1814, and was soon after appointed Assistant Surgeon of the 24th Foot.

After the peace of 1815, promotion in the medical department became very slow. The doctor naturally felt annoyed, that his long service as Assistant Surgeon should continue unrewarded by the step of rank he desired, and seeing no immediate prospect of promotion, sent in his resignation, and settled in Montreal as a medical practitioner.

The writer has reason to believe that Dr. Crawford was considered a good officer by the head of the medical department, and that he was liked, both by officers and men, in the 24th. He knows that the doctor was diligent, intelligent, active, and humane. During a visit of ten days, which his friend paid him in Montreal, in 1830, it gave him pleasure to find that his quondam school companion had expanded into a well informed and agreeable gentleman, esteemed by his brother officers in the 24th, and all his acquaintance.

In 1844, when Dr. Crawford accompanied the late Lord Metcalfe to England, the writer saw him at Halifax. Dr. Crawford appears to have treated his distinguished patient carefully and skilfully; but unfortunately the case was hopeless. The patience and fortitude Lord Metcalfe exercised under his severe and protracted sufferings were represented as deserving of the highest admiration.

From the month of April 1852, until the occurrence of the fatal accident which caused his death the writer resided here, and was on intimate terms of friendship and association with the lamented deceased. He attended him, in common with the medical faculty of the McGill University, and others, during his last illness; and the care and tenderness of his treatment was most gratifying to the old school friend of the sufferer, for it proved at once the opinion of his worth entertained by his brother professors, and their own kind and humane performance of professional duty.

Dr. Crawford was a good man in all social relations; an affectionate husband, a kind father, and a faithful friend. His death is lamented by a large circle, including many poor persons to whom he extended gratuitously his professional services; but who can measure the grief and distress of the bereaved widow and the weeping children? They deserve and receive the deepest sympathies of this community; and have learned to derive consolation, also, from a higher source.

Ways to Commit Suicide.—1. Wearing thin shoes on damp nights in rainy weather.

2. Building on the air-tight principle.

3. Surfeiting on hot and very highly stimulating dinners.

4. Beginning in childhood to drink tea, and going on from one step to another, through coffee, chewing tobacco, smoking, and drinking.

5. Marrying in haste, getting an uncongenial companion, and living the rest of your life in mental dissatisfaction.

6. Following an unhealthy occupation, because money can be made by it.

7. Tempting the appetite with niceties when the stomach says no.

8. Continuing to keep in a continual worry about something or nothing.

9. Retiring at midnight and rising at noon.

10. Gormandising between meals.

11. Giving way to fits of anger.

12. Trying always to insult or injure somebody.

OBITUARY.

Died, in Queen street, Kingston, on Thursday, Jan. 24th, in consequence of a wound received on the preceding Saturday, in making a *post mortem* examination at the Kingston Hospital, Benjamin J. Dougall, son of the late John Dougall, Esq., of Belleville.

Mr. Dougall was only 20 years and five months old, and was one of the most devoted and promising pupils in the Medical Classes of Queen's College, his life may be said to have been sacrificed to his ardour in the pursuit of knowledge.

"The death of Sir George Ballingall, M. D., Professor of Military Surgery in the University of Edinburgh, took place Tuesday, December 13th, at his country residence, Altamont, near Blairgowrie. He had filled the chair of Military Surgeon for 32 years, his appointment dating from 1823; and besides discharging the duties of that office, his able services were long given to the Royal Infirmary as consulting Surgeon. Sir George began his career in the army, and was some time Surgeon in the 33rd. The profession is indebted to him for several valuable contributions to medical literature. Owing to advancing years Sir George had for some time past contemplated retiring from the active duties of his profession.—*Dub. Hos. Gaz.*

BOOKS RECEIVED FOR REVIEW.

-Crisp on the Structure and Use of the Spleen. London: H. Teape and Son, Tower Hill. From the Author.

Winn's edition of Conquest's outlines of Midwifery. London: Longman, Brown, Green and Longmans. From Dr. Winn.

Report of the Committee on the Hygrometrical state of the atmosphere, in various localities, and its influence on health. By Simpson B. Hunt.

Dr. Aller's introductory address delivered to the class in the medical department of the Iowa State University.

Bryan's introductory lecture delivered before the class of the Philadelphia College of Medicine.

HOSPITAL REPORT.

Case of Lacerated Wound of the Scrotum and Testicle.

Robert Lang, a stout Scotch lad of 13 years, was admitted under Dr. Wright on the 25th October, 1855.

He had been employed as cow-boy to a farmer a few miles from Montreal, and while engaged in feeding the animals, happening to stand in front of one of them, with his back towards the cow's head, and stooping at the same time, he was caught accidentally by the animal's horn while raising its head, and lifted from the ground, inflicting the wound for which he was admitted. The right half of the scrotum was completely laid open, the wound commencing at the perineum, traversing the scrotum upwards to the pubis, and extending across the dorsum of the penis, almost completely surrounding that organ. The spermatic cord was lying exposed, and on searching for the testicle it was found to be completely destroyed, the horn having literally passed through it, breaking it down to a perfect jelly.

Notwithstanding this severe injury, the boy had been able to walk into the house after receiving the wound, and had even attempted to continue his duties, his master only discovering the accident from his evident difficulty in walking.

The wound was carefully cleansed from all coagula and other adhering substances, and its edges brought together by sutures as accurately as possible. Cold water dressing was then applied, which was gradually changed for warm in the course of the following day. The upper part of the wound healed by the first intention, but the lower portion, which was much contused, sloughed to a small extent, as was expected. The wound subsequently healed very favourably, without the intervention of any bad symptoms, and the boy was discharged on the 19th November, almost completely well. Having exerted himself rather too much, however after returning home, a slight degree of erysipelatous inflammation set in, and he was re-admitted for a few days. Rest, and cold lotion soon subdued the inflammation and he is now (Dec. 26) completely cured.

TO CORRESPONDENTS.

Dr. Reynolds, Brockville. The communication on "Medical Defamation" will be inserted in the March number. It was crowded out this month.

MEDICAL NEWS.

A contract for the erection of the third Massachusetts State Lunatic Asylum, at Northampton, Mass., has just been completed for the sum of about \$165,000. The edifice is to be 516 feet in length, and will cover an acre and a quarter of ground.—Baron Humboldt has lately celebrated the eighty-sixth anniversary of his birth-day. Notwithstanding his great age, he still continues his labors.—The ravages of Cholera in some parts of Italy during the months of September and October were truly frightful. In the Duchy of Parma there were 13,372 cases, including 8,020 deaths; in Modena and Pezzio 11,396 cases, and 6,566 deaths; in the Grand Duchy of Tuscany 49,618 cases, and 25,941 death; total 40,527 dead. If to these be added the mortality of Lombardy, exceeding 50,000, and a similar number in the Roman States, the total will show no fewer than 150,000 victims.—M. Ricord has received from the King of Sardinia the orders of St. Maurice and St. Lazare; and from the King of Greece the order of St. Savior, the only two governments in Europe which had not already conferred titles on the well-known Prof.—The new State Idiot Asylum at Syracuse, New York, which was lately opened, is in a flourishing and prosperous condition. This institution now contains about eighty patients, all of whom are instructed in reading, writing, and cyphering as far as their constitutional and intellectual strength will admit.—Orfila once being examined as an "expert," in a capital trial, was asked by the President whether he could tell what quantity of arsenic was requisite to kill a fly. He replied, "Certainly, M. le President; but I must know beforehand the age of the fly, its sex, its temperament, its conditions and habits of body, whether married or single, widow or maiden, widower or bachelor. When satisfied on these points I can answer your question."—For every 100,000 individuals in France there are 103 persons blind, 82 deaf and dumb, 125 insane, 118 goitrous, 125 hump-backed, 25 having lost one or both arms, 32 having lost one or both legs, and 62 with club-foot.—Dr. Radcliffe had an altercation with Sir Godfrey Kneller the painter, who lived in the next house to him. Kneller had some rare exotic plants, which Radcliffe's servants injured, passing through a door by which the gardens of the two houses communicated. Kneller, having borne this annoyance until it became intolerable, sent word to the doctor that he should be compelled to lock up the door. Radcliffe in a great rage answered, that "Sir Godfrey might do what he saw fit in relation to the door, so he did but refrain from putting it." "Did my very good friend Dr. Radcliffe say so?" cried Kneller, "Go back to him, and after presenting my services to him, tell him that I can take anything from him but his physic."—Legal proceedings are about to be commenced against one of the most eminent accoucheurs in London for the unjustifiable use of the speculum, and cauterizing the uterus of a young unmarried lady.—Two men at Lydnus, Gloucestershire, undertook, for a wager, to drink a pint and a half of rum each, which they did while in a state of intoxication. The result was death in both cases, the dead bodies presenting a shocking appearance, the face, tongue and throat being greatly swollen.—Dr. M. Hall has been recently elected corresponding member of the Academy of Sciences (Institute of France), in the section of medicine and surgery, in place of M. Foderé deceased. The other candidates were Prof. Rokitsansky of Vienna; Prof. Christison of Edinburgh; M. Riberi of Turin; M. Chehus of Heidelberg. Of forty-one votes Dr. Hall received thirty-nine.—Newspaper Pathology.—Baron Paskewitch, viceroy of Poland, has been very ill of what appears common anthrax. The King of Prussia and Emperor of Austria sent their respective family physicians, Dr. Oppolzer of Vienna being paid, it is said, one hundred guineas a day during his visit at Warsaw. Symptoms of gastritis made their appearance, or gastro-enteritis, and the correspondents of the London newspapers have varied their bulletins day by day from ulcer of the stomach to abscess of the sacrum, cancer of the bowels, &c., till at last the *Morning Herald* of the 19th, so ingeniously arranged matters, that Prince Paskewitch was very ill of a large carbuncular anthrax growing on the stomach!