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THE
BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

ART. XXXVI.—*Statistics of the University Lying-in Hospital, Montreal.* By ARCHIBALD HALL, M.D., Physician Accoucheur to the same; Professor of Midwifery, &c., University of McGill College; President of the College of Physicians and Surgeons of Lower Canada; Honorary Fellow of the Obstetrical Society of London, &c., &c.—(*Concluded.*)

I will now conclude these observations by reporting as briefly as possible the leading features of some of the more important cases which have occurred in the Hospital since its establishment.

Case I.—*Case of twins. Concealed delivery of one child.* This important case, of which I propose to give merely an abstract, was reported at length by Dr. S. C. Sewell, in whose practice it occurred, in the 2nd Vol. of the old series of the British American Journal, for 1846. It possesses important medico-legal bearings.

On the 16th November 1845, Dr. Sewell was requested by a gentleman, a patient of his, to visit his servant woman, Bridget Cloone, aged 40, who, he stated, was suffering from colic and pain in the back. After arrival at the house, Dr. Sewell was induced to suspect a pregnancy, which was confirmed by vaginal examination. He estimated the gestation to have been about seven or eight months. Upon being charged with it, the woman indignantly denied the impeachment, but admitted, that "if there was anything inside her it was no child." She was immediately removed to the U. L. Hospital, where on examination, one hour afterwards, Dr. S. found the os uteri dilated and the membranes protruding, indicating a concealed labor in progress. He then detected what appeared to be a funis lying coiled in the upper part of the vagina, on pulling which, a free extremity came down but not to the vulvar aperture. Dr. Sewell left, and on returning shortly afterwards, he found Dr. McCulloch in attendance, a child having been just delivered by the feet, and the woman still persisting that there was no child. It is necessary now to notice that the extremity of the free funis presented every appearance of having been cut by a pair of scissors or knife. Information of the circumstances was lodged at the Police Office, and on examining her trunk of clothing

at the house of her master, the body of a male child was found underneath the clothes which it contained, these having been carefully smoothed over it.

Without entering further into detail, it will suffice to enumerate the conclusions arrived at by Drs. McCulloch and Sewell after a *post mortem* examination, performed by order of the Coroner :

“ 1. That the child had breathed freely.

“ 2nd. The marks of injury on the right breast and neck were inflicted during life.

“ 3rd. They were in all probability caused by the left hand of an adult grasping the neck of the infant.

“ 4th. The protrusion of the tongue and the position of the hands are probably referable to strangulation.

“ 5th. Death was not caused by hæmorrhage from the cord ; and

“ 6th. The child was between seven and eight months of utero-gestation.”

To conclude this case using Dr. Sewell's own words when narrating it ; “ the rest of the evidence went to shew that she had been a widow for some years ; that she had carefully concealed her pregnancy ; that she had taken powerful emmenagogue medicines prescribed by an irregular practitioner up to the day of delivery, and that she was seen half an hour before Dr. Sewell's arrival at the house, to get out of bed, stand by its side, take a pair of scissors from underneath the pillow and *cut something under the bed clothes.*” There seems to be an incongruity in the latter part of this statement, the italics of which are my own. The cord could not have been divided under the bed clothes, she standing at the time by the bed side, as the shortness of the cord lying in the vagina, evidently indicates it to have been severed close to her own person, furthermore proved by the length of the cord attached to the infant which was found to be nine inches. I cannot explain this apparent discrepancy. The result however of the case was, that the coroner's Jury returned a verdict “ of wilful murder ” and she was immediately put under arrest. The bill of indictment founded upon this verdict was afterwards thrown out by the Grand Jury. The woman was then indicted for concealing the birth of an illegitimate child, convicted, and sentenced to six months' imprisonment. It is not only unnecessary, but out of place here, to consider the important medico-legal bearings of this case.

Case 2.—*Turning by external manipulation in a trunk presentation.*

Mrs. McM. was admitted on the 24th July 1852, and labour set in on the following day. The membranes had not ruptured, but on vaginal examination a hand was detected presenting at the os uteri. Dr. McCulloch was notified of the circumstance and was in prompt attendance. The right hand was now diagnosed to be the presenting one ; and by careful examination, the head of the fetus was distinctly felt in the right iliac fossa. Instead of turning the child, he determined to attempt to bring the head to the superior strait. By a series of well managed external manipulations he eventually succeeded in displacing it from the right iliac fossa, and lodging it over the brim of the pelvis where it fortunately remained. A rupture of the membranes, with the consequent increase in the force of the uterine contractions, maintained it in

its position, and it advanced along with the hand, which it was found impossible to return. The shoulder became pressed under the chin, and the forearm and hand became extended along the face and parietal bone. The child was born alive but died thirty hours afterwards. The parietal bone was found to be distinctly indented by the hand and fingers of the infant at the time of its birth.

I think there can be no doubt that version performed by external manipulation, may be far more frequently resorted to than it is, and that this means of converting an unfavourable presentation into a favourable one has been to a very great extent lost sight of. It is scarcely taught in the schools, and rarely alluded to even in obstetrical works, but it is an operative procedure of great merit, and should be attempted in all cases, if the *accoucheur* is fortunate enough to see his patient before the membranes have ruptured, some portion of the infant's lateral plane presenting, the head not very remotely placed from the centre of the brim of the pelvis, and at the same time no unfavourable complications existing which may demand a prompter termination of the labour than this method affords, whether for the sake of the mother or the child. Under such circumstances, this method should be adopted in preference to submitting the mother and her infant to the hazards necessarily encountered in the performance of podalic version. A case occurred in my own private practice about three months since, which exhibits the feasibility of the operation, and the comparative ease with which, at least, in this instance, it was performed. Mrs. McH——, whom I had twice previously attended in her accouchements, sent for me in her fifth. In the fourth labour the infant presented by the breach, but beyond this all went well in the preceding ones. She was tall, and rather slenderly built, but well proportioned. The labour had been in progress about a couple of hours before I arrived at her house, and on examination, I found the os uteri dilated to about the size of a crown, the membranes protruding to a slight extent, and enclosing, what after some difficulty I made out to be an elbow. The globular form of the foetal head was distinctly enough traceable in the left iliac region. Bearing in mind the success obtained in the case above reported, I resolved, as the uterine action was not urgent, and intervals of several minutes occurred between the pains, to attempt to bring the head to the superior strait by means of external manipulation. Placing one hand on that portion of the abdomen opposite the child's head, and the other on the part opposite its nates, by gentle pushes and impulses, I felt the head, after about twenty minutes manœuvring, gradually receding from its position; and at an ensuing vaginal examination, I had the satisfaction of feeling the vertex, the elbow having completely disappeared. By this time the pains had become more rapid and efficient, and were fast losing their primitive character. A severe bearing down pain soon came on during which the membranes ruptured, and in the course of about an hour afterwards, the vertex presented at the vulvar aperture in the first position. I am fully of opinion that this procedure may be more frequently resorted to than it is. After the membranes have ruptured, this operation becomes impossible. In a late number of this journal there appeared in the periscopic department some remarks by Dr. Noeggerath, of New York on this subject.

Case 3.—*Presentation of the vertex, complicated with prolapsus of the funis, left hand, right foot, and left lateral plane.*

This case occurred since my connection with the Hospital and was reported in the Montreal Medical Chronicle for June 1855, by Mr. (now Dr.) Kollmyer the gentleman who was in attendance upon it; I will therefore give a *résumé* of it.

Bridget B. aged 28, married, strong and healthy, applied for admission into the U. L. H. on the 23rd March 1855. The present is her fourth pregnancy, nothing untoward having occurred in her previous accouchements.

Labour supervened about 10 A. M. on the morning of the 22nd April and having been summoned, Mr. K. found on examination, the os uteri thick, moist, cool, and yielding. The pains continued, and the membranes ruptured about 1. P. M. when a very large quantity of liquor amnii escaped.

On examination immediately after this event, a loop of the umbilical cord presented itself externally, but no other presenting part could be reached by the finger. Thinking it a case for version a dose of opium was administered, and I was sent for. On my arrival at the hospital, after introducing a considerable portion of the hand, I detected the occiput presenting above the brim, and inclined towards the mother's right sacro-iliac synchondrosis, but so much so as to impress me with the idea that the labour might terminate spontaneously, if no other obstacle intervened. A little to the left of the occiput, a careful examination still further detected a foot, which was diagnosed to be the right one, and a little higher up a hand, which turned out to be the left one, while stretched across the brim of the pelvis lay the child's left lateral plane, and the umbilical cord still pulsating was prolapsed. By the application of the stethoscope the pulsations of the fetal heart were heard, and counted at 40 in the minute, thus indicating the extreme danger in which the child was placed. I at first imagined that I had to deal with a case of multiple pregnancy, but on carefully examining, the fact was ascertained that the funis, foot, occiput and hand all appertained to the same child. An attempt was made to return the prolapsed funis, and push up the inferior extremity and body so as to permit a more complete engagement of the occiput, but the powerful uterine action which was going on utterly precluded this manœuvre. By this time the pulsations in the cord had ceased. Having resolved upon the immediate operation of version, chloroform was administered, and when its anæsthetic influence had been secured, I proceeded to its accomplishment, by seizing the right foot, and bringing it into the vagina, where it was secured by a fillet; with some difficulty I next succeeded in seizing the other foot, and the labour then progressed as usual until the delivery of the arms. With very great difficulty the posterior or sacral arm was made to effect its curve over the child's chest, but all attempts to perform the same operation with the anterior or pubic one proved unavailing. This arm was found to have become crossed behind the child's neck and rested on the brim of the pelvis. This difficulty necessitated a recourse to the blunt hook. This instrument was passed upwards along the back of the child, and fastened upon the shoulder, which was brought by careful traction into the cavity of the pelvis,

where afterwards manual interference effected the disengagement of the arm. The head was finally extracted after considerable exertion.

The child, which was born dead, was unusually large. It weighed 10 lbs. $\frac{1}{2}$ oz., and measured 26 inches in length. The funis was also unusually long, having been about 28 inches in length. The duration of the labor was about 5 $\frac{1}{2}$ hours, and the mother recovered well.

Case 4.—*Presentation of the Vertex, complicated by projection of the Promontory of Sacrum; rigidity of the uterine orifice; ineffectual attempts at delivery by the long forceps; podalic version successful.*

Mrs. Eliza Feeny, a married woman, stout and vigorous, aged 37 years, in her second pregnancy, was admitted into the U. L. Hospital, at 10 a. m. of the 26th of July, 1856, her labour having commenced at 3 a. m. that same morning.

Immediately after her admittance a copious discharge of liquor amnii took place. Attendance on this case, having fallen in rotation to Mr. (now Dr.) Cunningham, that gentleman was immediately summoned. In a little while after having been seen by him she complained of a good deal of pain in the pubic region, apparently due to distension of the bladder. A catheter was accordingly had recourse to, and a considerable amount of urine was drawn off. The vaginal examination disclosed a vertex presentation, but the pains continuing active and severe without the slightest apparent progress in the labour, Mr. C. judged it proper to send for me. Having been absent from home, Dr. Fraser was called in, who, discovering considerable rigidity of the uterine orifice, prescribed a mixture as well for the purpose of diminishing that obstacle as to lull the violence of the uterine action. The following was the mixture :

Antim et Potassæ Tartrat, gr. vi.

Morphiæ Mur. Solut. (Ph. E.) ʒ i,

Aquæ ʒ vi M,

Capiat ʒ j. quaque quarta parte horæ.

By the time she had taken three doses of the medicine, I arrived at the Hospital, and on examination found the os uteri rigid, dilated to about the size of a shilling-piece, and the vertex presenting. There was furthermore noticed a very considerable projection forwards of the promontory of the Sacrum, which could be readily touched by the finger. Anticipating now considerable difficulty in the management of the case, Dr. Fraser was recalled along with Dr. Holmes and Dr. Workman, the registrar of the hospital, and, after consultation, a full bleeding was deemed expedient, which was immediately performed, and a draught containing a drachm of the solution of the muriate of morphia was exhibited internally. It was now about 5 p. m.; and under the impression that the uterine action would become more regular and effective, and to give full time for the reduction of the rigidity, it was agreed to meet together again the same evening at half-past nine o'clock.

On our return to the hospital at the appointed time, matters were found much in the same condition. There had been no further entrance of the vertex into the cavity of the pelvis, but the rigidity had yielded; the os uteri was considerably dilated, and what was of great consequence, dilatable. A second amniotic pouch

now formed, which eventually ruptured, carrying along with the water as it gushed forward a loop of the Funis, which it was found impossible to return, thus additionally complicating the case. Pulsation was for a considerable time felt in it. On consultation it was now deemed advisable to have recourse to the long forceps, which were repeatedly applied by myself, and afterwards by Dr. Holmes, but which as often slipped off the head. It was finally resolved upon to have recourse to version. The patient having been thoroughly chloroformed, with very great exertion and difficulty, arising out of the violence of the uterine action, I succeeded in bringing down one foot, and afterwards the other, but now exhausted, I requested Dr. Fraser to complete the extraction of the fœtus, which, after powerful tractive efforts was at length accomplished. The child was born dead, but the mother, notwithstanding the severity of her labour, made an excellent recovery, and was discharged from the hospital on the 7th August.

I find in the remarks on this case in the ward-book of the hospital, that the biparietal diameter of the child's head measured $4\frac{1}{2}$ inches, and that the antero-posterior diameter of the brim of the pelvis, ascertained by digital measurement, was only three inches. The following additional peculiarities in regard to the child are on record: Its length was 24 inches; its weight 10lb. 8 oz.; and the length of the funis umbilicalis was 45 inches. It is worthy of remark that her accouchement, two years previously, was only of two hours duration, that child was then living, nothing unfavourable having occurred.

Case 6.—*Vertex presentation in the left Transverse position, complicated with generally contracted diameters of the brim of the pelvis, and an exostosis of the Right Sacro-iliac Synchronosis. Forceps.*

M. N. G., an unmarried primipara, aged 30 years, of short stature, stout and active was admitted into the U. L. Hospital on the 22nd January, 1855, and labour came on the 18th March at 6 a.m. As soon as possible after this was known the gentleman to whose charge this case fell was sent for. This party confident in his own powers, and too proud to consult the matron with whom he had had an altercation some time previously, was resolved to manage it exclusively himself, which the matron, grossly neglecting her duty, permitted him to do. In fact, he stated that he had enjoyed an extensive midwifery practice in Upper Canada, in the place where he resided, and was therefore competent to any emergencies which might arise. The unfortunate result of this case proclaims how shamefully he violated his obvious duties. He arrived at the hospital at about 7 a.m.

From this time till about 11 a.m., the pains were light with considerable intervals between them, but they now began to be more active and efficient. An examination was made, which satisfied him that the infant was presenting by the vertex. The os uteri became nearly fully dilated about 3 p.m., when the pains changed to the ordinary bearing down ones. Matters continued in this state with the exception of increasing intensity in the pains, and but little engagement of the head in the cavity of the pelvis until 6 o'clock the next morning, when he at last deemed it his duty to send for me. I arrived at the hospital at 7 a.m., and on careful examination discovered a transverse presentation of the

vertex, a very large caput succedaneum, and marked heat and tenderness throughout the whole length of the vagina, especially about the os uteri. The latter, however, was well dilated, and the head had become very considerably engaged within the brim of the pelvis, but closely impacted. The apparent condition of the patient was by no means promising. Her countenance was expressive of anxiety and very much flushed, the pulse was quick and hard, the pains powerfully bearing down, with very short intervals. There was no other alternative but the immediate application of the forceps. The head was low enough down to permit the use of the short pair, which were therefore used. With considerable difficulty I succeeded in applying them, antero-posteriorly on the child's head, and after considerable tractive force, the head was withdrawn. The child was still born, and small, weighing only 6 lbs. 8 oz.; and although attempts at resuscitation were made, and continued perseveringly for nearly an hour, they proved fruitless, the heart's action ceasing in the course of three quarters of an hour.

The mother progressed favourably until the fourth day, when symptoms of pelvic cellulitis began to manifest themselves. In consequence of this she was removed to the Montreal General Hospital. An extensive abscess formed within the cavity of the pelvis on the left side, which was opened through the vaginal wall, permitting the escape of an immense amount of intensely foetid pus. She died, however, on the 23rd of April. The pelvis forms a specimen in the pathological museum of the Faculty of Medicine of McGill College. It presents some slight obliquity; the internal plane of the Ischium on the left side shows evident traces of caries. There is a considerable exostosis on the left Sacro-Iliac Synchondrosis, and a thorough ankylosis of this articulation on both sides. The antero-posterior or conjugate diameter of the brim measures $3\frac{3}{8}$ inches and the transverse $4\frac{1}{8}$ inches.

There can be no doubt that this unfortunate creature would have survived her accouchement had a more timely assistance been afforded.

Cases 7—14.—*Vertex presentations complicated with rigidity of the Os Uteri.*

These selected cases are of no further moment than as tending to establish the value of a practice suggested by myself in the December number, 1850, of the old series of the *British American Journal*, in which there appeared a paper confirmatory of the utility of Tartar Emetic, exhibited in such cases in one grain doses, given every half hour. This practice was at the time supported by the effects witnessed in four cases of parturition, complicated with excessive rigidity of some part of the uterine orifice, and these selected. I deem it unnecessary to enter into the peculiarities of these cases, as their phenomena were nearly all alike. Rigidity of the Os Uteri presents nearly the same phenomena in all cases; except that the rigidity may be partial or complete, involving one portion or another of the uterine orifice. The above, however, are cases in which the labour was prolonged by rigidity of the whole external orifice, which acted as a tight band upon the vertex, prohibiting its advance. All these cases were managed in accordance with the principles contained in the paper to which I have adverted, viz: the exhibition of grain doses of the Tar-

tar emetic, exhibited every half hour. In no instance was it necessary to repeat the Tartar emetic more than twice; one dose most commonly sufficing. It is my opinion that the value of exhibiting the remedy in the way indicated over bleeding, Belladonna, or the same medicine given every four hours in smaller doses as commonly advised, is unquestionable, and I adduce these cases as additional ones confirmatory of the fact.

Case 13.—*Placenta prævia. Rapid expulsion of the whole uterine contents.*

Mrs. Catharine T., aged 37, applied to me to be admitted into the U. L. Hospital, about the beginning of December, 1846. In consequence of puerperal fever having declared itself in the Institution at this period, admittance was denied, but, at the same time, the promise of assistance was extended to her in her own house, when the appointed time arrived. From the answers returned to my questions at this time, I expected that the case would turn out one of *Placenta Prævia*, a suspicion which was afterwards confirmed. Symptoms of labour set in on the 17th of the same month, and her husband called at my house to notify me of the fact at 6 a.m. of that day. I immediately placed her in the charge of Mr. (now Dr. D. T. Robertson), a most intelligent pupil of my own, who immediately accompanied the husband. I should now remark that, within a few minutes after having been notified of the case, I was summoned to attend upon a lady who had engaged my services some months previously, and as the house in which Mrs. T. lived was but little out of my road to that of my own patient, I ventured to pay her a short visit, to assure myself of the state of affairs, and to assist Mr. R., if necessary, to the fullest extent my own limited time permitted. Mrs. T. was a short stout woman, in her sixth gestation, her previous ones having been all ordinary. On examining her, after entering the house, I found the os uteri dilated to nearly the size of half a crown, soft and dilatable, the pains active, but not very efficient, the placental mass completely blocking up the orifice. There was, of course, the usual hæmorrhage, but it was by no means profuse. In fact her pulse was scarcely affected by what she had lost, and was losing. The case admitted of some delay, and as my own time was very limited, not permitting me the application of the stethoscope, to ascertain the condition of the child, or the extent and nature of the placental engagement, I advised Mr. R. to send for Dr. Fenwick, then Registrar of the Hospital, and in the mean time to apply the tampon to moderate the hæmorrhage. That gentleman was accordingly sent for, and as he has reported the case in the *Medical Chronicle* for 1847, I quote the conclusion as detailed by him:

“I saw the woman shortly afterwards. On examination I found the placenta almost wholly detached, and bulging out though the os, which was dilated. The pains were lingering, and by no means severe. With each pain there was a slight gush of blood, but the quantity lost was so trifling as not to have affected the circulating system. I explained to her husband that manual interference was necessary, and while preparing myself for the immediate performance of version the patient was seized with a prolonged and vigorous pain, and as I passed my hand beneath the bed-clothes, the placenta was shot out with

considerable force over my knuckles, and the child immediately followed. The uterus contracted firmly, and all was well as regards the mother. The child, however, was dead."

Nothing requires to be said about the other two cases of Placenta Prævia, both of which were "partial." The ordinary management was adopted, and in both cases the infants born were living.

The foregoing is a sketch of some of the more important cases which have occurred in the Hospital, from its establishment to the present period. I have given them as an appendix to the two papers previously published.

Montreal, 1st July, 1860.

ART. XXXVII.—*On the use of cold water in Scarlet Fever*, by WILLIAM MARSDEN, M.D., Quebec.

The Montreal "Commercial Advertiser" of the 29th ult., has the following on the subject of, "SCARLET FEVER." "This disease in its worst form is very prevalent in this city just now, particularly in St. Ann's Ward, where aided by the existence of all the elements fostering diseases of this character, it has been very fatal among children." As this human scourge also prevails in other parts of the Province, reaping an abundant harvest, it occurred to me that a few suggestive remarks through your columns might be of service.

Of all the systems of Medical treatment in use,—I had almost said, in fashion,—there is none so eminently entitled to the serious attention of the enlightened Medical practitioner as HYDRO-THERAPEUTICS. I regard it as one of the most useful streams from the fountain of Medical science, but, I do not, like the monopathic bigot or enthusiast, consider it, as the whole fountain.

In all my eclectic Medical experience, I have found nothing that could compare with cold water, in the treatment of Eruptive Fevers, and especially of Scarlatina. Although no prophylactic will probably ever be discovered; yet, I am of opinion, that cold water holds about the same sanative relation to Scarlatina, that vaccine does to Variola.

Having enunciated my predilection in favor of cold water, in the treatment of Eruptive Fevers generally; it is foreign to my purpose, and would occupy time uselessly, even to glance at the nature, history, character or technical definitions of Scarlatina; and, as I write for the profession, and not for the public, they are aware of the fact, that by any, or all of the ordinary remedial means in use, our success has not been greater in the treatment of this fatal scourge, though our knowledge is not less than it was over two centuries ago. In fact, the greatest success has invariably attended the practice of those "who have treated it symptomatically, leaving the disease to nature." Treating the disease then symptomatically, in all other respects, my application of cold water consists in what is technically termed the "cold pack." Wrap the entire body, (first divested of all clothing) in a linen sheet, wrung out of cold water, at a temperature not above 70°, and lower if the case be a bad one, packing the whole body in blankets leaving only breathing room, and continue it until re-

action comes on. This process may be repeated after a time if required, though I have seldom found a second application necessary; but, never more than a second in the worst cases. If the throat be much affected, a compress of several folds of linen dipped and wrung out of cold water, at a temperature under 60°, if possible, should be kept constantly applied to the neck, and renewed frequently. I say it not boastingly, but in all truth and gratitude, that I have not lost a solitary case of this malignant and fatal disorder, since I have adopted the cold water treatment!

For the particular mode of applying cold water, packing, &c., I would advise persons who are not within the reach of experienced or practical cold water manipulators, to consult Dr. Munde's valuable little work on Scarlet Fever* treated Hydratically. It was written during an invasion of malignant Scarlatina, in 1857, from the purest motives of philanthropy, and although not written for the Medical profession, will not be the less useful or valuable on that account. After declaring that he only holds water treatment as a branch of the medical tree, and not the whole tree; he says, on the subject of his work; "owing to the reluctance of the profession to allow Hydro-therapeutics an honorable place among medical systems, I address myself more to parents than physicians. Had I intended to write for the latter, exclusively, the important subject which I am treating, would have received another coat." He also states in his preface, what I, *from my own experience believe*, viz: "I have treated Scarlet Fever hydratically for twenty one years, and out of several hundred cases never lost a patient, except one, who died of typhus during an epidemy of Scarlatina." He speaks equally favorably of the success of other physicians of the same School, during a period of twenty five years, but his encomiums do not apply to the cold water quacks, with whom the country abounds.

Having spoken of Dr. Munde, (whom I have the pleasure of knowing personally) it may not be uninteresting to point out some of the scientific advocates of cold water treatment, who however existed only as monads in their respective generations, until the uncultivated genius Priessnitz burst forth like another Alpheus, and seizing his more learned and accomplished disciple Munde as his Arethusa, plunged into the stream of Elis and rose again with healing on their wings. The former (now gathered to his fathers) was first brought into world wide note, more by the writings of his pupil, than by his genius or successful practice, and the latter has found his Sicily near Northampton, in Massachusetts. Dr. M. is, I believe, a native of Dresden; a highly educated and accomplished gentleman and physician; who uses the water treatment, not empirically, but scientifically.

His writings are recognised as reliable authorities, both in Europe and America. He was the favorite pupil of Priessnitz. His works are numerous and have been translated into almost every modern tongue; English, French, Spanish, Portuguese, Italian, Swedish, Hungarian, &c., and so popular is his "Hydrother-

* Hydratic treatment of Scarlet Fever in its different forms. Or how to save, through a systematic application of the water cure, &c., &c., &c., by Charles Munde, M.D., New York: Wm. Radde, 300 Broadway, 1857.

apcia," that it has gone through seven editions in French, both in Paris, and Brussels, at which latter place, two pirated editions have been published on speculation. In the original tongue, German, it had gone through nine editions six years since.

That the antiquity of cold water treatment in fevers is greater than Christianity, and was well known to the Greeks as well as to the Romans, every classical scholar is aware. The Roman Emperor Augustus was cured of a fever, and his life saved, by the use of cold water, under Antonius Musa, as related by Hippocrates* and later we find the works of Galen abound with encomiums on the use of cold water in fevers. Later still, we have among the distinguished Germans, Reuss, Froelichsthal and De Hahn who in 1737 attained a marvellous celebrity, by the cure of a malignant fever that ravaged Silesia, by washing, sponging and bathing the body with cold water. Among the British practitioners of eminence, the names of Wright, Bateman, Currie, Gregory and Jackson are familiar.

Although it may be a digression from the heading of this article, it may not be uninteresting to your readers to state, that for four or five years past, I have been in the habit of using cold water in the treatment of Cynanche Trachealis, in its worst forms, with a success quite equal to that in Scarlatina. The first case in which I had an opportunity of testing its virtues, was in the practice of my worthy friend Dr. Rowand.

Having been requested by him to assist in the operation for tracheotomy in a child of about four years of age, on arriving at the house, we found the danger was so imminent, that we deemed the operation would be useless, and, as the parents were strong advocates of the cold water treatment, I suggested a trial of "cold packing;" to which Dr. R. at once assented. We immediately proceeded to "pack" in the usual way, to the great satisfaction of the parents; and in a couple of hours had the pleasure of seeing the little sufferer breathing freely, instead of suffocating; and a few hours later, the unspeakable delight of pronouncing it convalescent. The results in this and subsequent similar cases, prompted the idea that in its dread kindred affection Diphtheritis, cold water should be my sheet anchor (paradoxically, a bad one) if ever I should meet with the fiend. Happily however, our city has been as free from its presence as other parts of this Province, not a single case having occurred here.

QUEBEC, 2nd July, 1860.

Place d'Armes.

ART. XXXVIII.—*Foul Emanations.* By WOLFRED NELSON, M. D.

Sickness is every day caused, in one shape or another, by the pestiferous exhalations arising from heaps of putrescent matter of various descriptions, which are not always recognizable by the senses, though they are not the less deleterious; indeed it would be a happy circumstance if the odour was so offensive as to be unbearable, as it would then lead to the removal of accumulations which, silently

* Hipp. Oper. Ed. t. 83, p. 518.

and unobserved, gradually deteriorate health, predispose to malignant fevers, and not seldom end in premature death.

Having witnessed so many instances of the dangerous consequences resulting from such causes, and being aware that by comparatively cheap and easy means such misfortunes can be averted, I deem it a duty to communicate my views on the subject, not only to the profession, but also to the public through the medium of the *British American Journal*. I am the more desirous to express my sentiments at this moment, from the circumstance that two deaths have taken place from putrid fever within a few days. This is only an aggravated case of what frequently occurs, and it is well to state the circumstances:—An old privy was emptied in a neighbouring yard, the workmen, hardy fellows whose mental and physical vigour was kept up as well by the excitement of a good fee as by oft repeated glasses of brandy, finished their unsavoury job with little inconvenience, but two weakly boys, taking interest in what was passing, remained on the spot during the process; they were somewhat annoyed by the smell at the time, and felt unwell in the evening; the next morning they were attacked with constant nausea and gastric pains—the unequivocal symptoms of typhus set in, which baffled every effort, and in four days one of the boys died, and the other followed him a few hours after. The peculiarity and severity of the symptoms lead to an investigation, when the above facts were elicited.

In towns where privies, cesspools and congenerous materials are necessarily confined in narrow limits, it is a difficult matter to avoid the noisome effects of such accumulations, yet by means very cheap, easily applied and readily obtainable, the many mischiefs that arise from such causes can be in a great measure overcome, and that often by substances that are looked upon as burdens and annoyances. The soot from stovepipes and chimneys, as well as the ashes, the lime of old white-wash, refuse salt and pickle, and all such other substances as are met with in every house, should be thrown into the privies—they will not only correct much of the vile odour, but will act as absorbents, reduce the volume of the poisonous matter, and give it a consistence which will greatly facilitate its removal. The refuse substances mentioned, which are constantly thrown either into the yard, street or road to the annoyance of every one, would thus be turned into most useful agents, and the whole would form very valuable fertilizers for the agriculturist. But as these matters cost nothing, they are deemed worthless; well, to meet this contingency, let the lovers of that which must be purchased be made acquainted with a few of a variety of drugs that must be bought and cost but little, and are readily applied and most efficacious. And, indeed, during the hot weather, decomposition and putrescency are so rife that the domestic articles above alluded to would scarcely be in sufficient abundance to meet the requirements, hence the advantage of having other ingredients to resort to.

One pound of green vitriol dissolved in a bucket of warm water, should be sprinkled in the privy or dung heap; or the same quantity of alum, or both may be combined. One pound of oil of vitriol in a gallon of water would answer the same purpose, care being taken in the use of the acid, as it is a violent escharotic. Another most efficient solution is that of soda ash, one pound in a

gallon of water, or if in powder mixed with salt, strewed in the repulsive receptacles, will not only stop the further evolution of gas, but in a surprising manner diminish and condense the mass subjected to its operation. One or two pounds of common salt thrown into the cesspool, once a week, would also be extremely beneficial. There are other deodorizers and disinfectants which are easily obtained—sugar of lead, chloride of lime, Burnet's fluid, and other kindred substances.

Sewerage, slush, and every liquid excrement can be corrected and condensed by throwing the ashes and refuse from steam founderies, smith's forges, also the sweeping of coal sheds, &c., such materials would render the filthiness sufficiently solid to admit of carting away, while excellent manure would be produced.

The above means are simple, safe and effectual, as they are at the disposition of every one, yet like many other plain and palpable things, they will be utterly neglected, though prosperity happiness and life may be the penalty.

In the course of a long professional career, I have had innumerable instances of the truth of what has just been asserted.

Our Police regulations, it is believed, are sufficiently stringent if properly and boldly carried out, to prevent the horrible accumulation of garbage, filth and ordure, and cause their removal before the hot weather has converted them into one seething mass of festering decomposition; but if they were deficient in some of their details, there can be no doubt but the municipal authorities have the power or should possess it, of enacting summary laws to guard against the fatal results that are sure to arise in one form or another from negligence of this sanitary measure, which it is the interest of every one to see carried out in all due rigour, as is well observed by a very recent writer:—"When the safety of all is involved, it cannot be questioned that the state is justified in interfering with the freedom of individual action to secure the common safety, and protect the whole body of society from the danger of pestilence and death."

Montreal, July 2nd, 1860.

REVIEWS, &c.

ART. XXXIX.—*The Diseases of the Ear, Their nature, Diagnosis and Treatment.* BY JOSEPH TOYNBEE, F. R. S., &c., &c. Philadelphia, Blanchard and Lea.

Until recently the British surgeon was indebted for his knowledge of Aural Surgery to the writings of Itard, Kramer and a few other continental authors, but within the last few years several able communications have been contributed by our countrymen to this much neglected branch of surgery, and two excellent treatises have been published on the subject, one by Mr. Wilde of Dublin, and the other by the author whose name heads this notice. It is to be feared

that the difficulties which surround the accurate diagnosis and treatment of the diseases of the internal ear are so great, that the general surgeon cannot be expected to master them, and to treat this class of affections, with the success that attends his management of other maladies. But this objection does not apply to the diseases of the external ear, which he should treat with as much success as any others, that are brought to view by means of instrumental aids, as the specula and lamps of different constructions now in general use.

The diseases of the external ear are discussed by Mr. Toynbee, in a manner sufficiently lucid to be understood even by those who have not hitherto paid much attention to the subject, and the chapters which treat of this branch will amply repay perusal. We were much interested in those on Polypi from the fact that we have had a good deal to do with these growths and have practised most of the plans of treatment recommended by our author. We must, however, claim for our fellow citizen, Dr. Howard, the merit of having introduced to our notice a method of applying Potassa Fusa, which we think should be preferred to that advocated by Mr. Toynbee, who applies to the roots of the polypus and to granulations on the membrana tympani, a fine stick of that caustic, but does not give any directions for preventing the spreading of the cauterization to the adjacent parts. Dr. Howard's plan is safer and not less efficacious. He applies to the roots of the polypus and to the granulated structure, a piece of wood cut in the fashion of a pencil, which he dips in potassa fusa which has become deliquescent by exposure to the air. As soon as a sufficient escharotic effect is produced, the spread of the caustic is prevented by injecting vinegar into the meatus.

Mr. Toynbee describes three varieties of Polypi. 1. The Cellular,—Raspberry Polypus. 2. The Fibro-Gelatinous. 3. Globular Cellular Polypus. The names given by our author indicate very clearly the anatomical characters of these varieties, and as the symptoms which accompany them, and the treatment to be adopted are alike in all, one description will suffice, which we will give in our author's own words. "Polypoid growths are not unfrequently met with on the meatus, and, as already stated, are generally the result of long-continued irritation of its dermoid layer; sometimes, however, they arise from chronic inflammation of the mucous membrane of the tympanum, or from obstructions of the Eustachian tube. As a rule, polypi are attached to the dermoid layer of the meatus, although I have met with cases in which they sprang from the outer surface of the membrana tympani, and in one dissection I found what appeared to be a polypus growing from the inner surface of the latter. The existence of a polypus is always attended with a discharge of matter; arising usually from two sources,—the dermoid layer of the meatus, and the surface of the polypus itself. In some cases there is a flow of blood, and generally a very offensive odor. A polypus, when small, usually causes little inconvenience, nor is its presence commonly detected, except by careful inspection;—when it grows large, however, a sensation of fulness is felt near the ear, and not unfrequently there is a sense of heaviness, giddiness, and confusion in the head. These latter symptoms are greatly increased when the polypus projects beyond the meatus, and happens to be pressed upon. Such pressure I have known to produce complete insensibility. Sometimes, also, there is a shooting pain extending

from the ear to the temple. These symptoms of cerebral irritation frequently cause great alarm to the patient and his friends, and appear to be the result of pressure of the polypus on the outer surface of the membrana tympani, and chain of ossicles, which causes a movement towards the cavity of the vestibule of the inner extremity of the chain, producing continuous tension of the fluid of the vestibule. This is clearly shown by careful inspection of a specimen prepared by me for the purpose, by which it is manifest that, although there are two articulations between the long process of the malleus and the base of the stapes, yet the slightest movements inward of the processus longus mallei causes the base of the stapes to be pressed inward towards the cavity of the vestibule; and as has been already stated, pressure on the contents of the vestibule appears to produce results very similar to those of pressure on the brain. According to my own observation, the former give rise to, first, a sensation of noises; secondly, confusion of ideas; thirdly, giddiness and insensibility." p. 111.

There are several other subjects we should like to bring under the notice of our readers, but we are prevented doing so, for want of space. We must not close this short notice, however, without directing their attention to Mr. Toynbee's remarks upon the use of the artificial membrana tympani; the connexion between diseases of the ear and cerebral disease; how proposals for life insurance, should be considered in relation to actual or previous disease of the ears. The latter subject appears to have been overlooked by most insurance offices. These matters though highly interesting and important must be studied in the treatise itself, which we hope to find in the libraries of many of our brethren. The work is illustrated by numerous wood cuts remarkable for their anatomical accuracy and artistic finish, and the type and getting up of the book are in the best style of the spirited publishers, Blanchard & Lea of Philadelphia.

PERISCOPIC DEPARTMENT.

MEDICINE.

A CRITICAL EXAMINATION OF THE DISEASE KNOWN AS BRONZED SKIN, OR DISEASE OF THE SUPRA-RENAL CAPSULES.

By EDWARD B. DALTON, M. D., Resident Physician of St. Luke's Hospital, New York.

(Conclusion.)

The Pathology of this disease is still involved in great obscurity. Notwithstanding the amount of labour that has been spent upon this question, little has yet been gained, except so far as controversy, and its consequent stimulation to further inquiry is a benefit. Autopsies in great number have been made, but with no decisive result. Series of

physiological experiments have been instituted and carried out with the greatest care and skill, and the evidence thus afforded is contradictory or inconclusive. Still, from the mass of material furnished by these various sources, not a little evidence may be sifted which, though certainly far from decisive, is yet of great value in preventing the establishment of false views.

The theory of a connexion between "Bronzed skin" with its accompanying symptoms, and a morbid state of the supra-renal capsules, was suggested to Dr. Addison by the evidence of the most faithful and impartial post-mortem examinations. In a succession of such examinations made upon the bodies of patients dying with the peculiar symptoms which had so often and so completely puzzled him, he sought in vain for anything to account for such manifestations, until, with continued and thorough investigation, he was struck by the fact that, in all these cases, the supra-renal capsules were the seat of an organic change. Here, then, there seemed to him a reasonable hope of finding a solution of the problem. A pathological condition of the system had been observed, with which no invariably coexisting organic lesion was discoverable, either before or after death, excepting only in a pair of organs whose office in the animal economy had never been ascertained.

Dr. Addison at once saw the importance of these concurring facts, and his subsequent labors only served to establish in his mind the conviction that this apparently invariable association of these two phenomena arose from the existence between them of the relation of cause and effect. In ten of the eleven cases cited by him the supra-renal capsules were either entirely destroyed or very seriously altered in structure, and in the remaining instance the emulgent vein of one of them was so completely obstructed by a malignant growth as to cause an intense congestion of the organ, and a consequent probable interruption of its function. Thus far all was in favor of the correctness of his opinion, and for a time the results obtained by other observers coincided with his own.

But soon, with further inquiry, and an increased number of reported cases, other and conflicting evidence was brought to light, until this supposed connexion between bronzed skin and capsular disease appeared by no means so certain as at first. Now, instead of there being no case on record where one of these conditions existed without the other, there are many such, all detracting more or less from the plausibility of their mutual dependence, and each one of those, where disorganization of the capsules has been found unaccompanied by the cutaneous discoloration, being a direct refutation of the necessity of such an association; since, while some other morbid hue might be mistaken for that of bronzed skin, there can be no doubt in regard to a case of well-marked organic lesion.

I will notice a few cases. In the *Gazette Hebdomadaire* for the 3d October, 1856, M. Puech, interne at Hôtel Dieu, Toulon, relates a case which he believes to be one of genuine bronzed skin, and yet where no disease of the supra-renal capsules was discovered. The following is a free, but I believe a correct translation of the author's description of the discoloration, which is the only symptom he especially notices:—"The face is pallid; while upon the belly and chest are several large brown spots, situated in close proximity to each other, of a hue similar to that of desiccated cartilage, or to use a more accurate simile, to that of the areola upon the breasts of women several months advanced in pregnancy. This color, less marked at the edges of the spots, grows darker about the umbilicus. From the mons veneris it extends to the region of the ensiform cartilage, and thence, stretching away to either side, leaves the breasts unaffected. Washing has no effect but to render the discoloration more striking by contrast. The skin is delicate and brilliant, presenting neither eruption nor desquamation."

As Mr. Puech anticipates, it is at once to be objected to this case, that the peculiar distribution of the color is not at all such as observed in those cases where capsular disease was found after death; and although, as the author replies, no one can mark out absolutely the invariable situation of the stains of bronzed skin, still the general simi-

larity, in a great majority of cases, is such that we cannot but look with doubt upon one where the discoloration is wholly confined to the trunk, thus losing the diagnostic contrasts of the pearly conjunctivæ and unaffected matrices of the nails with the surrounding dark hue, and the deeper stains upon the lips.

A second case is reported by M. Puech, in the same Journal for the 17th of April, 1857, which, although, very imperfect is certainly of greater weight than the last.

I quote the pertinent parts of the account. "A year and a half since, the patient remarked that his skin was becoming brown. At that time he suffered from nausea and alternate constipation and diarrhœa. In the month of August last he had dysentery, from which he recovered, but suffered a relapse in a month. He died the following January of a peritonitis consequent upon a perforation of the intestine."

The appearances noticed at the autopsy were as follow:—"The skin of the face is brown; that of the chest, abdomen, anterior and inner parts of the thighs appears as if covered with a layer of sepia. A piece of the skin preserved in alcohol has not, after three months, lost any of its color. The liver contains several collections of purulent matter. *The supra-renal capsules present not the least alteration.*"

A case where the deficiency in coexistence was the reverse of that in the preceding is related in the same journal for the 5th December, 1856, by M. Dechambre. The case was presented to the Pathological Society of London, by Dr. Ogle. The report is so limited, I give it in full. "The two capsules were disclosed, having a rounded form, and almost entirely filled with a deposit of scrofulous matter, very firm, and of a yellowish white color. The small portion free from this deposit was of a bright red hue. The spleen was large and soft, and its blood loaded with white corpuscles. These supra-renal capsules were taken from the body of a woman dead of phthisis, with scrofulous inflammation of the bladder, of one kidney and its corresponding ureter. There existed no trace, at least at the time of the autopsy, of bronzed skin."

It would be superfluous, however, to multiply quotations from accounts bearing upon this point, since most ample and carefully prepared collections of such cases have recently been made, and are readily obtainable.

In the London *Medical Times and Gazette* for the 8th of March, 1856, Mr. Jonathan Hutchinson has published a collection of twenty-seven well-authenticated cases, which collection was republished in the *American Journal of the Medical Sciences* for July, 1856.

In thirteen of these twenty-seven cases both supra-renal capsules were found seriously diseased, their structure being, in seven instances, completely destroyed. In four cases one only was diseased. In eight there was either no autopsy, or the supra-renal capsules were not examined. Of the remaining two cases, one was still progressing at the time of the report, and the other had recovered; the symptoms, in the latter, being supposed to have arisen from an acute inflammation of the capsules. In all these cases there was well-marked bronzing of the skin, as well as more or less of the other symptoms ascribed to the state of things found at the post-mortem.

Here certainly is strong evidence in favor of Dr. Addison's views. Still the amount is far too limited to decide the question. Let us look at the other side.

In the January and April numbers of the *British and Foreign Medico-Chirurgical Review* of the year 1853, George Harley, M.D., has published an article treating very fully of the probable functions and relations of the supra-renal capsules. In discussing their pathological importance, he cites some nineteen cases, the testimony of all of which is utterly opposed to the theory of a connexion between bronzed skin and capsular disease. In nine of them the supra-renal capsules were found to be either very seriously diseased, or totally destroyed, and yet no trace whatever of bronzing the skin existed. On the other hand, in seven, the bronzing was strikingly well-marked, and yet no capsular disease was found, excepting in one instance, and in that it was extremely limited in amount. In a postscript Dr. Harley adds that there are now on record fifteen well-authenticated cases of serious disorganization of the capsules unaccompanied by

any cutaneous discoloration whatever; and eight of well-marked bronzing of the skin with no capsular disease.

Taking now into consideration all the evidence which pathological research has thus far brought to bear upon this question, all that it seems to me justifiable to assert is, that in the majority of cases, but by no means in all, disease of the supra-renal capsules has been found co-existing with bronzed skin and its accompanying symptoms, but whether or not any connection, such as that of cause and effect, exists between them, the testimony thus far is insufficient to decide.

Soon after the publication of Dr. Addison's work, M. Brown-Séguard performed a series of vivisections, in the hope of discovering the functions of the supra-renal capsules, and thus throwing light upon their pathological relations. The results of his investigations are published in the *Gazette Hebdomadaire* for 29th August, the 9th and 15th of September, 1856, and the 20th February, 1857, and he has given an analysis of the conclusions of other observers, and a restatement of his own views, in the first number of the *Journal de la Physiologie de l'homme et des animaux* published by himself in January of the year 1858.

His experiments consisted in the more or less entire extirpation of one or both supra-renal capsules in a number of small animals of different species. He found that death resulted from this, with the intervention of great physical prostration, in the course of a short time, more or less limited, according to the severity of the injury to the organ, and varying in different kinds of animals. He operated on mice, guinea-pigs, rabbits, cats, and dogs, and he places the average duration of life, after the extirpation of both capsules, at seventeen and a half hours. In general terms, the conclusions he draws from his experiments are, that the functions of the supra-renal capsules are essential to life in animals not albinos; and that the suppression of these functions results in death more or less rapidly, according as it is more or less immediate and entire; that the complete extirpation of these organs is more rapidly fatal than that of the kidneys.

The exception made in regard to albinos was suggested to M. Brown-Séguard by some experiments of other observers, which I shall allude to. In regard to this he says, that the fact sometimes observed, that albinos seems to survive definitely the loss of these organs, tends to prove that in animals possessing color, one of these principal causes of death after such a loss is an undue accumulation of pigment.

Thus in physiology, as in pathology, the early results were in favor of the original theory of Dr. Addison. Later ones, however, are far from substantiating the preceding. In the *British and Foreign Medico-Chirurgical Review* for January, 1858, Dr. Harley has published a very forcible and interesting article, a part of that already alluded to, in which he gives the results obtained by him from a number of experiments made with the strictest care, and under the most favourable circumstances, and the conclusions he arrives at are almost diametrically opposed to those of M. Brown-Séguard.

He also operated on mice, rats, guinea-pigs, cats, and dogs. In performing his operations, however, he took a precaution which, of itself, it seems to me, should give greater weight to his results, and that is, the rendering his animals insensible to pain, whereby not only greater quiet, and consequently greater precision in the operation was secured, but also a very considerable diminution, if not an entire avoidance of the immediate shock of the operation, both of which are certainly great advantages. The evidence afforded by one or two of his experiments is so strikingly important, that I will give a brief notice of them. He selected, in one instance, a large, strong, and apparently very healthy tom-cat. After rendering him insensible, he cut down upon the supra-renal capsules, and to his great surprise found them very rough, and perfectly hard, like stone. Such was their condition, that he enucleated them with the greatest facility, no hemorrhage taking place, and apparently no injury of the surrounding parts, except the necessary laceration of the blood-vessels, lymphatics, and nerves immediately connected with the organs.

Further examination of the organs revealed an entire disorganization of their normal

structure, and its replacement by a deposit chiefly of carbonate of lime. The following morning, contrary to the confident expectations of Dr. H., the cat was found dead. A post-mortem examination gave no clue to such a result. Notwithstanding the most thorough search in the brain, spinal cord, thoracic and abdominal organs, and even the blood-vessels, nothing was found except the most trifling signs of peritonitis.

Here, then, was a case where death had followed very quickly the removal of the supra-renal capsules, and yet those capsules had been entirely incapable of function for a long time. In this case, certainly, death could not possibly be ascribed to the interruption of the functions of these organs, as M. Brown-Séguard infers was the case with his animals. Surely those functions were not essential to the life of this particular animal. Yet their removal was followed by immediate death.

The vessels were insignificant in consequence of the entire change in the structure of the organs; and, in the absence of any sign of other cause, Dr. Harley was forced to conclude that death resulted from laceration of the ganglionic system of nerves, whose connexions with the supra-renal bodies are very numerous. The cat was of a tawny color, but in regard to the occurrence or not of any change in this respect nothing was known, but his appearance and vigor were sufficient proof that no serious diminution of vital force had taken place.

In another experiment Dr. H., removed both supra-renal capsules from a piebald rat, at an interval of six weeks. The animal had a quick and apparently complete recovery and became fat and healthy in appearance in a few weeks. Eighty days subsequent to the removal of the last capsule, the spleen was taken away, the blood of which was loaded with white corpuscles. The animal survived this last operation but a fortnight.

Here, again, an animal lived three months deprived of its supra-renal capsules, and most of the time apparently in the enjoyment of robust health; dying at last only after another severe and often fatal operation. Neither in this case was any change in color noticed.

Other experiments performed by Dr. H., in connexion with M. Philipeaux of Paris are even more decisive. They removed the spleen and supra-renal capsules from some young rats which, at the time of Dr. H.'s publication, nearly eight months subsequent to the operations, were still in his possession, alive and well, no change in color, or other sign of altered function being apparent; and all this, not only in the case of albinos as objected by M. Brown-Séguard, but also in animals possessing color. M. Philipeaux himself states, in the *Gazette Hebdomadaire* for the 6th March, 1857, that he has in his possession two albino rats, three months old, who have been deprived of their supra-renal capsules for sixty seven days, of their spleens for twenty-six days, and of their thyroid glands for seven days; the result of experiments made in reply to M. Brown-Séguard's objection that the office of the lost capsules might perhaps be vicariously performed by some other organ whose function is unknown, as the spleen or the thyroid body. He has also two rats, a male and a female, the former of which had lived four months, and the latter forty-three days after the removal of the supra-renal capsules, and which were still living without any apparent modification of their functions. The female, subsequently to the operation, became pregnant, and produced eight young ones.

These are but a few experiments made by these two gentlemen. I might bring forward many others which, though not quite so decisive, perhaps, as those already adduced, still bring strong proof to show that the functions of the supra-renal capsules, in the lower animals at least, are very far from being so important as M. Brown-Séguard believed.

In the *Gazette Hebdomadaire* for the 12th of September, 1856, there are published the results of experiments of a similar nature by M. Gratiolet, and in the numbers for the 21st November, 1856, and 2d of January, 1857 still other researches by M. Philipeaux.

Their conclusions however, coincide with those of Dr. Harley.

Such is the testimony which physiological inquiry has brought to bear upon this ques-

tion. What is its import? The following conclusions may, I think, be fairly drawn from the published results of these experiments :—

First. Nothing is proved by them except in regard to the species of animals upon which they were performed. It is well-known that the anatomical and physiological organization of many of the lower animals bears so close a resemblance to that of man, that often the study of the phenomena taking place in the human body may be materially aided by experiments upon the brute. But it is equally true that there are great varieties in the relative importance of organs, not only between man and beast, but in different species of the latter; so that what is in one an organ of high development and great importance, in the other is of far inferior organization, serving hardly more than merely to point out the general plan upon which the different members in the animal kingdom are constructed. Recognising this fact, we should be very cautious in applying to the human organization conclusions drawn from experiments upon the lower animals in regard to an organ of the functions of which we are entirely ignorant. As regards the supra-renal capsules, their size and anatomical relations are such in the animals experimented upon, as to induce the belief that they are of equal comparative importance in them as in man. Consequently the evidence afforded by observations upon them may materially assist researches in other directions, but they never can decide the question.

Second. In several species of the lower animals, certainly in cats and rats, the functions of the supra-renal capsules are not essential to life. This, it seems to me, may be considered as an established fact, and for the following reasons: First, the different courses of experiments made to elucidate this point were carried on chiefly by four different observers, M. Brown-Séguard, Dr. Harley, M. Philipeaux, and M. Gratiolet, all men of high reputation. Of these four, three obtained results coinciding with each other in all essential points, which results all bear testimony to the truth of the above statement, while one only is led to the opposite conclusion. Second, in the progress of these experiments, the fatal results grow less and less frequent, until, at last, in many instances, none such follow, a fact which naturally gives rise to the impression that, in the earlier operations, they might have been owing, to some extent at least, to lack of experience and practice in the operator? Third, the facts established by the experiments of the three observers who obtained similar results are, so far as they go, definite and positive, while those established by the experiments of the fourth are purely negative in character.

The former prove that certain animals live without any apparent diminution of health, or alteration of function, when their supra-renal capsules have been either destroyed by disease or removed by vivisection; while from the latter all that can justly be asserted is, that in certain animals the removal of these organs has, in a succession of instances, been followed by death, but whether in consequence of the loss of the capsules as such, or from some concomitant injury of the operation, does not appear. That the latter was more probably the case seems likely from Dr. Harley's operation upon the cat, whose capsules were found already disorganized without having occasioned any apparent alteration in health, and yet death rapidly followed their enucleation.

Having now given a brief résumé of the results of inquiry into the question of the pathology of this disease, I would before leaving it, make mention of a few facts which may aid in its decision.

One of these was mentioned to me by Professor Jeffries Wyman, of Harvard University. It is that in anencephalous fœtuses the supra-renal bodies are undeveloped, remaining of a most insignificant comparative size; and I find in Rokitansky's Pathological Anatomy, that, in such cases, other organs are frequently deficient. Again, cases are reported of complete absence of these organs. Rokitansky says "the supra-renal capsules are occasionally deficient, especially when there is a deficiency in other organs also."

In Jones and Sieveking's Pathological Anatomy there is a case mentioned of complete absence of these organs in a child.

In the *Gazette Hebdomadaire*, for the 11th of December, 1856, there is a letter from M. Martini, detailing a most remarkable and significant case of this abnormality. I quote the more important parts. "The subject of this observation had a fair skin; was married and the father of three children; was of sufficient strength to follow the trade of a carpenter. He died of phthisis at forty years of age." "At the autopsy, in the course of a thorough investigation into the state of the internal organs, with a view to a vascular injection, the supra-renal capsules were found to be utterly wanting. Notwithstanding the strictest search, not the slightest trace of them was to be found."

Now, is it possible that an organ which, in a perfectly developed human being, is essential to life, can be completely absent in an individual, and yet that individual live to healthy maturity, with no evidence to show the existence of such a deficiency? Certainly, then, it would appear that the supra-renal capsules are not essential to life.

Reviewing now the entire subject, the important details of which I have attempted to bring together and impartially to discuss, the amount of definite knowledge thus far obtained, and the conclusion which may reasonably be drawn therefrom may, I think, be briefly summed up in the following words.

A peculiar and usually fatal disease has, within a few years, attracted the attention of the medical profession for the first time. Its symptoms are, principally, general debility, anæmia, feebleness of the heart's action, irritability of the stomach, and, as an almost pathognomonic sign, a most characteristic discoloration of the skin. The most diligent and skilful examination can detect no adequate cause for these symptoms, against the increasing severity of which medical treatment seems wholly ineffectual.

The essential pathological condition of this disease is as yet unknown.

From a critical survey of the evidence bearing upon this point, laying especial stress upon those well-attested post-mortem examinations where complete disorganization of the capsules was found unaccompanied by any sign of bronzed skin, I think it reasonable to decide that there is no direct mutual dependence, as of cause and effect, between bronzed skin, with its accompanying symptoms, and a morbid state of the supra-renal capsules. Whether, in some cases, there be some indirect and less important connection, arising out of the anatomical relations of these bodies, I do not undertake to say.—*New York Journal of Medicine*, May, 1860.

LARYNGOSCOPY.

It would appear that M. Czermak, Professor of Physiology at Pesth, is at present in Paris, where he gives demonstrations of his laryngoscope. The instrument consists of a concave mirror, somewhat like that used with the ophthalmoscope, but larger and more curved, though likewise pierced by a small central ocular hole. A lamp, placed behind or by the side of the patient to be examined, and on a level with his mouth, sends its rays to the mirror, which reflects them into the fauces of the person to be examined. When the patient has his mouth wide open, and the tongue is depressed with a spatula, the surgeon introduces, with great care, below the uvula, a little mirror, the back of which is in contact with the uvula, and placed like that used by dentists when they wish to examine the posterior aspect of the incisor teeth. The little mirror is fixed to a long, thin, and somewhat slanting stem, so that its axis may not be the same as that of the mouth, the plane of the mirror presenting with the stem an angle of 45°. Supposing the patient obedient, and already accustomed to the hardly inconvenient presence of the mirror between the pillars of the palate, rays of light enter the mouth horizontally, and reach in the fauces the plane of the mirror of 45°, which reflects vertically from above downwards. All the parts situated in the course of these reflected rays are thus most vividly lighted. This mechanism is certainly simple; and when

the larynx is widely opened, in the act of inspiration, and the epiglottis thereby raised, both these parts are seen in the mirror in the course of the incidental rays. The larynx is brought into view on the produced horizontal axis of the mouth, opposite the observer, in virtue of the equality of the angles of incidence and reflection. The parts composing the larynx are of course, seen upside down, so that the portion of the larynx which is the nearest seems the furthest, and *vice versa*. The image is, however, not exactly reversed like that of the ophthalmoscope, for what really lies on the right remains on the right, and so of the left; the inversion only takes place from before backwards, and with regard to the plane of the laryngeal mirror, considered as a symmetrical plane.

It will be perceived that the mechanism is very simple as to physics; but its practical application is really wonderful. Those who have not witnessed the experiments, can hardly imagine the width which the expansion of the opened larynx assumes, and the readiness with which it seems to come into view. The larynx is so completely and so easily seen, that one is led to feel some doubts, and to remain wondering at the sight of an organ generally concealed from us, and which usually reveals its presence only by the production of sound.

But doubts soon vanish when the patient utters sounds, for the chordæ vocales, by opening and closing, at once proclaim the mechanism of the voice. The slit of the glottis, made up by the lower vocal cords, is seen in the mirror, which slit opens according to the difference and intensity of the sounds, exactly like a pair of scissors, the top of which is turned towards the observer.

When the opening is gaping, the cylinder of the trachea is seen, and with quiet and well trained patients the eye can penetrate as far as the bifurcation of the trachea.

Physiology will gain immensely by this laryngoscope, and there is no doubt pathology will have its turn. Germany may justly be proud of the invention of the ophthalmoscope, and of the instrument we have just described from an article in the *Gazette Médicale* by M. Giraud-Teulon.

M. Czermak has afforded opportunities of studying the laryngoscope by placing it in his own mouth, and has even contrived an additional mirror, with which it is possible to view one's own larynx. Already, amongst M. Vigla's patients, has a case of aphonia been examined, where it was found that the inability of forming sounds depended, not on ulceration, but on thickening of the superior ligaments.

In concluding this sketch of the laryngoscope, we are anxious to remind our readers that the idea of the instrument originated with Liston, and mention should also be made of the very ingenious apparatus which was devised by the late Mr. Avery for examining various canals of the human body.—(*Lancet*.)

Avery's instrument for "examining the canals of the human body" was exhibited at the Great Exhibition of 1851, and obtained for him, if we recollect rightly, either honorable mention or a medal.—ED. B. A. J.

ON THE MODE OF EMPLOYING THE HYPODERMIC TREATMENT.

By CHARLES HUNTER, late House-Surgeon to St. George's Hospital.

The Syringe—its Employment; the Tissue, and the Part of the Body to Inject.—The quantity of Fluid, Dose; Cautions.—Greater Effect on Women than Men.—Medicinal Administration by the Tongue and Rectum.—In consequence of the polite letter from "Medicus," in this journal, and numerous others which I have received relative to the employment of the hypodermic treatment, I feel called upon to make the following observations; and firstly, with regard to

The Syringe for Injection.—The little instrument I use is made by Messrs. Whicker and Blaise; it is of the same make (but a little larger as regards the barrel (as their original *caustic syringe*). The barrel is of glass, with silver fittings, and contains a pis-

ton which works by a screw-rod, each half-turn of which expels half-a-minim, as a fine drop from the end of the pipe.

Two pipes belong to each syringe, the one larger and stronger than the other; the smaller pipe will be found the best for general use; it screws on and off the barrel at pleasure, and is made of silver, with a hardened gold point. This point is sharp like a needle, and perforated on one side by an oblique opening, through which the drops of the narcotic or other solution are expelled.

No incision is required with lancet or other instrument, when this syringe is used, for the point of the pipe being very sharp and fine, is readily passed, with proper precaution, beneath the skin; no blood is shed, and the operation is no more than the prick of a needle.

The Employment of the Syringe.—Having charged the syringe with the narcotic fluid, hold it in the right hand at the junction of the barrel with the pipe, and with the left hand take up, between the finger and the thumb, a fold of the skin of the patient, so as to make tense the part beyond your thumb; then the right hand being gently steadied, but not heavily pressed on the patient, let the point of the syringe, which is held at a right angle to the skin, touch the part which is tense, and with a *quick but steady movement*, be passed through it; the point being well *through the skin*, the direction of the pipe may be altered so that it may run along in the loose cellular tissue beneath;* all this is the work of a moment; the pre-arranged number of drops are then introduced by so many turns of the piston, the pipe is then withdrawn, a finger making slight pressure as near as possible on the punctured spot, the object being both to steady the skin, and prevent any drop of liquid escaping. and lastly a narrow strip of plaster, cut beforehand and warmed, is placed on the spot.

The strip of plaster is generally a precautionary measure, but it becomes a necessity when the quantity injected is large, say twenty minims; but it is always useful to prevent the spot from being chafed. A broad piece of plaster is worse than none at all; it presses on the "little lump," which is caused for a few minutes by the presence of the injected fluid beneath the skin, and not at all, perhaps, on the punctured spot, and it does more to press the fluid out than to keep it in (I have seen a first injection in a case of delirium tremens fail for this very reason); *but a narrow strip just covers the punctured spot.*

These directions may appear unnecessary, but the operation may fail, as just shown, for want of attention to these little points. If the introduction of the syringe be attempted, the skin of the patient being loose, or the syringe held at the further end, and consequently unsteadily, the patient may by these means be put to a great deal of pain, and the pipe of the syringe may be bent or broken from the socket; but when it is introduced with a quick, steady movement, the skin being tense, the patient does frequently not even know when the point is introduced.

The Tissue to Inject.—The tissue injected is the cellular or areolar tissue of the body; it may not matter *much* whether the cellululo-adipose, the panniculus adiposus, or the reticular tissue beneath it (not containing fat) be injected, but the latter is to be preferred; it is the looser of the two, fluid injected into it meets with no obstruction, and cannot easily escape from it, but if injected into the skin itself, as some think it is, or the conjoined cellululo-adipose tissue, it is apt to cause pain, it enters less readily, and is more apt to escape; nor does it seem to act quite so rapidly as when injected into the loose cellular tissue from which most probably absorption is the more rapid.

The part of the Body to Inject.—When the object is to quiet the brain, or to produce a general effect, it is immaterial whether the fluid be injected into the cellular tissue of

* In the majority of cases, the plan above described is best, especially with thin people; if, however, the patient is very fat, it is better to perforate vertically a portion of the skin and subjacent fat, pinched up, and so made tense between the finger and thumb.

the body or of an extremity. No; the non necessity of localisation is the basis of the plan of treatment, and is the reason of its applicability in cerebro-spinal affections and general diseases. I need only refer to the various cases detailed in corroboration of this. The site which I, however, most commonly inject, is *the inner part of the arm*. The skin is here thin, easily made tense, and easily perforated; the cellular tissue beneath is loose and readily receives the fluid; there are, perhaps, more veins here than in some other parts, but they are easily avoided.

The Quantity of Fluid to Inject.—It is well to have the fluid of that strength that three or four turns of the piston shall be an ordinary injecting dose. Two or three turns can be made in a moment of time, and it is no small relief or surprise to the patient, who has been expecting, perhaps dreading, an operation, to find all over in *less than half a minute*.

The Dose.—Too much caution cannot be employed with regard to the *amount of the narcotic* injected. Two half turns, if your solution is strong, may double the dose, and the life of the patient, for want of due care, be placed in jeopardy: I would, therefore, urge attention to these points:

1. Be certain of the exact strength of the fluid employed, and the exact value of each turn of the piston.

2. Concerning first injections, never use more than half the ordinary stomachic dose for males, nor more than a third for females.

3. Should a second injection be necessary, let it not be used too soon; nor in a full dose when the patient is partially under the influence of the narcotic.

These points are of practical importance; a *certain degree* of narcotism has to be reached for benefit to accrue, and by the injection it can be reached in many cases by a very small quantity of the narcotic, because of the rapidity with which the effect is produced; what we have to avoid is *too great* an effect; what we try to produce is a *certain effect* with *as small a quantity* as possible. This leads me to remark that *men bear narcotics much better than women*.

I was not aware to what extent this was the case until I had employed this treatment some little while; but I now think it may be looked on as a rule that men in general will bear with no ill effects, but be benefited by injected doses of narcotics, which doses would very strongly, if not seriously, affect women; in fact *this treatment is a test of the exact amount* of a narcotic necessary to produce a desired effect, when taken by direct means into the general circulation. For instance, you introduce beneath the skin the one-eighth of a grain of morphia, the effect which follows is the whole effect of whole one-eighth; but you cannot be certain that the effect which follows the administration, one-eighth of a grain, firstly, by the skin; secondly, by the stomach; or, thirdly, by the rectum, is the effect of the whole one-eighth; but it is the whole effect of the quantity absorbed.

As by this method we get the *whole effect of the known quantity introduced*, which we are not sure of getting by the other modes, we have now a method as accurate as that of venous injection (without its dangers) for testing the precise effect of little-known medicines on animals, and the exact doses and effects of well-known medicines on man, of seeing the difference which the sex requires in the dose, and of ascertaining the minimum amount required to produce a desired effect.

It is impossible to say "what amount is to be injected," without knowing the particulars of the case, as well as the sex and age; but taking the acetate of morphia for an example, I think that first injections for adult females, should vary from the one-eighth to a quarter or one-third of a grain; for adult males, from the one-sixth to half or three quarters of a grain.

First injections should be small rather than large, and are good indicators of the amount necessary, should repetition be required. It is true that I have seen used and employed myself, much larger quantities than those I have mentioned, for first injections; but the cases have been exceptional, and under close observation.

In the preceding papers on this subject, I have shown the advantages of this mode of treatment over the endermic, enepidermic, and stomachic methods, which requiring longer to act are less certain, and apt to fail completely. Before, however, bringing this paper to a close, I would allude to two other modes of medicinal administration, viz., by the tongue and by the rectum.

1. *Medicines administered by the Tongue.*—Dr. Wardrop has shown that there is a remarkable difference in point of time when the medicines are absorbed from the stomach or from the mouth, absorption being most rapid from the latter, and the effect is more regular and more equable. Nor is it difficult to see why—the medicine absorbed from the mouth is taken directly into the general circulation, but when absorbed from the stomach, it has *en route* to pass through the portal system; absorbed from the tongue, the effect is more regular, because the medicine is more certainly absorbed *en masse*.

There is, then, much similarity between the hypodermic and the lingual modes. Rapidity of absorption is the great point in the *modus operandi* of each; and with regard to the effect, they both have the advantages of rapidity, greater efficacy, regularity, and equability. Can the one method, then, replace the other? are they applicable for the same cases and medicines? No; they both have their advantages. Dr. Wardrop's plan is best for the administration of *tasteless* medicines, for calomel, *et hoc genus omne*, but it cannot be used for those medicines which are nauseating and bitter—not, in fact, for narcotics generally, not for cases of delirium, patients refusing medicine, &c., which are the cases where the other plan is most desirable.

2. *Medicines administered by the Rectum.*—This mode of medicinal administration is of great value, and useful as a means both for local and general treatment; there can be no doubt that this method has advantages which the stomachic has not, viz., of greater rapidity of action and greater effect, but the effect is *uncertain*; this uncertainty of action is *not* dependent on the mode of introduction, especially if the medicine be used in the liquid form, and employment be made of the graduated syringe, invented by Mr. Spencer Wells, to regulate the exact amount introduced; but is due to the want of *regularity of complete absorption*, which cannot be done away with. The rectal method is the more advantageous where the object is to administer the smaller doses of narcotics for affections of the intestinal canal, the rectum, and the parts adjacent supplied by the great sympathetic, but *most especially* for the speedy introduction of stimuli, and of nutriment in urgent cases; for liquids introduced by this plan have the advantage of being conveyed *simultaneously into both* the portal and systemic circulation; the hypodermic, on the other hand, is the more applicable for those cases where the part requiring the narcotic, is supplied by the systematic circulation, and is under the influence of the cerebro-spinal nervous system.

A CASE OF ARGYRIA, WITH DEPOSIT OF SILVER IN THE INTESTINES, LIVER, KIDNEYS, AND SPLEEN.

By DR. C. FROMMANN.

The subject of this paper, W. Jordan, aged 60, was attacked in March, 1856, with epilepsy, the fits occurring three to four times daily during the first month, when they lasted an hour at a time; they subsequently became less frequent, and at the end of the year they occurred once a fortnight, and only lasted about a quarter of an hour. Almost from the commencement of the disease, nitrate of silver was exhibited, and for nine months he took a daily pill containing six grains, so that altogether he swallowed about $3\frac{1}{2}$ ounces. Towards the end of July, the skin began to be discoloured, gastric symptoms supervened, but still the remedy was persevered with. In the beginning of 1857, there was hæmatemesis and other undoubted symptoms of gastric ulceration, and

scarce any food could be borne. He recovered so far as to undertake a voyage to England, but the fatigue proved too much for him, and on his arrival he was compelled to seek aid at the German Hospital. On his discharge he was able to take food well, but his circumstances being very bad, he had a relapse, and was again admitted into the German Hospital on the 6th November, 1858, in a wretched condition, severe cough and hæmoptysis having supervened. The whole surface exhibited a steel-grey colour, which was particularly marked in the face. There was in addition to the gastritis, advanced tuberculosis, bronchitis, and pneumonia. The patient died two days after admission. The following is an abridged account of the autopsy:—The parts in the face which had exhibited a great intensity of discoloration, owing to their containing more blood, now presented a tint uniform with the rest. In the brain, the choroid plexuses presented a uniform greyish-blue tint. The state of the lungs corresponded with what had been observed during life; the left ventricle of the heart was much hypertrophied. The stomach contained a large quantity of acid brown liquid, streaked with blood; the mucous membrane was covered with a considerable layer of dirty red, viscid mucus, inclosing streaks of black coagulated blood. The vessels were much injected, and there were numerous small extravasations. At the upper part of the posterior wall, half way between the pyloric and cardiac orifice, was a large ulcer, seven centimetres by five (2.75×1.96 inches), at the base of which there was an orifice of the size of a crown-piece, which was blocked up by the pancreas, to which adhesions had formed. The pylorus formed an annular stricture, only large enough to permit the passage of a common lead pencil. The mucous membrane of the duodenum and jejunum was dotted over with many small black granules, most closely aggregated along the folds. In the ileum these spots became more and more scanty; examined by the microscope, the villi in these black spots presented, especially in their globular end, groups of black aggregated particles, varying much in form and size, and without a crystalline character; cyanide of potassium rapidly dissolved these deposits, here as well as in the other organs in which they were found. The spleen was small; its veins had an ashen hue, which was due to a fine granular precipitate upon their coats. The liver was small, congested, and fatty; the small branches of the vena portæ and of the hepatic veins presented the same precipitate of silver throughout, but the capillaries were free from it. Fine sections of the hepatic tissue showed numerous black dots, each of which occupied the centre of an acinus, corresponding to the point of exit of a central vein, and the colour was produced by a black margin surrounding the calibre of the artery. The dark colour of the branches of the vena portæ was also very characteristic throughout. The largest argentean deposit was in the kidneys, where the bundles of vessels, in the Malpighian corpuscles and the intertubular capillaries, seemed to be its primary seat. The pyramids all exhibited a dark grey colour, which was deepest and all but black near the papillæ. The tubules in these parts were entirely invested with a dense precipitate; so that on a transverse section each tubule appeared surrounded by a black ring. Parts of the skin taken from the temporal, axillary and digital regions were examined. Transverse sections showed, a pale, purplish streak immediately underneath the rete Malpighii, following the undulations of the cutis. At the roots of the hair it accompanied the external sheath towards the bulb, but nowhere except in the sudoriparous glands was a granular deposit to be found; in them it presented an appearance similar to that seen in the renal tubules. The glandular epithelium uniformly presented fatty degeneration.

We may mention that concentrated sulphuric acid, as well as cyanide of potassium, dissolved the argentean deposit; though the latter did so with the greatest rapidity. Portions of the liver and kidneys analysed by Dr. Versmann afforded the following result: 217 grains of dried liver yielded 0.009 grammes of chloride of silver, or 0.0068 grammes of metallic silver, or 0.047 per cent. of metallic silver; 133 grains of dried kidney yielded 0.007 grammes of chloride of silver, or 0.0053 grammes of silver, or 0.061 per cent. of the latter.—*Archiv. für Patholog. Anat.*

MIDWIFERY.

THREE CASES OF FUNIS PRESENTATION TREATED SUCCESSFULLY BY THE POSTURE METHOD.

BY S. BRANDEIS, M.D., LOUISVILLE, KY.

CASE I.—Mrs. Katharina Rehm, aged 30, a native of Germany, and who has borne four children (one of which was stillborn in consequence of prolapse of the funis), was seized with her fifth labor on the first day of July, 1858, at 4 o'clock, A.M. At 5 o'clock the membranes ruptured, followed by a full gush of liquor amnii, which carried with it a long loop of the funis and the right hand. The midwife in attendance, having discovered the mischief, sent immediately for my assistance.

I reached the patient within ten minutes, and found the funis, feebly pulsating, outside of the genitals, the hand within, and the head balloting high above the entrance of the pelvis. Remembering a plan suggested by Dr. Thomas, of New York, I forthwith placed the parturient on her knees and elbows, supporting the body with pillows in such a way that the pelvis was a good deal higher than the chest.

With slow and careful manipulations, I succeeded in placing both funis and arm far beyond the head, while I kept my hand within the cavity of the womb, in order to prevent a further prolapse. Strong labor pains set in, and, soon after, the head engaged so firmly in the superior entrance of the pelvis that all apprehension of a procidentia of the funis vanished. The patient was now placed on her back, labor proceeded rapidly, and three quarters of an hour later a living child (a boy) was born.

The patient did very well afterwards. The placenta was spontaneously expelled, there was very little after-pain, and recovery took place rapidly. The child is now eighteen months old, vigorous and healthy.

CASE II.—Mrs. Katherine Rapp, aged 36, a native of Germany, a stout and healthy woman, and the mother of four children, was taken with labor pains at 8 o'clock, P.M., October 12th, 1859. Soon after the arrival of the midwife, the membranes ruptured, and a loop of the funis and hand presented. I was summoned to the case at 11 o'clock P.M. On examination, I found the midwife's diagnosis correct; the hand was the left one; the loop of the funis, still pulsating, was about three inches long; whilst the head was high above the entrance of the pelvis. The method described in Case 1. was immediately carried into operation. The reposition of the parts prolapsed was accomplished in about ten minutes. Labor pains were rather slow for about three quarters of an hour, and the patient, having been very much fatigued by her uncomfortable position, was permitted to lie on the left side with a high pillow under the hips. The pulsation of the child's heart, which had been very feeble, now recovered its full strength, labor-pains re-appeared, the head engaged firmly in the pelvis, no further prolapsus occurred, and, at half-past twelve, a loud-crying child (a boy, eleven pounds in weight,) made its appearance. Child-bed proceeded without the least disturbance. The child is now four months old.

CASE III.—Mrs. Elizabeth Bohn, aged 36, native of Germany, of vigorous frame, but somewhat reduced by a bronchial catarrh, which persisted during the later months of gestation, sent for a midwife at 11, P.M., February 3d, 1860. The pains were so slow and feeble that patient and midwife slept several hours during the night. At 5 o'clock, A.M., contractions of the womb re-appearing more forcibly, the membrane ruptured; after which the midwife discovered the funis projecting through the os uteri, but could not find any fetal part presenting. My assistance was called for at 7 o'clock, A.M., February 4th, 1860.

On examination, I found the funis in from four to five small loops projecting through the os uteri, which was only partially dilated; the head being high above the pelvis, I could discover only by introducing my full hand.

After placing my patient in the position already described, efforts were made to replace the funis, which was more difficult in this case than in the two former, as several loops were projecting, and one would drop down while another was carried up; but nevertheless the aim was accomplished in a very short time, and the operating hand kept within the uterus, in order to prevent another prolapsus. In the meantime, the uterine contractions propelled the head into the pelvis. The patient was now placed once more on her back (to her great comfort), and auscultation soon convinced me of the child's life.

Labor proceeded rapidly, and at a quarter past 8, A.M., one hour after my arrival, a crying child proclaimed to me once more the success of the operation.

The patient had some after-pains, which yielded to slight medication. She is now doing well.

A few remarks on the merits of the operation employed in the cases just reported, will be permitted.

The presentation, or rather the prolapsus of the funis, is by all authorities in the art of accouchement considered as a complication most disastrous to the life of the fœtus, and the great variety of contrivances invented for the occurrence is the most eloquent testimony for the difficulty of its removal.

The space granted to this paper does not permit the reporter, nor is it his aim, to go into a detail of the various modes of treatment; but it may be remarked, that not only the life of the fœtus, but the life as well as the health of the mother, is often endangered or lost through the severe operations—forceps, version and craniotomy—often resorted to, after repeated efforts have failed to replace the funis. The following table, collected from the highest authorities, shows the numerical proportion of this occurrence:

Collins,	16,152 cases of labor.	97 funis presentation.	1 out of 165
Churchill,	90,983 "	322 "	1 " 282
Michaelis,	2,400 "	27 "	1 " 88
Boivin,	20,351 "	38 "	1 " 535
LaChapelle,	15,652 "	41 "	1 " 411
Hardy and McClintock, }	6,702 "	37 "	1 " 181
Klein,	5,490 "	55 "	1 " 100
Barstch,	4,425 "	16 "	1 " 276
Arneth,	6,608 "	33 "	1 " 200
Skanzoni,	8,415 "	29 "	1 " 290

Out of 177,184 accouchements, which is the total amount of the figures just referred to, prolapsus of the funis occurred 695 times, giving a proportion of one to 264, showing that this anomaly is one of the most frequent disturbance of labor.

Another table will show the relative mortality of children born under these circumstances:

	PROLAPSUS OF FUNIS.	CHILDREN STILLBORN.
Mauriceau,	39	15
De La Motte,	14	5
Clarke,	66	49
Collins,	97	24
Churchill,	322	220
Hardy and McClintock,	37	25
La Chapelle,	41	8
Michaelis,	27	20
Boivin,	38	18
Arneth,	33	11
Skanzoni,	29	13
	743	408

Thus, 743 cases of prolapsus funis gave 408 stillborn children, a proportion of 1 : 1.82, which shows clearly enough that accoucheurs have not been very successful in treating this kind of labor.

The rationale of the posture method being obvious to every skilful practitioner, we shall, in conclusion, try to give the indications for it.

First. The operation is only admissible as long as circulation exists in the funis; even if the circulation is feeble, it may soon be restored after the impediment is removed.

Second. The os uteri must be sufficiently dilated or dilatable.

Third. The liquor amnii must be partly retained; otherwise, if it should all have escaped, and the uterus be firmly contracted over the child's body, every effort for the reduction of the prolapsed funis would be in vain.—*Louisville Medical Journal*.

PUERPERAL FEVER.—DEAD-BORN CHILDREN.

By D. SCHULTEN.

1. Dr. Schulten has undertaken the difficult, but useful, task of tracing the influence of the poison of puerperal fever on the blood. The following is the case that gave rise to his researches. A strong woman, twenty-four years old, was taken thirty-six hours after her second labour with a violent shivering, followed by heat and profuse sweating. On the fourth day, renewed shivering, heat and sweat, after which restlessness and delirium; face red, eyes glistening, speech quick. Pulse 140-145; abdomen painless on pressure, but somewhat distended. Lungs and heart free; no enlargement of liver or spleen; great thirst, swimming in the head, anxiety. She had several doses of calomel, nitrate of soda and was cupped. The symptoms became aggravated. She had quinine; the pulse fell to 95-100; the shiverings ceased. Under the use of quinine recovery progressed.

The first examination of the blood was made three hours after being drawn. The cupping was performed four hours after the second shivering fit, before the use of any remedy. Before the serum had completely separated, a drop of blood was put under the microscope. The serum was a little turbid. The blood globules were scanty. On the other hand, the whole field was covered with those little ball-like, yellow-coloured corpuscles which are but seldom seen in healthy blood. Without forming *rouleaux*, they lay thickly together; between these were imbedded white corpuscles, in great number and of various sizes; but the smallest were scarcely half the size of the blood-corpuscles, while the largest were twice or three times the size.

Two days later, when the impetus of the fever had already remitted, a second blood-test was made. The serum was quite clear; the blood-globules were of a normal size, and formed sharp-outlined *rouleaux*.

White corpuscles were still frequent in bundles of 5-8; but their size was no longer various. Of blood-cells no more were to be seen. On the other hand, there appeared in the inside of most of the corpuscles small fatty vesicles, reflecting the reddish colour of the surrounding fluid. Single white corpuscles appeared to have passed into fatty substance.

Three days later another sample was examined. A drop of serum showed a crowd of fat-globules of every size. White globules were not in greater abundance than in healthy blood. The blood-globules were normal, but had a tendency to shrivelling. After fourteen days, another examination of the blood and milk was made, to determine whether the child might be suckled without danger. Still there appeared single fat-globules, but nothing else abnormal could be found. Even the tendency in the blood-globules to shrivelling had ceased.

Analysing these observations, we discover two interesting appearances. First the

great increase of white corpuscles in the blood of a person before in health, in whom there was no indication of leucothæmia. These could not be regarded as pus-globules. We are driven to conclude that, in this case, there was a special *disease of the normal white corpuscles of the blood*. Secondly, the appearance of fat-globules in the latter tests, which, as they were wanting in the first examination, exhibited only traces in the interior of the white corpuscles in the second examination, and presented in abundance in the third examination, contemporaneously with disappearance of the white corpuscles was probably the result of a change of the white corpuscles in the course of the disease. Schulten has recognized similar appearances in three out of four other cases in which he has repeated his examinations.

2. The practice of hospital lying-in, so prevalent abroad, supplies an experience of childbed-fever on a scale which is fortunately impossible in this country. Dr. Buhl has the unhappy privilege of relating the autopsies of fifty patients who died in the Munich Hospital in the three years 1854 to beginning of 1858. He says there is one constant and characteristic appearance—a pulpy, dirty red or black-brown mass, which here and there has a mildewy, and here and there a putrid smell. This condition leaves no doubt that in it is to be found the starting-point of the development of puerperal fever. It is an infectious disease, and the infecting poison lies in the inner wall of the uterus. On the cause of this putridity or decomposition we are not clear. Whether it be the immediate conveyance of the poison into the womb, or whether it be the preceding empoisonment of the blood by miasmata, which produces a secondary decomposition in the womb. In preventive or curative therapeia the distinction is important. There are two principal forms of the disease—1, puerperal pyæmia; 2, puerperal peritonitis. These forms are clinically distinct in prognosis and in treatment. The usual terms, oophoritis, uterine croup, uterine dysentery, uterine putrescence, metrophlebitis, lymphangioitis, phlegmasia alba, and so on may all be classed under the two heads named.

In the cases observed, *puerperal pyæmia* killed usually not before the ninth day, and sometimes even not under three weeks. It appeared most frequently where there was no epidemic—or, at least but a slight epidemic; and in eighteen of the fifty cases, the path of infection was the veins. The pyæmic form is characterised by not sequestered purulent plugs in the veins of the placental seat of the uterine walls, in one of the pampiniform plexuses, or in one of the spermatic veins. We never found both spermatic veins plugged; and only once was the inferior vena cava filled with adherent coagula. In two cases (lasting three and six weeks), the pus in the vein-plexus was cheesy. The so-called metastatic deposits were found fresh in the lungs in one case, cheesy in one case. The pleuræ mostly exhibited ecchymoses. Three times purulent exudation was in the pleural cavity without pyæmic infarction of the lungs. The kidneys in one case showed purulent deposits; and twice fructiform ecchymoses. In two cases there was hygopyon; three times pus in joints; and twice phlegmasia alba.

Puerperal peritonitis was more frequent, more violent, and killed more rapidly than pyæmia; out of thirty-two cases, only two ended fatally, after six and eight weeks. There was always purulent exudation. In eighteen cases, pus was found in the Fallopian tubes of one or both sides; fourteen times there was sub-serous pus in the uterus, especially in the vicinity of the neck; also in the lumbar-glands. Disease of the veins has no relation to peritonitis. Peritonitis may be etiologically and anatomically discriminated—1. In cases in which through the direct passage of the poisonous material out of the womb through the tubes, peritonitis is set up; and 2. In those cases in which through the reception of the poison from the inner surface of the womb into the lymphatics, the peritonitis has been excited. Peritonitis through tubal-pus is much the more ready, purely and primatively inflammatory form; the other, on the contrary, is the more severe, and occurs chiefly during epidemic diffusion. The principal changes observed were—œdema of the ovaries; the spleen (ten times) enlarged; liver always pale; the kidneys pale; the peritoneal exudation mostly in small quantity; the intestinal walls mostly œdematous, their canal filled with gases and watery contents; œde-

ma of the lungs and hypostatic blood-filling; twice fibrine on the pleura; one hydrothorax, often pleural ecchymoses; three times capillary bronchitis.

Pyæmia and peritonitis had the following properties in common: 1. An almost constant slight swelling and watery infiltration of the recto-peritoneal, inguinal, and mesenteric glands. 2. Osteophites in the inner table of the skull. 3. In most cases, especially in those of pyæmia and lymphatic resorption, a swelling of the capsules of the kidneys, and an acute stage of Bright's disease.

TREATMENT OF THE FRECKLES OF PREGNANCY.

When freckles which are of such common occurrence in pregnancy, persist after delivery, M. Hardy recommends the following lotion:—Dist. water, 125 parts, corrosive sublimate $\frac{1}{2}$ part, sp. wine, 9 parts, to dissolve it, sulph. zinc, acetate of lead aa 2 parts. When this application fails, Barèges or Luchon water, applied as local douches to the parts affected, induce slight inflammation, which facilitates the absorption of the pigmentary deposits.—*Bull de Thérap.* April, p. 362.

REDUCTION OF AN INVERTED UTERUS OF SIX YEARS STANDING.

A. L., aged 20, was taken in labor with her first child in December 1852, and after the pains had continued in vain during twenty-four hours she was delivered with the forceps, the placenta coming away immediately afterwards. The funis was several times entwined around the neck of the child. The patient became faint, but is said not to have lost more than the ordinary amount of blood. For long after delivery, the woman suffered from paralysis of the bladder, and also from swelled leg; and scarcely a day passed during six years that she had not lost blood from the sexual organs, the menses also appearing about every four weeks. After various kinds of treatment had been employed without avail, she was brought to the author in August, 1857, when, to his great astonishment he discovered an *inversio uteri* in its second degree, *i. e.* within the vagina. The organ, about seven centimetres in length, lay like a pear in the vagina, resisted pressure, which produced no other effect than that of increasing the bleeding. A sharp-edged, circular fold of the vagina, closely surrounded the uterus feeling until more closely examined and its connexions traced, very much like an os uteri. The speculum exhibited the mucous membrane of the uterus of a deep red, blood oozing out. The vagina was pale, as were all the other mucous membranes of this anæmic woman. In all probability, the inversion had been gradually produced; and as, in the whole course of its production, there had never been any symptom of peritonitis, the author resolved, notwithstanding the completeness of the inversion and the density of the organ, to attempt reposition. After warm baths had been employed, he tried to pass in the entire hand but this was found impossible, especially as the entry of the vagina had been narrowed by the cicatrix of a laceration of the perineum. The treatment was now interrupted, and the author did not see the patient until October, 1858. Fearing to employ hooks or other instruments, he kneaded the uterus daily with the fingers, loosening the tissues so as to be able to tilt the fundus uteri to a considerable height. The menses returning, the author saw no more of the patient until the end of November. In the mean time he had perused Dr. Tyler Smith's case, and determined to try the effects of continued pressure, and consequently, on November, 27, introduced one of Braun's caoutchouc plugs into the vagina. It was removed daily, in order to ascertain the effect it had produced, then filled with water and reintroduced, and before closing inflated, so as to increase its circumference as much as possible. The instrument only caused some uneasiness for about two hours after its introduction. On December 2, the patient complaining of some pain in the abdomen, the

plug was removed, and an examination made. Great was the surprise, when the inverted uterus was found to have disappeared, and an os uteri capable of admitting three fingers presenting in its stead, its two lips being well defined. Measured by the sound, the uterus exceeded its normal length by more than six lines. By the use of the cold douche it soon contracted to its natural size, and the bleeding, which had so long persisted ceased.—*Deutsche Klinik*, 1859, No. 52.

SOME OBSERVATIONS ON DEAD-BORN CHILDREN.

By DR. AUGUST BREISKY.—Assistant in the Lying-in Clinic at Prague.

Dr. Breisky's paper on dead-born children is a valuable contribution to a subject which, on many grounds, demands extended and careful investigations. We will give first a condensation of his observations, and then a summary of his conclusions.

CASE 1.—*Prolapsus of the Funis: Aspiration of Liquor Amnii*.—A woman with a well-formed pelvis was in labour with her second child. Head in first position; a small knot of funis prolapsed within the thin membranes. In endeavouring between pains to replace cord, pulsation was felt. The indication was taken to be that the membranes should be ruptured to afford a better opportunity of replacing the funis and rescue the child from the threatened danger of interruption of the placental circulation. The rupture of the membranes let out a great quantity of turbid fluid, much discoloured with meconium. The funis was carried down in a long loop; it was pulseless. The pains were strong, and a dead boy was born. [We regret that we are unable from the author's history to fix the lapse of time from the cessation of the pulse in the cord to birth.—REP.] The *dissection* showed—paleness of the skin, with cyanosis of the face and extremities; blood vessels and heart cavities full of dark fluid blood; atelectasis of the lungs; the lower part of the trachea, the bronchi and their branches, as far as they could be followed, were filled with fine mucous, yellowish brown contents, which under the microscope was determined to be a mixture of mucus, meconium, and liquor amnii.

CASE 2.—*Meconium in the air-passages*.—A woman with a roomy pelvis in labour at term. Head presenting; *funis not prolapsed*. At 3.30, A. M., liquor amnii, discoloured with meconium, escaped, and quickly after a fully-developed girl was born. *Dissection* showed—paleness and light cyanosis of the skin; paleness and relaxation of the muscles; formation of skull normal; the kidneys without trace of uric acid infarction; much dark blood in the large veins; both lungs atelectatic; the mucous membrane of nose, mouth, and laryngo-tracheal canal covered with a thin yellow layer; the bronchi, down to the smallest ramifications, filled with a yellow mucous fluid, determined under the microscope to be meconium mingled with liquor amnii.

CASE 3.—*Meconium in air passages: slight dropsical effusion in serous cavities; intermeningeal extravasation; laceration of the left tentorium cerebelli*.—The dead child of a primipara, born after twenty hours' labour. Head lay in first position; the foetal heart had been heard during labour; green-coloured and somewhat offensive liquor amnii discharged; funis came down. *Dissection*—An unusually large child; skin pale, and slight cyanosis of face and extremities; the end of the funis discoloured yellow; between the skull and peri-cranium were small extravasations; the sinuses were uninjured in their walls, and gave vent to dark fluid blood; the tentorium cerebelli on the left side was slightly torn; there were small, fresh ecchymoses near; brain and meninges full of blood, and infiltrated with watery fluid; the large veins of the neck, thorax, and abdomen filled with fluid, dark-red blood; the heart cavities also contained dark blood; in the pericardium, pleura, and in peritoneum, was some clear, bright yellow serum; the lungs contained a few small lobuli filled with air, but the great mass was in a state of complete atelectasis; a small lump of meconium was found in the trachea, and in the minute bronchi was a slimy mixture of liquor amnii and meconium; no trace of uric acid infarction.

CASE 4.—*Narrow pelvis; large child; natural delivery after thirteen hours; rent of the left tentorium cerebelli and of the sinus transversalis intermeningeal hemorrhage; meconium in the air-passages.*—A primipara, aged twenty-nine, with a contraction of the pelvis, was in labour in the hospital; the fetal heart was heard; the liquor amnii tinged with meconium; but still the heart was heard; the head-swelling was very large the child was born apparently dead, after strong labour. The heart and funis continued to pulsate, but all attempts at resuscitation were fruitless. *Dissection*—Slight cyanosis of face and finger-ends, the head was lengthened in the direction of the diagonal diameter; under the external periosteum, in the course of the sagittal suture, were flat, dark-red extravasations. In the arachnoid cavity, especially in the region of the left hemisphere and at the basis, was a very dark fluid extravasation; several ecchymoses on the tentorium of the right side; on the left side, near the falx, was a rent: the transverse sinus was opened. The brain was much infiltrated, and full of blood. The bronchi contained a thin, yellow, somewhat frothy mucous mixture. The lungs were small, deep sunk against the spine; the edge of one lobe contained a little air, and gave out a little frothy fluid on cutting. The pulmonary vessels, the venæ cavæ, and heart cavities were filled with dark fluid blood. In the pericardium was a little serum; no ecchymosis. Kidneys without trace of uric acid infarction. Under the microscope the bronchial contents showed the yellow coloured elements of the meconium, some cholesteroline crystals, and the epidermic cells of the vernix caseosa.

In his commentary on these cases, Dr. Breisky observes that the presence of liquor amnii in the air-passages, in the first case, was the effect of premature intra-uterine inspiratory effort, excited by the interruption of the placental circulation. We may also learn from this observation, that the cause of the first respiration of new-born children consists in the breaking off of the placental circulation, which gives rise to the *besoin de respirer*. Connected with this is the indication always to tie the cord immediately after the birth of the child; this is the more urgently required in the case of apparently dead and weakly children, in order by suddenly cutting off the intra-uterine respiration to compell an inspiratory effort.

The etiology of the respiration in the remaining three cases in which there was no compression of the cord is not so clear; but here also the author, relying on Schwartz's experiments, maintains that it was produced by an interruption to the interchange of elements between the maternal and fetal blood. He believes that the indraught of liquor amnii is facilitated in head presentations, where some liquor amnii is always ponded up behind the head, allowing freedom for the chest to expand; and he says he has found this not to be the case in breach-presentations, which allow the liquor amnii to run off.—*British and Foreign Medico-Chirurgical Review.*

ERGOT IN PLACENTA PRÆVIA—ABORTION AT THREE MONTHS, DELIVERY OF ANOTHER CHILD SIX MONTHS AFTER.

By J. DOUGLASS, M.D., of Chester, S. C.

Having met the fourth example only, of placenta prævia, in an extensive obstetric practice of forty-five years, is conclusive evidence of its rare occurrence. Both theory and experience admonish the practitioner of the danger which besets him in such cases. The decided efficacy of ergot in controlling the hæmorrhage in a patient coming into my hands a few days ago, induces me to report the fact, as it may hereafter relieve the anxious embarrassment of obstetricians, and the perilous condition of their despairing patients. The subject was a negress, at full time, in her sixth confinement. On the night of the 12th inst., a negro midwife, belonging to myself, who does very well when there is nothing to do, was taken over to a near neighbor, the owner of the woman referred to, about 10 o'clock, P.M. Between 5 and 6 o'clock, A.M., I was hurriedly summoned

to the case, as she was sinking rapidly from profuse hæmorrhage. On my arrival, I ascertained that the membranes had given away about three hours before, and as soon as the waters were discharged the flooding commenced, and the pains in a great measure ceased. Up to that time, there had been no discharge of blood, and the labor had progressed so far without interruption. The os tincæ was fully occupied by the placenta, the whole mass in front. The parts were but little dilated; enough, however, I thought, to answer my purpose, if I should be compelled to resort to force and turning. I gave a full dose of ergot in decoction, and in less than twenty minutes the pains returned, and the hæmorrhage ceased. I gave small doses through the day, and the pain continued moderately, without any return of hæmorrhage. About 5 o'clock, P.M., the placenta was expelled, and the child immediately followed by the natural efforts of the uterus alone.

Whilst on the subject of obstetrics, I may mention a singular case which occurred in my practice. I have noticed others reported somewhat similar. This case fell into my hands some years ago:

Mrs. M., about three months advanced in her first pregnancy, young and healthy, was attacked with autumnal bilious or remitting fever. She was soon threatened with abortion, and I was called in, but before my arrival, it had taken place. I examined the fetus, and concluded it was three months old. The patient appeared likely, free from pain and fever, and in a short time was restored to her usual health. It was not long, however, before she and her family became alarmed from the gradual development and enlargement about the uterine region and abdomen. The finale of the case was that, six months after the abortion, I delivered her of a fine, healthy child.—*Charlestown Med. Journal*, May, 1860.

INTRA-UTERINE FRACTURE OF THE CLAVICLE.

By WILLIAM B. ATKINSON, M. D.

The patient was delivered naturally, after an easy labor, of a good-sized male child, without the attendance of a physician. A few days after, having taken upon herself the task of washing the infant, she detected a projection on the left side, between the shoulder and sternum. Upon an examination, the presence of a perfectly consolidated fracture of the clavicle was ascertained, the apex of the angle of junction pointing upward. From the fact of so short a time having elapsed from the birth of the child, and the complete union at the point of the fracture, it was evident that the solution of continuity must have taken place some weeks prior to the completion of pregnancy. The mother had, some three or four weeks before her confinement, received a violent blow in her left side from the edge of a door.

MATERIA MEDICA.

IPECACUANHA INSTEAD OF TARTAR EMETIC IN CROUP.

By J. C. SHAPARD, M. D., of Flat Creek Tenn.

I am strongly impressed with the opinion that much harm has resulted from the employment of tartar emetic in croup. It is but justice, however, to admit that this opinion is not the result of long experience or extensive observation. And, moreover, according to an ancient sage, an opinion is only the half-way house between ignorance

and knowledge. I shall content myself with expressing the opinion, without attempting to estimate its value.

I think I have seen fatal prostration result from the use of tartar emetic in infantile cases, in my own practice and in the practice of other physicians; physicians, too, who were regarded "skilful and scientific," and who deservedly rank high in the profession. That it was prescribed *scientifically* in the fatal cases alluded to, I have not a doubt—that is, according to the "teaching" upon the subject it was *indicated* in those cases; It is the province of our teachers to lead the van of our profession, and give "the word of command." They tell us to use tartar emetic in croup; but in justice to them it must also be said they enjoin caution in its administration, and this injunction may not be sufficiently regarded by the subalterns in the professional army.

Among the pathological elements of croup are inflammation, with or without fibrinous effusion, and spasm. Tartar emetic, in sufficient doses, will arrest the inflammation, throw off the fibrinous product; but in accomplishing these results a dangerous prostration is much to be feared. And when we remember how many physicians there are who are more inclined to the heroic than the prudent, it becomes a desideratum to find a remedy that will be as efficacious as the tartar emetic, without its dangers. According to M, Petit, ipecacuanha is that remedy.

M. Petit says, in a recent journal, he has been practising medicine in Paris fifty-two years, and that during this long career he has not lost a single case of croup. He treats the disease with emetics—generally ipecacuanha—tartar emetic *never*. He administers the ipecacuanha in syrup, in infusion, or in powder according to the age or urgency of the case, but always in emetic doses. He prefers ipecacuanha, because he considers it a superior emetic—because it can be administered in larger doses with impunity—and for the reason that those who give their attention to the little patient are in no danger, through error or inexperience, of injuring it by heroic practice. He thinks it is the emesis that cures the croup—that the vomitings and efforts to vomit detach and throw off the false membranes—that the general shock and the perspiration produced by the vomitings modify the organism in such a manner as to prevent the formation of new false membranes. But in order to obtain these desirable results, he says it is necessary to insist on the emetic without the fear of fatiguing the little patient, as long as the indications for its use continue, and to return to it after having obtained these results should the croupal cough and dyspnoea return, without waiting for the respiration to become wheezing. And if the physician wishes to be sure of curing his patient, he should not content himself with prescribing the emetic, but he should not leave the patient until the respiration is completely relieved, and it can rest easily in the horizontal position.

M. Petit has met with extraordinary success in the treatment of croup—greater, perhaps, than most other physicians have obtained from any treatment whatever—even the emetic plan; but his long sustained eminent position is a guarantee of his good faith and scientific attainments; and although others might not be as successful with the ipecacuanha as he has been, yet I think its substitution for tartar emetic would diminish the mortality of croup.—*Nashville Journal of Medicine and Surgery*.

CARBONATE OF AMMONIA IN MEASLES.

Dr. Pierce of Ceder Falls, Iowa, U. S., recommends an early treatment by this medicine. It should be given, before the eruption appears, or as soon after as possible. His prescription is as follows:

R. Ammon. Carb. ʒs.

Aquæ Camphorât, ʒ iss. m. Sumatur drachma una ter quotidie cum sacchar. mista.—*Southern Medical Journal*.

OXYDE OF BISMUTH IN GLEET, &c.

This has been employed and recommended by Mr. Gaby of Paris: 40 parts are suspended in 200 of rose water and so injected as to leave as large a deposit of the oxyde as possible. Thus it is recommended as an injection in gleet discharges, in Urethral discharges unconnected with Gonorrhoea as observed in certain diatheses, and he has treated with it successfully *Balanitis*, *Balano-posthitis* and *Herpes Preceputialis*. To the latter it has been applied in form of dry powder. Vulvar and vaginal leucorrhoea have also both yielded to it, especially the former disease when occurring in little girls.

Great cleanliness is at same time to be enjoined. All the cases in which M. Gaby employed it were chronic, and he states that the existence of pain or other symptoms of acute inflammation are contra indications to its use.—*Gazette Médicale*.

FORMULA IN MENTAGRA.

As a local application Mr. Richard employs the following solution, frequently applied with good effect: Sulphate of Zinc 16 parts, Sulphate of Copper 5 parts, water 500 parts, and Laurel water 15 parts.—*Presse Med. Belge*.

TO PRESERVE PILLS SOFT.

A small portion of quite pure glycerine, added to a pill mass, prevents it from hardening. If the mass contains resins, a little alcohol must be added to the glycerine to prevent disaggregation.—*Moniteur des Hop.* No 53.

SURGERY.

ACUPRESSURE AFTER AMPUTATION OF THE BREAST.

The advantages of acupressure over the ligature were well exemplified last Saturday at the Samaritan Hospital. Mr. Spencer Wells removed a large carcinomatous mamma, with a considerable portion of integument which had been involved in the disease. Five arteries bled freely—three in the inner and upper, and two in the lower and outer border of the wound. All these vessels were stopped without the slightest difficulty by needles. Common hare-lip pins were used. They were inserted through the skin, about an inch from the edge of the wound, passed beneath the vessels, and then brought out again through the skin upwards of an inch from the point of insertion. All bleeding was thus perfectly arrested. The edges of the wound were brought together by iron-wire sutures. So much skin had been necessarily removed, in order to take away the whole of the diseased parts, that some little traction had to be made to bring the edges together. This may probably interfere with union by the first intention; but there can be no doubt that the presence of ligatures between the apposed surfaces of the wound would have been an additional obstacle to this desirable result. Mr. Wells removed all the needles forty-four hours after the operation. No bleeding followed. Had ligatures been used, at least a week would have elapsed before they had all separated and each would have set up a suppurating track in its course. The patient had gone on remarkably well since the operation. The needles produced neither pain nor inconvenience.—*Medical Times and Lancet*.

FORCIBLE FLEXION OF ANCHYLOSED ELBOWS.

We frequently observe the good effects of the forcible rupture of the uniting medium whatever that may be (except bone), in partially ankylosed surfaces: and the measure of success which follows this mode of practice is no doubt attributable to perfect rest in an easy position being adopted afterwards until the irritation or occasionally inflammation has subsided—a plan strongly insisted upon by Mr. Brodhurst in his work upon this important subject. Although the cases are numerous in which this method of operation is now resorted to, we would draw attention to two examples of ankylosis of the elbow, which promise to be good recoveries.

The first case occurred at St. Mary's Hospital, in a healthy man, aged twenty-five, who was admitted under the care of Mr. Lane, with his left elbow ankylosed pretty firmly at a very slight angle, arising from some former injury, believed to be fracture of the condyles, with partial dislocation of the radius and ulna. The olecranon process and outer condyle were close to each other, and the head of the radius was dislocated inwards. For all purposes the arm was useless, and it was determined to bend it, under the influence of chloroform, and to break up the adhesions. Mr. Lane observed that he was sure the attempt would not make matters worse, but that every chance was in favour of considerable improvement. There was good rotation of the radius, notwithstanding the displacement of its head. On the 25th of January the arm was flexed without the employment of much force; but on moving it backwards and forwards a grating sound was emitted, which led to the impression that good motion would not ensue. On flexing the elbow, the head of the radius resumed its natural position. In the event of success not following, another trial was contemplated; but we are glad to say that no bad consequences ensued, and there is tolerable flexion gained under the use of passive motion.

A few days later (28th January), at King's College Hospital, Mr. Fergusson put in practice the same plan of treatment for ankylosis of the elbow, the result of some old disease of the joint, in a boy aged about sixteen, and this has been attended with success thus far from the use of passive motion. There was not sufficient disease to require excision, as Mr. Fergusson observed, and the course adopted seemed to him the mildest under the circumstances. The forcible flexion was accomplished under chloroform without much difficulty, and to such an extent as to augur favourably for the future utility of the arm.

ON ALLARTON'S LITHOTOMY OPERATION.

By NATHANIEL WARD, F. R. C. S., Assistant-surgeon to the London Hospital.

The median operation of lithotomy has now been before the medical profession some time, and has on many occasions been put to the test of practice both in London and the provinces. It becomes therefore the pleasure, if not the duty, of the surgeon who has had the opportunity of being satisfied with it, to record his conviction, and to state his reasons for the adoption of this operation in the removal of small or average sized stones from the bladder, in preference to any of the varied modifications of lateral lithotomy as yet introduced to the profession. Prior to its introduction I employed, for the few cases of calculus in the bladder that came under my care, that modification of the lateral operation planned and practised by the late Mr. Key, and adhered to by some of his successors, and which may be taken as an average sample of the difficulties attendant on the lateral operation, however performed. This method, if carried out according to the recommendation of its proposer, is divided into several stages, all of which require careful study before, and anxious attention during the operation. A straight staff having been introduced into the *previously injected* bladder, the operator makes the la-

teral incision into the perinæum in the usual way. Having reached the groove in the staff through the mucous urethra, the cutting instrument is held with the extremity of the blade steadily but lightly in contact with the groove. The handle of the staff is then taken from the hand of the assistant, and the instrument drawn down on the knife so as to form with the axis of its blade an acute angle. The left hand holding the staff and the right the knife, in the relation mentioned, are next slightly inclined to the left side of the patient. The staff being then held steadily in the operator's left hand, the knife is forwarded by the right along the groove of the staff, through the membranous part of the urethra and the prostate gland, into the bladder, and is then withdrawn, the angle that it forms with the staff, as it is leaving the viscus regulating the extent of incision in the prostate. The staff is then taken in the operator's right hand, and the left index finger, being passed along it and taking its place, is used as a guide for the forceps, which are next introduced, and the calculus is removed.

I have thus briefly described the details of the lateral operation by the straight staff which I have selected as an example from amongst several modifications of the lateral operation had recourse to in the present day—none of which can, I think, be said to be less complicated—in order to show that lateral lithotomy generally whether with the gorget or the knife, requires much preliminary study, and constant caution and care, in order to execute it with precision and without risk; the chief dangers being the slipping of the instrument from the groove of the staff, and the wounding of the bladder or rectum. The anecdote recorded of old Mr. Dease, of Ireland, a dexterous lithotomist, is a happy illustration of the above statement, and shows the amount of practice which this surgeon considered necessary to perfection in the consecutive manipulations in lithotomy. In the terminal steps of the lateral operation, Mr. Dease was in the habit of forwarding the staff and scalpel in a very dexterous manner into the bladder by a simultaneous movement of either hand. He was attached to this method, and was in the habit of constantly performing the motion his hands would take in this manœuvre; even at the dinner table, while speaking to some one, he might be often detected moving his knife and fork as if pushing the scalpel and staff on together, without thinking of what he was doing.

The comparatively greater safety, simplicity and facility of the operation recommended by Mr. Allarton appear to me to constitute its peculiar merits. On the six occasions on which it has been performed at the London Hospital, either by my colleagues, Messrs. Critchett and Gowland, or by myself, the steps recommended by Mr. Allarton have been followed with but a slight variation. The staff having been introduced into the *uninjected* bladder, the prostate was made out by the left index finger passed into the rectum, and its apex was steadied by it against the staff. A scalpel, with the blade half an inch longer than the length of the finger in the rectum, and having a straight cutting edge and curved back, was introduced with the cutting edge upwards into the perineal raphe, about half an inch in front of the anus, and passed steadily downwards and backwards until its point impinged in the groove of the staff, cutting through the lower wall of the back part of the membranous portion of the urethra, just in front of the point of the index finger.

The knife was then carried forward about the eighth of an inch along the groove of the staff, and then withdrawn by sweeping it upwards and forwards (as regards the operator), so as to make a median cutaneous incision about an inch in length. A common bone probe, set in a rough handle, was next passed along the groove of the staff into the blade. The staff was then removed, and the left index finger, well greased being passed along the *upper* surface of the probe to the prostatic urethra, arrived through this, after several graduated rotations, into the vesical cavity. The forceps were next introduced along the upper surface of the finger, and the calculi removed.

Thus it will be seen that the only points in which this lithotomy differed from Mr. Allarton's directions were—the use of the form of scalpel alluded to, and the incision of

the membranous urethra by drawing the knife forwards and upwards, instead of passing it towards the prostrate in the contrary direction. The cases were all successful, and the patients rapidly recovered.

Independently of the many recommendatory points in this method of urethral lithotomy insisted on by Mr. Allarton, the necessity of injecting the bladder before cutting does not exist inasmuch as the cavity of the viscus is not cut into; and the bladder is not in danger of being wounded, as the incision nearest to it is carried away from it towards the operator. But there is an important reason why the bladder should not be injected, and it is this:—The prostrate gland is taken to be, so to speak, the land-mark of the operation. This organ in children is very small, and it requires a little education of the finger in order readily to detect it. If the bladder is tense in consequence of retained urine or injected fluid, the walls encroach on the immediate area of the gland, and the prostate is then not easy to be felt. On the contrary, when that viscus is not distended, the prostate stands out in comparatively prominent relief, and can easily be felt by the finger, and steadied against the staff.

I have little doubt that Allarton's operation will, in course of time be generally adopted for the removal of small or average-volumed calculi from the bladder and I cannot but think that since its introduction it would have received ere this a greater amount of sound surgical sanction had some lithotomist of the day, of the highest authority, deviated, in a spirit of enquiry, from a beaten track; and experimentally tested the applicability and efficiency of this modified Marian operation, the revival of which must be regarded as a useful addition to the resources of the healing art, and as a high compliment on the part of modern to ancient surgery.

MISCELLANEOUS.

DO BAD SMELLS CAUSE DISEASE?

The tendency of the human mind to rest satisfied with any belief that is authoritatively asserted, is too well known to require any comment. Philosophers of all kinds are no more exempt than other people from this easy style of dealing with difficult problems. Medicine is, we think especially chargeable with cherishing pet answers to questions that force themselves unkindly on her; and we think that the way in which she has made up her mind as to the cause of various kinds of fevers, is an example of this style of cutting the Gordian knot.

Of late years, it must have struck all our readers that pig-styes, dirty pools of water, open privies, ash heaps, etc., have been declared highly criminal, and on all occasions even adjudged guilty of producing any kind of fever or bowel complaint that may have broken out in the neighbourhood. If a child happen to suffer typhus in a farmhouse, it is the mixen at the end of the barton that caused it. If an epidemic of English cholera befall a village, it is traced to the duck-pond by the road-side. If in a wealthy household the inmates are stricken with diphtheria, some open sewer, close at hand, has, as a matter of course been the cause. So accustomed are we to hear this sort of reasoning resorted to on all occasions, that one feels a little difficulty in expressing doubts as to the certainty with which the effect is unhesitatingly traced to its cause. Nevertheless, we think there is at least sufficient evidence to cause reflecting minds to pause ere they give in their adhesion to the general opinion, and thus shut their eyes to further research and enquiry. Dr. Watson has, we know, stated it as his distinct opinion, "that neither animal or vegetable decomposition is sufficient to generate fever of any kind;" and the researches of Dr. Guy, and other observers, have certainly gone some way to support that opinion.

Dr. Guy in his very interesting contribution to the Journal of the Statistical Society on the health of Nightmen, Scavengers and Dustmen, gives us a mass of statistical fact

which, it must be confessed, run counter to the generally received opinion, that foul animal or vegetable emanations are the fruitful source of disease. This class of men without doubt, spend their days in the very midst of filth of all kinds. He says :

“In most of the lay-stalls or dustmen’s yard, every species of refuse matter is collected and deposited—night-soil, the decomposing refuse of markets, the sweepings of narrow streets and courts, the sour smelling grains from breweries, the surface soil of the thoroughfares, and the ashes from the houses.”

This heterogeneous mass the scavengers or “hill” people have to sort or to pass through sieves, so that the emanations arising therefrom must be brought into intimate relation with their lungs and skin. If fever and diarrhœa are so clearly traceable to the vicinity of these so-called noxious materials, surely the scavengers ought to be a poor fever-stricken race. A medical examination, however, of this class of workmen as compared with brickmakers and bricklayers’ labourers, proves that the scavenger is comparatively exempt from disease. Thus, among a number of men examined in each of the three classes, it appeared that the numbers attacked by fever were, among the scavengers, 8 per cent. ; among the bricklayers’ labourers, 35.5 per cent. ; and among brickmakers, 21.5 per cent.

This result seems extraordinary enough ; but it may be argued that these men do not live in the laystalls or dustyards, and therefore that their exemption from fever may be attributed to this : but what can be said if the master dustmen and their families, who live all their lives in the midst of these heaps of so-called fever-nests, are healthy. Dr. Guy says :

“I do not think that, whether in town or country, such another body of men (as master dustmen) could be brought together except by selection ; and it is not going too far to assert of them, that, if the comparisons were limited to the inhabitants of London, or our large towns, no score of selected tradesmen could be found to match the same number of scavengers brought casually together.”

Unless we suppose that the scavengers get used to this so-called miasmatic atmosphere or that after a time it no longer affects them, we cannot see how the foul emanation theory can hold water. Nature cannot work in one place differently from another. Night-soil must be just as deadly in an open yard in London as in the country. But here we have the experiment tried on a larger scale, of a whole class of men subjected to foul emanations, and yet they are far from being an unhealthy race, and are not nearly so prone to fever or bowel disease as the bricklayers’ labourers.

We are far from wishing to be understood, however, that we do not consider foul emanations as dangerous or baneful under any circumstances. In our opinion, they become noxious when much concentrated. Our houses, for instance, are built on the principle of a bell-glass ; and our drains and privies, and all other impurities, if allowed to give off a deleterious miasma, most certainly do become most virulent sources of disease. But, in the open air, we think it very doubtful whether these emanations are ever the cause of injury to man.

Let us watch with Dr. McWilliam a still more gigantic experiment on the health of the Thames waterside people, which has been going on for years, and is still proceeding. The whole sewerage of two and a half millions of people, has, within the last ten years, been turned into the metropolitan stream. Year by year its waters have become more contaminated, and its smell more disgusting. It should follow that the health of the waterside community is proportionately decreasing ; that febrile complaints, cholera and diarrhœa are alarmingly on the advance. But what is the real state of the case ? Dr. McWilliam in his Report for the year 1858, on the health of the Water Guard and Waterside Officers of her Majesty’s Customs, says :

“As respects bowel affections, to which I include diarrhœa, choleric diarrhœa, dysentery, etc., the types of these forms of disease, which, in this country, noxious exhalations are commonly supposed to originate, we find the additions during the four hot

months of the past year from this class of complaints 26.3 below the average of the corresponding period of the three previous years, and 73 less than those of 1857.

The quantity of putrescent animal and vegetable matter in the Thames has been going on increasing; but the illness generally attributed to the emanations arising therefrom has been decreasing! We know that many will urge that all the combustibles (if we may use the term) being thus accumulated, it only requires the match to be applied, to find epidemics raging like wildfire. But the year before last, cholera did break out on the banks of the Lea, and there died out, apparently from want of sustenance. This year, according to the *Lancet*, cholera, veritable Asiatic cholera, has been on board the Dreadnought; yet it has not spread, and there seems no likelihood of its doing so, for this season at least. As Dr. McWilliam truly says, "It is nowhere sustained by evidence that the stench from the river or docks, however noisome, was in any way productive of disease. It is true that one waterman, in June last, was said to have died of Asiatic cholera, and that his death was ascribed to river poison: but, as the eminent observer, whom we have just quoted, correctly remarks, "it is opposed to analogy, and to the usual order of nature, and therefore unphilosophical, to suppose that a cause so extensively diffused should have been so singularly limited in its effect.

Greatly doubting, as we do, the alleged ill effects of foul emanations in the open air upon human life, we nevertheless do not think that the crusade against filth should for one moment be relaxed. A bad smell may be no more unhealthy than a bad taste, but we should if possible, avoid the one as much as the other. What we should, above all things avoid, however, is the falling into the error of supposing that bad smells are the indubitable sources of many puzzling diseases, and of thus hardening our minds against investigations of the kind which were instituted a year or two ago by Dr. Barker, and which when completely carried out, will enable us to decide what the noxious principles are which make all the difference between an unpleasant and a malarious odor.

ANOTHER BLACK DOCTOR.

The following is a part of the public advertisement of a negro doctor:—"T. Edwards is naturally a Doctor—having a gift from the Lord. My mother was her mother's seventh daughter, and I am her seventh son; my father was a seventh son, and I am his seventh son; I was born with seven cauls, and I am a seven months' child, and walked in seven months after I was born, and have shed my teeth seven times."

THE
British American Journal.

MONTREAL, JULY, 1860.

THE LICENCES OF THE COLLEGE OF PHYSICIANS AND SURGEONS
OF LOWER CANADA.

After the full explanation, which we gave in our April number, of the validity of the licences of the College of Physicians and Surgeons of Lower Canada, as qualifying their holders for practice in Upper Canada, we feel somewhat surprised that any gentleman practising in the Upper Province on the strength of that license should be unable to defend his position if challenged. An annoyance however, somewhat similar to that experienced by Dr. Cruikshank of Berlin, which elicited our remarks, has been inflicted upon Dr. Shaver of Stratford; but in this instance the Sheriff of the place and especially the Clerk of the peace, a Mr. Linton, having taken due counsel together, have in the profundity of their knowledge of the law, pronounced this gentleman unqualified, because he had not "the governor's license," although he has during the last five years acted as Physician to the Jail, granted certificates of lunacy and otherwise practised on Her Majesty's unsuspecting lieges in that interesting portion of the Province. Not much consolation either did the unfortunate Licentiate receive from his Attorneys whom he consulted on the point, as they were "much inclined to the opinion entertained by the Sheriff and the Clerk of the Peace." Profound indeed must be the knowledge of the law possessed by these functionaries, but

Gnats have had, and frogs and mice long since
Their eulogy: these sang the Mantuan bard,
And those the Grecian, in ennobling strains;

And, certes, it is but fair that these parties should have theirs, even should it come from our hands.

We do not intend to repeat on the present occasion the remarks made in our April number. We think we do enough by simply referring these gentlemen of deep legal lore, to the following Acts of Parliament of the existence and operation of which they seem to have no knowledge whatever, or at best a superficial one, viz: 10 and 11 Vict., chap. 26: 12 Vict. chap. 52 and 4 and 5 Vict. chap. 41.

Dr. Shaver's remedy is a very simple and easy one. Let him adopt legal proceedings at once against any party objecting to receive any official document of

his on the ground of improper qualification, and we pledge all the reputation we possess on the issue. It is really too bad to be compelled to teach the law to Upper Canadian Sheriffs, Clerks of the Peace and lawyerlings.

THE PROTESTANT HOSPITAL AT OTTAWA.

It is known to the profession of this province, by the circulation, a few months past, of certain papers, that a difficulty had arisen among the medical staff of the above Hospital, the two consulting physicians having refused to meet one of the attending staff because the latter kept an apothecary shop and retailed nostrums and patent medicines. The matter was laid before the Board of Governors of the Hospital, who by their action have sustained the attending physician in his transactions, whereupon Drs. Van Courtlandt and Hill, the two oldest physicians of the place, both gentlemen of high reputation, have resigned their offices. This is much to be regretted, as the Hospital must suffer in consequence. The proceeding of the attending physician alluded to is in our opinion utterly unjustifiable. Those who seek the honors of the profession should adhere to that profession, and we cannot see upon what principle the sale of patent medicines, especially by an M.D., or any regularly educated medical man, who may not even have graduated, can be justified. Is he not by so doing countenancing and sanctioning the vilest impositions that have ever been practised upon a suffering humanity? We might say a great deal more on this subject, but we forbear. The conduct of Drs. Van Courtlandt and Hill will be approved by the whole profession not only of this province, but elsewhere.

We have heard also of another graduate in medicine, and licentiate in law, practising both professions: all these things are, to say the least, excessively irregular, and should be put an end to.

LAW INTELLIGENCE.

Our readers will remember that in the April number of this Journal we gave insertion to the report of certain law proceedings which were then taking place in the Brome County Circuit Court in which George C. Peters was plaintiff vs. Orlando P. Sweet, an unlicensed quack in that township. The merits of the action were the following. The plaintiff, a cabinet-maker, took out proceedings against the defendant for the value of work performed for him. The defendant alleged in his plea, that the demand had been compensated previous to the institution of the action by a large sum of money due to the said defendant for the price and value of divers medicines and for his services and advice bestowed by him on the plaintiff and his family as per account annexed. The action was an important one as involving the defendant's right to charge for alleged professional services he at the same time being unlicensed. Judge McCord, before whom the pleadings took place, reserved the case for consideration, and at a late sitting of the Court pronounced judgment on it in favour of the plaintiff. The judgment is exactly what it ought to be. But having established this

point, and, moreover, possessing all the evidence of the illegal practice under the defendant's own sign manual, and for the truthfulness of which he must have been sworn in Court, the only duty now remaining to be performed is at once to put the law in force against him for practising without license. Fortunately these affairs have taken place under the very eyes of the Governor of the College of Physicians and Surgeons, and we think it his duty to see that the required proceedings be at once adopted.

We give insertion beneath, at the particular solicitation of one of the Governors of the College, to the proceedings had at the Triennial Meeting of the College, held nearly twelve months ago. The By-laws require their publication in a Medical Journal, and as there was none in existence at the time, only that portion which was deemed of public interest, viz. the election of the Board of Governors was made known in the daily press. We consider their publication now superfluous, but in compliance with the wishes of the gentlemen alluded to, we give place to the following abstract of the minutes.

TRIENNIAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS
OF LOWER CANADA HELD AT MELBOURNE, JULY 13TH 1859.

In conformity with a resolution passed at the last triennial meeting held at Three Rivers on the 9th of July 1856, the triennial meeting was held this day at Melbourne, C.E., where were present:—Drs. Morrin, Frémont, Von Iffland, Chamberlin, Fowler, Fraser, Sabourin, Weilbrenner, Hall, Scott, Russell, Sewell, Marsden, Wolfe, Wright, Howard, Munro, Glines, Boyer, Robillard, Brigham, Têtu, Johnston, Bibaud, Turcotte, Jones, Landry, Forrest, Smith and Peltier.

Dr. Frémont, the President of the College, took the chair.

Dr. Landry, one of the secretaries read the minutes of the last triennial meeting held in the Court House of Three Rivers, which on motion of Dr. Marsden, seconded by Dr. Scott, were approved.

Dr. Landry read a very minute and elaborate report of the proceedings of the College during the past three years, which was unanimously adopted.

On motion of Dr. Russell, seconded by Dr. Weilbrenner, it was resolved that the said report be printed in the English and French languages.

Dr. Landry proposed, seconded by Dr. Fraser, and carried, "That the President be authorized to take a legal opinion on the question, whether physicians whose names are embodied in the act which incorporates the College of Physicians and Surgeons of Lower Canada, are *ipso facto now* members of that College, and entitled to take part in its proceedings, without the payment of the annual fees accruing since the date of the passing of that act.

John Bannatyne Gibson, M.D., McGill College, was proposed as member of the College of Physicians and Surgeons of Lower Canada by Dr. Wright, seconded by Dr. Chamberlin.

Dr. Alexander W. A. Delisle, was proposed as member of the College of Physicians and Surgeons of Lower Canada by Dr. Bibaud, seconded by Dr. Peltier.

Both these gentlemen were balloted for and unanimously elected members of the College.

Dr. Bibaud made a proposition, concerning the necessity of altering the entrance fee of members, reducing it from \$10 to \$4.

The proposition was rejected as being out of order.

Dr. Moffatt, of Quebec, was proposed as member of the College, but as a difference of opinion existed as to his liability to the payment of the annual fees accruing since the date of the passing of the act of Incorporation, his name being incorporated in the act, the question was left over until the October meeting of the College in Quebec.

The meeting then proceeded to the election by ballot of the thirty-six governors to constitute the Board of the College for the ensuing three years.

Proxies were handed in from the following gentlemen, Drs. Coderre, Cowan, Holmes, Picault, Robitaille, Michaud, Marmette, Lemieux, Smallwood, Foster, J. P. Russell, Sutherland, Campbell, Jackson and Trestler.

Drs. Chamberlin, Sewell and Boyer were nominated to act as scrutineers.

The ballot papers having been all given in the members present adjourned for the purpose of allowing the scrutineers the time necessary for ascertaining the result.

After a temporary adjournment of about three hours, the members reassembled, when the following gentlemen were declared governors for the ensuing three years.

For the City of Montreal.—Drs. Hall, Bibaud, Boyer, Jones, Fraser, Munro, Scott and Peltier.

For the District of Montreal.—Drs. Weillbrenner, Chamberlin, Brigham, Turcotte, Smallwood, Foster and Robillard.

For the City of Quebec.—Drs. Morrin, Sewell, Frémont, Landry, Jackson, Marsden, Russell and Wolfe.

For the District of Quebec.—Drs. Von Iffland, Boudreau, Têtu, Marmette, Michaud, Charest and Forrest.

For the District of Three Rivers.—Drs. Badeau, Smith and Dubord.

For the District of St. Francis.—Drs. Glines, Johnston and Fowler.

A unanimous vote of thanks was then passed in favour of the retiring officers of the College, for the interest which they had taken in it, and the ability displayed in the management of its affairs; and it was finally resolved that the next triennial meeting of the College should be held at Melbourne.

A subsequent meeting was held at the same place and on the same day, of all the members present who had been appointed governors for the purpose of electing the officers of the College.

The following is the result of this election, which with the former also took place by ballot.

President.—Archibald Hall, M.D.

Vice Presidents.—James Sewell, M.D., and J. Chamberlin, M.D.

Registrar and Treasurer.—Thomas Walter Jones, M.D.

Secretaries.—J. E. J. Landry, M.D., and Hector Peltier, M.D.

The following memorial was handed to the President.

“ We the undersigned, licensed members of the Medical Profession of Lower Canada, request the Board of Governors of the College of Physicians and Sur-

geons of Lower Canada, to adopt a tariff of fees for the guidance of the members of the profession practising in country districts.

Signed by Drs. Robillard, Forrest, Sabourin, and 18 others.

The above document having been read the following proposal was submitted.

"The undersigned request that the College of P. and S. of Lower Canada, will appoint a Committee to draw up a tariff for the Medical Profession, in L.C., residing in the country, as distinct from that in the cities."

Signed by Drs. Robillard and Forrest.

Upon which it was moved by Dr. Morrin, seconded by Dr. Robillard, and carried, "That the President be authorized to name a committee to give effect to the above memorial to report at the ensuing October meeting of the Board.

The Board then adjourned.

HECTOR PELTIER, M.D., Edin.

Secretary for the District of Montreal.

Melbourne, July 13th 1859.

To correspondents:—Dr. Shaw's letter (*Hopewell, New Brunswick*), with enclosure has been received. It arrived, however, at too late a period to permit us to comply with his request in the present number, but we will endeavour to fulfill his wishes in the next or the one following.

OBITUARY.

It is with regret we announce the decease of M. Lizars, the eminent Surgeon of Edinburgh, which occurred on Tuesday last, after an illness of two days, from apoplexy. Next to Mr. Syme, Mr. Lizars was the most distinguished Surgeon in the northern capital, and made himself famous by being the first to remove the upper jaw-bone. He was also the first man in this country to tie the arteria innominata for aneurism. His friend and rival Mr. Liston competed with him in this department of surgical adventure. Mr. Lizars was the author of several works, especially of an admirable and well-illustrated hand-book of Surgery; he was also well known for his persevering denunciations of the idle and mischievous habit of smoking. He was a plain-spoken, honest man, zealous for the advancement and honour of the Surgical Art, and ever ready to employ his knowledge for the benefit of those who wanted it. He was much respected by his professional brethren, and has left a place in his Profession that will not be quickly filled.

The past week has also closed upon the grave of Albert Smith, the well-known popular lecturer, who was also a Member of the Medical Profession. He was born at Chertsey, where his father practised as a Surgeon; he was educated at the Merchant Tailors School, of which place, however, he did not entertain very agreeable recollections, and he prosecuted his Professional studies at the Middlesex Hospital and in Paris. He commenced practice, or rather he placed his name upon a door, in Percy street, Fitzroy square, where he resided for many years. His literary engagements were obstacles to Professional success, and we believe that his chief connection with medicine at this time consisted of a series of papers called 'Jasper Buddle, or the Confessions of a Dissecting-room Porter,' which were published in the '*Medical Times*.' [He retained through life warm sympathies with his profession, and defended its interests in the press on all suitable occasions. His numerous works in the light literature of the day must be familiar to our readers, as well as also his inimitable art as a popular lecturer. He died in the prime of life, from, it is stated, an attack of bronchitis.

LICENTIATES BY THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA TO PRACTICE AS APOTHECARIES, CHEMISTS AND DRUGGISTS SINCE 1852.

Samuel Wright,.....	May 1852	Roderick McLeod,.....	May 1858
George W. Glass,.....	Oct. 1852	Henry Atkins,.....	Oct. 1858
John Johnston Beers,.....	May 1853	William C. Richardson,.....	May 1859
Thomas Pyne,.....	Oct. 1854	William Henry Eadon,.....	" 1859
John W. McLeod,.....	May 1855	Benjamin Gould,.....	Oct. 1859
Wolfred Brunel,.....	" 1855	Zéhpardin Fortin,.....	" 1859
John E. Burke,.....	Oct. 1855	James Pierre Peltier,.....	" 1859
Alexander G. Davidson,.....	" 1855	John G. Thomas.....	" 1859
Samuel Sturton,.....	May 1857	Edmond Giroux.....	" 1859
Hyacinthe Cuniffe,.....	Oct. 1857		

MEDICAL REMUNERATION.

A case of considerable importance to medical men in relation to the new Medical Act was heard last week at Guildhall. The action was brought by Mr. Merritt, a Surgeon of great respectability in the City of London, for the recovery of a bill for the attendance on the family of a stock-broker named Webb, a gentleman of good position and means. It appeared that originally Mr. Merritt had been in the habit of charging Mr. Webb a guinea for three visits; but on this gentleman removing nearer to Mr. Merritt's residence the fee was reduced to five shillings a visit. Mr. Webb, indeed, disputed that there was any understanding to that effect; the fact, however, was, that fee was charged. Another particular in the bill of charges deserves also especial notice. Mr. Webb's children had suffered from scarlatina, and Mr. Merritt had charged a distinct fee for attendance on each child. This claim was also objected to. It was argued on the part of the plaintiff, that each case required separate consideration and a distinct portion of time, and that the claim was therefore reasonable. Two medical gentlemen were called for the defence as regards the custom in these cases, but their evidence was by no means conclusive. The Judge brought under the notice of the Jury the recent changes in legislation, with especial reference to general practitioners practising as physicians and charging fees for attendance, the principal payment being for time and skill, and not medicines supplied. The fees, he observed, might vary from three shillings and sixpence to half-a-guinea. The Jury decided in favour of the plaintiff for the full amount. No case could be brought to test more rigorously the rights of general practitioners under the Medical Act. By allowing a fee to be charged for each child ill under the same roof, the principle of payment for time and skill is distinctly recognised—a decision of the utmost importance in its general bearings. The amount of fee—five shillings, chargeable to a respectable person, has been also, so far, confirmed. There were some charges for medicines, given on an emergency, or specially prepared; but these were rare, the account being one for attendance—a consideration to be borne in mind, as the Jury will probably be influenced in future cases in coming to a decision as to the equity of charges by estimating the value of the services given from the mode in which the charges are made.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN JUNE, 1860.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer corrected and reduced to F. 32° of the Air.	Temperature of the Air.	Dew Point.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Its general Direction and Mean Force from 0 Calm to 16 Hurricane.	Rain in 24 Hrs read at 10 A.M.	Snow in 24 Hrs read at 10 A.M.	Total rain and melted snow.		
						Amnt.	General Description.								
1	Inc's.	0	0	0.100	0.10	0.10		0	0						
2	29.737	69.0	58.2	.88	6.0	8.0	0	66.2	57.3	N.N.E.	0.10	Inch.	Inch.	Inch.	
3	29.808	65.0	55.0	.72	6.0	8.0	0	71.0	53.0	0	0.05	.....	.....	0.05	
4	29.873	65.0	54.0	.63	6.0	8.0	0	79.0	51.0	S.	.....	.....	.....	.....
5	29.897	73.0	62.5	.73	6.0	8.0	0	83.0	60.0	S.S.W.	.....	.....	.....	.....
6	29.360	73.0	62.5	.69	6.0	8.0	0	72.0	64.0	S.S.E.	.....	.....	.....	.....
7	29.511	61.7	55.7	.61	6.0	8.0	0	76.0	58.0	N.	.....	Inap.	.....	Inap.	Auroral arch at midnight.
8	29.415	67.2	55.7	.71	6.0	8.0	0	78.0	56.2	N.N.E.	.....	.....	.....	.....
9	29.395	62.1	55.7	.75	6.0	8.0	0	70.0	58.5	S.W.	.....	0.37	.....	0.37	Auroral light.
10	29.492	61.7	53.0	.73	6.0	8.0	0	69.0	55.9	W.	.....	.....	.....	.....	High wind during night.
11	29.625	57.7	41.7	.50	6.0	8.0	0	62.0	55.0	N.N.W.	.....	.....	.....	.....	Aur. arch with streamers.
12	29.742	63.9	41.7	.39	6.0	8.0	0	73.0	50.5	N.N.W.	.....	.....	.....	.....	Auroral arch.
13	29.852	63.9	49.9	.50	6.0	8.0	0	77.0	55.9	S.	.....	.....	.....	.....	Streamers between W. & E
14	29.903	73.7	53.0	.56	6.0	8.0	0	88.0	55.4	S.W.	.....	.....	.....	.....
15	29.837	76.2	54.0	.46	1.5	6.0	0	86.0	65.5	S.W.	.....	.....	.....	.....	Sheet lightning in S.
16	29.877	75.2	54.0	.66	1.0	6.0	0	83.0	63.9	S.S.W.	.....	.....	.....	.....	Thunderstorm N.N.E., 7 p.m.
17	29.964	68.9	61.9	.80	3.3	7.3	0	77.0	61.2	N.N.E.	.....	Inap.	.....	Inap.	
18	29.886	73.1	57.0	.61	1.0	6.0	0	82.0	62.8	E.S.E.	.....	.....	.....	.....	Lightning in S.
19	29.825	76.4	60.6	.60	1.7	7.3	0	82.0	62.5	S.E.	.....	.....	.....	.....	Thunderstorm, a.m.
20	29.621	70.4	60.9	.74	6.0	6.0	0	66.0	60.5	E.N.E.	.....	0.30	.....	0.30	
21	29.750	59.7	54.7	.54	9.0	10.0	0	76.0	53.0	E.S.E.	.....	0.07	.....	0.07	
22	30.042	66.1	50.6	.57	2.0	3.0	0	83.0	63.0	N.	.....	.....	.....	.....	Thunderstorm in S.W.
23	30.011	74.0	61.3	.63	2.2	3.0	0	76.0	63.0	N.N.E.	.....	.....	.....	.....
24	30.054	69.0	56.2	.63	3.3	3.0	0	81.0	60.5	S.E.	.....	.....	.....	.....
25	30.175	71.1	52.4	.49	1.0	3.0	0	81.0	60.1	S.W.	.....	.....	.....	.....
26	30.105	94.3	60.5	.64	1.3	8.0	0	85.0	60.5	S.W.	.....	.....	.....	.....
27	29.925	71.8	60.3	.69	4.4	5.0	0	79.0	66.0	S.W.	.....	.....	.....	.....	Comet seen.
28	30.042	67.0	55.3	.53	2.0	3.0	0	76.0	56.0	N.W.	.....	.....	.....	.....
29	29.759	70.3	57.3	.63	2.0	8.0	0	87.0	55.9	S.W.	.....	.....	.....	.....
30	29.480	76.1	67.0	.79	5.0	9.0	0	74.0	69.3	W.	.....	.....	.....	.....	{ Gale during night of 29 30 Heavy sud.
30	29.675	72.0	53.0	.51	2.5	2.6	0	81.0	66.5	W.	.....	.....	.....	.....
S's												1.21	.....	1.21	
M's	20.764	63.97	55.74	.649				77.27	59.13						

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN JUNE, 1860.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE					THERMOMETER.		Dew Point at 3 P.M.	WIND.		RAIN AND SNOW in 24 hours, ending at 6 A.M. next day.			GENERAL REMARKS.	
	Barometer reduced to 32° Falt.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Maxim read at 6 A.M. of next day.	Minim read at 2 P.M. of same day.	General Direction.		Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.		
1	Inches	0	0-100	0-10	0	0	0								
2	29.5416	60.83	60	5	71.2	53.4	42.0	N. 36 W.	12.95						
3	58.55	63.02	50	2	75.5	54.8	49.0	West.	5.82					
4	Sunday	.....	.....	71.8	50.2	.....	S 30 W.	5.66					
50017	57.93	91	10	65.0	56.8	56.0	N. 53 E.	4.82	0.375				
6	1.142	60.28	78	8	66.0	57.0	54.0	N. 36 W.	12.13	Inap.				
7	1.952	57.56	74	6	66.0	54.4	55.0	N. 36 E.	7.12	.033				
8	3.378	58.08	76	7	71.0	53.3	60.0	S. 72 W.	6.65	.645			Thunderstorm.	
9	1.965	56.18	76	9	62.5	49.2	42.0	N. 74 W.	16.84	.015				
10	4.110	57.32	59	5	65.0	52.0	44.0	N. 41 W.	20.61				Faint Aurora at midnight.	
11	Sunday	.....	.....	63.0	49.2	.....	N. 39 W.	14.17				Auroral arch, 11 p.m.	
125377	67.15	60	2	80.4	51.5	57.0	N. 40 W.	8.27					
135807	62.62	65	0	70.8	53.0	56.0	N. 74 E.	4.10					
146067	62.85	53	4	74.0	51.2	42.0	N. 59 E.	5.54				Solar halo at noon.	
15	1.067	63.63	64	4	78.8	52.3	53.5	N. 88 W.	5.06	.040			Thunderstorm at 6 p.m.	
16	1.5693	64.95	78	7	75.0	58.2	64.0	N. 37 W.	7.65	.295			Thunderstorm dur. morn'g	
17	1.7032	60.70	75	7	66.5	50.0	56.0	N. 19 W.	7.85					
18	Sunday	.....	.....	76.5	56.4	.....	S. 36 W.	3.41					
195045	64.58	76	8	72.8	56.8	61.0	S. 79 E.	4.35	Inap.			Thunderstorm at 10 p.m.	
20	1.3195	63.62	81	6	74.0	57.0	63.0	S. 75 W.	6.32	.475			Do at noon.	
21	1.4030	63.03	73	6	76.8	55.0	54.0	N. 25 W.	6.59	Inap.				
22	1.6540	63.55	88	10	61.0	59.0	53.0	N. 50 E.	7.98	.005				
23	1.8265	60.38	64	2	69.2	55.5	50.0	N. 79 E.	5.24					
24	1.8143	63.73	73	2	75.0	49.5	58.5	N. 13 W.	4.23					
25	Sunday	.....	.....	79.8	53.0	.....	87 E.	4.40					
267743	68.48	74	10	78.2	58.0	63.0	N. 14 W.	4.56					
277305	68.80	78	9	76.8	65.4	68.0	N. 24 W.	4.70	.063				
28	1.7665	63.68	65	1	69.8	60.2	52.0	N. 84 E.	5.58					
29	1.5172	71.23	73	1	81.6	54.0	67.0	N. 16 W.	7.06	.040				
30	1.3085	69.40	86	9	79.0	60.4	66.0	N. 81 W.	8.48	.750			Thunderstorm dur. morn'g	
30	1.5543	65.70	58	6	78.8	60.0	60.0	N. 72 W.	8.56					
S's												2.136			
M's	29.4379	63.16	71	6	72.58	55.38	55.92	N. 44° W.	7.61						