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THE MEDICAL CHRONICLE.

VOL. III.]

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[No. 3

ORIGINAL COMMUNICATIONS.

VIII.—*The United African Twins.* By W. MARSDEN, M.D., Governor
College Physicians and Surgeon, Lower Canada, &c.

The subjects of the following paper "Christina and Milley" are natives of Africa, and as nearly as can be gathered from their unconnected history, will be six years old in September next. When only one year of age they were dragged away by the slave dealer, together with both their parents, and three brothers and two sisters, and sold. Dr. MacGinlay of North Carolina, who was travelling in the Island of Cuba, in search of health, purchased them as natural curiosities, which they truly are, and removed them to the United States of America. His death, which took place the following year, deprived them of a kind friend and master, when they were sold with the other goods and effects of his estate.

The purchaser who paid £100 for them, with the design of exhibition, removed them to Philadelphia,—and Pennsylvania being a "free state" and the little negroes not being "runaway slaves," the government, by a judgment of the court, declared them free; and appointed Messrs Millar and Thomson as their guardians. By an arrangement with the law authorities, Professor Millar is to pay annually to the state for five years to come, a certain sum of money, out of the profits of their exhibition, which is to be applied to the purchase of the freedom of their parents and family, to whom they will be reunited when manumitted.

The last number of the *Medical Chronicle* contains an interesting editorial article touching these twins, to which I beg to call attention, and alludes to the case of the Hungarian sisters, Judith and Helen, described by Buffon, in these terms:—"These young women were entirely separated from each other except by the anus, which was common to both, from which circumstance they simultaneously experienced the same desire to relieve nature; but in other respects, as in size, in tem-

per, and in health, they differed, and, unfortunately, frequently quarrelled with each other."

The similarity between the African United Twins, and the Hungarian subject in this much of the description, but, not in the remainder.

Whether considered as anatomical and physiological or pathological subjects, they are intensely interesting in their character. Their osseous union or fusion is confined to the sacrum and coccyx, which can be distinctly traced on handling. There is a common anus, from which they invariably feel the desire to relieve nature simultaneously. The vagina is imperforate or more properly speaking there is no vaginal aperture or cavity. The vulva or labia majora are very small, and the nymphæ and clitor are wanting, but in their stead are in each child between the meus veneris and the meatus urinarius a few small granular bodies. The urethra terminate close to each other, having merely a thin membranous septum between them, which is so indistinct *in situ* as to look like a common meatus urinarius as represented in Fig. 3, a., but when dilated as in Fig. 4, b.b., they are distinctly visible. The bladders and urethra are quite distinct and separate; and the act of micturition is performed by each child separately and at will. So perfect and distinct is the separation, that sensation is not evinced by one child when the catheter is introduced into the urethra of the other although they are in immediate contact, and *vice versa*, yet each one shrinks from its introduction in its own case.

The circulation is evidently distinct, and double, as the pulsation is not always synchronous.

The union as will be seen in plate I. is not directly back to back; as the left dorsum of the ilium of Milley, the smaller child, is in proximity with the right corresponding portion of bone in Christina, the larger, but least active child; and the left posterior spinous process of the ilium of the same child is in juxt a position with the right corresponding portion of the other but not united. Thus although progression is easy forwards and backwards, i.e., the one walking backwards as the other walks forwards, as represented in plate I fig. 2, (and Milley being the most active child, usually leads when walking in that way,) they can both walk with great ease forwards, or side by side, (Milley being always on the right of her sister) as represented in plate, I fig. 1

This is also the posture in which they invariably lie and sleep, on which account their heads have attained a peculiar angular shape, (like a child nursed on one breast), the apex or projection in Milley being on the left, and in Christina the right side of the *os frontis*, both heads being flattened behind. There is also considerable lateral curvature of the



FIG. 2.



FIG. 1.



FIG. 3.



FIG. 4.

Aggo, Sculp.

spine to the left side in Milley, in consequence of her constant efforts to lead her more passive but heavier and stronger companion.

This case of diplogesis is evidently inseparable, and although they may not die at the same moment of time, as did the Hungarian Sisters, within three minutes of each other, yet the death of the one, must necessarily involve the destruction of the other, within a comparatively short period.

Quebec, 25th July, 1855.

EXPLANATION OF THE PLATES.

- Plate 1 fig. 1, Represents the United Twins, front view
 " " 2, The same, back view
 Plate 2 fig. 3, The pubic and perineal region, with the parts *in situ*
 a The anus
 b The meatus urinarius
 c Mons veneris
 d A fossa or pit formed by the junction of the soft parts
 Plate 2 fig. 4, The same with the labia pudenda dilated
 a The anus
 bb The meatus urinarius
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VIII.—*Sequel of a case of Aortic Aneurism and Diseased Heart*, which formed the subject of a lecture published in the July number of the *Medical Chronicle*—with Observations. By R. P. HOWARD, M.D., Physician to Montreal General Hospital, Professor Medical Jurisprudence, McGill College, &c. &c.

During Stuart's stay in the hospital he had an attack of acute pericarditis attended with much pain and a distinct double friction sound, which however yielded to gentle mercurialization and blistering, and he was finally discharged in April at his own request, feeling much relieved, though still an invalid. In the summer following he performed as formerly his duties, which were of a nature not involving much exertion; his breathing was tolerably easy, so that morning and evening he walked without much inconvenience a distance of three-fourths of a mile to and from his place of employment. A record of the 2nd Nov., 1853, states that "Stuart called to say that he had for some time back suffered much pain in left mammary and lateral regions, and back of left shoulder; there is a prominence of the chest to left of sternum between second and fourth rib which is very tender, pulsates synchronously with the arteries and seems to expand under the hand; but further examination deferred for the present." A month later the pain continuing to be

“very severe in the mammary region, and frequently extending to the back of the shoulder about the base of the scapula, and occasionally shooting down the left arm to the elbow;” I visited him at his lodgings and carefully examined him:—The following is a summary of his state then: “visible pulsation of arteries of right side of neck and corresponding upper extremity, and very slightly of those of left arm; force of pulsation very much greater in vessels of right than of left side; peculiar thrill in right subclavian; mammary veins rather larger than is usual, external jugulars not distended, no œdema of chest or upper extremities. a circumscribed prominence of chest about one inch on left of sternum between second and third intercostal spaces, having a diameter of about two inches, and the seat of a visible and tangible pulsation synchronous with that of the arteries; it feels as if it expanded under the hand which it elevates rather forcibly, but no thrill is felt in it. Greater roundness and fulness of right side of chest at level of nipple than of left, which is very perceptibly flattened, especially in the infra-scapular and lateral regions. Slight curvature of upper dorsal spine to left. Visible and tangible pulsation $2\frac{1}{2}$ inches to left of and about same distance below left nipple; also in the epigastrium near xyphoid cartilage and in the 4th left intercostal space, but much less forcible in all these situations than over the prominence. Percussion note clear generally on both sides of chest (but a shade less so on left than on right side) save over a space limited vertically by lower border of 2nd and upper border of 7th left ribs and transversely by right edge of sternum and a point half an inch inside of left nipple. Percussion clearness exists in upper sternal region and on right side of chest as far as 6th space, not so low on left.

At usual situation of apex cardiac sounds are free of murmur, but at base they are lost in a loud systolic and diastolic soufflet, which is loudest at 3rd left cartilage, next at the 3rd right, and is not traceable up side of neck. A loud but seemingly deep seated double murmur is also audible over the point of pulsation mentioned above as seated in the 6th space about $2\frac{1}{2}$ inches below and to left of nipple, and it grows feebler as we approach the nipple or its vertical line 2 inches lower down. Patient has not been able to lie on right side since discharged from hospital, that posture impeding his breathing.” This examination was repeated and confirmed about eight days later in conjunction with my friends Drs Holmes and Crawford, whom I requested to see the case as one of interest.

During the winter and summer of 1854, I rarely saw Stuart until the month of November of that year, when he re-entered the hospital; and in a few days had an attack of hæmoptysis, the blood having an arterial

appearance and amounting to fully a pint-and-a-half, which was brought off very quickly. He suffered much from cough, lost flesh, became very weak, and sank gradually but uniformly; his voice was reduced to a whisper, he wandered occasionally, spoke very seldom, and was regardless of external things, and in this state he remained until the spark of life went out on the 9th Feb., 1855. I am informed, that for some time before his death no pulsation could be felt in the left carotid or radial arteries. There had been no return of the hæmorrhage.

Sectio Cadaveris a few hours after death—weather very cold. On carefully raising the sternum, a large tumor was exposed, situated between the base of the heart and the aorta, and considerably overlapped by the left lung, which was bound to it by pleuritic adhesion. Upper lobe of both lungs the seat of numerous crude and softening tubercles and small cavities. Complete adhesion of opposed surfaces of pericardium of long standing. Eccentric hypertrophy of the heart; walls of left ventricle much thicker, and its capacity greater than natural. Mitral valve healthy. Aortic segments thickened, and one of them the seat of cretaceous deposit. Aortic orifice not dilated. Right ventricular walls also increased in thickness.

A globular aneurismal tumor, about the size of a very large orange, springs from the under-surface of the aortic arch and is formed partly by dilated coats of the vessels, and small portion of the 2nd rib in a state of caries (?) but chiefly by the thickened and condensed thoracic fascia and adjacent cellular tissue and pleural membrane: the left lung is much compressed by it. On laying open the tumour and removing a large mass of fibrin which seemed to fill it, and which had a stratiform and concentric arrangement, the sac was found to communicate with the aorta through a large elliptical opening, having a long diameter of 2 inches and a short one of $1\frac{1}{4}$ inch, and well defined and tolerably regular edges somewhat studded with calcareous matter. It was lined by a smooth membrane continuous with the internal coat of the artery. The communication was situated in the concavity of the arch, rather anterior, and opposite the origin of arteria innominata. The entire arch of the aorta from the sinuses, to where it becomes "descending" was dilated to at least three times its usual calibre; its coats were rigid and inelastic, and were upon the inner surface almost universally covered with large cretaceous plates, the edges of some of which projected into the cavity of the vessel. The interior of the vessel was very rough immediately above the semi-lunar valves. About an inch to the left of the above aneurismal opening, there was another about the size of a half-crown, circular, with defined but rather rough edges, occupying the under surface also of the arch, and

opening into a second aneurismal cavity, formed in a great measure by the substance of the left lung. On opening this tumor it was observed to contain a coagulum of fibrin the size of a hen's egg, and lined for about three-fourths of its extent by a membrane continuous with that lining the aorta; the remaining fourth of the sac was formed of pulmonary substance, condensed, but not smooth, and having some cretaceous specks imbedded in it. The left pneumogastric crossed this tumor, and its recurrent branch hooked up behind it; the posterior aspect of the tumor pressed against and adhered to the left bronchus.

The anterior innomina was quite pervious, but the left carotid and subclavian arteries were both converted into fibrous cords, the former as high up as its division, and the latter to where the vertebral is given off, which was likewise closed at this point. The thyroid axis and other branches were pervious.

OBSERVATIONS.—On comparing the post-mortem appearances just related with the diagnosis pronounced two years before in the lecture alluded to in the heading of this article, it will be perceived that that diagnosis was confirmed by the appearances to a very great degree. Hypertrophy with dilatation did exist and affected the left ventricle chiefly; and there was an aneurismal tumor of the transverse portion of the aortic arch. The doubt respecting the state of the aortic orifice is now cleared up, for the valves of the orifice were found diseased, but certainly to a very slight extent; and though sufficient to account for the systolic and perhaps even the loud diastolic murmur, (though of this I am not satisfied,) yet not enough to have caused the marked visible pulsation and jerking of the arteries.

In Dr. Stokes's recent work on "Diseases of the Heart," the following passage occurs, which, however true sometimes, is proved by our case not to be always so. Speaking of the diagnosis between permanently patent aortic valves and aneurism of the thoracic aorta; he remarks that "it presents no difficulty; the peculiar throbbing pulse perceptible over a large portion of the arterial system, the visible pulsation of the arteries, the increased action of the vessels of the neck, and the double bellows murmur in the ascending aorta or the arch, all declare the nature of the disease."^{*} It rather surprises me that a man usually so minute in his diagnostic analysis, and so cautious in expressing himself, should have so curtly and imperfectly considered the distinctions between aneurism and patency of the aortic valves. In fact, the signs here mentioned as distinctive of patent aortic valves are precisely such as we might expect to observe in aneurism of the aortic arch. Should he not

* Dis. Heart, 1854, p. 539.

have added, that the signs of pressure, either concentric or eccentric, or both, with or without a pulsatory prominence of the chest, ought also to be present to determine the existence of aneurism.

Stewart's case is interesting, as affording an instance of the combination of aortic aneurism, diseased aorta, and unsound aortic valves.

Having given it as my opinion that an aneurism of the aorta existed, it was with some satisfaction that months after I discovered a pulsating prominence in the vicinity of the vessel, as it at once confirmed me in the correctness of that opinion. Still it occurred to me that it might possibly be an aneurism of the heart, or perhaps a hypertrophied left auricle. However, aneurism of even the left ventricle, which is the part of the organ most often affected, it will be generally conceded, is very rare, and though, if it involved the base, it might readily produce a circumscribed prominence, the seat of a strong pulsation distinct from that of the apex beat, and be attended with a double murmur and signs of pressure on the lungs; yet it is not likely that it would also affect simultaneously the two great vessels arising from the left of the aortic arch and the recurrent nerve. I do not deny the absolute possibility of such a combination, but merely the great improbability thereof; and it is well to note, that in the seven cases of aneurism of the left ventricle reported by Mr. Thurnam, in his paper on "Aneurisms of the Heart,"* there is no mention of any inequality in the pulse of opposite sides, nor of any laryngeal phenomena indicative of irritation of the recurrent nerve. However, as the clinical history of aneurism of the heart has yet to be made out, the diagnosis between it and aneurism of the arch rests chiefly on probabilities.

Dilated hypertrophy of the left auricle, although it might account for the pulsation and dulness between the 2nd and 4th left ribs, would not produce the well-defined circumscribed prominence of the chest wall at that spot, and the signs of concentric pressure which obtained. And as such a condition of the auricle must be due to constriction of or regurgitation through the mitral orifice, it would almost certainly be attended at some period with the signs and consequences of marked pulmonary obstruction, and more or less dropsy; yet, with the exception of cough, dyspnoea on exertion, and shortly before his death hæmoptysis, none of these were present.

When the double murmur was first heard, it was loudest at the first right cartilage, and the first sound with a faint murmur, and the second without a murmur, were audible in the 5th space, but after the appearance of the tumor at the surface of the chest, the first-named murmur

* *Medico-Chir. Transact.* vol. 21, p. 187, et seq.

became loudest at the 3rd left cartilage, and a double murmur replaced both cardiac sounds about the margin of the 6th space. These alterations in the murmurs I am disposed to refer to the changes in the dimensions and direction of growth of the tumor. Thus, as the aneurismal tumor nearest the origin of the arch increased in size and projected towards the left of the sternum, sounds produced in it would be more audible here than at the right edge of that bone, where sounds originating in the ascending and transverse portion of the aortic arch are naturally most audible. The great growth of the tumor causing further displacement of the heart downwards, at the same time that by its bulk it became more closely connected with the heart's base, will explain the propagation of the double murmur along the ventricular walls to the 6th space. Still it is possible that this last murmur may have had its source in the second aneurismal sac, although I am disposed to think otherwise, as that sac grew chiefly backwards and outwards into the centre of the lung, and this latter organ was not solidified throughout its substance, which would appear to have been necessary in order that the pulsation and sounds of the aneurism should have been so distinctly conveyed to the surface of the chest.

Our case furnishes another example of the co-existence of tubercle and aneurism, between which some authorities, as Rokitansky, believe no species of repulsion or antagonism exists; others regard the affinity between them as so great, that we find Dr. Stokes observing, that "the morbid condition which most often accompanies aneurism, is tubercle."

Bonaventure Street, }
 Montreal, July 25, 1855. }

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

VIII.—*A Treatise on the Diseases, Injuries, and Malformations of the Rectum and Anus.* By T. J. ASHTON, Surgeon to the Blenheim Dispensary, Fellow of the Royal Medical Chirurgical Society of London, &c. Pp. 356. London: John Churchill. From the Author.

The management of affections of the rectum has only been undertaken by the profession, and upon scientific grounds, within a relatively short period. A little more than a hundred years ago, patients troubled

* Lib. cit., p. 578.

with these disorders consigned themselves to the protection of itinerant charlatans and other imposters. Of the notorious few who then acquired popularity, was no less a person than Martin Van Buehell, whose eccentricities have gained him a place among other bygone curiosities who have strutted their fretful hour on earth's slight stage. He devoted himself at once to the study of medicine and to that of mechanics, and his genius seeming to lie in a happy reunion of the intellectual and the muscular, he gave it full scope—first in tooth drawing, then in truss making, and subsequently in curing fistula. Of his own pretensions and peculiarities, he speaks himself in the following extract from one of his singular advertisements. "Am not I the first healer (at this day) of bad fistula? With an handsome beard like Hippocrates! The combing I sell one guinea each hair. (Of use to the fur that want fine children. I can tell them how; it is a secret.)" Of Van B.'s mode of cure we have no account in our possession, but we do happen to have an account of the practice of one of his contemporaries, which may serve, if no better purpose, at least to convey some information as to the ideas then entertained of fistulæ, and of human feeling. Dionis, in reference to one Le Moyné, says, "His method consisted in the use of caustics, that is to say, with a corrosive unguent with which he covered a small tent, which he thrust into the ulcer, by which he daily, little by little, consumed the circumference, taking care to enlarge the tent daily; so that by widening of the fistula he discovered the bottom. If he found there any callosity, he corroded it with his ointment, which also served to destroy the coney burrows, and at last with patience he cured many."

Although at the present day we have risen high beyond such ignorance, yet the literature of the subject is rather in a backward state than otherwise. It is true that several writers have ushered into the world their contributions, and in all shapes, from the meagre article to the portly compendium, but yet expectation has not been satisfied, and the reviews, at least those deserving of consideration as such, have been far from being commendatory or flattering. Even two of the most familiar,—the books of Syme and Bushe on diseases of the rectum—have in the pages of Forbes' Quarterly, met with a discussion by no means favorable. It would follow, then, that an opening did exist for a good publication on this particular topic before the appearance of Dr. A.'s work.

We would not it were supposed that our author thus introduced himself to notice—that he rendered himself obvious through the defects he had disclosed in others. For far from such a method, he admits in his title page, the obligations under which he rests to both the gentlemen

above named. We on the contrary have chosen this style, to shew the necessity subsisting for a volume of the kind he has written.

The contents of the present treatise are embraced in XX Chapters, which are devoted to the description of the following objects:—Irritation and itching of the anus: inflammation and excoriation of the anus: excrescences of the anal region: contraction of the anus: fissure of the anus and lower part of the rectum: neuralgia of the anus and extremity of the rectum: inflammation of the rectum: ulceration of the rectum: hæmorrhoidal affections: enlargement of the hæmorrhoidal veins: prolapsus of the rectum: abscess near the rectum: fistula in ano: polypi of the rectum: stricture of the rectum: malignant diseases of the rectum: injuries of the rectum: foreign bodies in the rectum: malformation of the rectum: habitual constipation.

Under each of these chapters, the practitioner will find abundance of information. Our limits necessarily confine us to the abduction of only a few of the portions that seem more interesting than the rest.

Treating of fissure of the anus and lower part of the rectum—we discover that Mr A. does not adopt the usual plan by incision in ordinary cases, he reserves it for such as prove intractable to previous medication; when compelled to operate, he has found that simple division of the ulcer is sufficient and that it need not be carried through the sphincter as Boyer has recommended, and is so commonly practised. He does not state which mode of cutting is to be preferred. We are of opinion, that the plan of transfixing beneath the fissure, and then cutting inwards, has its advantages, and as the only objection that can be urged against it arises from the dread of wounding the opposite side of the bowel, and this can be overcome by introducing the speculum and cutting into its open side; we see no reason against this procedure being made the prescribed plan in all cases. Division from within outwards, which is the only substitute, cannot so securely be followed in certain situations of the fissure. Thus, when it is upon the anterior or posterior ends of the anus, a too free incision may be serious in the first place, by implicating the bulb of urethra, and in the second, by entire section of the sphincter muscles, with consequent incontinence of fæces. These inconveniences are less likely to be avoided when there is no restraining limit to the extent to which the cut may reach or when there is an uncertainty as to the actual force used, in employing the knife or an incorrect estimate, formed of the power required to overcome the resistance of the soft parts. But when there is a fixed limit, as in the plan we prefer, then no apprehensions will be raised for the occurrence of these inconveniences. But to return to our author—as remedial agents, he recommends in ad-

dition to ablation, "after evacuating the bowel half-a-pint of cold or tepid water should be injected; and a small piece of lint saturated with the following lotion or one of similar properties must be kept applied to the part. ℞ plumb acet. gr. x., liq. opi. sedat *m* xx. aquæ sambuci, ℥iv. When there is much spasm of the sphincter the ext. of belladonna in the proportion of ʒi of the extract to ʒi of spermaceti ointment, or ointment of acet lead, is commonly successful in relieving this distressing symptom?" For our part, we should prefer in every case dividing the fissure at once to temporising in this manner. The incision is so simple, expeditious and safe, that we should never think of passing it over for a more dilatory, doubtful, and painful plan.

A large part of the work is taken up with hæmorrhoids--106 pages being allotted to them. Necessarily we expect their description to be very full and perfect, and a perusal of this chapter will not disappoint such anticipations. We consider the chapter in which they are described as the best of the whole number. Prevalent though piles be their right nature and structure were long unknown, and perhaps even now may by some be misunderstood. External piles "consist of the integument and cellular tissue into which *blood has been extravasated* as a result of a congested state of the hæmorrhoidal vessels and determination of blood to them," or upon this simple state may be engrafted actual disease. By inflammatory action the cellular tissue "may become infiltrated with lymph and condensed."

These two piles extravasated, and the exudated as they may be styled, are said to differ in their persistency, the latter "remaining permanent and giving rise to other lesions." But this is perhaps taking a side with the ultra opinionated, who maintain that lymph is not absorbable after it has separated from the liquor sanguinis. It is not our intention now to pursue this question, we believe in the affirmative, as we think will every one also, who has watched the progress of certain inflammatory affections. What can be more certain than that lymph is removed after effusion into the chambers of the eye when secreted by the serous covering of the iris, in inflammation of this septum; or what is more conclusive by induction, though not so evident by vision as the occasional conversion of fibrinous products in pericarditis and pleuritis into serous fluids, and the ultimate removal of the latter; else how is to be interpreted the physical phenomena of such cases, the incipient friction murmur, its disappearance, the subsequent signs of effusion, their removal and future restoration to the healthy condition without any recurrence of the primitive friction. If, then, we believe that lymph is as absorbable as blood, we must dissent from the opinion of the author and regard one form of hæ-

morrhoid equally curative with the other and just as strenuously demanding treatment. The third external kind is the serous pile. We have never seen it. Mr. Howship whose account is borrowed says,— It consists of a serous infiltration into the cellular tissue around the verge of the anus, around which it appears as a semi-transparent ring, and is peculiar to persons of low vital powers. Internal piles, says our author by some “are considered to resemble erectile tissue in structure, had they compared them to those abnormal developments of the vascular system termed aneurism by anastomosis, the analogy would have been more correct.” These then include the anatomical forms of hæmorrhoid and it is deserving of remark that the variety commonly entertained, viz. a varicose state of the veins is referred to a distinct chapter, and finds its place in the present one. The consequences and complications of piles are next described *seriatim*—under which titles some of the following phenomena will always be found co-existent, inflammation, pain, hæmorrhage, mucous discharge, ulceration, abscess, fistula, fissure, prolapsus and irritation propagated to other organs as the urethra, bladder, prostate gland and testicles in the male and to the vagina and womb in the female. The cause and symptoms are next entered upon at length and then the important subject of treatment is begun. In comparing the modes of radical cure, the following remarks are made in which we concur. “It is now generally admitted that excision is applicable only to external tumors, while the delegation, and in some cases the use of nitric acid are preferable in the removal of internal hæmorrhoids. But the operation itself is more rapidly performed, than the application of a ligature cannot be denied; but when we take into account the frequency of hæmorrhage and the necessity of applying ligatures to the bleeding vessel, or of making pressure, or of searing the wounded surfaces with red hot irons as practised by Dupuytren; there cannot be a question that the patient escapes on more easy terms and even more quickly when the ligature is used. The opponents of the ligature have imagined various evil consequences as following its application such as phlebitis, diffuse inflammation of the cellular tissue of the pelvis, peritonitis and tetanus, and have added instances where the application of ligatures was followed by fatal results: but they have neither verified their surmises as to the cause of death by post mortem examination, nor have they shown that the cases were such as justified surgical interference.”

The XII chapter gives a very good description of abscess near the rectum, but still there are several points that seems to us to have been overlooked. This is an affection deserving of careful study, because we believe that future experience will show many of the views now held

concerning it to be fallacious. Frequently there is an absence of all the ordinary signs of acute abscess, of prominence, change of colour, fluctuations, &c.; owing to the distance at which the collection is placed from the surface or else to the inelastic nature of intervening textures. The presence of suppuration has therefore to be decided by the progress of the case and the general symptoms. In every case it is thought imperative that an early opening should be made, lest by its delay fistulæ or still more adverse results should succeed. But from the difficulties of diagnosis it frequently happens that the abscess may obtain a considerable size, and actually discharge itself without its having been suspected, much less ascertained. Cases thus left to end *sua sponte* have shown us that there has been no foundation for the fears commonly entertained; since, instead of falling into any harm the patient has actually recovered without the least bad consequence. From which the practical rule might be drawn that in many cases of abscess near the rectum its natural opening may safely be trusted to. In proof we would adduce one instance in particular, that fell under notice while acting as clinical clerk. About 10 years ago, one Samuel O'Callighan was admitted into the Montreal General Hospital, labouring under symptoms of acute abscess in the ischio rectal fossa. It had supervened upon the cessation, too early it was thought, of a gonorrhœa. Rigors and other marks of constitutional disturbance were distinctly observed, and the history favored the supposition of the rapid formation of a large quantity of matter. Suddenly one morning while at stool he felt an immediate relief from the local pain and distention, and much matter was discharged per anum—amounting by his own statement to a quart! The abscess must have burst into the urinary conduit, as well as into the rectum, for there was a copious subsidence of pus from the urine subsequently voided. Yet in a few days afterwards no purulent discharge was to be found in the urine or feces, and in about a week he was dismissed from hospital without a bad symptom. And lastly, we have not always detected the strikingly fetid odor asserted to exist in every case of abscess near the rectum.

In future editions we shall expect to discover the results of further observation upon the diseases which have engaged Mr. A's attention in the present work. And we shall be happy if further inquiry leads him to concur with us in the opinions that have been advanced. We would also recommend him to be more comprehensive in some of his descriptions—as for instance that of excrescences of anal region, from which is entirely omitted all notice of the peculiar growths called condylo mata ob-

served as a lesion in tertiary syphilis although they are, compared to those included, perhaps, of far the most frequent occurrence.

Take however the work—all in all—its contents and its exclusions, we believe it will fill the vacancy before referred to in the department of literature to which it belongs, and we cheerfully recommend it to the purchase of our subscribers.

IX. - *The pathology and Treatment of leucorrhœa.* By W. TYLER SMITH, M.D., Member of the Royal College of Physicians, Physician Accoucheur to St. Mary's Hospital; Lecturer on Midwifery and Diseases of Women at St. Mary's Hospital Medical School, Vice-president of the Medical Society of London; Honorary Fellow of the Obstetrical Society of Dublin, &c., &c. Pp. 199. Philadelphia: Blanchard and Lea. Montreal: B. Dawson.

Notwithstanding the extreme frequency of leucorrhœal discharge, very few women passing through life without at some time being the subject of it, comparatively little has heretofore been known of the pathological conditions of which it is a result. Leucorrhœa has been divided by most writers into vaginal and uterine, and very uncertain directions have been given to enable the practitioner to diagnosis between the two. Thus, one of the principal means of detecting whether the discharge issues from some part of the uterus or vagina, is that recommended by Dr. Jewel, namely, to introduce a piece of sponge into the vagina at bedtime, while the patient is in a recumbent position. If the sponge be not moistened with discharge, it is evidence that the day discharge is from the uterine cavity, and on the other hand, if it be moistened it is proof that the discharge is from the vaginal canal; the presumption being that leucorrhœal fluids do not escape from the uterus, during the night while the patient is lying.

Dr. Smith fully impressed with the paucity and uncertainty of our information on many points connected with the subject of leucorrhœa, thought that careful microscopical examinations of the discharges might possibly throw some light upon their nature and the sources from which they are derived. He had scarcely commenced the investigation, however, ere he found it beset with difficulties which demanded for their removal, a careful microscopical examination of the parts concerned in the production of leucorrhœa. In this work he has been assisted by Dr. A. H. Hassell and Dr. Handfield Jones, two of the most accomplished mi-

eroscopists of Great Britain. The mucous or, rather, "cutaneous membrane lining the vagina is studded with large papillæ, and covered by a layer of pavement epithelium which is thicker in the upper part of the vagina than at the orifice. The coating of epithelium and the sub-epithelial papillæ are the parts of the vagina most largely concerned in vaginal leucorrhœa" p. 20. Contrary to what is stated in anatomical works, he found the mucous glands and follicles to be more numerous at the lower than the upper part of the canal. "The mucous membrane of the os and cervix uteri may be divided into two tracts, one comprising the surface of the os uteri and external portion of the cervix, the other being the mucous lining of the canal or cavity of the cervix," p. 22. That which covers the cervix resembles the lining of the vagina, is studded with prominent villi, and has a thick coating of tessellated epithelium. Dr. S. has failed to discover mucous follicles in the surface of the os uteri. In this he disagrees with other observers, in fact the general opinion is that follicles are numerous in this situation. He supposes that certain central depressions which exist on the extremities of the villi, and which, when examined by a low power, have the appearance of mucous cysts, must have been mistaken for a follicular structure. Just within the os uteri the lining membrane assumes a more soft and delicate appearance than that of the outer part of the cervix. This portion is covered by cylindrical epithelium, and wherever it is arranged in rugæ, mucous cysts exist plentifully. Dr. F. Kilian of Bonn was of opinion that these papillæ were supplied by nervous filaments, but that they received pleasurable sensations only. Our author is inclined to believe "that the villi of the os and cervix uteri, particularly the villi of the cervical canal are little concerned in sensation." From the liberal supply of blood possessed by the villi, he suspects "they are concerned in the secretion of the fluid plasma which the external portion of the os and cervix and the upper part of the vagina pour out, and which forms the vehicle in which the epithelial debris is suspended; or they may be intended for the formation of the thick layer of epithelium covering these parts, and which is in constant process of removal and disintegration," p. 29. The rugæ of the canal of the cervix are arranged into four longitudinal columns; and in the fossæ between the transverse ridges, numerous glandular follicles may be seen, the whole probably amounting in a well developed virgin cervix to ten thousand. Closure of the mouth of one of these follicles with subsequent distention of the cavity, produces, according to most writers, the so called glandulæ nabothi. Dr. Whitehead, however, believes them to consist of "erectile tissue including a number of tubes or cells which probably have

a peculiar arrangement and are highly organised; and that their function is in some way concerned with the phenomena of the venereal orgasm.' Dr Smith is of opinion that under the designation of ovules of naboth "several dissimilar conditions, such as specific and simple eruptions of the os uteri, cysts or vesicles developed upon the mucous membrane and possibly obstructed follicles have been grouped together."

After giving a detailed description of the healthy secretions which take place from the different parts of the vagina and uterus, our author proceeds to describe their morbid conditions. He divides leucorrhœa into the mucous and epithelial varieties. The former, which is the more frequent, and important as being by far the most obstinate and difficult to cure, consists chiefly of mucous-corpuseles and plasma and is "secreted chiefly by the follicular canal of the cervix." The latter consists of scaly epithelium and its *débris*, and is derived almost altogether from the vaginal canal, and from the vaginal portion of the os and cervix. The two varieties, however, may exist together, the one or the other preponderating. "I have been led," he says, "to look to the mucous glands of the cervix uteri, and to the vagina, as the chief seats of disorders in leucorrhœa. I have not found the mucous follicles at the entrance of the vagina a frequent source of leucorrhœa in adults; but the leucorrhœa met with in younger children is principally derived from these glands and consists of scaly epithelium and mucous corpuseles. As regards the supposed cervical catarrh from the cavity of the fundus uteri, about which many authors have written, I have seen no cases in which there was any evidence that the sources of the discharge were above the canal of the cervix. Irritation of the mucous membrane of the fundus uteri seems to be attended by sanguineous and watery rather than mucous discharges. . . . The following are the elements found in the discharges in vaginal or epithelial leucorrhœa of different degrees of severity:—1. ACID PLASMA. 2. SCALY EPITHELIUM. 3. PUS CORPUSCLES. 4. BLOOD GLOBULES. 5. FATTY MATTER. The following are the elements found in the different forms of cervical or mucous leucorrhœa:—1. ALKALINE PLASMA. 2. MUCUS CORPUSCLES. 3. ALTERED CYLINDER EPITHELIUM. 4. PUS-CORPUSCLES. 5. BLOOD GLOBULES. 6. FATTY PARTICLES."

With regard to the treatment of leucorrhœa he advances nothing new. His favourite preparation of iron is the iron alum. This is a salt isomorphous with common alum, the alumina being replaced by iron. There are two iron alums, the ammonia iron alum represented by the formula:— $\text{Fe}^2 \text{O}^3 3\text{SO}^3 \gamma \text{NH}_4 \text{O} \cdot \text{SO}^3 \gamma \cdot 24 \text{aq}$; and the potash iron alum.

represented by the formula:— $\text{Fe}^2 \text{O}^3 3\text{SO}^2 \times \text{KO}, \text{SO}^2 \times 24 \text{aq.}$ They have both the same appearance and taste, but the ammonia alum is the more soluble. They may be prescribed in doses of from three to six grains in a bitter infusion three times a day.

This treatise of Dr. Smith's is certainly the most complete and most practical one on leucorrhœa in the English language; and we would advise each of our readers to purchase a copy and read it carefully.

X.—*A Practical Treatise on the Diseases peculiar to Woman.* Illustrated by cases derived from Hospital and Private practice. By S. ASHWELL, M.D., Member of the Royal College of Physicians London, and late Obstetric Physician and Lecturer to Guy's Hospital. Third American from the third and revised London edition. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. 1853. Pp. 528.

The character of the work is so well known that we need not insist upon its great merits. It has been before the professional public for several years, and the *vox populi* has long since been in its favour. It recommends itself, especially to patronage, on account of its being a practical treatise on a most important class of diseases. And being written by a Physician Accoucher in large practice in the metropolis of the world, and connected with one of the largest Hospitals in the same city; it will easily be understood that abundance of material was obtainable for its purpose. These have, in the hands of the author, been turned to good account; and the reader will, as he cons its pages, ever and again be meeting with ample proof of the fact. Dr. A's reputation as a teacher and practitioner of obstetrics is perhaps, at the present day, not surpassed by any other man; and deservedly, we think, he is esteemed as an authority of an high order upon this particular department of medicine. It were much to be desired that more "experienced men" would after a respectable number of years of observation, give the world the fruits of their seeing, thinking and doing. We should then have fewer complaints of the paucity and bareness of works of a practical nature. Even upon the subject under observation how very few works of such a kind can be instanced. Of those, however, that have been published, the one under notice occupies the pre-eminence in English literature.

XI.—*On the Pathology of Saccharine Assimilation.* By GEORGE GIBB, M. D., Physician to the West London Dispensary, Physician Accoucheur to the St Pancras Royal General Dispensary &c., &c.

This is a very valuable paper on a subject which has for a number of years engaged the attention of the author. After a few remarks on the physiology of Saccharine Assimilation he enters at once, and very fully on its pathology. "The pathological conditions," in which sugar is found to exist in the economy, "form a very considerable class, and comprise some of the most incurable diseases to which the human frame is liable." Dr. Gibb has arranged them in the following manner:—**DIABETES.** Sugar in the stomach, in the blood in excess, in the alvine discharges, urine, saliva, expectoration, with or without phthisis, perspiration; and is absent in the liver, and hepatic veins. **OXYLURIA.** Sugar in the urine occasionally. **DYSPEPSIA.** Sugar in the urine occasionally. **GOUT.** Sugar in the urine rarely. **ANTHRAX and FURUNCULUS.** Sugar in the urine rarely. **BRIGHT'S DISEASE.** Sugar in the urine and fluids. Dropsy very rare. **HEPATIC DISEASE.** Sugar in excess in fatty liver and with cancer of the organ—generally absent or decreased in other diseases of the liver, or when death occurs from disease elsewhere, or from starvation—absent in livers of syphilitic infants—lessened when a portion of secretory structure is destroyed, in the fluid of dropsy from fatty liver. **TUBERCULOSIS.** Sugar in excess, in fatty liver when present—in excess in the general circulation—in tuberculous matter (!)—in serofulous pus—in the urine of phthisis occasionally—in the expectoration—in the urine of other serofulous diseases commonly—in the urine in strumous congestion of the brain and hydrocephalus. **ABSCESS.** Sugar in the pus of all abscesses, no matter what may be their source or situation, or the colour of the pus. **DISEASES OF THE NERVOUS SYSTEM.** Diabetes, a concomitant of many of them. Sugar in the urine in epilepsy, after convulsions and after a threatened attack of convulsions, sometimes continues—in the urine, in chorea, paralysis and hysteria, occasionally—in neuralgia occasionally—in dentition and pertussis—in concussion of the brain—in affections of the base of the brain, tumors, chronic disease, wounds of the fourth ventricle, injury, irritation and division of pneumogastric nerves. **DISEASES OF THE RESPIRATORY SYSTEM.** Sugar in the urine and blood in impeded respiration occasionally, in suffocation, in anæsthesia from ether and chloroform, in tuberculous pleurisy and asthma, in acute and chronic cerebritis, in simple and complicated pertussis. Sugar in the prime juice expectoration of pneu-

monia, sometimes in expectoration of phthisis, occasionally. CHOLERA. Sugar in the perspiration, in the urine, in the evacuations. MILK. Sugar deficient in quantity, in state of fermentation producing infusoria, in the urine from arrest of secretion of milk. EFFECTS OF CERTAIN MEDICINES. Sugar in the urine from bichloride, iodide and sulphuret of mercury, from salts of antimony, from opium and narcotics in general, tobacco, from arsenic, lead, sulphate and carbonate of iron, from sulphate of quinine, from nitrate of potass, *all* occasionally."

The labour and research which Dr. Gibb has bestowed in the accumulation of material for his very excellent paper is worthy the highest commendation.

XII.—*Statistics of Injuries of the Heart: Observations on wounds of the Heart, and their relations to forensic medicine, with a table of forty-two recorded cases.* By SAMUEL S. PURPLE, M.D., Member of the American Medical Association; of the New York Academy of Medicine; of the New York Pathological Society; of the New York Historical Society; Honorary Member of the New York State Medical Society; Corresponding Member of the Epidemiological Society of London. Pp. 33. New York: Samuel S. & Wm. Wood.

Dr. Purple in order to ascertain how far the popular opinion regarding the necessary fatality of wounds of the heart, "is or is not founded in fact," has, at a great expenditure of trouble, collected and arranged 42 cases of this class of injuries. He deduces, among others, the following conclusions from the facts observed in the cases which he has collated:—That wounds of the heart are not immediately fatal. That recovery, after severe gunshot, incised and punctured wounds of the heart is possible, and that, too, amounting almost to a possibility, provided a careful and judicious treatment is carried out. That the presence of a leaden ball imbedded in the walls of a ventricle of the heart, does not preclude the possibility of recovery, and is not incompatible with the continuance of life for a number of years. That it is possible for an incised wound of the heart to heal by first intention, and the patient be afterwards able to continue a laborious occupation for years with no severe manifestation of heart disease. That the presence of a foreign body, other than a leaden ball, of considerable size in the wall or cavities of the heart, does not necessarily preclude the possibility of a continuance of life for a number of days.

CLINICAL LECTURE.

On Surgical Injuries Admitted into the London Hospital, Etc. By JOHN ADAMS, Esq., F. R. C. S., Surgeon to the Hospital.
(From Dublin Medical Press.)

Every tissue of the body is liable to accident—from the outer covering of the body to parts in its inmost recesses: there is scarcely a point (however careful Nature may have been in defending it) but is liable to shock or injury from external violence. Accidents, for the most part, are found in different tissues to conform themselves to general laws. Thus, injuries of the skin result in laceration, and even lacerations assume particular directions in many instances. Again, injuries of muscles, result either in division or rupture; injuries of tendons, in strains or rupture; whilst ligaments are either sprained or divided by rupture. Bones are liable to fractures of various kinds, also to contusions; and so we may proceed through various parts, observing that all the tissues are simultaneously liable to contusions, lacerations, and incisions; and hence, in treating deep-seated wounds, your treatment must be adapted to what I may term the exigencies of every individual tissue of a part.

You must, of course, expect out of thousands of cases great similarity; but you must be prepared for some cases of a very unusual character. Perhaps no two cases are quite parallel; but it happens occasionally that *unusual* cases occur, and sometimes most *extraordinary* accidents will happen. Thus, I may mention that three dislocations of the hip in children *under* 10 years of age, have been admitted into the hospital in my recollection. In two the dislocation occurred upwards, and in the other downwards; so also I may mention a case now under my care, not strictly an accident, but admitted here as a casualty. It is a case of extravasation of urine, occurring in a child of 5 years of age without external violence. This is most unusual. Amongst the extraordinary cases, I may mention one of a sailor, who had fallen from the yard-arm of a vessel into the London Dock, and was picked out of the water without his right arm, which had been torn off in falling, and was never after found! Another instance occurs to my mind: a man was pinned to the deck of a ship by a bolt of only four inches in length, which was attached to the lower end of a mast. The bolt passed through his chest, close to the base of the heart, through the lung, and, coming out close to the spine, was driven an inch into the deck. The man got well! So I can mention to you a case, extraordinary from the recovery after numerous fractures and dislocations. A man was brought to the hospital, having fallen from the yard-arm, and was found to have sustained all the following injuries—in fact, knocked to pieces, as one might say:—Dislocation downwards of the right humerus; dislocation backwards of the right femur; dislocation inwards and backwards of the right tibia and ankle, and a wound; fracture of the left tibia just below its head, and dislocation backwards of the fibula; comminuted fracture of the left os calcis; fracture of the external malleolus. Yet he recovered!

The inference to be drawn from these extraordinary cases may be summed up in two words, sometimes applicable in surgery as in other matters—*nil desperandum*.

Let me now draw your attention to the list of accidents treated at London Hospital during last year. Independent of hernias, retentions of urine, hæmorrhage from causes not mentioned as accidents, they amount to the large number of 10,374. Out of these there are—Fractures, 1216; Wounds, 2912; Contusions, 3269; Sprains, 1206; Dislocations, 114; Concussion of brain, 42; Burns and scalds, 517; Bites of dogs, &c, 134; Foreign bodies in various passages, 162; Corrosion from acid, 1; Thecal abscess from injury, 122; Inflammation from injury, 645; Attempts at suicide, 34.

I have also before me an interesting analysis of the fractures which are arranged thus:—

Skull, 17; Face, 30; Spine, 7; Ribs, 222; Sternum, 4; Pelvis, 4; Thigh, 80; Patella, 17; Leg, 203; Foot, 39; Scapula, 13; Clavicle, 137; Humerus, 80; Forearm, 287; Hand, 126.

Thus it will be seen that fractures of the forearm are the most numerous. Next, in frequency, are fractures of the ribs; next, of the leg; then the clavicle, hand, &c.; and the bones least obnoxious to fracture, are those of the pelvis, the sternum, and the spine.

We deduce this inference from this list, that those parts of the body which are most in use, are the most liable to fracture; as, for instance, the forearm. From an estimate I made some years ago, I found, in corroboration of this remark, that fracture occurred more frequently on the right forearm and the left leg, and that the ribs were more frequently fractured on the left side (as perhaps less defended by the left arm).

I now proceed to consider the treatment of accidents in general. You are first, then, to see whether there is any bleeding. Whatever the nature of an injury, hæmorrhage is your first care, and therefore if you see any marks of blood, you strip off the clothes and look for the source of hæmorrhage, on which you clap your finger, being certain that hæmorrhage from an artery within ordinary reach can be arrested momentarily by pressure of the finger firmly applied. Of this subject, however, I shall treat when I come to the subject of hæmorrhage.

The position and appearance of the patient will sometimes afford you at once a clue to the nature of the injury, and if he be sensible he will point out what has happened. Thus, if the thigh be broken, you will find in all probability one foot turned out, and an attempt to move the limb will cause excruciating pain; so, also, pain on attempt at motion will lead to the detection of other fractures. I have said that the patient's own sensations will sometimes lead you to a diagnosis of the injury, but this will not always serve you. I remember being called to a plumber who had fallen into the area of a house he was engaged at; he was unable to stir, but perfectly composed, and when I expressed my sorrow that he had met with so severe an injury, he replied with a calm countenance that the mischief was not so severe as I imagined, as he was in no pain whatever. He had, however, broken his spine in the lower cervical region, and soon sunk, I need not say, under the effects of this terrible injury.

If the patient is sensible, you obtain from him all the information you can as to the mode of occurrence of the accident, and every thing appertaining to it. If he is insensible, you must get what information you can, in every-day life, from those around him, and very often this amounts to *nil*. Without any extraneous aid, therefore, you must set to work to make your examination. You examine the countenance, look to the pupils of the eyes, feel the pulse, and examine the state of the skin. You strip the patient after sending him to the ward, and observe what marks there are of external violence; look to the state of the sphincters, for if there has been involuntary discharge of faeces and urine, be assured that some serious mischief has occurred to the central mass of the nervous system, and that in all probability the case will end in death. The state of the pupils, will afford you useful indication of the condition of the brain, and will enable you to detect the difference between real injury and dead-drunkenness, for many cases of the latter complaint are introduced as accidents. In drunkenness the pupils are usually contracted, but not always so, and the iris contracts on the application of light to the eye. In severe cerebral mischief, for which drunkenness is liable to be mistaken, the pupils are commonly dilated, insensible to light, and discordant. In drunkenness, also, the smell of the breath will afford a clue to its detection.

In the examination of patients on admission as accidents, when in a state of insensibility, you must be careful to ascertain whether any dislocation of the joints exist, as the circumstances are then favourable for reduction. But on this point you may be misled by appearances, and mistake an old irreducible dislocation for one of recent occurrence. A man was brought to this hospital many years ago for an injury of the head, of which he died. On examining the body, a dislocation of the shoulder-joint was discovered; the surgeon imputed blame to himself for having overlooked it, but his mind was satisfied by finding on dissection that it was an unreduced dislocation of some standing. The preparation is in our museum. Another instance occurred to a friend of mine, and such a case might occur to any of you. He was called to a man who was nearly dead-drunk, and who was supposed to have met with an accident which rendered him insensible. On examination he found a dislocation of the shoulder, or some deformity resembling this injury. He was proceeding to adjust his extending apparatus, pulleys, &c., when the man, having come to his senses, thundered out "born so, born so!" So the surgeon desisted, and afterwards discovered that the case was one of congenital defect. You see therefore, that it is your duty to make as accurate an examination of the joints as you can in cases of insensibility, by running your hand over them, by which you will be enabled generally to ascertain an injury of this description, which if overlooked may afterwards afford serious grounds of regret. Some few years ago, I had a patient in the hospital with a compound fracture of the thigh: the limb was placed in an easy position on the out side, and the fracture was going on well. However, after a few days he complained of pain in the upper part of the thigh, and on examination a dislocation of the femur into the foramen ovale was detected. It was easily reduced. This was

a very unusual case, as the patient was quite a lad, in whom no suspicion of this accident was likely to be entertained.

Facts like these show the importance of a most rigid scrutiny in all cases of injury, and ought to render us charitable in regarding the mistakes of others. It shows, too, that nothing is too trivial among these "common things" for us to study.

There is another subject I think it right to allude to here, in reference to accidents. Accidents, like diseases, are sometimes feigned by patients for the sake of admission into hospitals. I have known many instances of this, and you will meet with many. You may sometimes arrogate to yourselves much credit in the ready detection of imposture; let me advise you to be cautious in this respect, as you may be deceived, and subsequent conviction of your error may lead to very unpleasant reflections. I would advise you, therefore, in a doubtful case, rather to err on the side of humanity, and treat the case as one of accident than to run the risk of the unpleasant conviction of error, and by dismissing the patient inflict an injury on him as well as to your own feelings. Ulcers on legs will thus be feigned; and there is a curious set of cases rather allied to these—hysterical feign of stone in the bladder, and other diseases, by females. Swallowing needles to an almost incredible amount is another curious offshoot of hysteria. A woman was operated on not long since, but not in this hospital, for stone in the bladder, when a hair pin revealed itself as the nucleus of the stone and was thrust through the bladder, and plainly felt in the rectum. The woman would give no account of it (she was rather silly) but that it slipped in! Amongst other anomalies, a large egg-cup was lately shown at one of the medical societies as having been swallowed, and was found after death in the intestines. These may all be mentioned as bearing on the curious subject of feigned disease, or anomalous affections, that may be met any day in practice. Hysterical patients think very often they have knee-joint disease, &c.

Now as to bruises, sprains, strains, &c. You must not expect novelty on this subject, but I shall not pass it over as being very common. Such accidents are very important, especially in evidence at inquests or on trials, &c. The nature of a contusion or bruise is intelligible enough; but bruises are important, of course, according to the part injured, and the depth or extent of the injury. Thus, a simple shock or contusion of the eye may lead to permanent amaurosis, whilst the bruising of a limb is attended with but temporary inconvenience. The blood extravasated under the influence of a bruise, it is well to remember, in a medico-legal point of view, generally after a time separates into its natural chemical constituents of serum and red globules, &c., and the prevalence of one or other of these constituents in the meshes of the subcutaneous cellular membrane gives rise to the altered colour of the part, which generally tells the date of an injury, as on the fourth or fifth day after the accident it becomes of a yellowish-green appearance, the shade varying from a purple to a light green. This is an evidence, as in a child found dead, that absorption was taking place; for in cases where this process is not going on, this variegated appearance does not

exist. The treatment of bruises of a simple character consists of rest and the use of warm fomentations or cold lotions. Do not employ the latter in cases of extensive bruise, as you may compromise the vitality of the skin.

THERAPEUTICAL RECORD.

(From *Virginia Med. and Surg. Jour.*)

Epilepsy.—Dr. McKinley, of Georgia, in a communication to the *American Medical Gazette*, thus writes:—"We are well satisfied in our own mind, and we have become so by experience, that the way to cure a man of epilepsy is to castrate him. Dr. McK. gives us no idea as to his method of treating epilepsy in the female, but favours us with a case, in which the disease was cured, without leaving the patient in the unpleasant condition usual after such a surgical operation.

Fibrous Tumours of the Uterus.—Dr. West is in the habit of making the following prescription for this disease. As one of the physicians in attendance on St Bartholomew's, he has often the opportunity of testing the value of the iodine preparations in promoting absorptions. His conclusions are in favour of the efficacy of this remedy.—R. Potass. iod. gr. j.; syr. iod. ferri. vj. xx.; Aquae caruae ꝑss. Ter die sumend.

Hydrocele Cured by an Ointment of Digitalis.—M. Bellucci reported five cases in 1854 cured by this method. Dr. La Farge of Toulouse, reports another case on the right side cured in six weeks by friction of the following ointment: Powdered leaves of digitalis, 6 parts; lard, 30. A suspensory bandage has also to be used. It will be remembered that this journal reported several cases, in the second volume, of ascites cured by a similar application to the abdominal parieties.—*Phil. Med. and Surg. Journal.*

Obesity.—Dr. Cockburn, of Darlington, Pa., reports in the *Medical Examiner* a case of polysarcia truly astonishing. A boy, aged nearly three years, weighed 98 lbs., and is fattening at the rate of six pounds in seven weeks! He is well proportioned being three feet high; measuring 36 inches around the chest; 40 round the abdomen; upper part of the arm, 10; wrist, 7; upper part of the thigh, 26; ankle, 12.

Rheumatism.—In the *Jour. de Med.* of Brussels, Dr. Hær reports a number of cases of rheumatism, unaccompanied with much fever, but characterised by persistence in the swelling of the joints and extreme pain, in which the tincture of *cannabis indica*, in doses of eight to ten drops, *ter die*, removed the pain in a short time, this result being produced by abundant diuresis.

Saccharine Carbonate of Iron and Manganese.—Take of finely powdered sulphate of iron, three ounces and one drachm; carbonate of soda,

five ounces; sulphate of manganese, one ounce and one scruple; white sugar, two and a half ounces. Dissolve each of the three first in a pint and a half of water; add the solutions and mix them well. Collect the precipitate on a cloth, filter and wash with cold water. Triturate the pulp with the sugar previously reduced to a fine powder and dry at a temperature of 120°—Dose from five to twenty grains.

Tic Douloureux.—Dr. Chisholm speaks in the highest terms of the benefits to be derived from the use of the ointment of veratria in neuralgia. He directs that it should be used in the proportion of fifteen and twenty grains to the ounce, and rub in until tingling and a peculiar pricking sensation is felt.

PERISCOPE.

GERMAN.

Musk in spasm of the Glottis.—Salathé recommends musk without any addition in the above mentioned condition of the glottis. The remedy was administered in 10 cases, and operated satisfactorily in nine.

Clarus observed very happy results attending its use in the same affection, when combined with tannin, $\frac{1}{4}$ to $\frac{1}{2}$ grain of each for a dose, 4 times a day.

The tannin moderates the secretion of mucus which calls forth the attack, and the musk operates against the cramp.—*Prager Vierteljahr Schrift.*

Kreosote in Diabetes Mellitus.—Dr. Michalsky of Kreuzburg, Prussia, relates the following: A peasant, æt. 28, had for about 18 months suffered from this disease. The average quantity of urine voided in 24 hours, was about 20 quarts, and chemical analysis gave, in 20 ounces of urine, 1 oz. 1 drachm of sugar. The patient had become extremely weak and thin. His diet consisted of nothing but meat, and with the exception of a little bread, no vegetables. Kreosote in pills was now exhibited, and shortly after this exhibition, the quantity of urine, and relative amount of sugar rapidly decreased. When the strength of the patient was very much reduced, the pills were suspended for a time: and a decoction of cinchona given in their stead. After six months' treatment the quantity, the smell, and consistence of the urine were normal, and the sugar had entirely disappeared. The patient experienced no more excessive thirst, and health and strength returned.—[*Preuss. Sanitäts berichten.*]

Treatment of Neuralgia by Compression of Artery.—A man, ætat 48, experienced during convalescence from a severe illness, a return of neuralgia of the supra-orbital nerve, from which he had previously suffer d

much. All the usual remedies were tried unavailingly. After suffering seven days, compression of the corresponding carotid was resorted to. The compression was kept up a whole forenoon, with interruptions of 5 or 6 minutes every quarter of an hour. At the end of that time the patient became sleepy, and the pain ceased. However, almost at the same moment, severe shooting pains were felt on the dorsum of the penis, extending from the pubis to the glans, and for a short distance along the crest of the ilium. Compression continued for 45 minutes on the abdominal aorta, caused the pain so entirely to disappear, that it never re-appeared.—[*Medizinische Neuigkeiten.*]

To Remove Adherent Pieces of Adhesive Plaster.—Dr. Forget of Strassbourg recommends the following method: Lay a dry, light, warmed piece of linen, a compress and napkin, firmly upon the part; press it with the palm of the hand, and remove it. As the plaster adheres more closely to the linen than to the skin, the latter is completely cleaned by one or two manœuvres of this kind.—[*Ibid.*]

A Remarkable Case of Melanotic Deposit.—From the Vienna Hospital reports, we extract the following: On the 1st July, a melanotic tumor of the parotid was removed; on the same day, the patient had an epileptic fit, which returned at irregular intervals; the wound healed readily, and the patient left the hospital at the end of August, but returned again on the 13th September, when on different parts of the body a number of dark blue shining hard lumps were visible through the skin, and also in the site of the operation, where, however, the skin was broken. The epileptic paroxysms became more violent, and the patient died on the 20th October, after the appearance of an exophthalmos of the left side. At the autopsy, besides the numerous melanotic nodes in the subcutaneous areolar tissue, and the left parotid, many such deposits were found in the cranium, in the meninges, and in the brain itself; that in the latter protruding through the optic foramen, and giving rise to the exophthalmos already noticed. Similar deposits were found in the bronchial glands, lungs, pleuræ, stomach, liver, spleen, left kidney, ball and socket joints, and lastly, a hæmorrhagic spot in the right kidney.—[*Wissenschaft Neuigk.*]

ENGLISH.

Tonics and Stimulants.—Although these two agents are here arranged together, and are frequently combined in their administration, yet they differ essentially in their therapeutic effects. Tonics, although not confined in their action to the muscular fibre, are generally defined to be those "medicinal agents which restore relaxed and weakened muscles to their state of healthful tone, which renew their elasticity, contracti-

bility, and tension,"* and thereby impart strength and vigor to the whole system. *Stimulants*, by increasing the sensibility and irritability of the parts to which they are applied, powerfully augment, through the nervous system, the organic actions. Stimulants exalt the functions of innervation and circulation without imparting permanent strength to the system. Tonics give tone and strength to the muscular and nervous system at the same time, without increasing, necessarily, the action of the heart. "Tonics give strength, stimulants calls it forth."

The tone or energy of the system which is gradually acquired through the administration of tonics, becomes permanent, and is not replaced by a consequent exhaustion or depression. The introduction of stimulants into the living body is quickly followed by increased energy of the vital actions, and is succeeded as rapidly by a state of depression or collapse. Stimulants are not indicated when inflammation is present, but "tonics, by imparting strength to the capillaries, operate beneficially in inflammation, even when the use of the lance is requisite to keep down the action of the heart."† Both tonics and stimulants may produce their effects on the system, by making their impression chiefly on the stomach, or by operating through the medium of the blood, or through the medium of the nerves.

As tonics, strictly speaking are neither stimulant nor sedative, they may be appropriately, and, often, very usefully combined with either. In many cases, where tonics are indicated, and yet from some cause are not well borne, they may be administered, especially the martial preparations, with much safety, and often with great advantage, by combining them with some of the peculiarly sedative medicines. The different forms of iron, whether employed as found in the natural chalybeates, or in artificial preparations of the chemist, make their primary impression on the digestive organs, augmenting, ultimately, the power of the secretory system, and rousing the nutritive faculty in every part of the body.

The following combination of a chalybeate with a stimulant and a sedative has, for many years in our hands, proved a most valuable tonic, particularly when administered during convalescence from disease, and in all debilitated and anæmic cases.

R. Extracti Conii,	ʒij.
Sesqui oxydi ferri,	ʒiij.
Tinct. Columbæ,	ʒiiss.
Syr. Toluta,	ʒss.
Ol. Gaultheriæ,	gtt. x.
Aquæ fontanæ,	ʒij.

Fiat mistura; cujus sumat coch. parv. mane ac nocte.

Or the following may be substituted:

R. Sesqui oxydi ferri,	
Extracti Taraxici,	ʒiij. ʒss.
Vini Xerici	ʒv.
Tinct. Gaultheriæ.	ʒss.
Aquæ font	ʒiv.

M. Capt coch. magn. bis in die.

* Thompson's Therapeut.
 † Thompson,

The following is a very excellent tonic, and may be exhibited whenever any of the ferruginous preparations are indicated.

R. Ferri Citratis, ʒij.
 Syr. Citri. *vel* Aurantiæ,
 Aquæ Ment. pip., aa. ʒij.
 Aquæ puræ, ʒiv.

M. Exhibe cochlearium purum ter quaterve in die.

In young anæmic females, with indications of a chlorotic condition of the system; and also in children of strumous habits, the *phosphate* of iron, exhibited in combination with the sulphate of quinine, is a therapeutic agent of great value.

R. Ferri Phosphatis, ʒij.
 Quinine disulphatis, gr. xii.

M. Fiant pulv. xii., quarum. capiat unam bis terve in die.

A physician of great experience, and celebrated for his successful treatment of diseases of females, has employed for many years, and with much advantage, the subjoined combination of an alterative and a tonic in the management of certain forms of uterine disease.

R. Syrup. Ferri Iodidi, ʒij.
 Tinct. Actæ racemose, ʒv.
 Tinct. Rad. Aconiti, ʒij.

Fiat mist. cujus cap. gtt. xx. ter in die.

We have seen engorgement of the os tincæ and non-malignant induration of this organ, disappear rapidly under the persevering internal administration of the above tonic; while, at the same time, the following ointment was applied once a week, by means of friction, with the finger, to the indurated os.

R. Extracti Hyoseyami.
 Extracti Conii.
 Extracti Belladonnæ, aa. p. e.

To each ounce of which mixture add one drachm of iodide of potassium—mix thoroughly, and apply as above.

R. Ferri Sulphatis, ʒij.
 Potassæ Iodidi, ʒiiss.
 Tinct. Colombee.
 Syrup Zinziberis, aa. ʒij.

Fiat mist. capiat coch. parv. ter in die.

This mixture may be exhibited with advantage, whenever we desire to promote the absorption of glandular enlargements, and in all cases where a tonic and an alterative are indicated.

Not unfrequently the general practitioner will encounter cases of obstinate intermittent; and of uncontrollable neuralgic affections, which will resist, altogether, the effects of the ordinary antispasmodics, when singly administered. In such instances, we have often succeeded perfectly, by the combination and exhibition of a vegetable and mineral tonic,—as the following:

R. Liquor Potassæ Arsenitis, f. ʒiiss.
 Tinct. Cinchonæ, ʒiij.
 Syr. Aurantiæ, ʒj.

M. Hujus mist., sumat cochl. min. bis terve in die.

During the last two years, intermittent fevers have occurred more frequently, in some parts of this city, and in the vicinity of the city, than for many previous years. In some of these cases, where the disease has proved obstinate, not yielding to the largedoses of quinine, long continued, we have found it to be promptly arrested by the administration of a teaspoonful of the following mixture, twice or three times a day,—the last dose being administered a short time before the period of the anticipated paroxysm.

R. Quiniæ sulph, ʒj.
 Liquor potassæ arsenitis, f. ʒiij.
 Acidi Sulph. Arc-nat., f. ʒj.
 Tinct. Cinch. Co.
 Syr. Zingiberis, aa. ʒij.

When the preparations of arsenic are employed, it is safest to give the medicine after a meal. When thus exhibited, larger, or more effectual doses may be given with more safety, than when taken fasting. Should however, gastric irritation arise, under its use, or swelling and stiffness of the eyelids occur, the medicine should be immediately discontinued.

Should it from any cause be desirable to administer these remedies in the form of a pill, we may employ the following formula:—

R. Acidi Arseniosi, gr. ij.
 Quiniæ disulphatis, ʒj.
 Conserv. Rosæ, ʒss.

Misce optime, et fiat massa, in pilulis xxx. dividenda; sumat unam bis quotidie.

We have had, recently, much experience in the use of the different preparations of Manganese, and have become fully satisfied, that this mineral tonic, in its different combinations, will prove a most valuable addition to our pharmaceutic preparations.

The presence of Manganese in the blood, has been fully established by the experiments of MM. Millou, Hammon, and others; and, recently, M. Burin, in a memoir presented to the French Academy of Medicine, has given an analysis, by which he shows the amount of manganese in the blood globules, and exhibits the condition in which it exists. It is indeed as constant an ingredient of this fluid, in its normal condition, as iron, and it is well known that a deficiency in quantity, of both these metals, may be observed in the blood in many cases of anemia, chlorosis tuberculosis, &c.; and hence the employment of manganese is proper, in most instances, where the administration of iron is indicated. Frequently both may be given in combination, with great advantage.

The most important preparations of manganese, for pharmaceutical purposes, are the *phosphate*, the *malate*, and the *iodide*, of manganese.

After the subjoined formula, we have administered, in tuberculosis, a large number of patients, the phosphate of manganese, with most favorable results.

R. Manganesii phosphatis,	ʒij.
Tinct. Cinchon,	ʒij.
Syr. Sarsæ,	ʒiv.
Mucil. Acaciæ,	ʒi.
Ol. Gaultheriæ,	gtt. xx.

Fiat mistura, cujus sumantur, coch. duo vel tria minima bis terve in die.

Or we may administer, under similar circumstances, and to the same amount, the manganese combined with some of the preparations of iron; as in the following:—

R. Manganesii Phosphatis,	ʒiss.
Ferri Phosphatis,	ʒij.
Tinct. Columbæ,	ʒij.
Syr. Tolutan,	ʒiv.
Ess. Gaultheriæ,	f. ʒj.

These mixtures should be kept in well closed bottles, and as the manganese is not altogether soluble, the medicine should be shaken before being administered.

The malate of manganese is considered by some practitioners a more eligible preparation, inasmuch as it is quite soluble, and the base of the salt is in the form of proto-oxide, the acid being easily digested.

R. Manganesii malat.,	ʒij.
Tinct. Cinch.,	ʒij.
Syr. Simp.,	ʒiv.
Ess. Limon,	f. ʒj.

Fiat mistura, date coch. parv. mane ac nocte.

The iodide of manganese is an efficient remedy in the treatment of glandular enlargements, especially those of the neck, and of the spleen, in constitutional syphilis, and in the anæmia arising from scrofula and from cancerous affections.

It may be administered in the form of pills; or, as a mixture in the following formula:—

R. Manganesii Iodid.,	ʒij.
Tinct. Cardamom	ʒj.
Syr. Sarsæ	ʒv.

Misce. Sumat coch. parv. bis terve in die.

In a paper published in a late number of the *Bulletin de Therapeutique*, M. Petriquin recommends a combination of manganese and iron, as a highly valuable agent in the treatment of disease. He has found these combined medicinal bodies, especially useful in blood diseases, such as the chloro-anæmia, after hæmorrhage, operations, menorrhagia, &c. In the chlorosis which appears about puberty, in that also which occurs at the critical period of women, especially when profuse hæmorrhage prevails, and in the depraved state of the blood, which

succeeds intermittent fevers, M. Petriquin has found the ferro-manganese preparations of remarkable efficacy.—*Amer. Med. Monthly.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

TO SUBSCRIBERS.

Our Subscribers will please bear in mind the terms on which this journal is furnished. Without a strict adherence to them it could not have weathered the trying period of its infancy, and as our old patrons still manifest their approbation in continuing to receive it, we feel we have only to remind them that the former practice of prepayment is still the rule, to be forthwith put in possession of the amounts of subscription due for the current year.

N.B.—Two shillings and sixpence will be given for No. 12, Vol. 1, of the Medical Chronicle, by a gentleman desirous of completing his set. If sent to the Editors, it will be forwarded to the proper address.

A person of the name of Melchior, one of those peripatetic lecturers, who, dubbing themselves professor, travel through the country duping the glibble of the population, has recently addressed us a letter, requesting the name of the young girl whose interesting case the Hon. Mr. De Boucherville has made the subject of a communication to Dr. Hall. He accompanies the request with such a senseless and bitter tirade against the clergy of his own church, something so utterly irrelevant to the information he desires, we are inclined to believe him *non compos mentis*. If he is capable of comprehending a common sense and simple statement, we assure him that the clergy of all denominations are regarded by us with feelings of the greatest respect. As a class, we consider them to be the most upright, moral and religious of the community; composed of men self-devoted in the cause of religion and humanity.

We would advise Mr. Melchior, when he again addresses the editor of a journal, to pay the postage, for assuredly his communications, either for literary elegance, or the information they contain, are not worth even the paltry sum of *threepence*.

Hydrophobia.—In reply to Dr. Clark, we would state, that the bite of a dog, at this or any other season of the year, cannot produce hydrophobia unless the dog be suffering at the time from the disease. If a person receives a bite from a dog, and there be any doubt as to the health of the animal, the ordinary means should be immediately adopted to preserve the person bitten from the effects of hydrophobic poison. The dog, however, should not be destroyed. He ought rather, to be kept chained, or strictly confined for a few days. By so doing, all uncertainty regarding the dog's health may be obviated: for he will soon exhibit all the symptoms of hydrophobia, should he then be the subject of an attack. Destruction of the dog can in no way "lessen the tendency to hydrophobia" in the person bitten, if the dog be rabid at the time of biting the person; and, if he be not rabid, a good dog will in all probability be destroyed, and no good end secured. There is no "sympathy" existing subsequently between the dog who bites, and the individual who is bitten. Sorry indeed would we be if such were the fact. Three in our schoolboy days were we severely bitten, once, alas! on a most ignoble part as we were fast beating a retreat; but we have not the slightest dread of hydrophobia, even should our canine friends at any time become rabid.

We publish the following extract from a letter received from Quebec:—"Diarrhœa is very common here, and a fair sprinkling of cholera morbus, and cholera infantum also, but *no Asiatic cholera*, as a matter of course; there being no place nearer than the Crimea to import it from. We have, in fact, all the materiel to give impulse to Asiatic cholera, as—many of the streets and drains are open and emitting most offensive odors—hot weather, and new vegetables and fruits; enough to convince the most ultra non-contagionist that contagion in some way, and from some source is indispensable to originate an invasion of that fatal and fearful scourge. Professor Mitchell of Philadelphia, (no mean authority,) informed me the other day, that the opinion of the contagion of Asiatic cholera is gaining ground among the leading members of the medical profession in the United States."

Portrait of Prof. Flint.—We have received a well executed engraving of Prof. Flint, who, for ten years has ably edited the Buffalo Medical Journal. It has now, however, passed out of our hands, into those of some warm friends of the Professor, who were desirous of having his portrait.

Messrs. Millar and Thompson.—We feel it were but right to return thanks to these gentlemen for the concession they lately evinced in permitting daguerrean likenesses to be taken of the United African Twins, for the benefit of the profession. Copies of these appear in the present number, and we would that we more often had an opportunity of becoming thankful for contributions equally interesting and valuable on account of the accompanying illustrations. Such zeal and liberality as our collaborateur has thus shewn in the cause of the common weal not only deserves imitation, but merits an expression of marked obligation.

Apothecary Montreal General Hospital.—We omitted to notice in our last the appointment of Mr. Alexander H. Koilmyer to the vacancy in the Apothecaryship of the Montreal General Hospital. After passing a very creditable examination, Mr. K. was complimented by the Medical Staff for the proficiency he had manifested. We hope this approbation will be further inducement to him to continue in the path of progress he has entered, and we feel no doubt as to his rendering every satisfaction in the discharge of the trust consigned to him.

His Excellency the Governor General has been pleased to grant licences to practice Physic, Surgery and Midwifery in Upper Canada, to Thomas C. Scholfield, of Thornhill, gentleman; Isaac Ryall, of Hamilton, Esq., M.B.; Robert K. Addison, of Lohorough, gentleman; Malcolm Ranny, of Toronto, Esquire, and John Salmon, of Simcoe, Esquire, M.B.

His Excellency the Governor General has been pleased to make the following appointments, viz.:—The Hon. Christopher Widmer, M.D., John Doel, and James Beatty, to be Trustees of the Toronto General Hospital.

Work on Mal-Practicc.—Dr. S. Smith, Editor of the New York Journal of Medicine, has in course of preparation, a work on Medical Jurisprudence in its application to the practice of Medicine, Surgery, and Midwifery. Medical men have of late so frequently been arraigned before courts of law in the United States for alleged mal-practicc, and in some cases, unjustly mulcted in heavy damages, the work which Dr. Smith purposes bringing out is very much needed. If any of

our readers can furnish such information as Dr. Smith solicits in the following letter, we hope they will forward it to his address.

Office of the New York Journal of Medicine,
183 Hudson Street, New York.

DEAR SIR:—I take the liberty of addressing you the above announcement of a work on Mal-Practice, and the accompanying circular, with the request that if any trial for alleged mal-practice has come under your observation, you will forward to me, if obtainable—

The Note and Charge of the Presiding Judge in such Suit; or the Notes of Legal Gentlemen engaged in the suit.

If these documents are not accessible to you, will you please return me such facts as you can obtain of cases where suits for mal-practice have been tried, or instituted and quashed, or even threatened? The points of particular interest are—

1. Names of parties to the suit: Court in which case was tried; Presiding Judge.

2. Date of trial.

3. History of the case in the treatment of which mal-practice was alleged, as nature of disease, injury, &c., complications, treatment, results, &c.

4. Testimony brought forward on the trial; opinions of experts, &c.

5. Opinions and Charge of Judge.

6. Verdict, &c., &c.

The strictest confidence will be observed in regard to names, facts, &c., communicated, and no use whatever will be made of them except in the preparation of this work.

If unable to advance the objects of this circular, will you place it in the hands of such medical or legal gentlemen as may have facts bearing on the subject of mal-practice, in medicine, surgery, or midwifery?

All communications will be duly acknowledged.

Truly yours,

STEPHEN SMITH.

BOOKS RECEIVED FOR REVIEW.

Bedford's Obstetric Clinique. Reese's Medical Lexicon. From Messrs
S. S. & W. Wood, New York.

Hogan's Prize Essay on Canada.

Census Report of the Canadas for 1851-52. Vol. 2.

Tables of the Trade and Navigation of the Province of Canada, for the
year 1854.

Rushton's Treatise on Cod Liver Oil.

CORRESPONDENCE.

OLEUM MORRHUÆ CUM QUINA.

(To the Editors of the Medical Chronicle.)

GENTLEMEN,—As the above preparation has attracted some attention in England and is frequently prescribed by medical men here, it may not be uninteresting to some of your readers if we describe the process we have found, after some experience, to be most successful.

A short notice of this article, appears in the London Pharmaceutical Journal of March, 1855, which, however, furnishes no exact formula for its preparation, and merely states, that it is a solution of anhydrous quinine in cod liver oil, prepared by adding the former in fine powder to the oil contained in a suitable glass vessel, and effecting the solution by heating in a water bath. We have observed, that by the continued application of heat, a very unpleasant flavor is communicated to the oil, so much so, as to form a serious objection to its use, and have endeavoured to avoid the difficulty in the following manner. We dissolve the quina in a small quantity of strong alcohol, of sp. gr. O. 796, and find that when this solution is mixed with the oil and gently heated in a water bath, the quina is dissolved without difficulty, as the alcohol evaporates. By this simple method, a perfectly clear liquid is obtained free from the strong flavor, imparted by the ordinary process.

The following is the formula we have employed, obtaining anhydrous quinine :—

Quinæ Disulph, ʒi.

Aq. Ferrentis destill, oij.

Dissolve the quinine in the boiling distilled water, then add liq. ammoniæ in slight excess, and collect; and carefully wash the precipitated quina. This should be dried on filtering paper and fused in a porcelain dish, in a sand bath. Thus obtained, it presents the appearance of resin, being of a dark brown color, translucent and soluble in almost any proportion in fixed oils. We have generally made our solution of the strength of 2 grs. of quinine, to one ounce of cod liver oil, but this may, of course, be varied to suit the pleasure of the prescriber.

A solution of caustic soda, might be substituted with some advantage for liq. ammoniæ, as quina is slightly soluble in excess of the latter, causing a slight loss which may be avoided by using the former precipitant.

We remain

Gentlemen,

Yours truly,

S. J. LYMAN & Co.

MEDICAL NEWS.

Dr. Dietl of the Vienna Hospital has published his investigations as to the curative power of nature and arrived at this deduction, in 85 cases of pneumonia treated by blood letting 16 died; of 106 cases by Tartar emetic 22 died; while of 189 cases left to the curative power of nature, without medicine, only 14 died.—Dr. Kimball of London, lately removed from the abdomen of a lady in Lettiox, an ovarian tumor weighing 45 pounds. She is now in a fair way of recovery.—Professor Dugas, in the Medical College of Georgia, a few days since, had to extirpate a large tumor on the back weighing about 6 pounds.—The total number of deaths in Chicago last year was 3,827, of which 1,434 were from cholera.—Agassiz is preparing to publish the results of his laborious investigations on the Natural History of the United States. It will be issued in about 10 large volumes, each complete in itself and for sale separately at 12 dollars.—The Massachusetts College of Pharmacy have petitioned the City Government that its members in Boston may be appointed agents to sell spurious liquors for chemical, medicinal and mechanical purposes.—Tartar Emetic in 7 doses has been lately recommended as a remedy for drunkenness by Dr. Gilbert in the *Lancet*.—186 children were vaccinated at the Williamsburg, (N. Y.) Dispensary between the 1st and 20th May.—The "Stethoscope" periodical has been purchased by the publishers Messrs. Ritchie and Dunaway by whom it will be issued regularly as heretofore.—Infusion of senega made with cold water is tasteless, it should macerate for 12 hours; it contains the cathartic and coloring matters leaving the essential of the fatty matter and the mucous resin which are only soluble in hot water. If concentrated by subsequent evaporation it may be prescribed in small doses.—The anæsthetic effects of congelation as proposed by Professor Arnott have been lately tested in operations in the London Hospitals; they appear to be confined merely to the skin.—At Aleppo there is an hospital for cats. It was founded by a rich Mussulman and is one of the best endowed institutions in the city. Here sick cats are nursed homeless cats find shelter and decrepid cats gratefully put away their declining years. The whole category embrace several hundreds and it is quite a sight to behold the court, the corridors and terraces of the mosque swarming with them.—The cost of advertising quack medicines in the United States annually is estimated at \$200,000.—A Mrs. Miller of Harrisburg, Pa., at her first confinement gave birth to 2 children, at her second to 3 and some time ago at her third to 5 boys, making in all 10 children in 4 years and all living.—Four millions of men in China are said to be opium drunkards and 100,000 die annually.—Louis Durand who died at Panama a few years ago at the age of 90 had been, it is said, the father of over 10 children.—The celebrated Dr. Martin Barry especially distinguished for researches in embryology, has paid the debt of nature. He died at the age of 53, at Beccles in Suffolk.—Dr. Bartlett has, from continued ill health, been obliged to resign the chair of Materia Medica in College of Physicians and Surgeons, N. Y. He has been appointed Emeritus professor. Dr. J. M. Smith has been appointed Professor of Materia Medica and Clinical Medicine.—Dr. Soma attributes to belladonna more energy and quickness of action as a tonic than ergot possesses.—The Indians (black feet and other tribes) use the rattle, the rattlesnake not only to hasten labor, but to produce abortion. The common dose is one rattle, sometimes increased to two, which are taken pulverized and mixed with water.—The blood of the garter snake is sometimes used for the same purpose.—M. Jeoffroy St. Hilaire, has been recently delivering lectures to the people of Paris, upon the value of horse flesh as food, and recommends it as a good substitute for beef.—Walton & Maberly publishers, give Mr. Erichsen £1000 for his late work on surgery. Other publishers actually considered it worth nothing. It has been refused a place in the College of Surgeons Library, London.—A woman recently died at Whitechapel, aged 53, of whom the Registrar says: "Bed sore [about seven days], obesity, supposed to weigh about 23 or 24 stone."—At Liverpool the supply of fresh water from all sources is 62,000,000 gallons a week the requirement is 60,000,000. Sea water is used for watering the streets.—A prize of \$100 is offered to the physicians of Alabama by the State Association for the best essay during the present year on some medical subject.—Berschhoff, the eminent physiologist, well known for his researches in embryology, is about to leave the University of Gießen for that of Munich. The latter institution will thus have deprived that of Gießen of two of its greatest ornaments, viz., Baron Liebig and M. Benschhoff.