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ORIGINAL COMMUNICATIONS.

ART. XVIII.—*Further Observations upon the Treatment of Chronic Hydrarthrosis of the Knee Joint by Puncture and Injections of Iodine.* By ROBERT L. MACDONNELL, M.D., Surgeon to St. Patrick's Hospital, Montreal; formerly Lecturer on Clinical Medicine, and on the Institutes of Medicine, University of McGill College.

In the number of the Journal for June, 1857, I directed the attention of the Profession to the utility of "Injections of Iodine" in cases of Hydrarthrosis of the knee-joint, which had resisted all the usual plans of treatment, and which had ended in confirmed lameness. Since then, I have met with another example of the disease, in which the ordinary method was unsuccessfully employed by myself, whilst the patient was placed in conditions very favourable for his recovery, being a patient in St. Patrick's Hospital, under the daily observation of myself and colleagues, and where the most watchful anxiety was evinced by the attendants that in every particular the usual remedies should be administered in such a manner as to insure their efficacy. My reason for not resorting to puncture and injection at once, was, that having expressly pointed out that I did not advise this plan of treatment except where others had failed, I was unwilling to be the first to disregard the admonition.

Case.—J. W., aged 13, was sent from a town in Vermont, to consult Dr. Howard, the Oculist, for an affection of his Eyes; he was admitted into St. Patrick's Hospital, where it was observed that in addition to the disease of the eyes. he also laboured under a Chronic Hydrarthrosis of the left knee-joint, which had caused lameness, and was attended with much pain at the inner side of the joint and at the insertion of the ligamentum patella; the joint was swollen, and globular in appearance; the increase in size amounted to nearly two inches more than the healthy articulation; the swelling was soft, fluctuated on pressure, and the fluid could be forced from the lower part to above the patella, on the front of the femur; a crepitating sensation was experienced when the joint was minutely examined. There was no heat of the joint nor discoloration. He was placed under a mild mercurial course, combined with blistering, stimulating liniments, rest, in the recumbent posture, starch bandages, strapping with the mercurial plaster, and the mercury was followed by a course of Hydriodate of Potash. After a lapse of nearly two months no improvement was perceptible, and I resolved to puncture the joint and inject with iodine; accordingly this operation was performed in the manner already described, on the 1st July; no pain followed the operation. About four ounces of fluid was drawn off, it was transparent, of a light straw colour, and coagulated; slightly on cooling, the opening was closed with adhesive plaister, a wet roller was carried round the limb from the toes to above the knee-joint, and a padded splint was applied to the back of the leg and thigh. No uneasiness or pain followed the operation, and the joint quickly regained its natural appearance; the pain vanished, and at the end of ten days he was able to walk about; but as a measure of precaution I still kept the joint supported by a starched bandage. This patient was seen by some American Surgeons during their visit to the Scientific Association, held here last August, as well as by some practitioners of this city.

The above makes the seventh case in which I have employed in Chronic Hydrarthrosis of the knee-joint, Injections of Iodine, and I have not, in a single instance, witnessed the least unpleasant result follow the practice, and in all, it has been eminently successful. Before concluding, I would direct attention to the following points:—

1st. The necessity of a careful diagnosis.—It is in Chronic Hydrarthrosis alone, that I recommend Iodine Injections.

2nd. Puncture the Sac above the level of the patella and on the front of the femur, having first made the tumour tense by a bandage carried round its lower portion.

3rd. Inject two drachms of Tincture of Iodine with two drachms of luke-warm water.

4th. Having injected that amount of the fluid, manipulate the joint, so as to bring all its surface into contact with the fluid, which is then to be allowed to remain.

5th. Close the external wound and surround the joint with a wet bandage, which should be carried upwards from the ankle to above the knee.

6th. Keep the limb in a straight position on a padded splint.

7th. Do not allow any motion to take place for at least a week after the operation.

8th. When the patient is allowed to leave his bed, take off the wet bandage and surround the joint with a starched bandage.

ART. XIX.—*Remarkable Case of Surgery—the Testicles and Scrotum completely carried away.* By P. R. Shavitz, M.D., Stratford, C.W.

Thomas Meridith, aged 40, was engaged on the Buffalo and Lake Huron Railroad as a blaster of earth and stone. Upon the 29th September last he was occupied in blasting granite, and, after having deposited the powder in the cavity intended for its reception, he receded to his accustomed place awaiting the explosion. After waiting for a long time, he was informed that the *fuse* had not succeeded in igniting the gunpowder, and upon repairing to the spot he found, as he fancied, the fuse quite extinguished. He then recommenced boring another orifice, standing astride of the mound which he wished to blast, and when so engaged the explosion occurred. When I arrived on the ground, about twenty minutes after the accident, I found my patient suffering under *shock*, pale and pulseless. Upon an examination I found the charge had taken effect upon his privates, carrying away the whole of the scrotum, both testicles, spermatic cords and vessels. The whole of the abdomen was burned quite black, the ulna of the right arm was fractured by a small spicula of stone, and indeed the greater part of the surface of his body was completely surcharged with small stones and granite embedded underneath the skin. After removing these foreign bodies with a strong pair of forceps, I then directed my attention to the graver wound, namely, the scrotum. After removing the parts which retained no vitality with a sharp scalpel, I brought the parts together as well as was practicable, awaiting sloughing, if reaction ever did occur. In about two hours after the receipt of the injury nature began to rally, and the reaction was, as usual in proportion to the shock, severe.

I succeeded in keeping the action at bay by the usual antiphlogistics and upon the seventh day after the injury the sloughs were separated, leaving the pubic bones exposed, the whole of the surrounding cuticle

gone, as far as the anus posteriorly, and anteriorly as far as the pubis, Fortunately the urethra was quite entire and uninjured. I now applied the cold water dressings diligently, administered wine and tonics *ad libitum*, and supported my patient energetically and faithfully. And, strange to say, he is now convalescent, quite sound and well, save he is minus his testicles, which were blown some fifty feet from the place where he received the fearful blow.

ART. XX.—*Dropsy Cured by Croton Oil.* By J. L. STEVENSON, M.D, L.R.C.S.E.

Having read an article by Dr. Fife in the last number of Braithwaite's Retrospect "on the Treatment of Dropsy by Croton Oil," I determined to try it the first opportunity.

The first case was a lady aged about 30, who came to my surgery on the 27th August, with acute anasarca of the lower extremities. The swelling extended nearly up to the groin; there was considerable dyspnœa and palpitation of the heart; urine scanty and high coloured, no albumen. On the 29th, the swelling had increased to such an extent that the integuments were almost bursting; the urine nearly suppressed. I immediately put her on Croton oil, in half-drop doses every morning. After the second dose the swelling began to abate, the urine increased in quantity, and the dyspnœa entirely disappeared.

Sept. 6th.—The swelling entirely disappeared; urine natural in quantity; feels quite well.

The second case was that of a boy aged 6, to whom I was called Sept. 8th. Had had scarlatina about four weeks previously; subsequently caught cold. The abdomen was greatly distended with fluid, also the scrotum and penis, which were quite transparent from the distension of the fluid. The urine scanty and high coloured, bowels regular, considerable thirst, appetite good. I ordered him Croton Oil in doses of one third of a drop every morning.

Sept. 12th.—Fluid entirely disappeared from scrotum and penis, abdomen smaller.

Continued this treatment for two weeks, at the expiration of which time he was completely well.

From these two cases I think the effects of the Croton Oil are due more to its stimulating the absorbents than to its drastic properties, for in the first case it only caused three or four evacuations every morning and in the second never more than two, and I may state, in neither of the cases did the oil cause any griping.

Stratford, Oct. 13th, 1857.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. XI.—*A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition, and the attentions required by the Child from birth to the period of weaning;* by P. Cazeaux, member of the Imperial Academy of Medicine, Adjunct Professor in the Faculty of Medicine of Paris, &c., &c. Adopted by the Superior Council of Public Instruction, and placed, by ministerial decision, in the rank of the classical works designed for the use of Midwife Students in the Maternity Hospital of Paris. Second American, translated from the fifth French edition, by Wm. R. Bullock, M. D., with one hundred and forty illustrations; pp. 992. Philadelphia: Lindsay and Blakiston. Montreal: B Dawson. Quebec: Middleton and Dawson.

"In the sciences of observation," says Professor Cazeaux, "a new work is necessarily enriched by the labours of all antecedent writers, and therefore its great merit consists in collecting the scattered materials and forming out of them a body of doctrine, which it illustrates in the clearest and simplest manner possible. Such is the end I have endeavoured to attain; and the medical public, and students especially, must judge whether I have succeeded in the attempt." The fact of the work whose title stands at the head of this article having attained a fifth edition in France, notwithstanding the publication of a spurious copy in Belgium, is sufficient evidence that in the estimation of his professional brethren in that country his attempt has been completely successful. The cordiality with which the first American edition, translated by Professor Thomas of Philadelphia, was received by the profession of this continent, and the demand which exists for a second edition, shows that a hearty appreciation of the faithfulness and efficiency with which the author has accomplished his task is not confined solely to the medical men and students of France.

In preparing the fifth edition for publication, Professor Cazeaux has carefully reviewed every division of his book, and increased it so materially, both by adding to what he had already written and in the form of entirely new chapters, the work is now about twice as voluminous as when the first edition was issued from the press. In the short notice we purpose making, it is our intention to examine the parts to which our author has added new matter, and those which he now introduces for the first time.

Book 5, which treats of the Pathology of Pregnancy, or the diseases induced by the pregnant condition, is one well worthy of attentive

perusal. Cazeaux adopts the classification of Désormeaux, who ranges all these diseases under the heads of: lesions of digestion, of circulation, of respiration, of the secretions and excretions, of locomotion, and of the sensorial and intellectual functions. Of all the lesions of digestion, vomiting is certainly the most troublesome to the physician and distressing to the patient. Cases occur which resist the best directed efforts for their mitigation; and the vast number of remedies that have been recommended by authorities at different times, prove that even the majority are with difficulty alleviated. Vomiting may appear at any period of gestation, but, as a general rule, it usually occurs soon after impregnation, and extends over a period of two or three months. It may not make its appearance until the fourth or fifth month, or indeed till the latter end of gestation. According to Capuron, when it occurs at an early period, it is to be referred to the sympathy which exists between the uterus and stomach, the irritation of the former organ being communicated to the latter; when later, it is to be attributed to a plethoric condition of the system, produced by a suppression of the menses, particularly in women of a sanguine temperament; and when it appears near the termination of pregnancy, it depends upon the mechanical pressure of the gravid uterus, which, from its size, presses considerably on the abdominal viscera, and thus interferes with the healthy performance of their functions.

All are agreed as to the vomiting being caused by the intimate sympathies existing between the womb and stomach, but still opinions vary greatly upon the etiology of the affection. "L'étiologie que je viens de proposer," says Gardien, "sur le vomissement qui servient dans les premiers temps de la grossesse, suppose deux choses: la première, qu'il peut exister lésion dans un organe, parceque les fonctions d'un autre sont troublées; la seconde, que cette affection symptomatique peut quelquefois augmenter la sensibilité, et d'autres fois la diminuer." M. Dance and Dr. Burns were of opinion that inflammatory affections of the uterus, the membranes of the ovum, or the placenta, frequently produce vomiting. According to Carus, a common cause "is overfulness of the portal system, in consequence of the increased vascular action of the genital system, which plethoric constitution often gives rise to inflammatory affections." Campbell considers torpor of the bowels a very fertile source of nausea and vomiting in the gravid state; and Churchill is of opinion that we may place bad smells, peculiar odours and indigestible food, or a torpid state of the bowels, among the occasional exciting causes. Chomel attributed it to softening of the stomach and fatty degeneration of the liver; and lastly, Dr. Bennet, true to his hobby, is fully persuaded that it is to be attributed in almost every instance to the presence of

inflammatory ulceration of the os or cervix uteri—that fruitful source, in his opinion, of the ills with which the female portion of the human race are afflicted. "For my own part," he adds, "since my attention has been directed to this subject, I have *almost invariably* found ulceration of the neck in cases of this kind." Our author, and in this we agree with him, cannot fully receive this opinion of the "English accoucheur,' for, having examined with the speculum four primiparous women affected with obstinate vomiting, he found the cervix to be perfectly healthy.

The vomitings vary much as to their frequency, intensity and duration. In the simpler cases, the person merely vomits on rising, or after one or more of the daily meals, and there is little, if any, accompanying distress. Sometimes, however, the ingestion of food causes severe pain, which, being increased by pressure, may lead one to imagine for a moment that it indicates inflammation of the stomach, a condition that very rarely obtains in cases of vomiting from pregnancy. There are instances, fortunately exceptional, in which the affection is so violent and persistent that the strength of the patient becomes completely exhausted, the vital powers are prostrated, extreme emaciation ensues, and death closes the scene. The disease, says M. Chomel, referring to these cases, is characterized by frequent bilious vomiting, an acid, fœtid breath, and fever; then the brain becomes involved, and we have delirium, coma and death. "The views of M. Dubois correspond closely with those of M. Chomel, and, like him, he describes three stages. In the first stage the vomiting is very frequent, and occurs at all times of the day. It is very obstinate, and causes all, or nearly all, of the food to be rejected, even liquids not being retained. This is soon followed by serious symptoms, arising from deficient nutrition, as debility, emaciation, and alteration of the features. To these symptoms I would add an extreme disgust and aversion for food of any kind,—a repugnance so invincible as to defy the entreaties of the family and the repeated urgent solicitations of the physician. Soon after, the symptoms peculiar to the second stage begin to appear. They are, frequency of pulse, great thirst, and a remarkably acid breath. The fœtidity and acidity of the breath, says M. Chomel, are so great as to strike the attention immediately upon entering the chamber. The smell is comparable to that of vinegar. In three cases, however, two of which proved fatal, I was unable to perceive this odour. This state, which is of variable duration, is generally followed in a short time by a third period, marked by cerebral symptoms. The patient suffers hallucinations, intolerable neuralgic pains, and disordered vision; the vomiting lessens or stops, a comatose sleep comes on, and death soon ensues." p. 268.

Our readers must not imagine that these formidable cases are by any means frequent, they are, on the contrary, extremely rare, and may not be met with for years, even by physicians in extensive mid-wifery practice.

The treatment of vomiting, as laid down in most works, is exceedingly conflicting, and must confuse the student of medicine, as there is no order in the arrangement; this, that, and the other remedy it is stated has been employed by this, that, and the other authority with success; and so on to the end of the chapter. There is no classification of the cases, with the view of pointing out what particular remedies are apt to be beneficial in certain particular cases; the reader is left to select at pleasure from the hotchpotch what drug he most fancies. Now, when a practitioner is consulted in a case of emesis during pregnancy, his first duty, we conceive, is, to ascertain if there be present any existing lesion, any disorder of function, which might, in conjunction with the influence of a gravid uterus, or even independent of such condition, produce vomiting. Otherwise, he cannot but treat his patient empirically; for, it is quite evident that the presence of an ulcerated cervix uteri, of a torpid state of the bowels, or of an inflamed mucous membrane of the stomach, will modify the treatment materially.

Where vomiting is slight, or where it evidently depends upon the sympathy which we have already spoken of as existing between the two organs, the treatment indicated consists in a carefully regulated diet, and the judicious administration of some of the sedatives and antiemetics. Should there be any acidity of the secretions, an alkali ought to be combined with them. When it is accompanied by a torpid condition of the bowels, purgatives will be the class of remedies from which the greatest success may be expected. If there be an ulcerated neck of the womb, or an inflamed stomach, treatment directed for the relief and cure of these conditions, will, in all probability, be followed by the *happiest results as regards the cure of the emesis.* There is one form of treatment which has been said to be followed by real success, but of which we cannot speak except in terms of condemnation, viz: the administration of alcoholic liquors to such an extent as to produce intoxication. M. Rayer says he has used them with great advantage, and M. Moreau and Prof. Meigs are warm advocates for the use of champagne. The latter gentleman, in addressing his class, uses the following strong language:—"I, however, dare very confidently to advise you in all cases of obstinate vomiting, connected with pregnancy, to allow your patients to drink champagne *ad libitum;* since, in so great a multitude of examples of the kind, I have found it to procure a perfect relief." It would be interesting to know how many of the learned Professor's lady

patients subsequently to their cure, continued to indulge in libations of the exhilirating fluid This, we conceive to be the great danger to be apprehended in the administration of stimulants to females, particularly when they are pushed to the extent of producing intoxication. How self-accusing would necessarily be the reflections of a physician in contemplating the fact that by his means, that passion, the gratification of which tends more than anything else to blunt the finer sensibilities of our nature and imbrute its unfortunate victim, had been implanted in the breast of a heretofore gentle, affectionate and loveable being. We would advise our young readers to pause ere they follow the instructions of such eminent men as Rayer, Cazeaux, Moreau and Meigs, when they advise the intoxication of patients for the relief of vomiting in pregnancy. Ascertain, as clearly and fully as possible, the etiology of the particular case; treat it according to rational principles, and our word for it, a cure may be affected, where such is possible, without having recourse to the revolting and unprofessional expedient of making the patient drunk.

It will occasionally happen, however, that notwithstanding the employment of various measures, the vomiting still continues in its frequency and intensity, and the patient gradually becomes weak and emaciated. Here then an important question presents itself, are we to allow the case to proceed, trusting in the powers of the system to sustain the patient until full term is reached, and hoping in the meantime that the emesis may soon terminate, or shall we have recourse to the fearful alternative of producing an abortion and thus remove the source of the irritation which is the cause of all the mischief going on? A very grave question, indeed, and one that will agitate the mind of every conscientious physician when circumstances force it on his attention. Distinguished English accoucheurs are decidedly in favour, whenever all other means fail, of inducing premature labour. "In such a case," says Churchill, "almost any remedy would be justifiable; and one that may afford an additional chance of safety to one of the parties implicated, must be hailed as a boon of great magnitude." Denman, Blundell, Davis, Merriman and Burns have had recourse to this treatment with success. Our author is decidedly opposed to any interference of the kind previous to the seventh month, and his reasons for such opposition are exceedingly cogent. "When a woman having a contracted pelvis presents herself to a physician, he knows very well that if the pregnancy be allowed to go on until term, he will have to choose between embryotomy and the Cæsarian operation; also, that in some cases the latter operation will be the only resource. If, after mature consideration of the inevitable consequences of the one and the probable consequences

of the other, he decides upon the inoculation of the child, it will doubtless appear to him reasonable not to wait until the increased size of the fœtus at term shall add to the difficulties and dangers of embryotomy; therefore, the production of abortion within the first four months of gestation will seem to be fully justifiable. But the conditions are different when the life of the mother is compromised by vomiting, however severe it may be. In the first case the danger is inevitable; and unless abortion occurs spontaneously the Cæsarian section is the only resource, and we are aware of the usual consequence of the latter. But however intense the vomitings may be, and notwithstanding the state of exhaustion to which they reduce the female, still they are not inevitably fatal. Patients, whose condition justly excited the greatest solicitude, have been known to resist until the latter months, and even until the term of their pregnancy, and then give birth to strong and healthy children. Others, whom the vomiting had reduced to a hopeless condition, have been suddenly restored to the most complete health." Of the latter kind of cases, one fell beneath the notice of Professor Cazeaux, and three were related to him by M. P. Dubois. The operation, moreover, is not devoid of danger; for, although successful cases have been recorded by the British authorities already referred to, many unsuccessful cases doubtless remain unrecorded. Our author has a personal knowledge of seven cases in which the operation was performed by skilfull hands. "Of these, but one woman survived; all the others perished, one of the latter dying only fifteen days after the first attempt, and ten days after the abortion was accomplished." To those who refer the failure in these cases to the fact that the operations had been delayed until the vital powers of the patient had become too exhausted, he pertinently replies, I believe this fully; but here it is that the most difficult question arises. When is the operation proper? If you act too soon may it not be said, whilst instancing the cases of spontaneous cessation of the vomiting, as in those which have been quoted, that you have destroyed the fœtus without advantage? If you act too late, may you not be equally reproached, in view of the failure of all known operations, with an attempt which may have hastened the fatal termination? Where will the prudent practitioner place the limit of expediency?

Recent chemical researches into the composition of the blood of pregnant women, has enabled us to truly appreciate the character of certain morbid conditions present during the period of gestation. Formerly, when a woman complained of headache, vertigo, dimness of vision, ringing of the ears, flushings of the face, &c., it was immediately attributed to plethora, and bleeding was at once proposed and practised. Now, however, and we are in a great measure indebted for it to M.

Cazeaux, these symptoms are regarded as the result of a Chloroanæmic state of the system; which is rather to be treated by the judicious administration of some one of the preparations of iron, combined with tonics. In pregnancy the blood is darker than at other periods, its coloured corpuscles are diminished in number; the water is materially increased; the fibrine is relatively augmented, in consequence of which, when the blood coagulates it has a thin layer of buff on its surface, and the amount of albumen in the serum is diminished. "It is now well proved that the essential character of plethora is based upon a great increase in the proportion of the blood corpuscles, as their diminution is the distinctive fact in anæmia. Now, if we admit with M. M. Andral and Gavarret, that the mean normal proportion of corpuscles is 127, or with M. M. Becquerel and Rodier that it is 141 for men and 125 for women, it will be seen that all the analyses made up to the present time give a much lower mean for a woman at an advanced stage of pregnancy. Thus, of 34 bleedings examined by Andral and Gavarret, but one specimen exhibited, at the end of the second month, a proportion of corpuscles greater than the physiological mean, namely 145. In one only, pregnant between one and two months, did the corpuscles reach the physiological standard of 128. In all the remaining 32 cases the corpuscles were below this point, ranging in 6 cases from 125 to 120, and in the other 26, from 120 to 95." Page 276.

The use of Anæsthetics in midwifery has produced a great deal of angry discussion in the medical world. The opponents of the practice have gone to one extreme, asserting that it tends to induce many frightful conditions which it is the desire of every practitioner to avoid. It is liable say they to cause death; to arrest completely, or diminish materially, uterine action; to produce alarming post partem hemorrhage, or to bring on insanity and puerperal convulsions. The advocates for the employment of chloroform and ether in obstetric practice, on the other hand, go to the other extreme and affirm boldly that when either of these anæsthetics is carefully administered there is not the slightest danger of any accident occurring. The truth, as is commonly found, lies in the mean. The statements of the alarmists are greatly exaggerated, and they have formed their conclusions from insufficient data; whilst those of their opponents are given recklessly, and without reference to certain facts which militate strongly against their views. That chloroform may produce death, is a fact unfortunately too well established to be for a moment gainsayed. Surgeons of eminence, who always adopt every precaution for the safety of their patients, have nevertheless lost individuals, during operations, from the effects of the inhalation of chloroform. And death, moreover, is not always caused by the inhalation of a great quan-

tity, the reverse indeed being the rule. A small dose, in some peculiar constitutions, having a powerfully poisonous effect. It is not long since we nearly lost a patient, from whose lip we were removing a fibrous tumour. The patient, a young girl of nervous temperament, took the chloroform readily, holding her arms up in the air and clenching her hands firmly. She made no efforts to remove the towel, there was no period of excitement observable, nor did she have any spasms. In a few minutes her arms gradually fell to her side, and we proceeded to operate. Her pulse at this time was full and regular, and her breathing perfectly tranquil. The operation, which occupied but a minute or two, was scarcely completed when we noticed that a great and sudden change had taken place in our patient. Her eye was fixed and glassy; her lips pale and bloodless, and her pulse almost imperceptible. We lost no time in having recourse to the manipulations recommended by Dr. Marshal Hall for the recovery of those in state of asphyxia; she was placed opposite an open window: ammonia was placed beneath her nostrils; and as soon as it became practicable stimulants were given internally. When she recovered, she stated that from the time of the first few inspirations of the chloroform vapour, she was entirely oblivious to everything, and was not conscious at the time of what was being done to her. The dose in this case was *forty-five minims*. As many cases of death have occurred then from the use of chloroform, it is not a substance to be given in every slight or trivial case. We cannot agree with Dr. Simpson that it should be administered in all labours whether natural or difficult, but rather side with those who would have its use confined exclusively to cases of difficult parturition.

Dr. Murphy, who has published an excellent little work, entitled "Chloroform, its properties and safety in child-birth," gives excellent rules for the administration of chloroform, which we transcribe for the benefit of our readers:—Rule 1st.—Let the chloroform be pure. If rubbed on the hands the smell should be fragrant, not pungent like sulphuric ether. If inspired there is a sense of warmth in the mouth, a fruity flavour, no pungency; if the strength of the vapour be sufficient, it will excite a slight cough; but if impure, the cough is irritating. About thirty minims will be sufficient in the first instance. 2nd.—When labour has commenced, do not interfere so long as the patient bears her pains well; if she be not teased with short, very severe and inefficient pains, chloroform need not be given; if, on the contrary, the severity of the first stage be such, the anguish of the patient so great, that pain is evidently a cause of prostration, chloroform may be given with great benefit. 3rd.—Always commence with a small dose, about thirty minims; if it agree with the patient no inconvenience is caused,

but she will generally complain that it is doing her no good; the quantity may then be increased, until on inhalation the exhibiter finds that she cannot take a full inspiration without cough. 4th.—In the second stage of labour, chloroform may be given when the head is approaching the perineum, or before then if the pains become intolerable; this may be known not merely by their greater intensity when the uterus is in action, but also by the restlessness of the patient in the intervals; she is watchful, dispirited, still crying, but in a more subdued tone, from pain and a feeling of soreness. 5th.—When the head arrives at the perineum, chloroform may be given in a fuller dose, if it have not already accumulated. The perineum yields more readily under its influence, and the severity of the pains is controlled without any loss of force. This rule applies especially to cases in which powerful forcing pains are acting against the perineum at the hazard of its laceration. 6th.—When operations are necessary, if they are not severe,—as, for instance, some forceps operations,—chloroform may be given in the same manner as in natural labour, but always after the instrument is applied; if severe, it may be given as in surgical operations, but not to the same extent. Hence an assistant is necessary who is conversant with the properties of this anæsthetic. It is obvious that the same person cannot operate and give simultaneously the full soporific dose of this agent. 7th—It should be applied to the mouth just before the pain commences, two or three full inspirations taken, and the moment the action of the uterus ceases it should be withdrawn; it should never be applied in the interval between the pains. 8th—When inhalation is continued in this interrupted manner for some time, if any alteration be observed in the countenance or manner of the patient,—if the face is flushed or bloated, or tinged with a slight lividity,—if she ramble or become hysterical, let it be withdrawn and the face of the patient fanned; wait until the pains return to their original severity before renewing the inhalation, when it is probable that these symptoms will not return. 9th.—In some instances the patient is very intolerant of her pains, and if given chloroform to relieve them, she becomes hysterical, crying, perhaps louder than before it was inhaled; in these cases it is better to induce sopor, which may be easily done without stertor. Whenever sopor is brought on, the closest attention should be given to the countenance,—observe the irritability of the eyelids,—to the respiration,—notice its frequency, and especially stertor,—to the pulse,—mark its strength. 10th.—There should be the freest circulation of air in the apartment, and if after delivery there should be any feeling of faintness or nausea, ammonia in effervescence will relieve it.

There are many other matters in this new edition of Cazeaux's Midwifery that we would like to notice, did our space permit. We must,

however, close here, and refer our readers to the work itself. Dr. Bullock deserves great credit for his excellent translation.

ART. XII.—*On the Diseases, Injuries, and Malformations of the Rectum and Anus, with remarks on Habitual Constipation.* By T. J. Ashton, Surgeon to the Blenheim Dispensary, Fellow of the Royal Medico-Chirurgical Society, Member of the Pathological Society of London, Corresponding Member of the Pathological Society of Montreal, Member of the Council of the Harveian Society, formerly House Surgeon to the University Coll[illegible] Hospital. Second edition, pp. 389. London: John Churchill, New Burlington Street. Montreal: B. Dawson.

In our third volume we noticed favourably the first edition of this, the best and most complete work that has yet appeared in the English language on the subject of which it treats. It affords us satisfaction to witness that a second edition has been so soon demanded, as it is proof that the profession of Great Britain have formed a favourable opinion of the value of the work. We are surprised that some of the enterprising publishers in the United States, have not made arrangements ere this for its republication. Books of far less merit have frequently been reprinted.

Among other chapters Mr. Ashton has one on habitual costiveness, a condition which is very common, and one that often continues in spite of the most judicious treatment. When present, it is the cause, by its sympathetic effects, of various disordered conditions, which render the life of the patient miserable. And these functional derangements are exceedingly apt, when they have existed for any time, to eventuate in serious organic diseases. Fæcal accumulations occur in persons of sedentary habits, or those of a lax fibre, and those who through laziness neglect to empty, at stated periods, bowels loaded with matters which nature intended should be voided daily from them. It is one of the things hard to be accounted for, that a man should willingly make himself a walking cloaca, a receptacle for the conservation of his own fæces. The treatment of habitual constipation resolves itself into a few simple rules. 1st. The patient must be induced to "solicit nature" at some certain hour every day, the morning after breakfast being the best time. 2nd. Medicines should be administered for the purpose of acting as laxative, and as tonics to the relaxed bowels. 3rd. Exercise performed regularly and within fatigue should on no account be neglected.

ART. XIII.—*The Physicians Visiting List, Diary and Book of Engagements for* 1858.—Philadelphia, Lindsay and Blakiston; Montreal B. Dawson; Quebec, Middleton and Dawson.

The publishers have met, as was to be expected, with success in the publication of this exceedingly useful book. They say: "It is still held in high estimation by the profession, a very gratifying fact, and one which enables them to renew again with much confidence, thanks to their many friends for the very flattering praise bestowed on it, not only by continuing to use it themselves, but by their high recommendations of its use to others." For the information of those who have not as yet used the Visiting List, we may state that it contains an Almanac Table of Signs; Poisons and their antidotes; Table for calculating the period of Utero gestation; Blank leaves for Visiting List—for memoranda, &c.,—for addresses of patients and others—for addresses of nurses their references, &c.,—accounts asked for—memoranda of wants—Obstetric engagements—Vaccination engagements—General memo anda, &c.

CLINICAL LECTURE.

Gleet and Gonorrhœa. By FREDERICK C. SKEY, Esq., F.R.S., F.R.C.S. Surgeon to St. Bartholomew's Hospital.

(*Medical Circular.*)

GENTLEMEN,—I am going to day to make some observations on "Gleet" a very familiar subject; and because it is so has shared the fate of almost everything familiar—contempt. Now, on the other hand, because it is very common, I think it is very important; most important especially for all young beginners to understand thoroughly. When I say gleet, I include also its "other brother," gonorrhœa. Gleet is a disease, as I see it in hospital and private practice, susceptible of very fair treatment and care, and susceptible of very erroneous treatment. Gleet is not an incurable thing, if you go the right way about it. A very common error is to push your remedies too much,—indeed, far beyond the line where they continue to be useful. I know no surgical disease so over-treated as gleet is; it is managed on what I explained to you recently, as a mis-application of the term "inflammation," and on old routine, the result of that error. Gleet has nothing to do with active inflammation. The term "congestion" of vessels comes nearer to my idea of the disease. I am perfectly satisfied that gleet is the result

of a passive state of the vessels, or congestion, with effusion, rather than the result of active inflammation; in fact there is a local remora, a want of tone; and the primary thing, depend upon it, in treating gleet or gonorrhœa is to get up this tone, to strengthen the centre of the circulation, and by no manner or means to depress this centre! All depletion, purging, antimony, &c., are calculated, I believe, to deteriorate the blood rather than to improve it, or improve the general tone of the constitution in any round-about manner. In hospitals I have no doubt at all on this point. Some very eminent men of the present day* are of opinion that the type of diseases has changed of late years, and that you cannot bleed at all now in cases where it was formerly the rule to do so: this is a very broad question, but it would lead me from the subject of "Gleet," to follow it further to-day.

What is gleet? Who shall define it, or its next-door neighbour, gonorrhœa? As I merely propose in these clinical lectures to throw out some hints—some materials for you to think about as you go through the wards,—I am abrupt on purpose. Gleet is derived from local as well as constitutional causes. Nothing is more common (if we revert to the history of the disease) than for a man after a certain lapsus with one of the other sex, to have gleety discharge; if we now add to this, as we ought, that he is dissipated and careless (as nine out of ten such men are)—if he drinks and smokes, and takes a great deal of exercise,—if he continues drinking, especially, and eating very little, and losing tone, nothing is more common, I say, than for this gleet to run on into gonorrhœa. Tell me where one begins and the other ends? You can't; I wish you could. You will say, as many young men going up to College do, that one (gleet) is a sero-purulent disease, the other (gonorrhœa) is a purulent disease. I don't believe, however, that they are two diseases at all, but one. (The effusion into the pleura in pleurisy is serous; tap it, and the next is sero-purulent: do you call it two diseases?) Cure the gleet and you'll have no gonorrhœa—cure the gonorrhœa and you'll have no gleet!

Now, as to the practical part of the matter—a few words as to treatment. We will take a typical case, with ardor urinæ, painful erection, and all the rest of it; nay, we will say there is slight fever, but I deny the stereotyped "inflammation of the mucous membrane of the urethra," &c. How is it to be treated? One surgeon gives calomel and jalap, cubebs and balsam *ad infinitum*, as we see the cases in St.

* See the remarkable and still unsettled controversy this year between Professor Bennett and Dr. Alison, of Edinburgh, on this point. But rash opinions of such "fallacies," without facts, can be of little use.

Bartholomew's, in the out-patients' department, literally in hundreds; calomel and jalap modulating the tune into the key of gamboge, black draught, jalap and balsam. Oh, that sorrowful black draught, "senna and what purgative drug"* to purge these humours out. Calomel, jalap, gamboge, black draught—there's a catalogue black indeed! I do not here draw at all on my fancy; ask the patients themselves—their lives are nearly drenched out of them, often by persons who are not medical men at all. Then, on the second day following the first visit to the chemist, or to his apprentice, the patient is ordered to come again, and he has more purgatives, a strong seidlitz powder, blue pill, &c., perhaps to get a full action of the bowels, already exhausted; he is usually ordered also cooling medicines. Then as to diet—I look upon it as perfectly monstrous. I hold it, that gleet if let alone for ten days will get well, especially if the man keeps up the tone of his system. Many of the patients with whom I have to do in the better walks of life have their pint of wine a day at dinner, their ordinary meat twice a day, at least, and perhaps a glass or two of ale, especially with their luncheon or supper. I am not quite sure that a glass of brandy and water is not often taken, involuntarily also to be sure, with that odious pipe of tobacco, out in the garden or up in the attic. We have these young men, sons of bankers, young barristers, rich shopkeepers' sons, &c., all living very well, but let any one of them contract a gleet—for I look on gleet as the essential disease, not gonorrhœa—then, forthwith, water gruel and water diet, with starvation, are added to the purgatives. The discharge continues, more profuse than before; at the end of three weeks, there it is still; at the end of six weeks, yes, there it is; but it is now changed—it is now less sero-purulent, and more purulent; two and three months elapse, there is the discharge. But now the patient is ordered turpentine, or balsam, or a half-drachm of cubebs, ter in die; or copaibæ guttae, xl., with injections of the sulphas zinci, gr. iv., in an ounce of water (a sort of caustic application); or it may be, all these are changed for sulphate of copper or sulphate of alum. Now this is what I meet with every week; it is the old plan of the new books, but I believe it to be very bad treatment indeed—about the worst that rational men could adopt. I would beg of each of you, as you are getting into practice, to act honestly to your patients, and avoid antiquated routine *in a new shape*.

Now, what is gleet? You perceive I repeat the question that we left only half answered. Well, my answer is that in gleet the exhalants of the urethra pour out an abnormal amount of fluid from a specific exciting cause, and we have—I wish you to remember the phrase—a dropsical condition, or dropsy of the urethra!

* Macbeth.

All that is written of the power of inoculating gonorrhœa or gleet comes to nothing, though books are filled with such things. What is gleet and its cure? that is the practical point—don't tell me of your gonorrheal inoculations as cures or gonorrheal chancres. Gleet, if let alone, will probably cure itself, but by the plan of treatment I have sketched, so much in favour with patients themselves, and with those men of the spermatorrhœa chemists' shops who delude the public, it will go on for four months or five months. I have known it to go on even longer than this—but see what you are doing, and what the scientific surgeon must avoid; you begin by destroying your patient's stamina—he is confined so many weeks to his room perhaps, if he is such a fool as to stop there—you administer purgatives, you wind up the clock, and set the liver in order, &c.; but the old purgative system is on its last legs depend upon it. How much has it to answer for?—it belonged to the school of Cullen; he it was that introduced it, but it is gone. If you had let this man with gleet alone, he would get well. Four or six grains of sulphate of zinc to an ounce of water, acting like a foreign body, has been injected into his urethra, at a time that copaibæ and cubebs have been passing out in his urine; he is weakened by purgatives. You attack him right, left, and centre with physic and you add irritation to irritation—is that the way to cure him?

I meet cases of gleet nine or ten weeks old, ay, in dozens! they come to me with a long story of all they have been doing—purgatives, balsam, mixtures, nitrate of silver injections, &c.; now I have used all sorts of things myself, led by the old routine. I have given as much as six or eight grains of the zinc to an ounce of water, but I found that I failed by my very eagerness to effect a cure, you will cure the patient to day, so to say, but he will come back as bad as ever in a day or two again. If you use an injection of six or eight grains, as I have just specified, the vessels suddenly contract; but so sure have you "reaction" and all your old troubles back again.

This "law of reaction" is no new thing in surgery—take two boys with warts on their fingers, and some of these warts are not much different, in microscopic structure, from other warty and some cancer growths. One boy has his wart scientifically excised, or rubbed with nitrate of silver, it is gone, but in a few days it comes back again, and is almost rendered perpetual by this process of pruning and nitrate of silver stimulants. The other boy cuts off his wart, and applies a mild milky juice of a plant celebrated for these cures; I cannot give you the botanical name of the plant, some of our learned Thebans doubtless can. Well! what is the result, the milky juice cures the wart entirely and effectually. The nitrate of silver encourages it to grow! I believe that in one case the

mild efficient action of the milky juice, "papaveraceæ," or dandelionaceæ, or whatever "aceæ" you please, gradually obliterates the little vessels of the part (we know lactic acid will obliterate larger vessels). Nature works with very simple agents sometimes. In one case, I say, the mild but efficient action of the milky vegetable juice blocks up and obliterates the vessels; in the other case, the vessels recoil,—say as the *iris* shuts out the stimulus of too much light, or the glottis expels foreign bodies, so it is in our stimuli applied to the delicate membrane of the urethra. Our strong injections, ℈j sulph. zinci to ℥viij of water do mischief.

The most effectual remedy for this class of cases, gleet, gonorrhœa, &c., that I know is half a grain of sulphate of zinc to an ounce of rose water. There is no "recoil" of the smaller vessels no discomfort to the patient, he must be desired to use it five times a-day, but above everything else, keep up his system by tonics, and banish purgatives, antimony, &c.

Order your patient an eight ounce lotion of this kind, containing four grains of the sulphate, no more, and let him have, internally, the tinctura ferri or ferrocitrate of quinine, *ad libitum*—do not alter his diet, except it happen to be egregiously faulty in some way; or you may give five drops of the balsam copaibæ, but do not give it in large doses—the larger the dose the more mischief it does. *Gleet or gonorrhœa* is not a trifling disease, remember either of them may leave a stricture, and a stricture may lead sooner or later to the utmost misery, if not death, of your patient.

If you would "build up" power, you would cure gleet or *gonorrhœa* in half the time usually wasted in making it worse, that is my chief position—strengthen the centre of the circulation. I will give you a case. A young man, a farmer from Wiltshire, a highly respectable man, came up to town to a cattle show, and contracted a gonorrhœa; he was "unfaithful to his wife without being aware of it," as some one says in a play of Wycherley's or Beaumont and Fletcher's. This, in a word, was the history that one could extract from him.

He appeared quite sheepish and puzzled about it, but half suspected he had gone where he ought not. He was most excited and anxious to get well, he would not for the world the doctor or his wife in Wiltshire got a hint of it—well, I cured him in two days. If I had gone the old way about it, he would still have had it at the end of two months, with what amount of family feuds I shall not strive to imagine. Here's another case:—A young gentleman going to be married, got overtaken by the ceremony being required to be done sooner than he expected. I need not go into particulars, but he called on me with a rattling gonorrhœa one morning, and he was to be married that day in the ensuing week!

what was to be done? He had gone through a pilgrimage of the old routine remedies, I gave him twelve grains ferrocitrate of quinine ter in die, and told him all would be right, but to use the mild injection most religiously. He got perfectly well in a week, and the nuptial knot was tied—this was before the passing of the "divorce bill," but, if he had not changed his old routine treatment he certainly could not have got married.

In conclusion, I would say, avoid depletion and purgatives,—don't interfere with your patient's wine or beer; as for the *primæ viæ* and all that sort of thing, for God's sake leave the liver alone, and trust with confidence to tonics and mild injections!

THERAPEUTICAL RECORD.

The Devil Plaster.—Much used by an old surgeon of Morello and his sons, for the cure of wounds without loss of substance, the composition of which they kept secret, is now published to the world by M. Escorihuela. He obtained the secret from one of the heirs. It is as follows: Black pitch and dry rosin, aa. 180 gram.; powdered earth worms, 30; crude alum, 4; essential oil of turpentine, 98; mixed well. Several cases of severe wounds are reported cicatrized without suppuration by this plaster after 17 or more days. Even fractures and tumours were treated with success by it.

Diseases of the Skin treated by Borax and Sulphur.—C. Ballu recommends highly the following prescription: Balsamic lard, 400 grmm.; oil of sweet almonds, 24; spermaceti, 32; borax, 50; sulphur, 20; essence of citron, 10 drops. M. Good for Eczema, Prurigo, &c.

Lilac leaves as a Febrifuge.—M. Macario having been induced to try these in intermittent fever, owing to a popular reputation they had acquired in Flanders, found that of twenty cases, thirteen were entirely successful, and seven failed. In some of the former, quinine or arsenic had failed. A decoction of the leaves was administered fasting, during five or six days in succession.—*Rev. Méd., and Peninsular Jour. of Med.*

Sesquichloride of Iron in Hemorrhages.—Dr. Herzfelder quite confirms the good accounts of this given by the French practitioners, as a most valuable agent in various kinds of internal hemorrhage, and far superior to ice, alum, tannin, etc. He dissolves a scruple in 4 ounces of water, and gives a spoonful every quarter or half hour. Dr. Raith confirming this account, and especially as regards uterine hemorrhages, prefers the tinct. ferri sesquichl., as the watery solution is very nauseous.—*Buckner's Report and Nashville Jour. of Med. and Surg.*

Eggs for burns.—The white of an egg has proved of late the most efficacious remedy for burns. Seven or eight successive applications of this substance soothe the pain and effectually exclude the burning parts from the air. This simple remedy seems to us far preferable to collodion, or even cotton.

Chloroform liniment in burns.—M. Bargiacchi states that he has found the extreme suffering produced in bad burns completely relieved by means of a liniment composed of chloroform and cod-liver oil.

Lime in the eye.—If quicklime gets into the eye, so as to darken the cornea by the lime penetrating the coating itself, the best remedy is water saturated with sugar.

Eczema of the nares.—In pruriginous eczema of the nares, M. Trosseau employs with great advantage subnitrate of bismuth mixed up with mucilage of quince seeds into a pap-like consistency.—*Journal de Chimie Méd.*

Glycerine caustic in lupus.—Professor Hebra, of Vienna, employs the following formula: Iodine, 4; iodide of potassium, 4; and glycerine, 8 parts. It is applied on alternate days by means of a pencil. It causes pain for more than two hours, but it possesses the advantage of curing the lupus without giving rise to deforming cicatrices.

PERISCOPE.

Removal of the Toe Nail.—"Of the minor operations of surgery, few, if any, are more repulsive to the patient, as well as the Surgeon, than the old fashioned plan of *digging* an eyeball from its socket, or the varied proceedings adopted for removing an offensive toe nail. To my colleague, Mr Critchett, the Profession is indebted for the substitution of a comparatively unobjectionable operation—as far as the operator is concerned—for the former exigency; one as free from difficulties as from repulsiveness, and as satisfactory to the patient as any operation can be, which has for its object the removal of a useless and tormenting organ.

What can be more horrifying to a man endowed with common sympathy, than to see a nail dragged upwards to its roots? The agony inflicted, the violence to the subjacent structures, the hæmorrhage, and subsequent suffering, all demand some more tolerable procedure. Hence, some have proposed amputation even, rather than practise the ordinary operation, or have dissected away the ungual matrix, or removed the nail by caustic; and in a case of incurved toe-nail, I have witnessed the summary proceeding of cutting away the offending nail with a portion of the soft parts from the end of the toe, at once an effective and comparatively painless course. In cases in which the nail has become detached at the matrix, it is well known that when necessary it may easily be tilted forwards, producing comparatively little suffering, laceration or bleeding, and no glandular sympathy. For some years I have endeavoured to imitate this proceeding in the evulsion of the nail, on account of intractable ulcers or in-growing margin, by the following method:—If only part of the nail required to be removed, as for incurvation, I have divided it by

the point of a knife, and carefully passing one blade of a strong pair of dressing forceps under the nail, to the extent of one-third to one-half of an inch, and then firmly grasping it with the forceps, I have succeeded in dislodging it easily by a sudden jerk forwards and upwards.

Some years ago, the Senior Dispenser at the London Hospital consulted me on account of incurved great toe-nail. He had for some time cut away the margin of the nail till a fungus arose. He then allowed the nail to grow, and thinned it by scraping, so as to allow of its edge being raised by small compresses. This he found so painful that he was obliged to abandon the plan. I advised the hardening of the cuticle, by applying nitrate of silver, and allowing it to dry. This relieved him for some time; but the nail continuing to grow, buried itself in the soft parts at the extremity of the toe, and produced such pain, that I recommended him to have it removed. While under the influence of chloroform, I took away the piece in the mode above detailed. No irritation followed, and in a few days he resumed his active duties in the Dispensary. I believe he has had no further trouble from it.

For the purpose of removing the entire nail, I have had a pair of forceps made by Messrs. Weiss, resembling a strong tooth forceps in general outline, but the jaws slightly curved and roughened; the lower sharp at the point, and nail-shaped, concave-convex; the upper concave, to enable them accurately to seize a nail. By means of them I have succeeded in taking away nails without much difficulty. It is necessary to use considerable force, and unless the forceps are carefully made, they easily slip. In several instances the patients have been enabled to walk about within a day or two of the operation. One walked home from the Hospital, a distance of half a mile, immediately he recovered from the effects of the chloroform.

Some years ago I was consulted by a pupil of Dr. Jackson of Barnsley, on account of in-growing great toe-nail, which was causing very great inconvenience, and had resisted the usual treatment. I advised the evulsion of the nail, and an instrument was extemporised for the occasion by a smith in the town; a common pair of bell-hanger's pliers was adapted to the purpose by beating out the jaws to a sharp edge, so as to enable it to be passed under the nail. The patient was placed under the influence of chloroform, and the nail removed as easily as the imperfection of the forceps permitted, for, in the absence of teeth, the instrument slipped once or twice. Little inconvenience resulted from the injury inflicted, and he made a rapid recovery. On one occasion I operated on a patient without the anæsthetic, as he was unwilling to take chloroform; the man said that the pain was not so severe as to induce him on another occasion to shrink from his determination, and was far less than he had been led to expect.

In the majority of the cases of inverted margin, which have fallen to my care, I have lately adopted the plan of complete evulsion, and found the recovery more rapid, and with less tendency to relapse, than when only part of the nail had been removed: for under the latter circumstances, the parts often granulate above the surface, and produce the original fungus anew. But by removing the whole nail, no unequal support occurs; the nail is reproduced on a better type, and the raw surface can be hardened by nitrate of silver to form quite an artificial nail, and enable the patient to walk without inconvenience."—*Medical Circular.*

On Fatty degenerations with Phthisis.—The 'Lancet' gives the following extract:—"'It must not be thought,' observed the late Mr. Barlow, 'that this question of the complication of phthisis by degeneration has no practical interest. The fatty heart, when once produced, is a grave addition to a complaint not needing it, and may lead even to sudden death. Not long ago, I examined a man far advanced in consumption, who, having a severely degenerated heart, turned suddenly pale, and fell dead upon the floor. There was no act of dying; he was instantly dead. M. Louis, in his great work on Phthisis, has a chapter on 'cases of unexpected death, which are not explicable by the condition of the organs,' and describes the case of a woman who died suddenly to the great surprise of the occupants of the neighbouring beds.' 'The heart was somewhat soft' and there is no great boldness in conjecturing that it had undergone fatty conversion. M. Louis remarks—'No doubt, in this case, the amount of disease in the lungs was considerable; but a fair portion of those organs was still permeable to the air and respiration performed with regularity a few minutes before death. Between that time and the moment at which life suddenly ceased, no change, at least of an appreciable kind, appears to have been effected in those organs. How, then, can we explain the unexpected death? It is justifiable to compare the viscera with the locomotive muscles, and admit that under certain circumstances they become suddenly incapable of performing their functions, from a kind of fatigue?'

The following observations of Dr. Christison may appositely succeed to the question propounded by Louis:—'Diseases of the heart often exist for a long time without a single symptom to attract the attention of the patient or his friends, and often prove instantly fatal without a single precursory warning. Nothing can exceed the irregularity of the circumstances in which such diseases prove fatal. Not only may one man sustain, without inconvenience, an amount of organic injury which cuts short the life of another; not only may one suffer long and cruelly from the same affection in kind as well as degree which kills another without a moment's

previous suffering; but, likewise, one person may die of a limited extent, or degree of a disorder, which in another reaches an extraordinary height without giving a single indication of its presence. It is almost unnecessary to illustrate, by examples, statements so familiar to all practitioners: A case is related by Dr Semple of a medical man who died at the age of seventy-one, and in whom there existed valvular murmur with fatty degeneration of the heart. The author observes:—'The muscular fibres of the heart, which exhibited no morbid appearances to the naked eye, were examined by the microscope separately by myself, and by two practised microscopical observers. We all concurred in discovering fatty degeneration of the heart—numerous minute oil-globules being detected in the muscular tissue, and the transverse striæ of the fibres being in many cases obliterated, and their place being filled by oil-globules. In this case,' continues Dr Semple, 'there can be no doubt that very serious disease of the heart existed, and had, probably existed for a long period before death. Yet it is a curious circumstance that although fatty degeneration was naturally suspected, no symptom which could be referred to that lesion was ever detected during life, nor could it be said that death was accelerated by that circumstance (?) We are naturally led to ask whether, although the microscopic appearances of fatty degeneration are well-marked, and now well known, it is after all a matter of great pathological importance? When persons have died suddenly, and no obvious cause of death has been discovered, the microscopical evidence of fatty degeneration has often been adduced to account for the catastrophe; but I doubt very much whether death is due to this cause. I apprehend that the examination of many persons who have died of other than cardiac disease would prove the existence of fatty degeneration of that organ; while, on the other hand, no trace of such a lesion can be discovered in many cases of sudden death. The existence of fatty degeneration of muscles, consisting in the development of minute oil-globules in their fibrillæ, is, no doubt, one of the most interesting discoveries of modern days; but the connexion of this degeneration with the functions of the heart and the symptoms which indicate it during life, are subjects which require careful investigation.'

In writing of the 'fatty heart,' Hasse observes: 'This morbid state, so far from being local, as some pathologists believe, is the result of various affections in other organs: and though not manifested by any specific local symptoms, its presence may nevertheless be inferred with tolerable certainty from collective symptoms referable to other parts of the body. Thus, in functional disturbance of the larger organs of secretion, and especially those engaged in the elaboration of venous blood, we meet with fatty encumbrance of the heart in its second stage; the abnormal condi-

tion being then conjoined with other changes, all dependent, more or less directly, upon hepatic or pulmonary disease, or, at any rate, indicative of venous plethora. In thirteen cases of fatty degeneration of the muscular substance in its second stage, I found, upon cadaveric inspection, the liver invariably diseased—being six times in the granular and thrice in the fatty state. In seven cases there was deposition, more or less considerable, of blackened masses (cicatrized tubercular cavities); and in four, actual tubercles in the lungs; in eight cases, hæmorrhoidal and vesical phlebectatis: in three, varicose veins of the leg.'

To return, however, to the co-existence of the arcus senilis with phthisis; and in doing so I shall again quote from the work of Mr. Barlow,—a work replete with valuable information, well stored with facts, and highly suggestive on the subject of fatty degeneration:—'That phthisis should lead to fatty degeneration of the heart can give no surprise; it runs often a slow and tedious course, while the emaciation which shows the skeleton in outline is but too common. The observations of Louis on the softening of the tissues in cases of this affection must be well considered in reference to fatty degeneration. What he says of the fatty liver, the softened brain, the atheromatous aorta, and the condition of the heart, is of great interest; but the observations should be repeated with all the help the microscope can furnish..... It would be very important to examine carefully the softened brains which occasionally occur in phthisical patients, with the view of detecting fatty degeneration of the small blood-vessels. The other day I visited a man, aged forty, who was dying of consumption; he had an arcus senilis and hemiplegia. His body was not examined, and it remains uncertain whether his paralysis were due to the presence of tubercle, or fatty degeneration, or some other cause.'"

Case of Rheumatic Paralysis.—The patient was a man, E. S., aged thirty-two, married, living at Wellingborough, in a somewhat damp house, but in a very healthy situation. He was by trade a shoemaker, and up to January 1856, had always, with slight intermissions, enjoyed good health. On the 16th of that month, he was attacked with severe pain in the bowels, which were tender and constipated; but he was soon relieved by purgatives, combined with calomel and opium.

On February 3rd, he began to complain of acute pain in the left shoulder and elbow-joints, accompanied by heat, thirst, and restlessness. On the second day, the pain extended to the left arm, then to both hands and wrist-joints, which were slightly swollen. In about a week or ten days the severity of the symptoms had in some degree ceased, but then, the pain was felt extending down the back to the hips, knees, and ankles. Again, the febrile symptoms were renewed; the tongue became furred,

the pulse quick, the urine scanty, and with bright red deposit, the breathing rapid and jerking; and he had occasional delirium. This state continued for six weeks. The treatment consisted of antimony, opium, and small doses of calomel; afterwards, when the lower limbs became affected, colchicum with bicarbonate of potash was added to the other remedies with marked benefit. The febrile symptoms gradually subsided but unfortunately left the patient weak and incapable of the slightest movement. Paralysis seemed complete in all the voluntary muscles; but the patient retained his power over the rectum and bladder. Week after week now passed with no amendment; blisters and other irritants were applied to the spine; the patient took quinine, ammonia, iron, iodide of potassium, and zinc, in succession, and had the continued daily use of electro-galvanism up to June 21st. At this time, he had only so far recovered as to be able to move his neck freely, the right arm stiffly, and in some degree the fingers of the right hand. At this date, he was carefully conveyed to the Northampton Infirmary, and there most assiduously attended by Dr. Webster (who took a great interest in the case) for four months, but returned with his paralytic symptoms unalleviated.

At the present time (May 21st, 1857), more than fifteen months from the commencement of the attack, his health is good; he eats and drinks well; indeed, he gets fat and looks cheerful; he can move his head in all directions; he has the power when in bed of rolling from the left side on to his back, which is a great relief; he can move the right arm, but the hand is drawn back and incapable of much flexion; with difficulty he can grasp a fork, but is unable to feed himself. The left arm lies by his side useless; nor can the hand be flexed or brought up to the head. The right leg he can move freely when lying on the left side, but cannot draw it upwards. The left leg is useless. There is no swelling in any of the joints. He has no difficulty in passing either urine or fæces; the former is of healthy character and sufficient quantity. The bowels are generally moved once a day.

He has never had any loss of feeling; and has rather an exquisite sensitiveness to the least touch throughout the whole body.

Remarks.—There is no novelty in rheumatic paralysis; and the present case was introduced to the attention of the meeting for the purpose of inviting discussion as to the nature and causes of paralysis in rheumatic fever. It was also desired to educe the practical experience of those members who had met with cases similar to that of my unfortunate patient; and to ascertain if any plan of treatment had been devised for alleviating so great a calamity. It was suggested that a general long continued use of the iodide of potassium was an important, and frequently a successful remedy; as was also the frequent application of blisters to

the spine, combined with attention to the state of the health generally. These remedies, as well as others mentioned above, had been fairly tried, and, I am sorry to say, had utterly failed.—*Idem.*

On the Treatment of Internal Hæmorrhoids.—Mr. Hamilton.—In France some surgeons prefer to destroy the hæmorrhoids by caustics, and different instruments are used by them for the purpose. M. Le Dr. Alphonse Amussat effects the application of the caustic of Filhos to the root of the hæmorrhoid by a very ingenious forceps, the invention of his father, or one with a modification of his own.

The transverse arms of the branches of the forceps, which seize the pile at its base, have grooves in them that hold the caustic, which previously to the application is covered by a slide. When the pile is firmly compressed by the forceps and kept so by it, the slides are rotated back, and the uncovered caustic comes in contact with the sides of the base of the tumour. The application is continued from two to four minutes, and during this time constant irrigation of the part with cold water is kept up by an assistant, and is continued afterwards, to wash away any of the particles of caustic that might remain; or this is more effectually accomplished by acidulating the water with a little vinegar. To those, however, who do not posses this ingeniously contrived forceps, a simple mode of proceeding is recommended, viz, to seize the hæmorrhoidal tumour with the ordinary dressing or dissecting forceps, and cauterize it directly by applying to its centre a stick of Filhos's caustic pointed, and giving it a rotatory movement to penetrate the hæmorrhoid, so as to destroy it both centrally and laterally. The neighbouring parts should be protected with spatulæ, and the whole washed with acidulated water after the operation.

If you apply the caustic directly, you need not trouble yourselves to make Filhos's caustic, or the Vienna paste, as a stick of the common caustic potash is quite as good. A very simple but ingenious means for its safe application is this instrument, invented by M. Jobert de Lamballe.

This method of destroying prolapsing or bleeding hæmorrhoids by destructive caustics, ought to be safe and effectual. I have had little experience of it, but M. Amussat brings strong evidence in its favour.

A liquid caustic, which destroys much more superficially, the nitric acid, is a great favourite with many surgeons in Dublin, and some in London. Mr. Cusack was, I believe, the first to use it; but the late Mr. Houston has the merit of having called particular attention to it by the publication of a number of favorable cases in the 'Dublin Medical Journal.' Though successful in many instances, and even in very severe ones, yet I do not place much reliance on it in the majority of cases of aggravated internal hæmorrhoids, the relief being often only temporary, and when

much is attempted by a very free application of the strong acid, the effects are by no means so trifling as have been generally described—considerable inflammation of the lower end of the rectum and anus with œdematous swelling around the latter—hæmorrhage, from the acid causing a slough over a vein or artery—and severe pain, for many days after the application, of the surface burnt by the acid. The last effect was very troublesome in a case I saw with Dr Brady, of Harcourt street; the operation was effectual in a very aggravated case of prolapsing and bleeding piles, but the sufferings of the patient, from the raw surface left after the separation of some superficial sloughs, were extremely severe; from this raw surface also there may be more or less hæmorrhage.

The case is then given, and Mr HAMILTON goes on to say:

A Roman Catholic clergyman, aged about fifty, suffers from internal hæmorrhoids, which come down at stool, and occasionally bleed; but what most inconveniences him is, that there is some prolapsus when he walks.

I found the anus lax, and a small red granular pile, like an elongated raspberry, projecting out through the anus; besides this, he says that after having walked some time, one from higher up, and of a dark colour, like a grape, comes down too.

He has laboured under the complaint for fifteen years, and been cured twice, for a time, by the application of nitric acid. The acid had been applied by a most experienced and excellent surgeon, and yet the effect had only been temporary.

But where the prolapsus and bleeding hæmorrhoids are small, the nitric acid is a very safe and effectual remedy. There is a glass brush recommended for applying the acid. But you will find the common mode of application as good as any. A flat piece of wood, the size of a spatula, but a little narrower at the end, is to be wet with the strong acid and applied decidedly over the pile till its surface becomes greyish-white; a little oil is afterwards smeared over the part to prevent any free acid affecting the neighbouring parts. The chief things to be attended to are, not to take up too much acid with the stick, lest it drop over other parts, and secondly to apply it effectually. Some inflammation, heat, and throbbing follow the application, and after the second day, there is often blood in the stools. This, in favourable cases, gradually disappears as the ulcer formed by the acid heals, and the inflammation having consolidated the walls of the rectum, the internal piles cease to come down.

Now, let me remind you, that all these cauterizing agents have been proposed as safer modes of curing prolapsing and bleeding piles, than the two older operations of excision and the ligature. That they are safer than excision there can be little doubt; indeed, I wonder any one can be

found bold enough to cut off internal piles, when we have the evidence of so many lives sacrificed by it. Dupuytren, an advocate for excision, was yet so aware of the danger of hæmorrhage, that he always left an assistant at the bed-side, to apply the actual cautery to the bleeding vessel in case it came on—rather a terrible addition to any operation. Sir A. Cooper lost some patients by this operation, and abandoned it in consequence.

Sir P. Crampton mentioned to me that early in life he had nearly lost a lady from hæmorrhage, after excision. As he could not get at the bleeding vessel to tie it, he had to keep his finger, and after he was tired, that of an assistant, on the vessel, up the anus, for several hours.

The following case conveys a good warning of the extreme danger of this operation: I was asked to see, in all haste, a man who was bleeding after having been operated on for piles by excision. He had suffered for a long time from internal piles which came down at stool and bled freely. One of these piles had been cut off an hour before, and as the young man who was staying with him observed him to pass large quantities of blood in the *pot de chambre*, and to be getting very weak, he became alarmed, and the gentleman who had operated not being procurable, he had sent for me. I found the man blanched, and so weak that when I told him to get on the pot, and strain, he was barely able to do so. He passed about half a pint of nearly pure blood, partly clots, and partly fluid; the bowels did not come down, therefore the vessel from which all this blood was coming was not visible. I introduced a gorget to enable me to find it, when it appeared high up above the internal sphincter, and was pouring out red blood per saltum forcibly, running up into the bowel, and out at the anus. This view was obtained with great difficulty, from his unsteadiness and being inclined to fall forwards from weakness, and the rapid flow of blood obscuring everything; indeed I never saw more furious bleeding from so small a source, and I am sure in another quarter of an hour, he would have been dead. I took up the vessel with a tenaculum, and luckily the looseness of the parts allowed it to be dragged down, so that a ligature could be properly applied to it. The hæmorrhage was stopped, and with the exception of palpitation of the heart, he got well without any symptoms.—*Dublin Hospital Gazette.*

Observations on Peruvian Bark.—By T. R. Spence, M. D., practical Pharmaceutist.—The great value, and superiority, of the salts of Quinia, in the treatment of acute diseases of malarious origin, has tended to withdraw attention somewhat, from the pharmaceutical preparations of Cinchona which represent the several active principles it contains, in their natural state of combination.

When the desired impression is immediate and energetic, as in the interruption of the paroxysms of intermittent fever, quinine is undoubtedly superior to all other forms whatever; but where the object is to prevent the recurrence of fever, or, in the treatment of neuralgia, anemia, or general debility, there are often good reasons for giving preference to some of the preparations alluded to above, and this will be particularly the case, where long continuance of the medicine is desirable, as the functions of the stomach and bowels are in general less deranged than in a similar use of the alkaloid.

The nomenclature of the varieties of Cinchona is governed chiefly by the color, and the name of the district where originally obtained. No classification based on scientific principles, has yet succeeded, although various attempts have been made to accomplish that end.

There are three principal kinds, thus distinguished in commerce and recognised by the Pharmacopœia. The yellow, or calisaya, the red, and the pale, or loxa. There are also the Carthagena barks, derived from the more northern ports, of inferior value, but which are sold extensively for the other varieties.

The true calisaya yellow, is produced principally in the Bolivian district of La Paz, and exported usually from the port of Arica, Peru. It occurs in quills and flat pieces of variable size, and has a distinct and characteristic appearance. Quinia exists in greater, and Cinchonia in less proportion, than in any other bark, and with these are associated the other active constituents, quinoidine, cinchonia red, kinic, and tannic acids.

As there can be little doubt, that the salts of quinine are more efficient than those of cinchonine, there is, I think, good reason to believe that this is the best variety that can be obtained. As it is used extensively in the manufacture of quinine, it is in demand for that purpose, and extreme care consequently is requisite in purchasing, or a fictitious article may be secured.

The true red bark is imported in chests from Guayaquil and Lima, and also appears in quills and flat pieces, though usually of less size than the former. It is particularly distinguished by its deep red color, either whole or in powder. Considerable quantities of quinia and cinchonia are found to exist with other principles, and it is a valuable variety, especially for the general purposes of a tonic.

The pale, or loxa, is or was exported from Loxa and Lima, and is supposed to be the first introduced into Europe, there known as crown bark. There is no doubt this was a very superior article, quite equal at least to any since known, and selected with great care for the Spanish market. No reliance, however, can now be placed on the pale bark of

commerce, being very cheap, and generally inert and worthless. It is sold to a great extent for the yellow, which can only be obtained from commercial sources by adding the term calisaya to it.

From considerable observation, I am convinced that a large proportion of the bark used consists of this, and other fictitious varieties, often honestly supposed to be genuine, and it is not surprising that confidence has been lost in preparations made from such material.

The officinal forms of Cinchona in general use, are the infusion, decoction, tincture, and compound tincture (Huxham).

The tincture represents three ounces of bark to one pint, and is a useful addition to other mixtures, but from the entire absence of aromatics, is not so pleasantly administered alone.

The compound tincture has a little more than one and a half ounces to a pint, with the addition of orange peel, Virginia snake root, red saunders, and saffron. It is a valuable preparation, having a wide range of application, and is particularly adapted to low and typhoid states of the system.

There have been several proposed ferrated tinctures of bark; the following from Parrish's Practical Pharmacy, constitutes one of the most eligible:

	" *Tinct.*	*Cinchon.*	*Ferrat.*
R.	Tinct. Cinch.	comp.	four ounces,
	Ferri Citratis,		one drachm,
	Acidi Citrici,		fifteen grains.

Triturate the citric acid and citrate of iron together, and dissolve in the tincture of cinchona.

The dose is a teaspoonful, containing two grains of citrate of iron."

Considerable attention of late has been given by pharmaceutists, to the fluid extract of bark and several formulas have been published. I propose the following process, which produces an elegant and efficient preparation.

Fluid Extract of Cinchona.

Take Calisaya Bark, coarsely powdered,—four lbs. avoird.

Dilute Alcohol,—eight pints.

Macerate the bark with a portion of the alcohol, in a closed vessel, kept in a hot water bath for 24 hours. Transfer to a displacing apparatus, pour on the remainder of the menstruum and pass it slowly through twice. Continue the displacement, with dilute alcohol, until completely exhausted, and remove the first quantity (eight pints), when recovered. Evaporate this, by means of a water-bath, to six pints, and the second quantity, in like manner, to four pints, and add together. Allow it to remain quiet for about two days—decant and filter, and dissolve in it.

Refined Sugar—four lbs. avoird.

Collect the precipitate of cinchona red, and resinous matter, and dissolve it in.

Alcohol—one pint—

which is to be added to the extract gradually, with agitation. I recover the alcohol used by distillation, which is an important consideration, in an economical point of view, though not at all essential to the process.

It will be readily seen, that the first portion of the tincture must be exceedingly rich, in the soluble principles of the bark, and that the slight amount of heat required in the evaporation, cannot deteriorate it in the least.

The tincture which follows, secures the complete exhaustion, and containing much less of the extractive matter, can be evaporated more safely.

The precipitate of cinchona red, and resinous matter, which is discarded in most formulas, or only partially incorporated, is of particular importance; and the presence of the small amount of alcohol renders less sugar necessary for preservation than would otherwise be the case.

Each fluid-ounce will represent one half an ounce of the crude material (which is the proportion recognised in most of the formulas I have seen); medium dose, one drachm.

The fluid extract is advantageously used, also, in the preparation of the infusions, decoctions,—and in addition to other mixtures.

The following articles I have manufactured for some time, and they have met with favorable reception from many:—

Tincture of Calisaya—Aromatic.

R. Calisaya Bark, coarsely powdered,—1 lb avoird.
Ceylon Cinnamon, " "
Cardamom Seeds, " "
Jamaica Ginger, " " of each 1½ drachms.
Purest Deodorized Spirits—five pints.
Macerate and displace, and add—
Sherry wine—two pints.
Tincture Angelica—one fluid drachm.
Simple Syrup—one pint.

Allow it to stand a few days, decant and filter.

Dose—one half to one table spoonful.

This is an efficient preparation, and pleasantly taken.

Wine of Peruvian Bark.

R. True Red, or Calisaya Bark, well bruised,—six oz.
Sherry Wine—four pints.

Macerate, displace, and after standing a few days, decant and filter.

Dose—one half to one wine-glassful.

It may be sweetened to suit the taste, when taken. This was intended as a substitute for the wine and bark so frequently used, and possesses the advantages of elegant appearance, with equal and determinate strength.

164 Woodward Ave, Detroit.—*American Druggists Gazette.*

Non Congenital Talipes Valgus.—TREATMENT. The complete and permanent cure of congenital valgus can only be accomplished by a combination of the same general principles of treatment, including the operative, mechanical and physiological means, which I have described as necessary to the successful treatment of congenital varus and other deformities. I have already stated that the tendons requiring division in valgus vary very much according to the severity of the case. In slight cases, division of the peronei and extensor longus tendons may be sufficient; but the tendo-Achillis frequently requires division; and in severe cases it will also be necessary to divide the tendons of the tibialis anticus and extensor pollicis muscles. In the latter class of cases, and in some of less severity, it is advisable to divide the treatment into two stages, as in varus; the object of the first stage being to overcome the eversion, transverse rotation, and bending upwards of the anterior portion of the foot—to bring the foot on a straight line with the legs and, when contraction of the tendo-Achillis exists, to convert the valgus into simple equinus;—and the object of the second stage being to obtain the natural extent of flexion at the ankle-joint, when this is limited by contraction of the tendo-Achillis.

Mode of performing these operations.—I have previously mentioned that at the Orthopædic Hospital we devide all tendons from below upwards, cutting towards the skin. The tendons of the extensor longus and other extensor muscles, which, it must be remembered, are the direct flexors of the tarsus upon the leg, should be divided as they cross in front of the ankle-joint, where they are usually prominent and tense, when requiring division. To divide the extensor longus and peroneus tertius, the puncture should be made close to the inner border of the extensor longus tendon, and the sharp-pointed teno-tome passed behind the tendons. When all the anterior tendons require division, this is also the best position for the puncture; because, after dividing the extensor longus, the knife can be re-entered from the same puncture passed beneath the extensor pollicis and anterior tibial tendons, without any risk of wounding the anterior tibial artery, if the point of the knife be kept close to the tendons.

Immediately after dividing the tendons, a pledget of lint should be applied, and held in position by a strip of adhesive plaster. The foot should then be bandaged to a splint placed in front of the leg and foot, and a little bent at the ankle-joint. It should be left quietly in this position till the third or fourth day, when the lint and plaster may be removed, the foot bandaged, and whatever apparatus it may be thought advisable to make use of applied.

Mechanical Treatment.—There are three forms of apparatus which you will find useful in the mechanical treatment of congenital valgus, either as adapted to cases of different degrees of severity, or to the different stages of treatment, where it is thought necessary that this should be divided into two stages, as above explained.

1. In the slight cases in which there is no contraction of the tendo-Achillis, or in which this tendon is but slightly contracted, so that it may be divided at the same time as the tendons in front of the ankle-joint, the ordinary *Scarpa's shoe*, with two cog-wheels at the ankle-joint, may be used; or rather I would recommend you the modification of the *Scarpa's shoe* in which Langard's arrangement of the cog-wheels is adopted, viz, placing the cog-wheel which alters the plane of the sole of the foot behind the ankle-joint, instead of at the side. The advantages of this arrangement, which I have already adverted to when speaking of varus, are very great, and I now employ it in all cases where it is necessary to have a double action. In valgus this arrangement is particularly useful, as it enables you to overcome the rotation of the anterior portion of the foot from the transverse tarsal joint.

If the *Scarpa's shoe* be employed, it is only necessary to remark that the horizontal side-spring must be on the inner side instead of the outer, as in varus.

A *Scarpa's shoe* made for the right foot in varus answers very well for the left foot in a case of valgus. A leather pad must be attached to the side-spring, so as to correspond to the normal position of the arch of the foot which it is intended to support, or rather to form, by acting as a fulcrum in this situation while the metatarsal bones are being drawn downwards and inwards by the toe-strap attached to the side-spring.

In cases in which it is thought desirable to divide the treatment into two stages, the Scarpa's shoe is the best apparatus you can employ in the second stage, viz, that of curing the equinus.

2. In severe cases, in which the tendo-Achillis is either elongated, so that the deformity may by some be regarded as calcaneo-valgus; or in the opposite condition, in which this tendon is so much contracted that it is necessary to divide the treatment into two stages, I recommend you to employ a straight splint, made of thin iron, and well padded, applied to

the inner side of the leg, with a spring connected with its lower extremity, and passing along the inner border of the foot; a pad is connected with this spring, opposite to the navicular bone, and projects inwards and upwards in the normal direction of the arch of the foot; this forms a fulcrum, over which the foot is made to bend in a curved direction, inwards and downwards, so as to put the peronei and extensor muscles on the stretch, by means of a toe-strap, which connected, at one end with the spring, passes round the metatarsal bones, and draws the anterior portion of the foot towards the spring, with which the free extremity of the strap is then also attached by a buckle. In this apparatus, by which the most severe cases in infants may be cured, the arch of the foot is, as it were, moulded upon the pad attached to the side spring.

If this apparatus be employed for the first stage of the treatment, it is scarcely necessary to observe that the *Scarpa's shoe* must be employed for the second stage.

3. In the most severe cases of congenital valgus in children, and more especially when these cases are met with in youth, and at more advanced periods of life, I would recommend you to employ a modification of the apparatus to which I have affixed my name, and which I advised you to make use of in cases of congenital varus in the youth or the adult. The modification consists in placing the cog-wheels on the inner, instead of the outer side of the foot—only one instead of two cog-wheels with lateral action being employed—in adding a rotation cog-wheel corresponding to the transverse tarsal joint, for the purpose of controlling the rotation of the anterior portion of the foot from this joint, as a centre of motion; and in using a horizontal instead of oblique sole-plate.

By this apparatus you will obtain much more control over the severe cases than you can possibly command by the *Scarpa's shoe*, or the valgus splint with side-spring, already described, and it will answer equally well for both the first and second stages of the treatment.

"PHYSIOLOGICAL TREATMENT.—As soon as the foot is restored to its natural position, passive exercise should be commenced, as in varus, with the object of bringing the muscles into play, and of obtaining a well-balanced state of muscular action, such as is essential to the preservation of the form of the foot in a healthy condition.

"AFTER-TREATMENT.—After the removal of the deformity, it will be necessary for the patient to wear some form of retentive apparatus, in order to allow all the structures,—bones, ligaments, and muscles,—to adapt themselves to the improved position of the foot, and to guard against relapse.

"In the day-time, walking exercise of course being permitted, the patient should wear a boot with a steel-support on the outside, carried up to the calf of the leg, and having a free-joint at the ankle; inside the boot a pad of vulcanised india-rubber should be placed so as to support the arch of the foot; and a leather strap attached to the inner side of the boot should pass across the ankle-joint, and be connected by a buckle with the steel-support on the outer side of the leg. This apparatus will hold the foot in its natural position during progression, and will effectually support the arch of the foot. It will be required to be worn for at least a twelve-month or more.

"It is also desirable that the patient should continue to wear some form of retentive apparatus at night-time for six months or more after the deformity has been cured. This may consist either of the Scarpa's shoe, or simply of a metal sole-plate, with a steel bar connected with it, and carried up to the calf of the leg, in imitation of the Scarpa's shoe, but without any cog-wheels, so that it may be very light and of little inconvenience."—*Medical Times Gazette.*

Therapeutic Employment of the Pyrophosphate of Iron.—We condense from the *American Journal of the Medical Sciences*, the following account of a new and valuable preparation of Iron:—

M. E. Robiquet read (Feb. 10th, 1857) an interesting memoir on this subject before the Imperial Academy of Medicine of France.

Industry has already derived great advantage from the property possessed by pyrophosphoric acid of combining with soda, and with gold or silver. In medicine, the pyrophosphate of iron has often been tried, and this might be expected, for oxide of iron undoubtedly reacts on the functions of the blood, and the elements of pyrophosphoric acid are found in the bones; but it has soon been given up on account of its liability to change, and of the great quantity of pyrophosphate of soda necessary to retain it in solution in water. It struck me that these inconveniences might be easily avoided without depriving the ferruginous salt of any of its essential properties.

In medicine the essential characters of a good preparation of iron are, that it shall readily dissolve in the fluids of the stomach without impairing their digestive functions, that it shall be completely assimilated in the system, and that it shall not act as an astringent. The pyrophosphate of iron possesses all these properties; its resistance to solvents is the sole difficulty which remains to be overcome to entitle it to the first rank among the preparations of iron.

The solution of pyrophosphate of iron in a citro-ammoniacal liquor keeps for whole months without undergoing any change, and yields to a

syrup free from the intolerable taste of ferruginous compounds. Potash, ammonia, and the alkaline carbonates, do not give, with pyrophosphate of iron so dissolved, the reaction peculiar to the salts of iron.

The process of solution being once found, nothing is easier than to transform the pyrophosphate of iron into comfits, syrup, or lozenges; the latent state in which it exists in this new salt enables us to mix it with wine of bark, and to obtain from it a powerful tonic, without having to fear the blackish discoloration and inky taste which are always produced when a salt of iron is brought into contact with fluids more or less charged with tannin.

In whatever mode the citro-ammoniacal pyrophosphate of iron be administered, it has absolutely no taste, and patients not only bear it readily, but feel the best effects from its use. I have seen it particularly useful in well marked cases of anæmia, chlorosis, and chronic urethritis.

To recapitulate, the pyrophosphate of iron, chemically considered, is a polymorphous salt, in which the metallic atom is concealed from reagents: it contains, by weight, 21.11 per cent. of iron. In a therapeutic point of view, the facility with which it is assimilated by the system, the absence of all styptic taste, its perfect solubility in water, the influences, finally, which it exercises on the composition of the bones and the functions of the blood, entitle it to the first rank among ferruginous compounds.

Formulæ. *Syrup of Iron.*—Pyrophosphate of iron, two and a half drachms; simple syrup, twenty-nine ounces; syrup of orange flowers, three ounces: make a syrup by simple solution, and color with a sufficient quantity of tincture of cochineal or alkanet. Each drachm of the syrup contains about six-tenths of a grain, and a tablespoonful, about three grains of the salt of iron.

Ferruginous Comfits.—Pyrophosphate of iron, one ounce and five drachms, divide into 500 comfits, each of which shall contain a grain and a half of the salt.

Ferruginous Wine of Bark.—Pyrophosphate of iron, two and a half drachms; extract of pale bark, seventy-seven grains; white wine, thirty two ounces; to be made *secundum artem.*"—[*Jour. des Connaiss.*]

Longevity of Animals.—A writer (Mr. R. Evans,) in the Philadelphia Medical and Surgical Journal observes.

To begin with the higher order we take Man. Now suppose 100,000,000 of souls inhabit the world, and allow 30 years for a generation, the deaths for each year would be 30,000,000, of each day 82,152, of each hour 3,442; the number of deaths to the number of

births (excepting time of war) as 10 to 12, there are born every year 36,000,000, every day 900,569, every hour 4,107.

On this calculation, if man had not been doomed to die, there would be at present about 713,000 billions more on the earth, and yet a space remain of 9,110 square feet of earth for each.

For every 1,000 men 28 die off annually; of 200 children not more than one dies in the birth; of 100 one does not die during the mother's lying-in; of 1000 infants fed by means of mother's milk, not above 300 die—but of this number by wet nurses 500 annually; convulsion and teething kill the greater number.

It appears by the London Register, amongst 3,125 who die, there is but one person of 100 years.

The astonishing longevity of the Antideluvians has ever been a matter of surprise—it is conjectured by some that it has been caused by the difference in the chronology of those times—their year equalling our lunar month, but this appears to me incorrect, seeing as we are told, "That Man's days were shortened for his great wickedness."

There are recorded in Europe some instances of great longevity, Henry Jackson, a native of Yorkshire, who lived to 169 years; James Banks 152, Thomas Parr, Shropshire, 152; the Countess Desmond, Ireland, 140 years, with others.

The longevity of the lower order of animals is strikingly singular, and and to some may be interesting. The average life of the Elephant is from 150 to 200 years; Camel, from 50 to 60. The following domiciliated animals average as follows:—The Horse from 25 to 35 years, the Ass 25 to 60, Dog 15 to 25, Bull 30, Hog 20, Cow 20, Ox, employed in agriculture, 18; Cat 18, Sheep 10, Goat 10.

Of Birds—The Parrot averages from 100 to 126 years, an Eagle 100, Swan 100, Goose 50, Sparrowhawk 40, Lark 16 to 18, Canary Bird, if it breeds, 10 years, if it does not couple, 24; Hen 10, Peacock 24.

Of Fish, the Carp, 150 years, is the longest liver known; Tortoise 100; Crocodile 100; Pike 100; Crayfish 20."

Influences of Atmospherical Electricity.—M. Craig completes a paper on this subject with the following deduction:

"1st. That heat and electricity are identical, as the one can be converted into the other.

"2d. That a large volume of electricity surrounds every primary constituent of matter, especially that form of matter which constitutes the gaseous bodies.

"3d. That animal heat is supported by the electricity liberated from the primary constituents of matter during the processes of respiration digestion, and assimilation.

"4th. That electricity is evolved during these processes on the same principle as that which is evolved during the action of a galvanic arrangement.

"5th. That electricity and nervous power are analogous, if not identical; as the action of the one may be successfully substituted for the other.

"6th. That the majority of diseases are caused either by the sudden abstraction or slow subduction of electricity from the body.

"7th. That a low state of electric tension on the surface of the earth produced either by the operation of evaporation, or some occult movement in the great internal currents of the earth, is the remote cause of epidemic and pestilential diseases.

"8th. That occasional and ordinary diseases are produced by the sudden abstraction or slow subduction of electricity from the body, or its undue elimination during the vital processes.

"9th. That since electricity is so essential to the integrity of the vital operations, it is indispensible that measures be taken to promote its evolution and prevent over-radiation.

"10th. That electricity is the source of vitality in vegetable life.

"11th. That electricity is attracted by the fibres of the roots of plants; and by the instrumentality of the electric fluid does the plant extract its constituents from the soil.

"12th. That vegetables of rapid growth require a large supply o electricity to secure their perfection and completion; and the potato is a plant of this kind.

"13th. That the disease in the potato was produced by want of nutrition.

"14th. That the want of nutrition arose from defective electric agency.

"15th. That the cause of the deficiency of this agency, was those abstracting agencies which produced low tension of electricity."

Amylene Condemned at the Académie de Médecine.—M. Giraldès having recently sent a paper to the academy, entitled, "Clinical Study of Amylene." MM. Robert, Larrey, and Jobert formed the committee to which it was referred. In the report read on the 18th instant, M. Jobert details various experiments and observations he has since made with this substance, both with and without apparatus; and he comes to the conclusion that amylene exerts an energetic and dangerous influence. The statement that has been made, that it is less active than chloroform, is only true when it is administered in the open air, and is explained, he says, by the rapidity of its evaporation. If only a sponge be employed

there are only produced, after a period varying from nine to nineteen minutes, muscular agitation and acceleration of pulse, effects that ensue in from five to seven minutes if the sponge be placed in a cone of pasteboard. If an apparatus be employed however, amylene becomes a most energetic anæsthetic, the desired result occurring in two, and often in one minute. The effects of this agent are the increase of the number of the pulse by thirty or forty, the modification of the color of the blood, and the perturbation of the nervous system, inducing insensibility, coma, and the abolition of the intellectual power. It is thus a toxical agent, acting simultaneously upon the vascular and nervous systems. M. Giraldès does not advance sufficient proof that amylene is less dangerous than chloroform; and even M. Robert's proposition of employing it in certain exceptional cases is not admissible, inasmuch as amylene possesses the inconveniences, without the advantages, of chloroform. Chloroform does not, like amylene, deprive the blood of its red color; and while chloroform depresses and renders the pulse slower, amylene quickens it, producing congestion of organs. Amylene is of difficult administration, while chloroform is easily given. Chloroform has furnished to M. Jobert the same satisfactory results at all ages, and he believes that it is not more injurious in infancy than at a later period. He proposed that the conclusions of the author in favor of amylene should not be received; but as the communication is interesting in other points, the thanks of the academy should be returned for it.

M. Velpeau proposed a stronger condemnation of amylene on the part of the academy; for from the experiments even of the reporter, it was evident that amylene is more difficult to manage, and more dangerous in its results. In the recent case of death from it, there were not the extenuating circumstances adduced for chloroform or ether, such as the want of skill or experience of the manipulator, since it was the inventor himself who directed the procedure. "I maintain that a substance which in so short a time, and in the hands of him who recommends it, is dangerous to such a point, that its employment ought not to be permitted; and I propose that the academy formally reject it."

M. Larrey observed that he completely agreed with M. Velpeau, and he should have thought that M. Giraldès, after having been present at Dr. Snow's last accident, would have somewhat modified his ideas upon the subject.

M. Jobert added, that when amylene is administratered on a sponge, anæsthesia sometimes cannot be produced for half or three-quarters of an hour. If Charrière's apparatus be employed, it is rapidly induced, but at the expense of serious accidents. It differs from chloroform, in that the insensibility it induces is instantaneous and not progressive. It produces an important modification of the blood.—*Moniteur des Hôp.*

Asparagin in the Root of Robinia Pseudacacia.—Prof. Hlasiwetz finds that the root of this plant contains a considerable quantity of asparagin. When boiled with water, the roots give a decoction, which, when evaporated to the consistence of syrup, deposits after some days a considerable quantity of hard, tolerably large octahedral crystals. By recrystallizing twice they become colorless, and appear highly refractive, do not effloresce, and have a slight sweet taste. The solution is neutral, evolves ammonia when mixed with caustic potash, and is not precipitated by acetate of silver or by acetate of lead. Analysis showed that they are asparagin.

This substance appears to occur very frequently in the members of the leguminous tribe. It has already been recognised in peas, beans, vetches, &c.

By simply making a decoction, and evaporating to a syrupy consistence, a very pure substance may be obtained after recrystallizing twice. About thirty pounds of the root yielded upwards of two ounces and a half of asparagin.—*American Druggist's Gazette.*

Tannic Acid of Nut-Galls.—Dr. Rochleder ascertained some time since that the action of boiling alkaline solutions in an atmosphere of hydrogen is a good means of effecting the separation of certain organic substances. At his instigation, Dr. Kawalier has followed out this fact, and found that many substances which, by the action of dilute acids and heat, are separated into crystallizable sugar and a second substance, yield this sugar also when acted upon by boiling alkaline solutions in hydrogen. Among other substances, tannic acid has been treated in this way, and found to be converted into gallic acid, and an amorphous, rather bitter and acid tasting, yellowish substance, similar to gum, and having a composition agreeing with the formula $C_{14} H_6 O_9$. No trace of sugar was found, even from 150 gramms of tannic acid; and the liquid from which the gallic acid had been separated did not reduce an alkaline solution of copper.—*Idem.*

Preparation of Sulphocyanide of Potassium in the Wet Way.—Dr. Löwe states that when a solution of ferrocyanide of potassium is boiled with an excess of hyposulphite of soda, the reddish brown color of the liquid disappears after a while, black sulphide of iron is deposited, together with some sulphur, originating from the decomposition of the hyposulphite by heat. The yellowish liquid which remains contains sulphocyanide and ferrocyanide of potassium, together with sulphate and hyposulphate of soda, and a small quantity of sulphide of sodium. By evaporating to dryness, and digesting the residue with alcohol, the sulphocyanide may be separated from the other salts.—*Idem.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

A Vaccine Depot.—Physicians generally are often in need of Vaccine virus from various reasons. Either an excess of good nature leads them to part with their little store to some brother practitioner requiring it more urgently than themselves, or an unusually long run of no-vaccination engagements happens and ends in rendering the stock on hand so impaired as to be virtueless. In this last case, of course, no return can follow, and in the former it is altogether problematical, for the loan is rarely refunded—indeed it has almost become a custom with many to consider such an act uncalled for. Country physicians are especially open to this charge, and do much towards exhausting the supplies of their town friends: we know of no instance where one of the number has returned the obligation in kind. These then are instances of the manner in which the vaccine fund fails. And we believe much would be done to avert them by the establishment of a Vaccine Depot; while it would at the same time be admitted to be a welcome accommodation to all parties. Owing to the facilities of keeping a constant supply of live Virus, in consequence of its self-multiplication properties, and the daily frequency of its employment, we feel assured that such an establishment, if conducted on proper arrangements, and in conformity with strict rules, would be found to work very advantageously. For the inconveniences felt by single members of the profession would not extend to it. A large supply sufficient for the demands of both the city and surrounding district could be always available, and kept fresh by a renewal to be enforced by close looking after. A vaccine depot might easily be connected with some of the charitable institutions here, such as the General Hospital or University Lying-in Hospital or Dispensary. It would often, we are sure, be a great relief to a person, already straitened, to refer an importunate solicitor to such a place where he might get the necessary article upon the payment of a small sum of money, or by leaving a deposit of a fixed amount to be returned when a new crust had been received.

Such an Institution might furthermore be of great benefit in other ways, as by keeping records of statements furnished by Physicians of the prevalence of Variola, the apparent mitigation or failure of the Vaccine virus, the results of re-vaccination, and many other equally interesting points of an analagous character, which could easily

be deduced from an attentive consideration of statistical information. The original statement need but be brief, and would require very little time or trouble, while the general gain would be more than compensatory.

MEDICAL OFFICERS IN PUBLIC INSTITUTIONS.—Concurring in the sentiments expressed in the subjoined letter, we give it an insertion in our columns as it first appeared in the Montreal Herald. In a profession like the Medical in Canada, where there are so few public appointments to be expected, it is very necessary that these should be bestowed upon Colonists, and not upon mere adventurers who have no other stake in the country than the maintenance they failed to secure in their own land. We cannot speak so positively of other lines of life, but of our own this we know, that Physicians are to be found throughout this Province not inferior in talent or education, in sense or experience, to any foreign protégé of imported origin; and who by their knowledge of local matters and home requirements, enjoy an advantage over the latter which even many years residence amongst us might not remove.

TO THE HON. COL. TACHÉ.

SIR,—The well known integrity of your character induces me to address you thus publicly, for the purpose of calling your attention to the current rumour that His Excellency the Governor General has actually sent out from England an old Navy Surgeon, whom he intends to appoint Chairman of the Board to be named under the act 20 Vic., chap. 28, for the better Government of Public Asylums, Hospitals, &c.

Now, Sir, if this report be true, and I have every reason to believe it is, I do hope that both yourself and your colleague, the Hon. Mr. Cartier, will not be so recreant to your antecedents, as to consent to any such appointment, nor allow a slur of so deep a case to be fastened upon the members of the medical profession of Canada. No, Sir, I cannot bring myself to believe that you will be a party to any such act, but take the same stand in the matter you are reported to have done when the appointment of a medical officer to the Toronto Lunatic Asylum was before the Council.

There are many Medical men in Canada perfectly competent for this or any similar situation, as must be well known to you; and now that your attention has been drawn to the matter, I will leave it for the present in your hands, feeling certain that justice will be done.

I am, Sir,

Yours,

A Canadian—not a British

GRADUATE IN MEDICINE.

Montreal, October 26, 1857.

SCHIEDAM SCHNAPPS.—This liquid has been largely recommended in a medicinal way, as a suitable Aromatic, Cordial, Diuretic and Stimulant; combining a collection of properties that are often found conjointly indicated in the treatment of various diseases, dependant upon or connected with a faltering stamina or reduced state of the system. And as long as it is confined to this, which is the legitimate use of all ardent spirits, its employment is justifiable, but to extend it further and render it a table drink, as it might be in countries where Maine Liquor Law is dominant, is to bring it into general condemnation and make it contrast unfavorably before men with other potations just as able "to steal away their brains" or bring down their strong frames to an early grave.

BLANCARD'S PILLS OF THE IODIDE OF IRON, &c.—Iodide of Iron is a preparation of great efficiency, in all cases where conditions demanding the exhibition of Iodine are present, conjoined with an anæmic state of the system. The great objection to the pharmaceutical preparations, is the tendency which they have to alter upon the slightest exposure to the air, even at ordinary temperatures. The iron attracts oxygen, and passes into the state of sesquioxide, while the iodine becomes free. The Pills of M. Blancard are, however, free from this objection. The Academy of Médicine of Paris appointed a commission, consisting of M. M. Gibert, Guibourt and Lecanu, to examine the mode of preparation of these pills; and they have reported, among other things, that, "we consider the process of M. Blancard as perfectly fulfilling its intended object, namely, the preservation of the proto-ioduret of iron in the pills, by means of particular manipulation." The same gentleman (M. Blancard) has also prepared an unalterable Syrup of the Iodide of Iron, which will be found the most convenient and agreeable form to administer the remedy to children and young persons.

Messrs. Johnston Beers & Co., of the Medical Hall, Great St. James Street, have sent us specimens of the above, with some beautiful crystals of iron alum of their own manufacture. This chemical, as we stated to our readers some time ago, is a new and favorite preparation of Iron which has recently been introduced to the notice of the profession by the Physicians of St. Mary's Hospital, London. It is a very soluble salt of a pale violet colour. It forms a solution of a reddish colour. It is isomorphous with common alum, its crystals being of the octohedral form, and its composition being represented by the formula $Fe^2, O^3, 3SO, \times NH^4O, SO^3, \times 24\ HO$. As in the double sulphate of alumina and potash, the potash may be replaced by some other base, so in this salt, soda or potassa may be substituted for the oxide of ammo-

nium. There being no alumina present in iron alum, Mr. Davenport suggests, "that this salt when ordered as medicine should be called *ammonia-sulphate of peroxide of iron*, when the ammonia salt is intended, or *potassio-sulphate of peroxide of iron*, if it were intended to indicate the potash salt." Dr. Tyler Smith has found it to be "a more powerful astringent than common alum, and not liable to produce the stimulating effects of other salts of Iron."

BOOKS RECEIVED FOR REVIEW.—*Cazeau's Midwifery, second American*, translated from the fifth French edition, 1857. Mendenhall's Student's Vade-Mecum, fifth edition, revised and greatly enlarged, 1857. Physician's Visiting List for 1858; from Messrs. Lindsay and Blakiston, Philadelphia. West, on Diseases of Women,—part 1st, Uterus, 1857. Wilson, on diseases of the Skin. Fourth American, from fourth and enlarged English edition, 1857, from Messrs. Blanchard & Lea, Philadelphia.

Eve's collection of remarkable cases in Surgery, 1857, from Messrs. J. B. Lippincott & Co., Philadelphia. Ashton, on Diseases of the Rectum, second edition, London, 1857, from the Author. Hind's Prize Essay on the Insects and Diseases injurious to the Wheat Crop, from the Author. Dupont's Essai sur les insectes et les maladies qui affectent le blé, from the Author Hamilton, on Compound Dislocation of Long Bones, from the Author. Green, on Lesions of the Epiglostic Cartilage, from the Author. Carnochan, on Exsection of the entire Os Calcis, from the Author.

We have received the Report of the last Meeting of the College of Physicians and Surgeons of Lower Canada, but too late for insertion.

PASS LIST.—COLLEGE OF PHYSICIANS AND SURGEONS, C. E.—On the 13th October, at a meeting of the College held in Quebec, the following gentlemen were examined, viz:—Messrs. J. Desjardins, J. B. Beauchemin, A. M. Rivard, Napoleon Carrier, Alfred Lachaine, — Dancause,—who were admitted to the study of medicine:—Messrs. Dieudonné Archambault, Ant. Marceau, L. G. Delorimier, P. H. Bernier, Hughes Filiatreault, J. S. Crookshank, R. Anderson, H. de la Martellière, with a Diploma of the Faculty of Paris; Ch. Morin,—who were licensed to practice medicine; and Hyacinth Cuniff, who was licensed as a Chemist and Druggist.

SECRETARY'S OFFICE,
Toronto, September 26, 1857.

MEDICAL APPOINTMENTS—His Excellency the Administrator of the Government has been pleased to make the following appoint, viz.:—

Volunteer Militia Rifle Company of Paris,—To be Surgeon: John Watt, Esquire.

His Excellency the Administrator of the Goverment has been pleased to grant Licenses to practice Physic, Surgery, and Midwifery, in Upper Canada, to the following persons, viz:

James F. McCarthy, of Ingersoll, Esq., Physician and Surgeon; and Arthur Andaugh, of Barrie, Esq., Surgeon.

Toronto, Oct. 10, 1857.

His Excellency the Administrator of the Government has been pleased to grant a License to Henry Orton, of Guelph, Gentleman, to practise Physic, Surgery and Midwifery, in Upper Canada.

Toronto, Oct. 17, 1857.

His Excellency the Administrator of the Government has been pleased to make the following appointments, viz.:—

David Evans, Esquire, M.D., to be an Associate Coroner for the United Counties of Lanark and Renfrew.—Wm. S. Backwell, Esquire, M.D., to be an associate Coroner for the County of Brant.—Thomas C. Scholfield, Esquire, M.D., to be an Associate Coroner for the County of Simcoe.

He also has been pleased to grant Licenses to practice Physic, Surgery and Midwifery, in Upper Canada, to the following persons, viz.:—

Henry Augustus Betts, of Toronto, Esquire, M.R.C. of Surgeons, London, and Archibald Alexander Riddel, of Toronto, Gentleman.

Toronto, Oct. 24, 1857.

His Excellency the Administrator of the Government has been pleased to grant Licenses to practise Physic, Surgery and Midwifery in Upper Canada, to the following persons, viz:—

Henry Bental Evans, of Picton, Esquire, M.R.C. of Surgeons, London, and Henry Hall, of the Township of Westminister, Esquire, M.B.

ERRATUM.—In the *Gazette* of the 17th instant, for William S. "Backwell," read "Buckwell," appointed a Coroner for the County of Brant.

First Volunteer Militia Rifle Company of Megantic.

To be Surgeon:—Louis Majorique Rousseau, Esquire.

HOSPITAL RETURN.

Monthly return of Sick in the Marine and Emigrant Hospital, Quebec, from the 3rd to the 30th September, 1857.

	Men.	Women.	Children.	Total.
Remained,	37	10	2	49
Since admitted,	85	7	2	94
	122	17	4	143
Discharged,	87	10	3	100
Died,	2	0	0	2
Remaining,	33	7	1	41

DISEASES.

Fever,	7	Asthma,	1
Inflammation of lungs,	1	Cancer,	1
Dyspepsia,	4	Paralysis,	1
Rheumatism,	8	Hemoptysis,	1
Dysentery,	8	Hematemesis,	1
Diseases of skin,	1	Stricture,	1
Inflammation of testicle,	4	Pregnancy,	2
Syphilis,	17	Ophthalmia,	1
Fractures,	4	Cholera,	1
Dislocation,	1	Epilepsia,	1
Abscess,	11	Feb. Intermittens,	2
Ulcers,	4	Periostitis,	1
Wounds,	2	Hypertrophy, heart,	1
Contusions,	7		

C. E. LEMIEUX,
House Surgeon.

MEDICAL NEWS.

The medical man who neglects or scorns the periodical literature of his day is either a fool or a knave, and cannot maintain a respectable position among intelligent men.—The Academy of Sciences, Toulouse, has proposed as a subject for the grand prize of 1860, the following question: What are the positive results which have been obtained in Clinical Medicine from Physiology, since the beginning of the 19th Century? The memoirs are to be addressed before the 1st of January, 1860, to M. Vitrey, Perpetual Secretary.—Dr. Tyler Smith has recently announced that 3000 women die annually in child-bed in England: 1 in 171 labors.—An Italian journal notices that several cases of dysentery have been successfully cured by means of raw or very rare beef and mutton.—"Doctor, do you know *jist* what will stop flooden," asked a withered crone of the attendant. In return he asked her if she knew of such a remedy. "Well," she said, "let the woman swallow *jist two draps* of the blood in that 'ar cord (umbilical) and thar's an eend o' flooden." The Doctor admits he was vanquished.—The Royal Society has awarded the Queen's prize of 500 dollars from the fund appropriated annually for the encouragement of scientific researches to Dr. E. Brown Sequard.—Prof. Huston offers his cabinet of Materia

Medica specimens for sale with which he used to illustrate his course in Jefferson Medical College. For particulars apply to Mr. Parrish, 800 Arch Street, Philadelphia.—The statue of Jenner has been most successfully cast in bronze. America has contributed £340 towards its expenses.—The retired Physician whose "sands of life are nearly run out," as his ubiquitous advertisements declare, sends a receipt, in return for four postage stamps of three cents each, for extract of Cannabis Indica. Perhaps the sands of life may run out faster from those who swallow the dose than from the quack who directs it.—"I am often asked," said Mr. Abernethy, "why I don't practice what I preach?" I answer by reminding the inquirer of the parson and the sign post: both point the way, but neither follows its course.—FANCY. An old lady, with spectacles, applying at a chemist's shop is accosted by a lad whose tiny hands can hardly raise his head above the counter, with, "Mr. Pottle is out of town, Mum; can I give you any advice?"—Glycerin preserves animal and vegetable substances from putrefaction or decomposition.—The Medical College of Ohio and the Miami Medical College have been consolidated under the name and style of the former.—A lady in Otsego county, N. Y., presented her husband with four living children at one birth.—The Chicago Homœopathic Hospital has been finally abandoned as a failure.—A patient of Dr. A. S. McGregor, of Gasconade, Mo., gave birth August 10, 1856, to a still-born child, twenty-one days after to a living child, and twenty-one days thereafter to still another.—Dr. Fordyce sometimes drank a good deal at dinner. He was summoned one evening to see a lady patient, when he was more than half-seas over, and conscious that he was so. Feeling her pulse and finding himself unable to count its beats, he muttered, "D—unk, by—" Next morning, recollecting the circumstance, he was greatly vexed, and just as he was thinking what explanation of his behaviour he should offer to the lady, a letter from her was put into his hand. "She too well knew," said the letter, "that he had discovered the unfortunate condition in which she was when he last visited her, and she entreated him to keep the matter secret in consideration of the inclosed," (a hundred pound bank note).—Sickness has broken out among the troops forming the Chinese expedition, but the deaths are not numerous. Of 600 men, forming the strength of the 59th Regiment, 159 are in Hospital.—The Egyptian Locust, *gryllus migratorius*, has paid a visit to England.—The remains of a young man who died 2 years ago of Consumption in Illinois, were lately exhumed for the purpose of obtaining a portion of the lungs to make tea for a sick member of the family.—WHY? Rhodomenia palmata and Laminaria saccharina, two species of Algæ which are frequently used as food by the inhabitants of Ireland, impregnate the body of each consumer with two or three pounds of Iodine every year. Nevertheless no Iodism appears, nor Scrofula nor Rachitis either.