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ORIGINAL COMMUNICATIONS.

MEDICAL DEPARTMENT.

ART. LI.—*Lingering Labour; Cystocele and Puncture of the Bladder; Delivery by Craniotomy; Cure of the Vesical Fistula through remedial measures alone; Practical Remarks.* By HORACE NELSON, M.D., late Editor of 'Nelson's American Lancet,' &c.

(Concluded from page 388.)

The perusal of the foregoing case cannot but lead the reader to some important conclusions; and, to a clinical lecturer, it would prove an interesting and fruitful text; for as, observed in the preliminary remarks, in it are embodied some of the fundamental rules of the Art and Science of Midwifery, I may be allowed to make a few brief observations which, I trust, will be found worthy of the attention of the junior practitioner, should such a case fall into his hands.

1. *Rupture of the Membranes.*—It is admitted, I believe, that to rupture the membranes before the os uteri is fully dilated is very bad practice, entailing as it does all the difficulties and miseries of a *dry birth*; and should the true nature of the presenting part not have been clearly made out, the opportunity of rectifying it is, if not altogether lost, at least rendered vastly more embarrassing for the obstetrician, and painful and dangerous for the lying-in-woman. In the present case, the amniotic fluid was discharged through the intentional rupture of its investing membrane during the very-first night of the labour, when the process could scarcely be said to have commenced. Here, consequently, were lost the advantages derivable from one of the most admirable provisions of nature for the prompt termination of the labour by the easy passage of the child. At every pain the parietes of the uterus become more and more closely applied to the fetus, and this pressure tending to displace the less resisting of the uterine contents—the amniotic fluid—it passes, or is pressed, downwards and presents itself in the shape of a bag, of various forms and dimensions, at the mouth of the womb, where it acts like a wedge, gradually though forcibly and continuously distending it, till the os is opened to that extent as to obliterate the line of separation between the womb and vagina—the two cavities being continuous—and the head of the child has fairly entered the pelvic cavity; here ends the

first period or stage of labour, and, with it, generally, the membranes are spontaneously ruptured and their contents discharged.

Again, after having accomplished its object, the full dilatation of the uterine neck and contiguous parts, the membranous bag may not become ruptured till at the expiration of the second stage; that is immediately on its rupture, the bag having protruded between and, in some cases, even beyond the external parts, and having gradually, though effectually induced the necessary degree of dilatation of the vaginal canal, the child's head immediately follows the escape of the amniotic fluid.

However, this is not always the case, and often the very persistence and integrity of the membranous bag after, and even before, the completion of the first stage of labour, is in itself productive of vexatious delay, more particularly when the expulsive efforts are only of a moderate degree of severity or even when they become, from, apparently, unappreciable causes, totally suspended. I have for the last eighteen years enjoyed something of a large private and consultation midwifery practice, and have adopted the following course, which although it may not be entirely orthodox, has, however, the merit of being based upon a somewhat extended experience, and attended with invariable success. I am particularly careful to preserve the amniotic fluid till the os uteri is well dilated; and though the head is just being engaged in the superior strait, it often happens that the pains although they may be strong, and probably as pressing as at any other period, still there appears to be a want of their direct application upon the foetal body, the consequence is that the labour begins to flag, and, at times, is almost stationary; but if the membranes are ruptured at this stage, the presentation being correct, and the waters evacuated, the uterus has room to contract, there now being a vacuum; it embraces more closely, or even moulds itself over, the various parts of the child still retained in the womb, and, necessarily, a speedy termination of the labour occurs, which would otherwise have been more or less prolonged. We sometimes observe that the abdomen, *cæteris paribus*, is, in some women very large, giving rise to the idea that the womb contains two children or that it is inordinately distended by the amniotic secretion: to determine the first point, a careful external examination will generally detect a sufficiency of the hard parts of one or two children; while the second may be defined by the uniformity of the abdominal surface and its unusual degree of fluctuation, combined with the distant feel of the foetal parts. In such a case as this, the labour cannot progress as the over distension of the womb tends to induce a paralysed state of its muscular fibres, and nature here teaches us the remedy, by a spontaneous and early discharge of the fluid contents of the uterus.

Whether I have been more fortunate than other practitioners in having but lucky cases falling to my lot, I cannot say; but, of this I am certain that I have never been more than from two to six hours in attendance on any case, even although called at the commencement of the first stage, and when the os was opened sufficient only to allow the introduction of the point of the finger, to satisfy myself as to the nature of the presentation. It may be proper, however, to remark that much of my success and the immunity of my patients from prolonged suffering may be possibly due to the use of my friend, "Dr. Pollard's

Obstetrical Supporter," an invention admirably calculated to afford every assistance to the parturient woman to lay out her strength as the calls of the uterine action demand; while to the physician it is a saving of an almost incredible amount of the being squeezed-and-pulled-around fashion, to say nothing of direct hard work.

2. *The Examination.*—Frequent examinations should *never* be made during the first stage of labour; no good, but much harm may result from this meddling interference. One or two examinations should be instituted in order to become acquainted with the progress of the labour and the nature of the presentation, that if it should be found faulty, it may be corrected at the earliest period possible. The disgusting practice of constantly *helping*, as some women are pleased to term it, by the continual putting in and taking the finger out of the vagina for hours, and occasionally falling *asleep* there, I have known to be practised by some physicians who, without confidence in themselves, are perfectly satisfied to do something, be that something nothing more than to follow the silly dictates of the patient. To make a poor woman believe that a finger can help her, when the entire energies of her body and mind are concentrated upon the process she is painfully and almost unsuccessfully striving to bring to an issue, is not only simply absurd, but is highly unprofessional and censurable, and can but serve to gratify the prurient tastes of either patient or physician. It is, therefore, nonsense to dream of helping, by the constant thrusting in and out of the officious finger; though it is unquestionable that the practice tends most effectually to remove the mucus so freely poured out to lubricate the maternal passages, as well to protect them from contusion, as to facilitate the birth of the child. There is no necessity of a close attendance at the bed side, save during the continuance of the second stage, then to afford the necessary support to the perineum and receive the child; beyond this, in an uncomplicated case, the delicate and high-minded practitioner well knows that his presence is not required near the patient, though, if out of the room, for one moment, he should be within calling distance.

3. *Descent of the Bladder, or Cystocele.*—Upon the physician's arrival in the sick room, and after enquiries made as to the length of time the patient has been in labour and the nature of the pains, his first question should be directed to the condition of the bladder and intestinal canal, and this should be done even before proposing the first vaginal examination. In the great majority of cases, either from unwillingness on the part of the patient to rise, or from the real or supposed absence of desire to empty the bladder, the labour is allowed to set in and continue; and when prolonged, the viscus may become overdistended, adding to the already severe sufferings of the patient, and from the continued pressure exerted upon it, by the presenting part of the child, inflammation, suppuration and even sloughing may ensue, inducing if not a necessarily fatal termination, at least a certainly deplorable infirmity. Again, the organ may be so overdistended, that without the concurrence of the causes just named, it may be suddenly ruptured. When the bladder is not emptied either through the efforts of the patient, or through the instrumentality of the catheter, it will sometimes happen that, at an early period of the labour, it is pushed before the head, form-

ing a tumour, smooth and tense and more or less prominent, directly behind the symphysis pubis, which tumour gradually increases in size and with it the dangers and sufferings of the patient. In the hands of an unguarded or ignorant practitioner, this tumour might be mistaken for the membranes of the ovum, and treated accordingly by puncture as was done in the case under consideration. It must, *a priori*, be thought scarcely possible that such an egregious blunder could be committed, but so it is, and the case, now reported, will compare favorably, and rank side by side with the only three cases I find on record; one will be found at page 202 of Merriman's Synopsis, a second in Hamilton's Manuscript lectures, while the third I cannot at this moment place my hand upon its authority and reference.

I always make it a practice to carry in my pocket-medicine case a female catheter and elastic bougie, that they may be used at a moment's warning; and should manual or instrumental interference become required, the bladder must invariably in the first instance be emptied, and if this cannot be accomplished through the introduction of the metallic instrument, owing to a deviation in the natural course of the urethra, the object will be readily and safely attained by the use of the elastic bougie. A very frequent source of error is in placing too much reliance in the assertions of the patient, that she is making water at every pain, and that there cannot be much, if any, in the bladder. It is certainly true that the womb when in action and pressing on the bladder will cause a few drops of urine to be squeezed out; still it should be remembered that, although the renal secretion is not so active as under other conditions of the system, there is a certain quantity of urine constantly flowing through the ureters, and thus very gradually, though certainly, the bladder will, in the course of some hours, become distended to a degree fraught with present and future dangers.

The distended and prolapsed bladder may not only fill the upper and anterior portion of the vaginal canal, but it has even been seen to protrude between the labia. A little attention to the following few diagnostic points would, I conceive, remove all doubt as to the nature of the case:—the bladder is situated at the anterior portion or wall of the vagina directly contiguous to the symphysis pubis, while the membranous bag occupies nearly the centre of the upper and posterior portion of the canal—near the sacrum—and is encircled by a firm and more or less resisting ring, the os uteri; the bladder imparts the feeling of softness, fluctuation, firmness and thickness, it diminishes and becomes partially effaced under direct pressure; there is an harassing and constant desire to pass the urine, without the possibility of so doing, and pain is experienced when pressed upon with the finger, and more particularly so if scratched with the nail; the membranous bag is much less firm and resisting, and during the absence of uterine action, the head, or presenting part of the child can be readily felt through the membranes, no pain attends pressure with the finger or scratching with the nail; both, the prolapsed bladder and bag of the ovum, become increased in tension and dimensions during the contractions of the womb, to again decrease during the stage of relaxation. Lastly, after a careful comparison of the above distinguishing features, should doubt still be present in the accoucheur's mind, it would at once be removed by the introduction of the catheter or bougie, the urine will be drawn off and the tumour entirely dis-

appears, to occur again so soon as the water collects into the bladder in sufficient quantity.

4. *The Presentation.*—I now come to the consideration of the principal cause of the vexatious delay in this case:—the nature and situation of the presenting part. As I have previously said, this was clothed in some degree of obscurity, more particularly from the ossified state of the head, the overlapping of the parietal bones to give to the part the wedged or oblong shape to facilitate its engagement into the pelvis, was here absent; and, from the same cause, there was scarcely a trace of the ordinary puffy tumour. Yet with a little care and attention, the sagittal suture, although rather indistinct, could be felt passing diagonally from right to left, and warranted me,—as the further progress of the delivery and the mode of the child's exit demonstrated—to say that the head was in that rather rare, and always more or less *contrary* presentation, the sixth of Ramsbotham, or the fourth of Dewees and American writers generally:—that is, the face looking towards the left groin and the occiput towards the right sacro-iliac symphysis; the right ear—but it could not be felt—to the left sacro-iliac junction, and the left towards the right groin; the posterior fontanelle towards the right sacro-iliac symphysis, while the anterior fontanelle was to be found at or behind the left groin. This presentation, although considered as a natural one, is, nevertheless, always attended with a tardy labour, more particularly if the head is in any degree abnormal as to its size or ossific solidity; and the moment such a position is detected, a little gentle manipulation is required, and will be generally successful, in producing such a change in the head as to better adapt its diameters to those of the pelvis; when, with a few rare exceptions, the remainder of the process may be left to the unaided efforts of nature. Of the various modes recommended for the conversion of this presentation into the second—the only one practicable—the following will not only be found more prompt of execution, but more certain of success:—Let either hand, according to the position of the patient and the convenience of the medical man, be gently introduced in the vagina, and placing the thumb on one of the parietal protuberances and two or three fingers on the other, gradually and slowly elevate the head at the same time that a slight turn is imparted to it, so that the occiput is now opposite the right acetabulum and the forehead to the left sacro-iliac junction. It is not necessary for me to say anything of the mechanism of this new position; the different periods of flexion, engagement, rotation, extension and restitution, any one, in the least, understanding the *modus in re* of obstetrics well knows how, and through what agencies, these necessary motions, for the passage of the child through the pelvis, are effected.

It will, now, be understood that there were in this case two, or at least, certainly, one remediable cause of the delay, and finally of the arrest, of the labour: the faulty position of the head which, as has been demonstrated, could at the outset of the labour have been changed into one where all the chances were afforded nature to complete the process with little, if any further, manual assistance. Again after the position had been rectified, and yet no progress observed in the descent of the head, version may be made according to the ordinary rules laid down for the second presentation, and, conversely, the same process is to be

followed when the fourth cannot be converted into the second. The forceps may also be applied, not without considerable difficulty, however, before the head has become locked in the pelvis and the maternal soft parts have not been subjected to any undue amount of irritation, to bring the parturient act to a happy, though, possibly, a tardy termination. In the event of failure in all of the foregoing measures, there still remains one more, the perforation and crotchet.

5. *Ossification of the head.*—The second, and probably the most potent cause, of this lingering accouchement, was the unusual degree of ossification and solidity of the cranial bones; and, although, there was no direct possibility of remedying this unfortunate state of things, after the position of the head had been rectified as much as the nature of the case required or permitted, a reasonable delay should have been granted, when if no advantage had been obtained, the forceps should have been applied, and in the event of failure, the last resource was to sacrifice the child. Turning in this case should *not* be thought of, as although the feet might possibly be secured and brought down without very great difficulty, still the size and hardness of the head filling up, as it would unquestionably do, the whole of the pelvic brim, would exert, in a very few minutes, such an amount of pressure upon the umbilical cord as to be sufficient to cut off the circulation, and cause the death of the child by asphyxia; again, the feet are not presented as a tempting, if not irresistible, handle, to pull away to the sad detriment of the maternal soft parts.

6. *General and local remedies and other measures employed in the case under consideration.*—I conceive it will require but a few words in reference to the administration of opium in one form or other, tartarized antimony, and secale cornutum, or the use of bleeding or the warm bath: what are the indications for the use of the foregoing means?—The answer is comprised in a very few words,—first, to produce such a degree of general debility or languor as will facilitate the dilatation, or overcome the resistance offered by a preternaturally rigid os uteri, and, secondly, to increase the expulsive action of the uterus when this latter appears to fall into a state of atony. I will now in a few words, point out under what circumstances the above various agents should be employed:

a. *Opium.*—This drug, by relieving muscular spasm generally, and suspending uterine action locally, will, therefore, subdue the very distressing, and if I may be allowed the expression, the useless pains, by inducing a certain amount of sleep, and necessarily a corresponding immunity of suffering: on awakening, the patient will not only find herself refreshed, but the pains will be changed in character, increased in frequency and severity, and with them a greater aptitude on the part of the woman to render that assistance which is required of her; it is no use to administer this drug to suspend the prolonged pains caused by malposition, nor has it any *direct* power to relax a rigid os.

b. *Tartarized Antimony; Bleeding and the Warm Bath.*—These means are only applicable in producing a sufficient degree of constitutional relaxation, as will tell upon a rigid and unyielding state of the os uteri; in the above case, their use was most positively counterindicated, here was a soft and largely dilated os, ready to allow of the passage of the product it had safely enclosed for a

period of nine months, but in this it was foiled owing to that assistance, which was so plainly pointed out and was not rendered by those who should have done so.

c. Secale cornutum.—The last thing done was the administration of the secale; the pains, for two days, had been of the hardest and best adapted character; but, forsooth, they must be increased and multiplied to expel (!) the child, if that could be done, to the imminent risk of rupture of the uterus! Let my readers make a note of this mode of treating a case of midwifery; and, although, I would not advise them to follow this *wise* course of practice, I would still have them bear in remembrance the not unexpected results.

7. *Vesico-vaginal Fistula.*—During my first examination, which was necessarily more protracted than under ordinary circumstances, the strong odour of urine pervading the bed, and the peculiar acrid feel of the soft parts, together with the story of the *second* bag of membranes, led me to make a careful exploration of the superior and anterior walls of the vagina; there was no tumour, but with a little manipulation, the index finger of the right hand entered a small opening back of the symphysis, and imparted the sensation as if in a close cavity, its edges were hard, thick and resisting; there was no giving way of the parts around the opening, as is always the case by the gradual tearing of the amniotic membrane. The os uteri was fully dilated, and its superior segment not only very much thinned and relaxed but allowed the free passage of the finger between it and the child's head. After the expulsion of the placenta, I had the opportunity of making a still closer examination, and became immediately satisfied that there existed an opening—a little less in size than a quarter dollar piece—at the inferior and anterior portion of the bladder, just posterior to its neck; and this had been caused by the boring and scratching of a thirty-years' *helping* and experienced finger!

To remedy, at once, the very sad results which would have resulted from the protracted neglect of this lamentable accident, and save the patient's life from being embittered by a repulsive infirmity, I advised the husband to keep a large sized-catheter in the urethra and bladder, that as much of the urine as possible might pass through the instrument; to syringe out, twice a day, the vagina with tepid and emollient injections; and after cleansing the wound of the lochial discharge to apply the solid nitrate of silver, through a fenestred speculum, freely to the edges of the fistulous opening, once in two or three days. This plan was pursued till the cessation of the lochia, which took place about the twelfth day, when the tepid and emollient injections were changed to cool and strong astringent ones; the use of the catheter was still continued, and a piece of sponge introduced in the vagina, directly under the opening, to catch and retain what urine might drop through; the sponge to be renewed several times daily, thus ensuring comfort to the patient, and in a great degree, immunity of the soft parts from the contact of the acrid secretion. The opening gradually closed, till at the expiration of a couple of months it was reduced to the size of a probe; and this being cauterized, once or twice a week, with a sharp piece of the nitrate of silver, resulted in as happy and perfect a cure as it was certainly unexpected. Some eighteen months since, and nearly the same period of time,

after the unfortunate occurrence I have just reported, the patient, now a resident of Vermont, has been safely confined of a living child, after a favourable accouchement.

Vesico-urethro-vaginal Fistula. The following case, which came under my care shortly after my return to Montreal, will not, I believe, be found an inappropriate conclusion to this paper. In March, 1859, I was requested to visit Mrs. —, a native of Brighton, England, but for four years a resident of this city. I found her to be a woman of a fine *physique*, aged 46, the mother of several children; her last confinement having taken place ten years before, and although the labour presented nothing unusual, still, for some unexplained reason, it was concluded with the forceps. For some weeks after nothing particular occurred, though she complained of a more or less constant sense of weight and distress in the vagina, accompanied by a very frequent desire to micturate, which desire, however, was only relieved in part, and this not without some pain. Six months after her confinement, she became aware of the presence of a small swelling in the upper wall of the vagina back of the external opening of the meatus urinaris; the swelling gradually increased, till it filled almost completely the vaginal passage, preventing sexual congress, and attended with a throbbing sensation and increased weight and distress. One day coming down a flight of stairs, she made a misstep, and in the effort to recover herself, gave a jump of a couple of steps, falling rather heavily; she immediately felt something give way, and found her person wet; on examination it was discovered that the tumour had been broken, and its contents had flowed upon her person and underclothing—there was nothing unpleasant in the odour of the discharge, save that it possessed a very strong urinary smell, was of a deep yellow colour, ropy and of some consistence. This little—fortuitous—accident did not prevent her from attending to her household duties; on the contrary, it had done, what several professional men, who had been consulted, could not do, it proved a certain temporary relief, and taught her that the same thing could be done, in after years, to secure a few weeks' or months' respite from her unpleasant ailment. Nothing unusual was observed after this occurrence, only that she now noticed that there was an increased, and rather annoying degree of moisture about the external parts, and occasionally a few yellow spots upon her linen; to this she paid little or no attention, being under the impression that, like many other women, she was labouring under a slight attack of leucorrhœa. However, in the course of three or four months, this trifling discharge gradually decreased, at the same time that the small swelling commenced to show itself in the same situation it had occupied in the first instance; it passed through the same stages, till, having attained nearly the size of an egg, it was spontaneously ruptured, the contents evacuated, and relief followed as at its first appearance. Such was the state of things, and so it continued for ten years, recurring from two to three times a year.

After her removal to this city, she was successively under the charge of three practitioners who, however, did not appear to benefit her, although they never employed any local means—either by examinations or direct applications—they became satisfied that there was something wrong with the womb, but that time and the final change of life would, probably, effect the cure. Having heard the

same story so often, it did not quiet her mind and she had almost given up in despair, when she was recommended to call on me by an American lady.

Having been made acquainted with the foregoing particulars, I proposed a vaginal examination, to which at first, she rather objected, inasmuch as this mode of determining the nature of her complaint had never been hinted at by any of her former attendants; however, being a person of good common sense and proper feeling, when made aware of the necessity of this examination, she readily complied with the demand. At this time, a little over two months had elapsed since the emptying of the sac by the customary spontaneous rupture of its membrane, and it had now acquired near two-thirds the size of a hen's egg; it was situated half an inch posteriorly to the meatus urinarius, running backwards along the course of the urethra an extent of near two inches; it was firm and elastic, evidently fluctuating, and insensible unless subjected to undue pressure. A catheter passed readily into the bladder, and a small quantity of urine discharged. The first step in the treatment was to open the abscess—or sac—and then to endeavour to prevent its return by causing the obliteration of its cavity. With a lancet a small puncture was made in the most depending and anterior portion of the sac, when near two ounces of the same thick, yellow-coloured fluid were evacuated; a probe was now introduced in the opening and the cavity carefully explored in all its directions, when a small passage or sinus—just admitting the probe—was discovered running parallel to the urethral canal, a distance of some two inches; a catheter was passed into the bladder, when catheter and probe both came into contact in the cavity of this organ. The peculiar features of the case were now very clearly explained and demonstrated—it was nothing more than an interstitial fistular separation of the urethro-vaginal mucous membranes, extending from the neck of the bladder to nearly the entire extent of the urinary passage. The manner in which the swelling was developed is to be explained as follows:—A few drops of urine were constantly lodged in the sinus, which kept gradually increasing after the healing of the opening resulting from the spontaneous rupture of the sac, till it had acquired its ordinary size, then another break would take place, and immediately after this occurrence, for some days, and even weeks, there was a continual oozing of urine through the *now* complete fistule, and which occasioned the disagreeable and unusual moisture of the parts; then the opening would gradually close, and proportionally the sac would increase by the greater amount of urine retained in it, and, although, it would materially diminish during the recumbent posture it was, nevertheless, never completely empty, by the retention of the thickened urine, the more fluid parts being either removed through the process of absorption, or flowing back into the bladder.

The indication here was to lay open the track of the sinus, and attempt the radical cure by attacking the small vesical opening. This was done in the following manner:—A grooved probe was introduced the entire length of the fistulous canal, and then a very small straight pointed bistoury was carried along, dividing the sinus and making it one with the vaginal canal. After the bleeding—which was somewhat profuse from so slight a division of parts—had been checked, a silver catheter was passed into the urethra, while a large sized fenestred speculum was introduced into the vagina. I now found out the very simple cause of this poor woman's

sufferings for ten years, a small *hole*—for it was nothing more nor less—at the junction of the body with the neck of the bladder; this was freely cauterized with a sharpened stick of nitrate of silver, and on withdrawing the speculum the caustic was slightly applied along the fistulous track to promote the granulating process; a large bougie was introduced into the urethra in place of the ordinary silver catheter, and a piece of compressed sponge, in the vagina, directly under the vesical opening. This completed the first dressing, and I may almost say the only one, as a slight modification of the same process was gone through twice only at one week's interval, when the fistulous opening became perfectly closed; and although I have since then repeatedly seen the patient, having been retained as the family physician, she has never, in fourteen months, felt any thing like a return of her old complaint. Two months after the last application of the caustic, I made a most careful digital and visual examination, but could detect nothing to warrant me in saying that she was not radically cured.

A third case, it should have been second in order of priority, in the person of Mrs. ——— of Plattsburgh, presented itself to me a short time before I left that village, and pretty much under the same circumstances as in the last named patient:—the general and local symptoms were nearly identical, so was the treatment, and the result equally successful and satisfactory; consequently, it is only necessary to mention that for these cures, through a very simple and common place mode of treatment, an undue amount of credit has been awarded to me, when really it was only because I looked carefully into small things, and sought for the fountain head of the mischief, being fully satisfied that if I took care of the cents, the dollars would take care of themselves. This axiom proved theoretically and practically true in both of my cases.

27½ Little St. James Street, July 4, 1860.

ART. LII—*A Case of Popliteal Aneurism cured by Ligature of the Femoral Artery after failure both of Flexion and Compression.* By JOHN REDDY, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c.

The following case of Popliteal Aneurism having been lately under my care I am desirous of recording it in your valuable Journal as it presents a few peculiarities which may not prove uninteresting to the profession.

James Trainer, aged 28, a farm labourer, was admitted into the Montreal General Hospital on the 18th May last under my charge. He is of healthy appearance and of stout build, weighing 160 lbs. and 5 feet 8 inches in height. Family history good. He states that he ever enjoyed uninterrupted good health and has been from boyhood actively engaged in his present business. About three weeks prior to his admission, while thus employed and without any exertion different from what he had been accustomed to, he was suddenly seized with a severe pain which was immediately followed by a swelling behind the right knee. It did not hinder him from pursuing his business till the third day when the part became more painful, and the limb began to swell. Its motions were impeded, and he afterwards experienced a kind of "beating" behind the joint. He did not know what to attribute these symptoms to as he had never received any injury in the part nor

suffered from any previous disease. He was at this period obliged to seek medical relief, and was ordered a liniment that proved ineffectual. He then had recourse to high-wines, goose and gargling oils and a host of such like, but these were also equally unavailing. When he presented himself at the hospital he was slightly lame, the right leg was partially flexed, and he could not straighten it without causing pain of a dull aching character. Upon examining the part I found a well-defined tumor behind the right knee in the popliteal space, about the size of half an orange, of an oval shape, most prominent towards the outward condyle and having a strongly heaving visible impulse. The following dimensions were taken: circumference in the direction of the centre of the patella $16\frac{1}{2}$ inches, of inferior margin of same bone $13\frac{1}{2}$ inches, and of the centre of the calf of the leg, $13\frac{1}{2}$ inches. The same regions of the unaffected side measured respectively $13\frac{5}{8}$, 12 and $12\frac{3}{4}$ inches. Greatest longitudinal measurement of tumor $3\frac{3}{4}$ inches, transverse $3\frac{1}{4}$ inches. By applying the hand a very strong impulse was felt, and upon placing weights to the amount of 26 lbs. over the tumor, they were perceptibly raised; synchronously with the pulse a loud systolic bruit de soufflet was heard all over and around the tumor. While so engaged, the head of the examiner was forcibly raised during each expansion of the swelling. Compressing the femoral at Scarpa's space removed the bruit and emptied the sac, but on removing the pressure the signs just mentioned recurred. Heart and various organs in the different cavities apparently healthy.

19th May. The leg having been bandaged as far as the tumor, I placed the foot in a well-padded shoe having a strap buckled to the heel, which was connected to a belt passed around his waist. The leg was gradually flexed and the apparatus securely fastened. This procedure caused some pain, but it had the effect of slightly moderating the bruit. I visited him during the evening, when he complained that the bending had given him a good deal of pain, it was however then not so bad. I succeeded in bringing the leg still further back; tumor unaffected, ordered full diet and beer. To have an anodyne at bed time if necessary.

20th. Felt much pain during the night about the knee, and had to get an anodyne; pain not so great to day, but complains that the position causes him acute suffering especially at intervals. Bruit unaffected. Having first greased my finger, I felt the tumor and detected a strong impulse still present. Flexed the leg somewhat further back, nearly to the utmost extent practicable.

21st. Had severe pains in the tumor through the night, leg somewhat swollen. In other particulars he is about the same as yesterday, the anterior and posterior tibial arteries were felt pulsating at the ankle. Given an anodyne last night.

22nd. Much the same as he was at last report. I brought the leg back as far as it could possibly be flexed. It induced an increase in his complaints of distress.

26th. No particular change. No sign of fibrillation.

31st. Tumor unaltered. Sufferings appear more intolerable, though taking an anodyne nightly, says he will not bear the "bending of the leg" any longer. I see no improvement as yet from this treatment and have decided upon trying compression in its stead to-morrow.

June 1st. Passed another restless night. Having loosened the strap confining the limb I brought the latter a little down and I carefully examined the tumor.

There was no alteration either in its size or signs, and no approach to fibrillation, The sac could be completely emptied. I now applied the compressors at the usual place. Visited him in the evening. Leg not so painful, says present plan does not produce anything like the torture of the former. Adjusted the compressors and gave them in charge to a very intelligent patient in the adjoining bed who quite entered into the spirit of the affair. After a day's instruction he appeared to be quite up to what was required and requested I might leave him a stethoscope as a guide?

7th. Nothing particular to record till to-day when he was affected with diarrhoea which produced a good deal of irritation. He has borne the compressors well, says that they do not cause him much, if any, pain. Diarrhoea disappeared towards evening.

9th. Feels better and in good spirits, fibrillation has partially commenced.

13th. Appears to be doing well though very uneasy, requiring that the compressors should be frequently altered.

20th. Doing well since last report. No further sign of coagulation however. Another patient has volunteered to assist in taking charge of the compressors. The house-surgeon Dr. Taylor has been most attentive, late and early examining that the instruments are correctly applied.

July 14th. It is unnecessary to detail the reports between this and the last date. There has been no further progress towards a cure since that time though the compressors have been well borne and properly sustained. The patient too has become very tired of his condition and is most anxious I should try some other method. Finding that there does not appear to be much hope of a cure resulting from the present plan I have decided to tie the femoral artery after a short interval.

21. Having laid aside the compressors on the 14th, I have since then directed frictions of camphorated oil to be rubbed on daily over the compressed parts. After a consultation held this day I tied the femoral artery in Scarpa's space when the pulsation and bruit immediately ceased. 3 o'clock p.m., pulse $8\frac{1}{2}$, no fever, doing well, temperature of the leg unchanged-

22nd. Slight return of bruit (without impulse in the tumor).

23nd. Progressing favourably, murmur absent.

24th. Observed a slight tumefaction at the upper end of the wound. Dr. Taylor says he heard a very slight murmur in the tumor last night, none present to-day. Removed silver sutures by which wound had been kept closed.

25th. Continuing to improve, a small abscess of a trifling character burst last night where the swelling was noticed.

28th. Still doing well, no bruit on applying the stethoscope; on the side of the knee a very faint pulse is detected, it does not however exist in the tumor.

1st August. Improving, no sounds of any kind in connection with the aneurism.

13th. Ligature came away. 23rd day; tumor very much diminished, the same pulse as mentioned on the 28th July is occasionally detected but there is a complete absence of bruit.

25th. Is able to walk about the ward with the aid of crutches: tumor still becoming visibly less; no sound of any kind audible for the past week.

11th September. Patient can nearly extend the limb to its full limit and is able

to walk about with scarcely any support. He continues the occasional use of crutches which I am confident he could dispense with but for his great nervousness. The tumor is not larger than about half a walnut, there has been for the last few weeks a total absence of the sound formerly alluded to. He left hospital this day quite well.

In the preceding case it will be perceived that flexion had been used for a period of twelve days, during which time it did not appear to produce any decided effect upon the tumor, though it modified considerably the pulsations of the anterior and posterior tibials at the ankle, without however at any time suspending them; it provoked a considerable amount of pain, the patient being all the time fretful and irritable obliging me to be liberal in the use of anodynes. I had felt most desirous to try this method from its great simplicity and the apparent success that attended it in the hands of other practitioners, cures having resulted in periods varying from eleven hours to sixty-five days, contrasting most favourably with digital compression and the use of the compressors and certainly involving less restraint upon the patient, besides causing little or no trouble to the operator and not requiring the constant watching and changing of instruments which most other plans involved. Compression was tried for over a period of fifty-one days, and although fibrillation partially obtained on the ninth day, no further advance ensued. It is worthy of note that when applying the ligature to the femoral at Scarpa's space, there was neither induration nor thickening, the parts were quite healthy and the fat entirely absorbed, so that the long use of the compressors did not in any way interfere with the operation. It may not prove uninteresting to mention, before concluding these remarks, that while this case was undergoing cure, I had an opportunity of making a post mortem examination of the case of popliteal aneurism cured by compression and recorded in the first number of the *Medical Chronicle* by my friend, the late Dr. Crawford. The sac had diminished to about $1\frac{1}{2}$ in, in diameter and to about $\frac{3}{8}$ inches in thickness. Its anterior surface was so closely adherent to the ligamentum posticum Winslowi that while trying with the greatest care to detach the sac I failed in removing it completely, it contained a soft cheesy kind of matter. The vessel entering the sac was impervious for about two inches, that leaving for about an inch, the femoral artery as far as Hunter's canal was healthy though very much distended. All the parts were deeply imbedded in fat.

33 St. James' Place,
Montreal, Oct., 1860.

LONDON CORRESPONDENCE OF THE BRITISH AMERICAN JOURNAL.

No. 3.

Although both the Profession and the Public have good naturedly submitted to the establishment of various apparently legitimate special hospitals in London, according as the necessity for their existence arose, the recent announcement of a *Hospital for Stone* and other diseases of the urinary organs, which I referred to in my last letter, has aroused the dormant energies of the former to action, and a rigorous protest has been the result signed by all the leading Hospital

Physicians and Surgeons of London and the Provinces, as well as the heads of various public medical bodies and many disinterested men. Whether this will have the desired effect in putting an end to what is called the *special nuisance* is extremely doubtful. The majority of special Hospitals are now rich and well endowed both in lands and money, and can hold their way in spite of all opposition. The smaller fry are to a certain extent supported by the public, but are kept alive by the energy alone of their medical officers, who sometimes do not hesitate to put their hands in their own pockets to prevent their favourites from sinking. The Hospital (so called) for stone, consists of a private house taken in Marylebone Lane, and at present possesses perhaps 3 or 4 beds, but the number will increase if any wealthy sympathizing and suffering individuals lend their aid. And it is a curious fact in the history of many of these institutions, that when the funds are low and things apparently in a very languishing condition, a feeling of pride will prompt wealthy members of the Committee to keep them agoing during their life time, with perhaps a handsome legacy at their demise. Now the chief surgeon of the Hospital for stone, as announced in the advertisements, is Mr. Spencer Wells, a man very well known in Surgical Science, and one of the editors and proprietors of the *Medical Times*. It may be assumed that this Hospital, which looks to him as its founder, will not be decried in his own Journal, and as he in common with many others is imbued with the spirit of *specialism*, no effort will be spared to keep it afloat, with the ultimate prospect of its furnishing an abundant harvest. This outcry, its supporters say, will blow over in a little while, and then it will go on swimmingly. This is very problematical, as of all specialities under the sun it is one wholly uncalled for as an isolation from the general Hospitals. A man may take up urinary diseases as a subject for special study and research, but to establish a hospital solely for them is another matter. I shall however watch its progress, as it is a close neighbour, and will not fail to chronicle its ultimate fate.

Next to the Hospital for Stone, the operation of *Iridectomy* has taken hold of the professional mind.

Hold! Stop! a medical friend passes another in the street. What is the matter? Is your sight imperfect? It is failing a little to be sure at my time of life, and I am recommended to wear spectacles! Don't do any such thing; I will take you to my friend Bowman, or to Hulkee, and the simple and harmless operation of *Iridectomy*, as introduced by Von Graefe, will completely restore your vision!

This is quietly submitted to, the operation is performed, the healthy man is really converted into an invalid, and happy is he if his sight is not wholly destroyed. People ride their hobbies to death; they run mad on particular subjects; they see everything with one colour, and the mischief that is done and tamely submitted to, is positively incalculable. Von Graef's son-in-law (the nickname given to a young surgeon) is one of this class, and as he holds a public appointment, his public acts are fairly open to criticism. He is the great champion of the operation and defender of Von Graef's views. Every one knows what *Glaucoma* is, both in its acute and chronic forms: it is an affection that cannot be called altogether frequent, although many cases do present themselves at our eye hospitals, of which London contains about 6

or 7. Well, they are all submitted to the operation of Iridectomy most certainly with advantage, but with a lesser amount of success than Hancock's new and simpler operation of division of the ciliary ligament, one that future experience will prove to be the best. All this is well enough; when however iridectomy is extended to cases of ophthalmic disease which should be submitted to other treatment, cases in which the operation is unjustifiable, people begin to grumble and complain. It was stated to me but the other day, that at an eye hospital, which shall be nameless, 80 cases were submitted to iridectomy within a limited period, and out of that number there were 60 failures. This fact is mentioned to show the caution necessary, in its adoption in cases which actually do not require it.

This leads me to mention that Sir B. Brodie a few days ago had iridectomy practised upon him, by Mr. Bowman, for incipient cataract of both eyes, for the purpose of relieving any amount of pressure upon the lens, which was looked upon as likely to give rise to it. The rumours were by no means favourable as to the result, for hemorrhage took place in the anterior chamber of one eye. It is reported that Mr. Lawrence of Bartholomew's was astonished when he heard of it, and Sir Benjamin's old colleague, Mr. Cæsar Hawkins, was opposed to it, and although Mr. White Cooper was present at the operation, he by no means considered that it was required. Of course I cannot here enter into a disquisition upon the merits of this operation; like other novelties, it will have its day, until sound sense and wisdom re-enter the heads of those who just now seem to be deprived to a great extent of both.

The sense of sight is such a precious thing, that the loss of it should not be lightly risked even in the aged; and I have referred to the subject here for the purpose of guiding those who turn their attention to ophthalmic diseases in your favoured land.

Of the many visitors to London who come with letters to myself from Canada, nothing astonishes them more, particularly if they belong to the profession of medicine, than the number and richness of our Museums, especially in their collections of comparative anatomy. With but few exceptions indeed, all in connection with the medical schools are tolerably complete in this respect, some are plethoric of good and choice specimens, especially the Guy's and Bartholomew's Museums. The collections are in every way adapted towards obtaining more than a mere elementary knowledge of the subject. At St. Thomas's Hospital, when you enter the main door of the school, on either side of a pretty large lobby, are skeletons of the

Elephant,	Camel,
Horse,	Ass,
Cow,	Deer,
Bear,	Tiger,
Ostrich	

Whales bones and skull of Hippopotamus. In the Museum again the smaller preparations are to be seen. In that magnificent repository, the Hunterian Museum, the collection is without exception the finest and most complete in the world. The *coup d'œil* is striking, and had a wonderful effect upon my friend

Dr. Louis Boyer of your city, when recently accompanying me through the large rooms, surrounded by their tiers of galleries. Besides the skeletons of every large animal on the floor, there are those of several cetaceans suspended by two ropes each from the roofed ceiling, and in no way do they interfere with the harmony of the general collection. Two good specimens would look to advantage in the Museum of the Natural History Society of Montreal, thus arranged, and I have no doubt they could be readily obtained from Gaspé or some neighbouring place in the Gulf of St. Lawrence. I have heard of skeletons lying high upon the hills, just ready to hand, on the northern shores of the St. Lawrence near the Gulf, which might be worthy of collection for the purpose. The Society ought to begin the formation of a collection of skeletons at once; those of the Moose and Carabou deer; the bear, wolf and otter; beaver, hare, puma and lynx could be obtained without much difficulty on the spot, as well as of the horse, ox and sheep. The Turkey, swan, goose, bittern and others would illustrate your birds. They are carrying out the system now of introducing the skeletons of birds in the cases of stuffed specimens in the British Museum, the advantages of which, must at once be apparent to every naturalist. Very willingly indeed would I lend my feeble aid here to obtain others which are foreign to Canada, but I should require assistance to accomplish this pecuniarily, for I have no doubt the Zoological Society would dispose of some of their animals for such a purpose, as they die off. I shall be on the look out for the bones of a Donkey, not a biped, but one of the real quadrupeds, which can be readily set up, on its arrival at Hochelaga.

Mr. H. H. Read, one of your college pupils, seems to be thoroughly alive to the value of such collections, and I am sure will be of immense service on his return to Nova Scotia. He has been a pupil at University College during the summer, went in for honours and competed with some very clever fellows. He is just now inspecting French practice in the Parisian Hospitals.

I wish to say a word on this occasion about Typhus Fever. The question of the identity or non-identity of Typhus and Typhoid Fever would still seem to be an unsettled question. Should these lines meet the eye of Dr. Douglass, the Medical Superintendent of the Emigrant station at Grosse Isle, would he favour the profession with his experience on this subject, more especially in bringing forward facts to prove that cases of both forms of fever have been taken out of the same ship on her arrival at the quarantine station. I hold the opinion that the one cause will give rise to both forms of fever, and this can be proved by persons situated like Dr. Douglass, whose experience in relation to this matter must be immense. During the terrible outbreak of Fever at Grosse Isle in 1857, many young men were stationed there for a time, can any of the few survivors be induced to record their experience in the the pages of your Journal?

London, 13th August, 1860.

REVIEW DEPARTMENT.

ART. LII.—*On the Diseases, injuries, and malformations of the Rectum and Anus, with remarks on habitual constipation.* By P. T. ASHTON, Surgeon to the Blenheim Dispensary, &c., &c. From the third and enlarged English edition, 1860, Svo. pp. 292. Philadelphia: Blanchard & Lea. Montreal: Dawson & Sons.

It is no matter of surprise that this useful work should have so soon run through two editions and call so loudly for the issue of this a third, enlarged and illustrated copy. No physician, pretending to a knowledge of his profession should be without this perfect treatise on a class of diseases so important, and demanding such ready and judicious treatment. If the pathology of the mucous membrane of the rectum, as well as the anatomy of the surrounding structures were more studied, and better understood, and the regular action of the bowels more strictly attended to, as is so admirably laid down in this work, there can be no question that many of the diseases enumerated, and much of the distress dependent thereon, would be of rarer occurrence.

The work is divided into twenty chapters, each of which treats concisely of each form of disease. Thus chapter 1, is devoted to the consideration of irritation and itching of the anus; chapter 2, to inflammation and excoriation of the anus; chapter 3 to excrescences of the anal region; and the remaining seventeen chapters treat of the following subjects or morbid affections of the same part or rectum, viz.: contraction of the anus; fissure of the anus and lower part of the rectum; neuralgia of the anus, and extremity of the rectum; inflammation of the rectum; ulcers of the rectum; hæmorrhoidal affections; enlargement of the hæmorrhoidal veins; prolapsus of the rectum; abscess near the rectum; fistula in ano; polypi of the rectum; stricture of the rectum; malignant disease of the rectum; injuries of the rectum; foreign bodies in the rectum; inflammation of the rectum, and, lastly, habitual constipation. It will thus be seen that the subject of rectal diseases is exhausted, and the whole is so well arranged that there can exist no difficulty in the diagnosis and treatment of each disease, while each affection is illustrated by well selected and reported examples, with appropriate prescriptions. This edition is furthermore illustrated by the introduction of wood-cuts, correctly representing the different diseases and the instruments employed in the operations, whenever experience has rendered a change from those in common use expedient, thus constituting a most complete and desirable work for instruction and reference, one moreover, which will prove, in the highest degree useful to the general practitioner. In fact, since the publication of Howship's valuable work on diseases of the rectum and anus, which was published in 1824, no volume on the same diseases has emanated from the press of such value as the one before us. It presents the fullest history of those diseases that we possess, and will, we have no doubt, prove peculiarly valuable to the physician and the surgeon, to whom it offers itself as a safe and sure guide in their management.

ART. LIII.—*Annual Address delivered before the Medical Society of Clinton County, State of New York, June 6, 1860.* By F. G. D'AVIGNON, M.D., of Ausable Forks. Plattsburg: G. W. Tuttle, pp. 18.

The By-laws of the Medical Society of Clinton County, in the State of New York, require the President for the time being, to deliver an address annually before its members. To this time honoured and useful custom Dr. D'Avignon has conformed, and his address lies before us.

The Society has been established for upwards of a quarter of a century, and has numbered among its members some of the best in the county. Unfortunately it flagged in its progress, and its resuscitation about eleven years ago appears to have been mainly due to the energy of the author of the address before us, and our esteemed friend, Dr. Horace Nelson, now of this city, but then of Plattsburg, who is paid a handsome, but well deserved eulogy, for his steady energy and perseverance. The loss of Plattsburg in this respect is certainly our gain.

After passing in review the most prominent members of the profession, whom death or other causes had removed from the ranks of the Society, the address then alludes to the principal papers contributed by members of the Society to the Transactions of the State Society, and published among them. In alluding to a report of cases on Hypodermic injection by Dr. Sturdevant of Rome, in the county of Oneida, Dr. D'Avignon has fallen into an error of no little magnitude, and the error is the more striking as the occurrences are all so recent. Dr. D'Avignon attributes the priority of operating by the Hypodermic injection to Dr. Trousseau of Paris; while in reality the originality and successful application of this method of relieving neuralgia are due to Dr. Wood of Edinburgh, where the operation was in general use, months before it was introduced into Paris; and the Physician who in the latter city first, as far at least as we have accounts, used it, was not Dr. Trousseau, as is alleged in the address, but Mr. Behier, one of the attending physicians at, we believe, the Hopital St. Pitié.

The author next notices the principal endemic diseases of the county, and concludes an interesting address by a recital of the difficulties attending active practice, in those days, when the population was sparse, and the villages which now dot the State were being thought of or in embryo.

We entirely agree with the concluding sentiments of the address. "The aim of Medical Science ought to be *Progress, Union, and Friendship*. The want of friendly feelings is the very deadly instrument to progress, and gives room to empiricism, quackery and ignorance.

"Members of the profession who are fond of meeting their brethren will by communicating their experience, their observations, their discoveries, their success or failure in certain cases, excite a discussion. This discussion will elicit new ideas. These ideas will lead to scientific researches, and the results will be beneficial.

"Such a state of the profession is a bulwark against the pretensions of empiricism. True medical men constitute a formidable legion that unqualified men may assail with impunity. This legion is marching on and will reach the pinnacle of the temple of science. On their march they are sustained by the

respect, esteem and good wishes of all grades of society. Every body looks upon them, as their best, most intimate friends, and their true guardians."

One fault, and a pardonable one it is, exists in the address, and it consists in its Gallicisms. It has evidently been written in French, and translated, in all probability by the author, who is not sufficiently acquainted with the idiomatic expressions of the English language. We have no doubt therefore that many, would have preferred reading it in the language in which it was originally written, for we can trace throughout the fervour of that most pleasing and beautiful sister tongue.

The address does credit to Dr. D'Avignon's head and heart.

ART. LIV.—*A Practical Treatise on the Diseases of the Lungs, including the Principles of Physical Diagnosis*; By WALTER HUGH WALSHÉ, M.D., F.R.C.P., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in University College, London, &c. A New American, from the third revised and much enlarged English Edition. Philadelphia: Blanchard & Lea. Montreal: Dawson & Son; 8 vo. fol. 468, 1860.

The volume before us is the third edition of the work, "carefully revised, much enlarged, and in the main re-written."

The author furthermore remarks in his preface, "that descriptions of several diseases, previously omitted, are now introduced; the causes and mode of production of the more important affections, so far as they possess directly practical significance are succinctly enquired into: an effort has been made to bring the description of anatomical characters to the level of the wants of the student as well as of the practical physician; and the diagnosis and prognosis of each complaint are more completely considered. The sections on treatment, and the appendix concerning the influence of climate on pulmonary disorders, have been largely extended."

Thus much says the preface, and a perusal of the volume bears ample testimony to its truthfulness.

Of the various works which treat professedly of the different diseases of the lungs, and no diseases are more common, that of Dr. Walshe has always in our estimation stood preeminent. The compilation of the different physical signs, the value to be attached to each, the organic changes which give origin to them, and their true therapeutic indications, are so clearly, so succinctly described, as to render this work one of the most valuable, if not *the* most valuable, which could be placed in the hands of a student, eagerly, in full pursuit of knowledge, seeking an intimate acquaintance with thoracic diseases, and the means of diagnosing between them.

It is not our intention to enter into a review of a work, so familiarly known to the profession as the present. Such a labour would be one of supererogation, however much it might prove one of love. We will only observe, for the information of those who perchance may not be acquainted with the volume, that the subject is divided into two parts; Part 1, being devoted to the consideration of the physical examination of the lungs and appendages; and Part 2, to their diseases. Under the first head, we have sections devoted to the considera-

tion of the following means of physical diagnosis;—Manual application, mensuration, percussion, auscultation, succussion, the situation of surrounding organs; pressure signs; and the physico-chemical characters of the air of respiration. And under the second head, are considered in detail, the rational signs and anatomical peculiarities of the various diseases of which the pulmonary organs may be the seat, as well as the treatment appropriate to the different cases.

As observed, it is not our intention to enter with minuteness into the examination of a work so familiarly known, but we cannot avoid noticing one or two parts of it, especially as an act of justice is done to one of our own townsmen, than whom none is more characterized for originality of thought and closeness of observation. We now allude to the remarks made under the head of "Pressure Signs," which are defined to be, by the author, "the physical effects produced on the wall of the thorax, on its contents, or on parts adjoining, by pressure exercised from within the chest. Some of the most positive, and easily ascertained evidences of intra-thoracic disease are furnished by these pressure signs. They are divisible into two classes, those where pressure acting from the centre towards the periphery, exhibits its effects on the wall of the chest; and those where the compressing force playing in the direction of the chest's centre physically interferes with internal parts." Nothing is more natural to suppose than that when a thoracic affection exists, with augmentation of volume in the organ consequent upon the progress of the disease, a pressure should be exerted upon the nerves current beneath, and produce effects at a distance. Among such effects, so produced, is contraction of the pupil and ptosis. In an interesting case of Encephaloid disease of the left lung, narrated by Dr. Macdonnell, in the old series of this Journal (Jan. 1850), certain nervous phenomena manifested themselves, such as ptosis and contraction of the pupil, which were incapable of explanation upon any other hypothesis than that of pressure on the sympathetic and eighth pair of nerves within the chest. To this important point Dr. Macdonnell at the time drew the attention of physicians, and we are truly happy to see his just merits recognized. The author observes, in reference to the occasional effects of aneurism of the arch of the aorta, and also of intra-thoracic tumour, "that this contraction of the pupil on the affected side is occasionally observed;" and in a foot note makes the following remark. "The earliest instance of the fact recorded in this country was in the case of Mack; U. C. H. Males, vol. IX, p. 211, April 23, 1853, (Edition of 1854, p. 759). A case of the kind, I have since learned, had, however, been seen by Dr. Macdonnell, of Montreal, as early as 1850. The wonder is the phenomenon had not been observed long before, as the experiments of Petit, and Mollinelli, on the sympathetic of dogs, as early as 1750, shewed such an effect might be looked for." We may remark that Dr. Macdonnell was not only acquainted with those experiments, but with those also of Longet, and his great merit consists, in their true application.

We may observe also, that Dr. Walshe gives Dr. Macdonnell credit for having been the first who explained, on correct grounds, the connexion between aneurismal and other tumours within the chest and gangrene of the lung caused by the pressure of these tumours (p. 312); and at page 241, he gives a description of "*Pulsating Empyema*," which was not known to the profession

before its diagnosis and pathology were described by Dr. Macdonell in the valuable paper" to which our author refers his readers for more correct and extended information.

We may observe in conclusion, that "Walshe on the lungs" should be in the possession of every student of medicine and every practitioner. It might be without impropriety designated as a hand book to diseases of the lungs, and would with little study, enable any one, not fully conversant with the employment of the stethoscope, to render himself master of the phenomena which it elicits, as well as the other physical means applicable to the elucidation of pulmonary disease.

PERISCOPIC DEPARTMENT.

MEDICINE.

ON THE PATHOLOGY OF LEAD-COLIC.

By WILLOUGHBY F. WADE M. B., Physician to the Queen's Hospital and to the General Dispensary; Professor of the Practice of Physic in the Queen's College, Birmingham.

The received opinion that this painful disorder depends upon some perverted action of the colon, as its name implies, has already had its antagonists. When we come to inquire a little more closely what this perverted action is, we find that no satisfactory answer can be given. Some contend for an empty and contracted condition of the gut, others for a distension by gas or feces.

Dr. Copland says that in his cases distension was as frequent as retraction, owing evidently to inflation and fecal engorgement of the colon, the course of which could be distinctly traced under the abdominal parietes. De Haen and Meiat found contraction of the colon and cæcum in all the cases they examined. But, as Dr. Watson judiciously remarks, "with regard to the contraction of the large intestine in these cases, we must not be too ready to attribute it to spasm, for the bowel, when empty, is apt to be contracted." Andral details six cases in which no such contractions were found. Indeed Andral, Louis, and Sir George Baker, concur in describing the intestines as being normal throughout their whole extent. I doubt very much whether an unopposed contraction of a hollow muscular canal can be attended with pain. It is the vain endeavor to shorten the muscular tissue, and the resistance offered by an incompressible material, that causes the pain in biliary calculus and ordinary crapulous or flatulent colic. An empty intestine might, I think, go on contracting till its calibre was obliterated before it produced pain. The after-pains of labor do not offer any necessary objection to this view; for the contraction of one layer of fibres can be well resisted by the large mass of inactive ones. Besides, they often depend on the presence of clots. On the other hand, did the pain of lead-colic depend upon the presence of flatus, I cannot conceive how it is that this should not, in such cases, be readily removed, for a time at least, by opiates and carminatives, as happens in ordinary flatulence. If again, it depended upon retained feces, the removal of them should remove the pain. But the operation of the bowels is by no means necessarily followed by this relief. It is, indeed, true that the two often coincide, but this is quite as easily explicable in another way, as we shall see directly. The retraction of the abdominal parietes, so constantly noticed in this form of the complaint, is by no means so constantly observed in other varieties of colic.

The pathology of lead-colic is then, I submit, unsatisfactory and vague as at present taught.

Various pathologists of distinction have been disposed to refer the symptoms to cramp of the external abdominal muscles, instead of a the intestines at all. Giacomini first broached this notion and M. Briquet of La Charité has more lately revived this view, which he supports with skill and vigor. The existence of cramp in these muscles has been recognized by those who are entirely committed to the generally accepted pathology. Thus Dr. Copland says, "the voluntary muscles often become so sore that they cannot bare the slightest pressure; and the pain frequently alternates between the stomach and bowels and the external muscles." Besides the spasmodic contraction of the abdominal muscles, which he has observed more particularly in the severe cases, Grisolle says that three-fourths of these patients suffer from cramps, or a feeling of numbness, or from lancinating and tearing pains in the muscles of the lower extremities; half of them have similar affections of the muscles of the upper extremities, and a third in the lumbar muscles.

The fact that in the most severe cases the abdomen was found to be retracted is important; for there was evidently a spasm of all the abdominal muscles. Hence, on Briquet's theory, the acuteness of the pain; whereas in the slighter cases there would be only a moderate spasm or perhaps affection of one or two muscles only, which would not produce retraction and which might be readily overlooked unless attention were specially directed to it.

There can be no question that this condition is more than sufficient to produce any amount of pain—even the excruciating agony of lead-colic. To any one who has suffered from cramp in the leg or any other part of the body, further proof of this point is quite superfluous. That such is the actual cause of the suffering M. Briquet shows by the following arguments:

Muscles which are thus affected may be excited to more energetic action by rubbing them with the point of the finger or with any rigid, bluntly pointed instrument, such for example, as a penholder. They can also be re-excited if they have previously become quiescent. We can thus reproduce or exacerbate the pains of lead-colic, and this artificial excitement cannot be distinguished by the patient from the natural exacerbations so common in this complaint.

Some little time ago I had an opportunity of proving the truth of M. Briquet's assertions.

A boy, aged 13, who was engaged in polishing black glass brooches with a powder containing lead, and whose gums were marked with the blue line, was brought in great suffering to the Dispensary, in October 1858. The pain was constant, with paroxysmal exacerbations; it was referred to the upper part of the abdomen; the bowels had been open two days before, but for a week had been very costive. The pain also was of a week's duration. The upper half of each rectus abdominis was tonically contracted and the spasm evidently increased during each exacerbation. The spasm might be artificially excited by manipulation with the finger, as described by Briquet. This produced just as much pain as occurred during the inartificial exacerbations, and this pain was just of the same character as that which came on spontaneously. In this case the bowels were moved, not before, but after the pain had ceased. In another less severe case, in a girl, the pain ceased twenty-fours *before* the bowels were opened.

There can be, I think, no difficulty in understanding that the pains of lead-colic, and the retraction of the abdomen, may be completely explained by the existence of tonic and clonic spasm of the abdominal muscular parietes. The question then which remains to be answered is, whether it is possible for the constipation to depend upon this spasm. It appears to me that this question may be safely answered in the affirmative.

In ordinary defecation these muscles take an active part. "The act of defecation (as of urination)," says Dr. Carpenter, "chiefly depends upon the combined contraction of

the abdominal muscles, similar to that which is concerned in the expiratory movement; but the glottis being closed, so as to prevent the upward motion of the diaphragm their force acts only on the contents of the abdominal cavity; and so long as the sphincter of the cardia remains closed, it must press downwards upon the walls of the rectum and bladder, the contents of the one or the other of the cavities, or of both, being expelled according to the condition of their respective sphincters; these actions being doubtless assisted by the contraction of the walls of the rectum and bladder themselves."

The muscles, then, of the abdomen being already firmly contracted without closure of the glottis, the diaphragm is unable to descend, and pressure upon the rectum becomes impossible. This, combined with the hardened state of the feces and the contraction of the sphincter ani, both of which are, according to the best authorities, common occurrences in lead-colic, are undoubtedly sufficient to explain the constipation which characterises this disorder. The bladder requiring a less sustained voluntary effect is emptied; this applies also to the stomach. This theory explains also why micturition is sometimes painful; and the connections of the cremaster account for its spasmodic contraction and the consequent painful retraction of the testis. And we can also comprehend why the action of the bowels, and cessation of the pain, should be so commonly contemporaneous, and why, as in these cases I have cited, the pain should cease before the bowels are moved.

It now remains to consider in what relation the lead-poisoning stands to this spasm; and what relation there is between this latter and the disorder of the abdominal organs, which is certainly a common feature of the complaint, such as the slight icterus, the hardened feces, the vomiting, loss of appetite, and so on.

I presume that the members of the Association are acquainted with the papers which have been published from time to time in our Journal, by our ingenious *confrère* Dr. Inman of Liverpool. In these and in a volume which he has published separately, Dr. Inman has contended that the symptoms which have been grouped together under the title of "Spinal Irritation," arise from the irregular contraction of muscles which have been enfeebled from any cause; as for instance over-exertion or malnutrition. He points out, too, that the term over-exertion, is a relative one; that whereas one person might walk fifty miles or lift enormous weights, others might evidently be overtaken did they accomplish a tenth part of such labors. Muscles so affected present, generally perhaps in a minor degree, those appearances and phenomena which are found in the abdominal muscles of patients with lead colic.

Now, we know, from examination, that muscles impregnated with lead lose their colors and become enfeebled in various degrees, even to the extent of actual paralysis. The malnutrition, if extreme, ends in fatty degeneration so complete that all the proper functions of the muscle are rendered impossible. It is especially, if not exclusively, the voluntary muscles upon which lead exerts its morbid influence. I can assert that the abdominal muscles are impregnated with lead in these cases, because sufficient time has not elapsed since attention has been directed to this view to permit of the necessary investigations being completed. But if this be made an objection, I answer that it applies to the intestinal involuntary muscles, which have not been shown to suffer disorganisation, but which, on the contrary, have been stated by independent observers to be apparently healthy. Besides, the frequency with which spasm does attack the external muscles has been admitted by the same observers.

Whether the absorption or ingestion of lead produces any direct effect upon the abdominal viscera, I am also unable to state; if not, we must attribute their disorder to general causes, such for instance, as intemperance in men, a vice to which painters are much addicted, and which we have the authority of Dr. Copland for stating aggravates and reproduces the effects of lead on the system. Induration of the feces has a direct influence upon the production of parietal spasm, by necessary unwonted activity of the

muscles during the act of defecation. The occupation of many of these people involves considerable exertion.

In a case of so-called spinal irritation, with costiveness, in a young girl, not a lead-worker, the act of defecation was always attended with pain in the abdominal muscles and a subsequent soreness in the upper portions of the recti abdominis. This ceased in a great degree when the bowels were rendered more soluble by medicine, and this long before there was any or much amelioration of the other muscles which were liable to these painful contractions.

Congestion of the liver, irritability of the stomach, and irritation of the colon, from scybala, may tend in another way to produce this spasmodic affection. It is not uncommon to find the muscles contracted where they overlie an internal organ which is in an abnormal state; indeed, Dr. Copland explains this contraction by supposing that it is involuntarily instituted for the purpose of compressing the distended colon.

In conclusion, let me ask why should we seek to offer an explanation on lead-colic which cannot be substantiated, when we can find another one which is not only supported by admitted facts, but which is capable of adequately explaining not merely the colicky pain and the constipation, but also of embracing those, as they have been held minor and accidental features, the existence of which must on the old theory, have been explained in the very way which I now seek to extend, so as to embrace and harmonise all the phenomena of the disorder. Whether lead-colic, using the term in its strict acceptation, ever exists is, I think, extremely doubtful; but that many cases reputed to be such are to be referred to a totally different category rests upon evidence which cannot, I think, be controverted. It therefore behoves those who are prepared to admit as, I think all must, the occasional simulation of lead-colic (in the strict sense) by a spasm of the external muscles; it behoves them, I say, to distinguish carefully in each case its exact nature, both with the view of ascertaining the real pathology of these two disorders, of regulating their treatment by this, and not merely by the name under which they have been hitherto confounded—*Brit. Med. Journal*.

ON THE DISEASES OF PRINTERS.

By DR. VAN HOLSBECK.

Dr. van Holsbeek having enumerated the diseases resulting from overwork, from intemperance, want of cleanliness, vicious habits, protracted watching, &c., proceeds to speak of the morbid affections more especially belonging to the printer's art. Fissures of the lips, of varying depths, are of frequent occurrence; at other times tumors are developed on the inner surface of the same parts, which are nothing else than follicles whose excretory ducts are closed. These tumors sometimes inflame, become highly painful, rapidly ulcerate, and assume a cancerous appearance. Such affections of the lip are owing to the habit some compositors have of putting into their mouth the types still moist with the fluid which has served to wash them. Dyspepsia is frequent, as is diarrhoea; the latter is, however, of a transitory and mild nature. Among the most common affections are those of the respiratory passages, of which laryngitis and bronchitis are the principal; pleuritis is rare; pleuro-pneumonia is frequent and severe. These diseases are favoured by the curved position which the printers are obliged to maintain during their work, particularly when they correct on the forms, and still more by the nightwork, by gas-light, by the dust and emanations in places often confined and badly ventilated. Nearly twenty-five per cent. of printers die of tuberculosis, either hereditary or acquired. Diseases of the heart prevail among the pressmen; hemorrhoids are rare; varices and varicose ulcers are of frequent occurrence; the compositors who correct on the form frequently suffer from cerebral congestions and hæmorrhage. Among nervous diseases we observe tremor of the hands, against which the author successfully employs the electric current. Saturnine colic and

paralysis are rarer than formerly, an improvement due principally to the difference in the composition of the materials of which the type is made, to the precaution of cleaning it from dust, as well as frequently rubbing the boxes which contain it; lastly, to the care of the workmen, who no longer put the letters in their mouth. Hernia is common, particularly among the pressmen; in them we occasionally observe distortion of the joints of the fingers. Fissures and callosities form on the thumb and index finger of the right hand, on account of the roughness of the characters, particularly if they are new and damp with the matters with which they are polished; moreover, in consequence of the habit the printers have of washing themselves with alkaline water or bad soap. Amblyopia and myopia, so very prevalent among typographers, terminate the sketch drawn by the author of the diseases of this interesting class of artizans, with whom we are in daily contact, and whose intelligence and diligence we have constant reason to admire.—*L'Experimentale*, December, 1859.

TREATMENT OF PHTHISIS BY THE CHLORATE OF POTASH, WITH OBSERVATIONS ON OXYGEN AND OZONE AS THERAPEUTIC AGENTS.

Dr. E. J. Fountain, of Davenport, Iowa, publishes, in the *American Medical Monthly* his paper on the above subjects, which was read before the American Medical Association at its last session.

Dr. Fountain belongs to the chemical school in therapeutics; his views are pure and unadulterated in this respect and he makes no efforts, as is too often done of disguising them under hyperbolic language. Adopting as his motto Liebig's language, that "oxygen is the leaden weight, or bent spring, which keeps the clock in motion: the inspirations and expirations are motions of the pendulum which regulate it"—Dr. Fountain looks upon the therapeutical indications in tuberculosis and kindred diseases in a simply chemical light and the treatment is practically reduced to the question, *by what and in what manner* can we best supply to the system the oxygen which is demanded for the proper performance of its functions and thereby counteract the deleterious influences resulting from the *imperfect aeration of the blood*.

Dr. Fountain details three cases, which, from all rational and physical signs present, must evidently be considered as tubercular, in which the treatment with chlorate of potash was followed by the very best results. We give the last case in full.

"Mr. H—, aged 34, placed himself under my care early in November, 1859. He had the appearance to every one of a man sinking under the influence of confirmed phthisis. To this he was predisposed from his father, who died young with this disease—mother still living and well. A gradually increasing cough and failing health had been gaining upon him for the past five years.

"Once, during this period, he had improved under the use of cod-liver oil and phosphate of Iron. Free and quite profuse hæmorrhage from the lungs once, and slight traces of it a number of times during the past year. When he applied to me he was conscious of losing strength very fast. Marked emaciation, and unhealthy expression of countenance; very frequent cough, but seldom any expectoration; no appetite; respiration hurried and oppressed; pulse seldom below 90; moderate dulness on the right side, over the infra-clavicular region; no râles but respiratory murmur indistinct and irregular. As he had once been benefited by cod-liver oil and the phosphate of Iron, I first prescribed the same treatment, thinking it might again have a similar effect. This was continued faithfully for about two weeks without any material benefit, when I directed it to be discontinued and prescribed the chlorate of potash alone half an ounce daily, as in the above cases. In less than a week he assured me that he felt a decided benefit from the treatment. The improvement continued steadily from this time, and he completely regained his health and strength in less than three months. *He took half an ounce of the chlorate of potash daily for six weeks*, and two drachms each day for the succeeding

four weeks ; since which time he has taken it only occasionally, and in smaller quantity. At present time of writing, (April, 1860,) he is actively engaged in business, in good strength and flesh, having no cough except a trifle from a recent cold ; complexion perfectly healthy, and appetite good. His own feelings and general appearance indicate a perfect restoration of health."

The author remarks that, though the treatment was purely experimental, it was not empirical ; for the chlorate of potash was given on the assumed principle of *conveying oxygen to the blood*, by which a portion of the lungs was expected to be relieved of their task ; the vital power of the blood increased, rendered more capable to perform its functions, and by which tubercular deposits might be arrested, and absorption of those already formed promoted. The author deduces the following conclusions from the cases detailed ;

1. The chlorate of potash can be given in large doses every day for a long period, without injury.

2. It aids the functions of respiration by supplying the blood with oxygen.

3. It operates as a natural *tonic alterative*, and *blood depurant* by increasing the supply of that element which is the most active agent of nature in the chemical changes which take place in the laboratory of the human system.

The remainder of Dr. Fountain's able and very interesting paper, is devoted to a clear and terse criticism of the various views held in regard to the nature of *ozone*. He comes to the conclusion that ozone is oxygen in the *status nascendi* and hence the efficacy of the chlorate of potash, which decomposing in the blood furnishes to the latter a large amount of oxygen in the ozonic state, when the effects are most powerful and energetic. *Medical & Surgical Reporter.*

SWALLOWING INDIGESTIBLE SUBSTANCES.

Dr. Read exhibited at the Boston Society for Medical Improvement a quantity of stones varying in size from that of a pea to that of cherry, which had passed through the intestinal canal of a boy seven years old. Having seen one of the performers at a circus swallow or pretend to swallow stones he resolved to follow his example, and in the course of one afternoon he swallowed *sixty-four*, the united weight of which was a little more than nine ounces, and which filled an eight ounce bottle.

On the next day the stones could be felt through the walls of the abdomen, and upon percussion could be heard to rattle but produce no inconvenience, castor oil was administered and they were readily expelled.

At the same meeting the proceedings of which are reported in the *Boston Medical and Surgical Journal* Dr. Tyler said that it was a common thing for patients at the McLean Insane Asylum, to swallow small objects such as pieces of glass, coal, stone, thimbles, etc. Recently a woman swallowed a crochet needle which was voided without inconvenience. Among some of the patients was a curious propensity to swallow toads, and there is now in the Asylum a man who has swallowed half a dozen live toads without injury.

Dr. Adams stated that in a case of obstruction of the bowels, which followed the eating of large quantity of cherries and swallowing the stones, the nurse collected and counted *one thousand and seventy-seven* cherry stones which were evacuated.

Dr. Agnew of this city has in his private collection a preparation of the stomach and intestines of an insane patient in which are accumulated an extraordinary variety of foreign materials among which we recollect having seen long strips of bandage, suspenders, portions of clothing, buttons, etc.—*Medical and Surgical Reporter.*

SURGERY.

TREATMENT OF VARICOSE VEINS OF THE LEGS AND OF VARICOCELE.

From a Clinical Lecture, at University College Hospital. By JOHN ERICHSEN, Esq., Professor of Surgery and Clinical Surgery.

I am about to direct your attention to-day to the treatment of a disease of sufficiently common occurrence; namely varicose veins.

Varix may occur wherever the veins of a part are subjected to pressure, and is met with most commonly in those of the lower half of the body. In the inferior extremity this is owing partly to pressure of the abdominal viscera on the inferior cava, partly to the weight of a long column of blood in the vein, partly to the pressure inflicted on the deep veins during muscular action, causing obstruction to the onward flow of the blood. The veins of the spermatic plexus are also frequently the seat of varicose enlargement from causes of a similar nature.

Varicose veins of the lower extremity, in the majority of cases do not give rise to sufficient annoyance to need operative interference. Usually palliative treatment, such as the pressure of bandages, elastic-stockings, etc., suffices to alleviate the slight inconvenience occasioned by the loaded state of the superficial veins. It occasionally happens, however, that this condition leads to such consequence as to produce serious interference with the health and comfort of the patient. In such cases palliative measures are no longer of service, and it behoves the surgeon to effect the radical cure of the varix by operation.

Operative interference in varix of the lower extremity, may be rendered necessary by three conditions.

1. The veins being of very considerable size and very tortuous, they may by compressing the nerves, produce so much pain, and so great a sense of weight in the limb, that the sufferer is unable to make any exertion, being even crippled, and so far disqualified from entering the public services in a naval or military capacity.

2. When an ulcer occurs, and refuses to heal, in consequence of congestion of its capillaries, the granulations becoming œdematous and the surface sloughy and unable to cicatrize.

3. If a varicose vein has burst, as it is called, that is to say, it has opened by an extension of an ulcerating surface through its walls, an abundant, alarming and even fatal hemorrhage may take place.

These are the three reasons for operating in cases of varicose veins situated in the lowest extremities. Surgeons however have generally been loth to operate in those cases, because they have dreaded the effects of exciting inflammation in the veins, which may become suppurative, and so run on to pyæmia. This danger does exist undoubtedly, but it must be exceedingly trifling if the operation is properly conducted; for, on looking over my records, I find I have operated more than two hundred times, in this hospital in such cases, and have never lost a patient, nor never had a case of suppurative phlebitis or of pyæmia. The danger is slight, if the precaution of not opening the veins is followed. If the vein be opened, air is admitted into the wound, and the adhesive inflammation is not set up, but the suppurative form arises in its stead whereby pus may get into the circulation, and pyæmia follow. Therefore, the chief object is to confine all inflammation to the adhesive kind; whilst this is present, there is no danger.

There are many modes of treatment in varix, all having one object in view—viz., that of causing occlusion of the vein by the adhesive inflammation. But, in my opinion, all measures should be avoided which include opening the vein, whether this be done by caustic or by the knife, as they are extremely dangerous, by leading to suppuration within; so, also, are those plans of treatment by which we break down the exuded lymph and coagula, or open up the vein even when occluded.

I shall not enumerate all the methods before the profession for the radical cure of varix but proceed to describe those which I have for many years successfully employed in this hospital. The plan I ordinarily pursue, and which you have seen me adopt dozens of times is as follows: A hair-lip pin is passed underneath the vein on one side, and its point brought out on the other, a piece of elastic bougie about an inch in length is then laid over the vein parallel to its course. Then, by means of a silken thread twisted over the bougie and under the two ends of the pin, the vein is compressed between the pin and bougie. In performing this operation there are one or two little points to be observed. The first is to be careful not to transfix the vein with the pin; if the vein be opened, and the pin lie across it, there is danger of suppuration, as the pin acts as a kind of seton in the vein. This inadvertence is avoided by dipping the pin deeply whilst passing it under the vein. In this way there is no risk of piercing the vessel. If a drop or two of venous blood exude, by the side of the pin, through the puncture the vein has been perforated and the instrument should be withdrawn and passed again. If the vein is unharmed the operation is bloodless. The second point is that the ligature should not be so tight as to cause ulceration by strangulation of the parts compressed. If the thread be moderately tight only, and the pin made, as it generally now is, of unoxidizable iron it is quite passive and does not rust, hence excessive irritation is avoided. The bougie and pin should remain about ten days, at the end of which time the vein is converted into an impervious cord of plastic matter and coagulum. When this is attained the pin may be removed, the limb bandaged and the patient may leave his bed.

It has been objected to this and to all other operations for varix that the cure is not permanent; that the varicose condition is apt to return; that the same veins perhaps are not affected again in this manner, but that others speedily assume a dilated and tortuous state. No doubt this is the result in some instances, but in many cases which I have had an opportunity of examining years afterwards, the cure has been permanent; and, in the meantime the object for which the operation was undertaken is served.

Another method which is much used in France, and which I have occasionally employed myself in this hospital for some years past, is that of injecting a small quantity of a solution of the perchloride of iron of specific strength into the veins by means of Pravaz's screw-syringe. In this way the blood contained in the dilated vessel is made to coagulate and thus the passage through the vessel is occluded. The adhesive inflammation at the same time being excited, permanent obstruction is attained and a cure effected. This though a valuable means when the vessels are knotted and sacculated, is not I believe so good a one as the pin and ligature, because I have seen it followed in two or three of these cases in which I have had occasion to use it, by circumscribed abscesses and even sloughing of the adjacent parts, though no fatal result has yet occurred in my practice. On this account I consider this mode of treatment undoubtedly more dangerous and I think it ought to be confined to the cure of those cases only where the knots are so large, and so closely matted together, that the pin cannot be passed underneath them.

The next distribution of veins liable to varix is that formed by the spermatic plexus. Dilatation of these vessels—varicocele—is often met with in young men; and much benefit can be afforded by palliative means, such as supporting or compressing the tumor in various ways; for instance, by raising the scrotum in a suspensory bandage, or by wearing a mocmain truss, etc., and one or other of these contrivances generally gives sufficient relief for the patient's comfort. But I have found it necessary to have recourse to more active measures than these, and to adopt operative treatment in three of these cases which have presented themselves during the present session. The circumstances, for which operation may be and has been practised in these and similar cases, can be arranged in four following categories;—

1. The existence of a varicocele disqualifies the sufferer from admission into the

public services. This, in my opinion, is a perfectly legitimate reason for operating. One of the cases on whom I recently effected a radical cure was that of a man in the prime of life, who, wishing to enlist in the Marines was refused solely on the ground of having a small varicocele. This I cured by operation and the man afterwards entered the service.

2. In cases in which the presence of a varicocele of ordinate size causes a distressing sense of weight and pain in the loins and groins, and often inability to stand or walk for any length of time, in these cases when the patient is in continual discomfort, or more or less prevented from pursuing his avocations, in fact, quite crippled, it is perfectly justifiable to resort to operation.

3. When atrophy of the testicle is a consequence of the pressure of the blood in the veins.

4. In cases also where the pressure of the enlarged veins on the spermatic nerves produces repeated attacks of spermatorrhœa; and these cases, gentlemen, are by no means uncommon. These are, however, more frequently met with out of the hospital than in individuals of the class who apply to such institutions for relief. In fact young men of the more highly educated classes are very subject to it, especially those who habitually lead a sedentary and studious life, as for instance, young clergymen and lawyers. In these persons a peculiarly hypochondriacal state is brought on by the tendency of the mind to dwell on the condition of the genital organs, and the patient is constantly fidgeting about the local and tangible disease he observes in them. This was the case of the patient on whom you recollect I operated a short time ago for double varicocele, and who has received a better education than most hospital patients, for he belongs in some degree, to the medical profession. His anxiety with regard to this disease, though the veins affected have been perfectly occluded by the method presently to be described, is still so great that at his earnest importunity, I removed, last week a portion of the scrotum which happened to be rather more pendulous than is usual, partly in order better to support the testis, and partly that his morbid feeling on this subject might in some degree be assuaged.

Now how should the radical cure of this condition be produced? To this I would answer—By exciting adhesive inflammation of the spermatic veins through an application of the same principle which sets up that process in the veins of the lower extremity. There are several different ways of doing this; some are very objectionable. The twisted suture, as applied to the veins of the leg, induces too great irritation in the scrotum, and there its introduction is often followed by violent inflammation or sloughing; or by opening up the cellular tissue of the scrotum with œdema, and even purulent infiltration. It is better, I think, not to use this method here, indeed I have twice, in the practice of others, seen it followed by death. The plan I have adopted for some years is that suggested and practised by Vidal a distinguished French surgeon, and is as follows: The vas deferens readily distinguished by its round cord-like feel, is first separated from the veins, and intrusted to an assistant; next an iron pin bored with a hole at each end, is passed between the vas and the veins, and brought out, first notching the scrotum with a scalpel at the point of perforation; then a silver-wire, threaded on a needle so constructed that the wire shall follow it without catching, is passed in at the aperture of entry of the needle, and then carried between the integument of the scrotum and the veins, the wire is brought out at the second puncture. Each end of the wire is now passed through the corresponding hole of the pin which is twisted round and round repeatedly, each turn causing the wire to be rolled round the pin, and so tightened till the veins are firmly compressed between the pin behind and the loop of wire in front. By this means the scrotum is quite free and uncompressed, and there is no danger of arousing inflammation or œdema. The wire should be tightened from day to day, as it causes ulceration in the veins, until it has completely cut through, which results, usually, in about a week or ten days. Meanwhile there is much plastic matter thrown out round the veins. This finally counteracts and obliterates their

channels. This method is an effectual and permanent cure, as we had an opportunity of seeing in the case of a porter at this hospital, on whom I performed this operation with perfect success, for he remained here for three years after the operation, during which time he was perfectly free from any return of his disease. Of late, I have been in the habit of employing a simpler method, one which you saw me adopt about ten days or a fortnight ago. I separated the vas in the usual way, and then made a small incision, about half an inch long, in the front and back of the scrotum, afterwards passing a needle armed with silver-wire, as before described, between the vas and the veins, bringing it out behind, then returning the needle, but this time carrying it in front between the veins and the skin, and so including the veins in a loop of wire without implicating the scrotum. This is then tightly twisted together so as to constrict the inclosed vessels. The plan had a similar effect to that of the wire and pin combined; by repeated tightening the wire gradually effected a passage, by ulceration through the veins, which were obliterated by the same process.

It has been objected to this and similar operations that, atrophy of the testis may take place from its arterial branches being included together with the veins, but as the spermatic artery runs near to the vas deferens, it is held out of the way with that duct, it escapes, and the chance of that mischief is avoided. Nevertheless, atrophy of the testis may coexist as the result of long continued pressure of the blood in the vessels of the gland before the operation was performed.—*British Medical Journal*, Feb. 25.

OBSERVATIONS RESPECTING AN ULCER OF PECULIAR CHARACTER WHICH ATTACKS THE EYELIDS AND OTHER PARTS OF THE FACE.

By Dr. JACOB.

From the Dublin Hospital Reports. Vol. IV., 1827.)

[This disease having once more attracted notice and many cases of it having been recorded in the London journals lately, it may be well to republish this the original paper, which appears to have first directed attention to it. It is now called the "Rodent Ulcer," but perhaps strictly speaking the ulceration is not to be considered the primary disease, but a secondary process which belongs to a tubercle of peculiar specific character: to detect this tubercle before it ulcerates should perhaps be the object of the surgeon.]

Attempts to establish the specific character of a particular disease, however fruitless they may prove, are attended with the advantage of promoting accuracy of observation and exciting minute inquiry. With the hope that such may, in some degree be the case in the present instance, with respect to the obscure subject of tumours and ulcers, I am induced to call the attention of surgeons to a disease, which although probably observed by many, has never, I believe, been accurately described. I allude to a destructive ulceration of peculiar character, which I have observed to attack and destroy the eyelids, and extend to the eyeball, orbit, and face. The characteristic features of it are the extraordinary slowness of its progress, the peculiar condition of the edges and surface of the ulcer, the comparatively inconsiderable suffering produced by it, its incurable nature unless by extirpation, and its not contaminating the neighbouring lymphatic glands. The slowness with which this disease proceeds is very remarkable; of three cases which have come under my observation one had existed for four years, and now presents no remarkable difference when compared with a drawing which was executed six months ago; the eyeball exposed and dissected out as it has been by the ulceration, remains precisely in the same state, and the edges occupy the same situation as at that period. In another case now also under my observation, the patient, an unmarried woman aged 55, states that the disease has existed for twenty-three years without having even healed, her eyeball also has been exposed by the ulceration for nearly a year, and has not yet been totally destroyed. In the third case, that of a gentleman

about 60 years of age, the disease existed for about nine years previous to his death, which took place from a different cause.

The sufferings of persons labouring under this disease do not appear to be very acute ; there is no lancinating pain, and the principal distress appears to arise from the exposure by ulceration, of nerves or other highly sensitive parts. In the examples which I have met, the disease at the worst period did not incapacitate the patients from following their usual occupations ; the gentleman to whom I have alluded, was cheerful, and enjoyed the comforts of social life after the disease had made the most deplorable ravages.

In two of those three cases, I have been unable to ascertain with certainty the nature of the disease at its commencement ; whether the ulceration was preceded by tubercle, encysted tumour, or wart. The account given by the patient from whom the drawing has been made, a poor woman aged 50, is, that it arose from a blow and commenced on the temple at a short distance from the external angle of the eye. The other woman whose disease has existed for twenty-three years, says, that it was preceded by " a kernel under the skin over the eyebrow, which was not rough like a wart, and which existed for two or three years before it came to a head, when she picked it, after which it never healed." I quote her own words : it was probably an encysted tumour. In the gentleman's case, the disease commenced in an old cicatrix, the consequence of confluent small-pox ; it was at the inner angle of the eye, and consequently moistened by the tears, which could not escape into the nose, the *puncta* being closed.

This disease may be observed under two very different conditions, either in a state of ulceration or in a fixed state, in which no progress is made toward healing. In this latter condition the parts present the following appearances ; the edges are elevated, smooth and glossy, with a serpentine outline ; and are occasionally formed into a range of small tubercles or elevations : the skin in the vicinity is not thickened or discoloured. The part within the edges is in some places a perfectly smooth, vascular, secreting surface, having veins of considerable size ramifying over it, which veins occasionally give way, causing slight hæmorrhage ; in other places the surface appears covered by florid healthy looking granulations, firm in texture, and remaining unchanged in size and form for a great length of time. The surface sometimes even heals over in patches which are hard, smooth and marked with the venous ramifications to which I have alluded. This healing may take place on any part of the surface, whatever may be the original structure : in the case from which I had this drawing, the eyeball itself, denuded as it is by ulceration, is partially cicatrized over. When the ulceration commences, it proceeds slowly cutting away all parts indiscriminately, which may be in the direction in which it spreads : the surface in this state is not so florid and presents none of the glistening or granulated appearance above noticed : the pain is generally greater at this period. It appears also that there is a tendency to reparation, exclusive of the cicatrization which I have mentioned : there is a deposition of new material, a filling up in certain places, which gives a uniformity to the surface which should otherwise be very irregular, from the nature of the parts destroyed. When the disease extends to the bones they sometimes exfoliate in scales of small size, but more generally they are destroyed, as the soft parts, by an ulcerative process. The discharge from the surface is not of the description called by surgeons unhealthy and sanious, but yellow, and of proper consistence, neither is there more fetor than from the healthiest sore, if the parts be kept perfectly clean and be dressed frequently. There is no fungous growth, nor indeed any elevation, except at the edges, as already noticed, and even this is sometimes very inconsiderable. There is no considerable bleeding from the surface, and when it does occur, it arises from the superficial veins giving way, and not from sloughing or ulceration opening vessels : sometimes the surface assumes a dark gangrenous appearance, which I have found to arise from the effusion of blood beneath. I have not observed that the lymphatic glands were in the slightest degree contaminated,

the disease being altogether extended by ulceration from the point whence it commences.

After the preceding description, it is scarcely necessary to state additional arguments to prove that the disease is peculiar in its nature and not to be confounded with genuine *carcinoma* or with the disease called *lupus* or *noli me tangere*. From the former it is distinguished by the absence of lancinating pain, fungous growth, fœtor, slough, hæmorrhage, or contamination of lymphatics: from the latter by the absence of the furfuraceous scabs and inflamed margins, as well as by the general appearance of the ulcer, its progress, and history. It is equally distinct from the ulcer with cauliflower-like fungous growth, which occasionally attacks old cicatrices.

It remains to be determined whether the disease can be removed by any other means than the knife or powerful escharotics; and from the experience I have had in those cases, I am inclined to conclude that it bids defiance to all remedies short of extirpation. I have tried internally alterative mercurials, antimony, sarsaparilla, acids, cicuta, arsenic, iron and other remedies, and locally, simple and compound poultices, ointments, and washes containing mercury, lead, zinc, copper, arsenic, sulphur, tar, cicuta, opium, belladonna, nitrate of silver, and acids without arresting for a moment the progress of the disease. I have indeed observed that one of those cases which is completely neglected, and left without any other dressing than a piece of rag, is slower in its progress than another which has all the resources of surgery exhausted upon it. The success even of powerful escharotics is doubtful. Mary Sherlock, the old woman who has laboured under the disease for twenty-three years, and who is now in the Incurable Hospital, says that "a burning cancer plaster" was applied several times seventeen years ago, and she has lately had the arsenical composition, called Plunket's powder, applied without any good effect. The gentleman to whose case I have alluded, had the sore healed, when it was very small, by the free application of lunar caustic, under the care of Mr. Travers; it however broke out again, and spread without interruption, until it destroyed the lids of the globe of the eye under which circumstances he, in despair submitted himself to a popular charlatan, who, bold and fearless from ignorance, gave a full trial to escharotics: he repeatedly applied what I understood to have been a solution of muriate of mercury in strong nitric acid, and in a short time excavated a hideous cavern, extending from the orbital plate of the frontal bone above, to the floor of the maxillary sinus below, and from the ear on the outside to the septum narium within; yet the unfortunate gentleman survived, but the disease preserved in every respect its original character. Mr. Colles, however, tells me, that in a case which came under his care before the disease had extended to the lids, he succeeded in establishing a permanent cure by the application of a powerful escharotic, covering up the eye during the operation of the remedy with gold-beater's leaf.

Such is the information which I have to communicate respecting this malady: I offer it with the hope that surgeons who have met with similar examples may be induced to give the result of their experience respecting it. Sufficient has, however, been ascertained to prove, that when the disease exists in a situation which admits of it, the sooner it is completely extirpated by the knife, or the actual or potential canter, the better chance is afforded the patient of relief from a most distressing and fatal malady.

A CASE OF MYELITIS AND EXTENSIVE SPINAL IRRITATION WITH PARALYSIS OF THE LEFT LEG.

CURED BY THE ADMINISTRATION OF ERGOT OF RYE, AND THE EXTERNAL USE OF BELLADONNA.

By C. R. BREE, M.D., F.L.S., *Physician to the Essex and Colchester Hospital.*

Susannah C——, aged thirteen, admitted into the Essex and Colchester Hospital, Feb. 24th, 1859. The following history, down to the middle of November, was oblig-

ingly furnished to me by Mr. Johnson, the house-surgeon:—The account this girl gives of herself is, that she has never had any particular illness until about two years ago, when she had fever, which laid her up for about seven weeks; but she has always been delicate. On admission, she complained of feeling weak, and being unable to follow her employment, that of factory hand. She states that she has been accustomed to work in a room heated by steam pipes, and that she was in the habit of fainting away at her work. She dates her present illness from running home one day in the wet, when she felt pain in the side, with slight cough, which confined her at home for a few days, when she resumed her employment for two days. She had medical advice, but received no benefit. On April 22nd (whilst in hospital), she had a good deal of pain in the head and back; and, on coming up stairs, she fell and lost consciousness, and remained insensible from seven p. m. till two a. m., during which time she was very rigid, but did not struggle. On recovering sensibility, she felt pain in her left leg, which she attributed to rheumatism, and did not mention it until she discovered that she had lost all power of using it, and that it had no sense of feeling. About this time she complained of pain in her back. She was put under the influence of mercury, and had the tartrate of antimony ointment rubbed along the course of the spine. From this time she had attacks of insensibility about once a week, until Sept. 29th, when she left the hospital on five weeks leave of absence, much improved in health. She was readmitted at the expiration of her term of leave, having had several of her old attacks, and was altogether not so well in health as when she went out. Her leg was now more particularly examined, when she was found to have neither motion nor sensibility from the knee downwards. The muscles and integuments of the thigh appeared scarcely, if at all, affected. She was ordered tonics and good diet, and the leg to be galvanized daily, and frequently rubbed with a rough cloth.

The patient came under my care about the middle of Nov., and I continued the above treatment for another fortnight, without any benefit.

On the 1st of December, I carefully examined the spine, which was extremely tender on pressure from top to bottom. So sensitive was this region, that she could not bear the slightest pressure without pain and even gentle percussion made her cry out. This tenderness was more pronounced in the lower part of the dorsal region, just below the antero-posterior curvature in this situation, but not localized over any particular vertebra. She had had no fits since she came under my care. Her complexion was sallow and expression dull. She had never menstruated. Appetite bad; bowels regular; urine normal. The left leg was completely paralysed below the knee, and insensible to pain. She could use the flexors of the thigh so as to bend it partly towards the abdomen, and there was no anæsthesia above the knee. I ordered her to have two grains of ergot twice a day, and the spine to be rubbed night and morning with a liniment containing extract of belladonna; the leg to be well rubbed with the flesh brush, and the diet to be liberal, with moderate allowance of beer.

The only alteration in this treatment up to the 25th of January, 1860, was that of increasing the dose of ergot to four grains after a slight appearance of the catamenia on the 22nd of December. After the first fortnight she began gradually to amend, and the notes in my hospital book are:—

Jan. 14th.—Began to walk nicely *without assistance*; sensibility has in a great measure returned in the limb.

23rd.—She is daily gaining more use of the limb; spine is still very tender.

25th.—To be made an out-patient.

On the fifth of February she walked up to the hospital from her residence in the town. She had quite regained the natural use of the limb, but the spine still remained tender. To continue the liniment, but omit the ergot. I have not seen her since.

Remarks.—Now, what was the pathology of this interesting case? We have, in looking over the history, evidence of a lesion of the cerebro-spinal system and its consequences—loss of consciousness, tonic spasms, paralysis, anæsthesia. The spinal curva-

ture I satisfied myself did not depend upon disease of the bony column, and the tenderness along this track indicated, I think, inflammatory action, as well as that combination of symptoms, as Dr. Brown-Séquard has it, termed "spinal irritation." I think it will be admitted that the amendment was entirely due to the treatment. It was founded upon the above view which I took of the pathology of the case, and upon the principles so ably set forth by Dr. Brown-Séquard as to the therapeutical action of ergot and belladonna in the treatment of myelitis. In my notes of the lectures I heard delivered by that distinguished physiologist in Edinburgh I find the following;—

"Strychnine is almost useless in all lesions of the spinal cord, and especially hurtful in congestions of that structure. It acts by producing paralysis of the bloodvessels of the cord, and therefore, in its lesions it can only increase the morbid effect. In sympathetic paraplegia, however, it is very useful. Ergot of rye and belladonna may both be used where strychnine cannot; they excite reflex action by acting upon the blood vessels of the nerves."

In the summer of last year I saw two cases of myelitis with partial paralysis of the lower extremities, the bladder and rectum, successfully treated with ergot of rye and belladonna by Professor Bennet, in the Royal infirmary of Edinburgh, such treatment being founded upon Dr. Brown-Séquard's views. I therefore venture to draw the attention of the profession to the subject by the details of the present case.—*Lancet*.

GUNSHOT WOUND OF THE COLON.

Recorded by Dr. TULLOCK, Assistant-Surgeon 10th Regiment.

During the recent campaign in India, in an action with the rebels in the Jugdespore jungles on May 12, 1858, Private Michael McCurtenev of the 10th Foot, received a gunshot wound of the abdomen. A musket-ball entered his left side between the tenth and eleventh ribs, in a line from the anterior superior spine of the ilium, passed downwards and backwards, and escaped one inch and a half to the left of the spines of the first and second lumbar vertebræ, close to the crest of the ilium. When hit he was observed to whirl round and fall heavily to the ground. He suffered much from shock, and had brandy and ammonia administered at intervals during the next twelve hours. There was only slight bleeding from the wound, and no blood was observed to have passed from rectum or bladder. Soon after this peritonitis set in, accompanied with vomiting, for which calomel with full doses of opium, and effervescing draughts were administered, with alleviation of the symptoms.

On the evening of the 14th his orderly came to report that his bowels were, as he termed it, "all gone." On examination it was found that about two ounces of feces had escaped from the posterior opening, thus indicating perforation of the descending colon. His condition at this time was briefly as follows:—Skin cool; pulse 94, small; tongue somewhat dry, complaining of thirst; expression anxious; with occasional sickness and vomiting. Abdomen tender and tympanitic in its lower half, had slept occasionally for short periods, but this was evidently produced by the opium. The day previous he had been carried about five miles in a dooly, and on the 15th he was again removed sixteen miles back to camp. Here he remained three days under treatment in the Regimental Hospital, the treatment being still directed to subduing the peritonitis and allaying the vomiting, and with a good measure of success. The utmost attention was paid to cleaning the opening in his back, and a large loose compress of tow applied to receive the fecal matter as it escaped. He was now removed some eighteen miles to a Depôt Hospital, which had been established for the sick and wounded of the force. While there his treatment, if we except the dressing of the wound, was purely medical. Its results were most satisfactory.

On June 19th the regiment was ordered into quarters at Dinapore, and he being brought with it, came again under observation. He, though much emaciated, had a healthy

look and was in good spirits. Abdomen felt natural, and, except in one or two spots, pressure gave him no pain. The wound in his side had nearly healed, that in his back had contracted considerably, although fæces in large quantity were still passed from it, but at the same time his bowels were occasionally moved pretty freely in the natural way. There was little remarkable in his case from this time up to the middle of July, when, dysentery being prevalent, he was seized with that disease. Stools containing blood and mucus only were passed by both the natural and artificial anus. The constant trickling from the latter was a source of great discomfort. He was treated for this, as if no wound of the colon had been present, by the usual remedies for dysentery, and, almost contrary to expectation, recovered, and so much so, as to be able in August to proceed with other invalids to England. By this time the opening in his back had become so diminished that for two days at a time—although his bowels were well moved per anum—scarce a trace of fecal matter would escape by it, and hopes were entertained that, by supporting the part with well-fitting compresses, and using stimulating astringent applications to the wound, it might be completely occluded. But for sudden perturbations of the bowels, induced by climatic causes, this, no doubt, would have been accomplished at the time.

Although he promised to let me know the subsequent progress of his case, he neglected to do so, and I lost sight of him until a few days ago, when a corporal of the regiment, who had recently returned from furlough, told me that he had met him in Belfast in March last, and that he desired him to inform me of his complete recovery; that although there was still a very small hole in his back, nothing but a slight watery discharge came from it, and that his bowels were all right, and opened regularly in the natural way. He was then performing the duties of monitor in a poor-house in that town.—*Medical Times*.

DENTAL NEURALGIA.

M. Balloy prescribes for this:—

Acetate of morphia,.....	gr. iss.
Acetic acid,.....	gr. ij.
Eau de Cologne,.....	3 ij.

To be dropped on cotton or wool and placed in the ear on the painful side.

MIDWIFERY.

DURATION OF GESTATION IN A MEDICO-LEGAL POINT OF VIEW.

By B. L. DODD, M.D., of Newark, N. J.

There is very little certainty regarding the precise duration of gestation in the human female. Fortunately, however, cases are quite rare, in which the legitimacy of a child is to be determined by the period of gestation. Yet, when such cases occur, they must, from the very nature of the case, cause great embarrassment to the medical witness. In view of this, it is very important that we should possess accurate data of all the facts derived from analogy or otherwise, bearing upon the subject.

To fix the "legal limit" of gestation is no easy task. In France 300 days are allowed. Dr. Simpson, of Edinburgh, uses the following language: "I believe our best criterion for fixing the 'legal limit,' or ultimate possible period of gestation in the human female, will be derived from careful and repeated observations upon the ultimate period of gestation in the cow; allowing always for the difference of four or five days of excess in the normal period of pregnancy in the cow, as compared with the human mother."

Acting upon this suggestion, I have collected the subjoined carefully recorded observations of the periods of gestation in 66 cases of 13 cows, extending over a period of thirteen years.

Time of Gestation of Mr. J. R. Burnet's Cows—1844 to 1859.

1. Dolly—
 1846, 284 days, heifer.
 1847, 288 " bull
 1848, 282 " heifer.
 1849, 296 " bull. (Sold.)
2. Molly—
 1844, 285 days.
 1845, 285 " bull.
 1846, 291 " "
 1847, 291 " heifer. (Sold.)
3. Suky—
 1844, 288 days, heifer.
 1845, 276 " "
 1846, 285 " bull.
 1847, 280 " " (Sold.)
4. Lilly—
 1844, 287 days, heifer.
 1845, 285 " no sex given.
 1846, 284 " heifer.
 1847, 288 " bull.
 1848, 293 " heifer.
 1849, 295 " bull.
 1850, 290 " "
 1851, 288 " "
 1852, 292 " heifer.
 Last calf at 13 years old.
5. Jenny, large brindle cow—
 1st calf at 3 years, 1847, 281 days, bull.
 2d " 4 " 1848, 281 " "
 3d " 5 " 1849, 286 " "
 4th " 6 " 1850, 283 " heifer.
 5th " 7 " 1851, 287 " bull.
 6th " 8 " 1852, 282 " heifer.
 7th " 9 " 1853, 284 " "
 8th " 10 " 1854, 284 " "
 9th " 11 " 1855, 288 " bull.
 10th " 12 " 1856, 289 " "
 11th " 13 " 1857, 282 " "
 Butchered. This cow is daughter of No. 4, Lilly.
6. Sally, white cow—
 1st calf at 3 years, 1848, 284 days, bull.
 2d " 4 " 1849, 290 " "
 3d " 5 " 1850, 292 " heifer.
 4th " 6 " 1851, unknown, bull.
 5th " 7 " 1852, 278 days, "
 6th " 8 " 1853, 279 " heifer.
 7th " 9 " 1854, 276 " bull.
 8th " 10 " 1855, 279 " heifer.
- The following spring, this cow died before calving. Is daughter of Suky, No. 3.
7. Polly, out of Molly, No. 2—a mischievous black cow—
 1st calf at 3 years, 1850, unknown, bull.
 2d " 4 " 1851, 286 days, "
 3d " 5 " 1852, 280 " heifer.
 4th " 7 " 1854, 283 " bull.
 5th " 8 " 1855, 290 " "
 Butchered.
8. White-face, out of Dolly, No. 1—
 1st calf at 2 years, 1850, 288 days, heifer.
 2d " 3 " 1851, 277 " "
 3d " 4 " 1852, 293 " bull.
 4th " 5 " 1853, 282 " "
 5th " 6 " 1854, 284 " "
 Sold.
9. Rose, brindle, born in 1851, from White-face, No. 8—
 1st calf at 3 years, 1854, 282 days, bull.
 2d " 4 " 1855, 276 " heifer.
 3d " 5 " 1856, 281 " "
 4th " 6 " 1857, 284 " "
 5th " 7 " 1858, 276 " bull.
 6th " 8 " 1859, 287 " "
10. Cherry, lean, red cow, 1853, from Sally, No. 6—
 1st calf at 2 years, 1855, 274 days, heifer.
 2d " 4 " 1857, 279 " bull.
 3d " 5 " 1858, 273 " heifer.
 4th " 6 " 1859, 279 " bull.
11. Suky, yellow, 1855, from Sally, No. 6—
 1st calf at 2 years, 1857, 275 days, heifer.
 2d " 3 " 1858, 279 " lost.
 3d " 4 " 1859, 281 " bull.
12. White-face, from Rose, No. 9, 1854—
 1st calf at 3 years, 1859, 285 days, heifer.
13. Sophy—mischievous red cow—
 bought at a vendue, at 4 years old, in 1856. Time with first 2 or 3 calves unknown—
 4th calf at 7 years, 1859, 275 days, bull.
 The time of gestation in 66 cases varies from—
 273 to 293 days with a heifer calf.
 276 to 296 with a bull calf.

From these tables it will be perceived that nothing like uniformity exists; the difference between the longest and shortest periods being twenty days, while, at the same time, it will be observed, that there is considerable difference in the same individual at different gestations; this amounts, in No. 1, to 14 days. These tables also show that, contrary to the popular opinion, the age of the cow has very little, if anything, to do with the length of the period of gestation, but that this depends rather upon the idiosyncrasy of the animal; some yielding a higher average, and some a lower. Another fact, deducible from these observations, is that the average length of gestation is longer by three days in bull calves than in heifers.

The French law puts the legal limit of gestation at 300 days. If we take Simpson's position, deducting an excess of four days, the present tables would bring the legal limit in the human female to 293-4 days. I shall continue these researches, and they will in due time be recorded.—*Med. and Surg. Reporter.*

ON RETENTION OF URINE IN THE FÆTUS AS A CAUSE OF OBSTRUCTED LABOUR.

By M. DEPAUL.

The substance of this paper constituted a communication to the Academy of Medicine some years since, but has never been before published in full. Judging from the silence of writers on Midwifery upon this subject, M. Dépaül observes, this cause of difficult labour can be little known. But although cases of retention of the urine in the fœtus carried to this extent may be rare, others are far more common, in which owing to the secretion having continued during a less lengthened period, or having been less abundant, the tumour resulting from its accumulation has been much less considerable, or may have passed unperceived at the period of birth. At present, the author confines his attention to the obstetrical relations of these cases, proposing on a future occasion to demonstrate the fact now generally denied—viz. that the functions of the kidneys become established at an early period of fœtal life, the urine passing, by reason of the bladder, through the canal of the urethra into the liquor amnii, of which it is indeed one of the principal sources. The following is an abstract of the particulars of the case which occurred in M. Dépaül's own practice, and related by him at great length :—

A lady twenty-eight years of age, in her third pregnancy, found at the fifth month that she had attained the size usual at the end of gestation, this exaggerated size having begun to manifest itself after three months and a-half. The movements of the child, too, perceived first at about the fourth month and a-half, were very feeble, and kept getting more and more so. Soon after the sixth month labour pains appeared, and in the course of twenty-six hours dilatation had become complete. Notwithstanding however, that the pains of late had become very active no progress seemed to be made, and no liquor amnii was discharged. The midwife, wishing to expedite matters, used various violent tractions, the consequence of which were that the cervical spine became broken, and one arm and the head were detached from the body. A Practitioner who was called in detached the other arm and opened the thorax, but notwithstanding the evacuation of the lungs and heart, the trunk could not be delivered. After eight hours endeavour of this kind, the author's aid was sought the pains having now become feeble, but the patient's condition being in no wise alarming. He was at once struck by the enormous size of her abdomen, the fundus of the uterus extending six fingers' breadth above the umbilicus, while the organ had assumed the size of an uterus at full time when distended with a large quantity of liquor amnii. On examination the abdomen of the infant was found to be enormously distended, and this was at first attributed to ascites, although such large effusions into the peritoneum during intra-uterine life are very unusual. An opening into the abdomen was forced

by means of the finger, and about a quart of sanguinolent serosity was discharged. Notwithstanding this, it still continued immensely distended, and a fluctuating tumour was still to be felt. Perforating this with the nail, a quantity of transparent, citron-coloured fluid gushed out, which was estimated at about five pints. After this discharge the delivery was easily completed, and the patient did as well as after a natural labour. On examining the foetal abdomen and restoring it by means of insufflation to the large size it had prior to the punctures, it was found to measure twenty-one *centimetres* in the transverse, nineteen in the vertical, and fourteen in the antero-posterior diameters—and this independently of the increase which had taken place from effusion of serosity into the peritoneum. The abdominal walls themselves had also undergone a considerable thickening from serous infiltration. The distended bladder, the muscular walls of which were much hypertrophied occupied almost all the cavity of the abdomen, the organ being in its largest circumference thirty-five *centimetres*. Three canals opened on its surface, the two ureters and the large intestine. The last terminated on the anterior side (its normal calibre having become diminished after coming in contact with the bladder to that of a small quill) its aperture being scarcely detectable. Externally there was no indication of the orifice of the anus. The immediate cause of the urinary tumour was the obliteration of a portion of the canal of the urethra.

M. Dépaül quotes in detail cases more or less resembling this one related by Portal, in his *Pratique des Accouchements*; by Mr. Fearn, *invol. ii. of the Lancet* for 1834-35; by M. Delbovier, in the *Archives de Médecine Belge*; by M. Gaudon, in the *Bulletins de la Société Anatomique* for 1846; and by M. Dupareque, in the *Annales d'Obstetrique* for 1842; and from the whole he draws the following conclusions:—1. The urinary secretion is established at an early period of foetal life. 2. When from vicious conformation or other obstacle, the urine cannot at this period of life be expelled into the cavity of the amnios it accumulates in the bladder, and this organ may then obtain dimensions which renders spontaneous delivery impossible, even when the pelvis is perfectly well-formed and the period of pregnancy is not complete. 3. So great have been the difficulties thus produced, that in several cases, the head and limbs have become detached without the obstacle being overcome. 4. Whenever an examination of the parts has been made with exactitude, it has been plainly demonstrated that, together with this development of the size of the bladder, there has coexisted a hypertrophy of its walls, and especially of its muscular coat, showing that the organ does not play merely the part of a passive reservoir, but that it frequently endeavours, during pregnancy, to expel the fluid which it has received. 5. The cases on record would seem to show, that while it may be well nigh impossible to recognise the nature of such a case during pregnancy, a strong probability, if not certainty may be arrived at respecting it during the progress of labour. 6. The rarity of simple ascites carried to this extreme degree, will at once lead to the presumption of a distension of the bladder; a retention of urine may be declared to be present when malformation of the genital organs may be made out by exploration. 7. Under any circumstance the practice to be pursued is the same. When tractions, carried as far as prudence will permit, have failed and evacuation of the fluid must be resorted to. 8. As the vices of conformation of the urinary organs in question do not necessarily compromise the viability of the infant, it is absolutely necessary to practice the operation of puncture with all due precaution. The insertion of the funis will serve as a safe guide to the most favourable spot. 9. In proceeding in this way, it may not be impossible, by means of another operation, performed after delivery, to re-establish the natural passage of the urine and thus save the life of the child.—*Gazette Hebdomadaire*, Nos. 20, 21. 23.

FOOD FOR BABES, OR ARTIFICIAL HUMAN MILK, AND THE MANNER OF PREPARING IT AND ADMINISTERING IT TO YOUNG CHILDREN.

This is the title of an admirable little duodecimo from the pen of *Dr. Cumming, of Williamstown, Mass.*

He proposes a plan for supplying *Artificial Human Milk* to infants unable to procure from the maternal breasts, nutriment of the proper quality and quantity. He has adopted this plan in his own household for a number of years with the most gratifying success. He claims that it produces a wonderful immunity from colic, pain in teething, and various disorders of the stomach and bowels; that it contributes materially to uniform growth, prosperity, vigor and health, if it does not secure it; and that in many cases it will relieve almost instantly the distressing symptoms of wasting diarrhoea, &c. He states that in composition it closely resembles the natural secretion of healthy and vigorous mothers, and contains all the ingredients necessary for the proper growth and development of the child. This artificial human milk is to be obtained in two ways.

1st. By taking the *upper third* of cows' milk that has *stood* for four or five hours; this containing 50 per cent. more butter than the ordinary milk of the cow.

The second, and in warm weather, the better way, is to take the milk from the latter half of that given by the cow, (containing "strippings,") taking care that the cow be milked dry. In both instances, the milk is to be diluted with $1\frac{1}{2}$ parts of soft water, and properly sweetened with loaf sugar. The animal from which the milk is to be taken, must be from 4 to 10 years of age, and free from disease of any kind, it being unimportant that she should give a large quantity of milk. Her calf should not be less than two weeks old, and when it becomes four or five months old, the cow is to be given up and another selected. The best feed for the cow is hay and salt and water, which will improve the quality of milk, though the quantity may be less than when other articles of food are employed.

Various dilutions are of course required for various ages.

Thus for the first two weeks after the child's birth it is to be furnished with an *artificial colostrum* which requires the use of the *upper eighth* instead of the *upper third* of the milk which has stood for four or five hours; or, the employment of the *last tenth* of the milk furnished by the cow.

A schedule is given, arranged to suit the wants of vigorous children of various ages.

Attention is to be paid to the physical condition of the child as well as its age, in preparing the required dilution.

The milk should be prepared twice a day in warm weather, unless kept on ice.

The milk is to be administered by means of a bottle, with the neck occupied by an artificial nipple composed of a goose quill rolled up in a strip of muslin; all of which are to be kept scrupulously clean.

The milk should be given at regular intervals, the child taking at each as much as it wants; and the child should be trained to pass 6 or 8 hours at night without being fed.

The temperature of the milk when given should be about 100° ; it should be taken slowly, and the flow from the bottle controlled by a proper arrangement of the quill and muslin.

Dr. Cummings thinks this mode of feeding should be continued until the children obtain their full set of teeth, or to nearly the age of two years—or at least rely exclusively on it until 16 teeth are fairly developed, when other food may be gradually commenced with.—*Medical and Surgical Reporter*.

MATERIA MEDICA.

TO MAKE A BLISTER.

Steep cantharides in æth. sulph. for a fortnight, or until the cantharides float upon the surface; skim it off. One dram of cantharides, one dram of white wax, five drams of

olive oil, melted together, mix. With a brush paint it over some white bibulous paper, and hang it up to dry in a current of air. Take a piece of pink paper, form and size required, and paint the uncoloured side over with a weak solution of india rubber; cut your cantharides paper the form and size (less a margin) of the pink paper—while the india rubber solution is still sticky place it on; when dry roll it up. It is unaffected by damp, is light, portable, blisters with certainty, and without pain. The introduction of the caoutchouc varnish, arrests the perspiration of the part, and increases doubly the certainty while diminishing the time required for application. Before applying, the blister should be held over the steam of hot water. The blister will be effectual for several times.—*Dublin Hosp. Gaz.*

HYPODERMIC MEDICATION BY SULPHATE OF QUININE.

The subject of hypodermic medication is now attracting much attention. Much has been said about its great efficacy in neuralgic affections, where the effect is supposed to be a local one, though, at times, the constitutional symptoms are quite marked.

The results of experiments performed by Dr. I. Langer, of Davenport, Iowa, with sulphate of quinine, and reported in the *New York Medical Press* for June 16, 1860, prove that this drug, at least, acts after its absorption. The article is quite lengthy, but the following conclusions contain the substance of the author's labours:

"1st—Certain agencies most powerful when hypodermically used will become inefficacious when administered in stomach doses.

"2d—Sulphate of Quinine injected into the areolar tissue will act quicker, more powerful, and with equal if not with more certainty in subduing the primary symptoms of malarial infections, than when administered by the mouth.

"3d—Sulphate of Quinine injected under the corium even in large doses, one scruple at one injection, will not produce excessive cephalic symptoms.

"4th—Sulphate of Quinine injected under the corium, if necessary, during a paroxysm, will be followed with less aggravated symptoms than in a stomachic dose.

"5th—Where the Sulphate of Quinine is indicated, the local irritation of the stomach and appendages constitutes no contra-indication.

"6th—The injection must always be made under the corium.

"7th—The solution must be rendered neutral to avoid unnecessary pains.

"8th—For the same purpose—also for dissolving the crystals sometimes precipitated in a solution of the Sulphate of Quinine—the temperature of the solution must be increased to blood heat and over.

"9th—Sulphate of Quinine hypodermically applied is received into the system in a greater state of purity than when given by the stomach, where it may become contaminated or decomposed."—*Boston Med. Journal*, Aug. 2, 1860.

CHLOROFORM PAREGORIC, OF DR. HENRY HARTSHORNE.

Take of chloroform, tincture of opium, tincture of camphor, aromatic spt. of ammonia, of each $\mathfrak{f} \text{ ʒ iss.}$, oil of cinnamon gtt. iij. , brandy $\mathfrak{f} \text{ ʒ ij.}$ Dose, $\mathfrak{f} \text{ ʒ ss.}$ or less in spasmodic affections of the stomach, cholera, &c. Several practitioners have used this preparation with favourable results in severecases.—*Chemist and Druggist.*

GLYCERIN LOTION.

Take of rose-water 1 pint, quince seed two drachms. Macerate, strain, and add glycerin 1 lb. This is an elegant application to chapped hands, and may do very well for a hair dressing. Rose-water may be substituted by orange-flower water, or other aqueous perfumes.—*Chemist and Druggist.*

THE
British American Journal.

MONTREAL, OCTOBER, 1860.

A VERDICT OF MANSLAUGHTER AGAINST TUMBLETY.

What we have often thought would occur has occurred at last, not that there might not have existed months ago ample enough grounds for a Coroner's Jury and its verdict, but that a peculiar good fortune seems to have attended Tumblety's proceedings and secured him an exemption. His good genius has at last deserted him, and to avoid the consequences of a trial before his compeers and its award, Tumblety has fled to regions unknown; in all probability to the United States, where it is not unlikely, that with the assistance of the press, which he subsidizes heavily, he will be permitted again to continue his vocation, reap handsome returns, and send more unfortunate trusting victims to their graves. Without the assistance of the press, it is impossible that he could have succeeded as he did, and this inquest discloses the fact, that it was in consequence of seeing his advertisements, and believing in them, that the unfortunate man Portmore entrusted his life in his hands and fell the victim of his credulity. We have not the space requisite for the details of the inquest in full. We give however the most important part of it, which we take from the "Morning Freeman," a newspaper of St. Johns, N. B., published on the 29th September. The Jury was impannelled on the 27th, and the following is the evidence of Mrs. Portmore, wife of the deceased; Tumblety was in the room this day.

Mrs. Portmore, wife of the deceased, swore that her husband has been for ten or twelve years suffering from disease of the kidneys and gravel. Lately he was not so unwell as he had often been, and was able to attend to his work as a carpenter; but about three weeks ago, induced by the advertisements of cures wrought by Dr. Tumblety which were published in the papers, he applied to him and brought home two phials, containing about a gill each, of medicine that looked like water, which he got from him. He took a teaspoonful of this in water three times a day. When first he took it he cried out that "that would burn the heart out of a man." He continued, however, to take it for nine or ten days regularly. He always complained of the same burning sensation in the stomach after taking it, and he lost his appetite, which previously was good. On the 17th he went to Dr. Tumblety again, and brought another bottle of medicine which looked like the former, and which he took in the same way. After he used this he vomited and grew so sick that he had to take to his bed.—He could then eat nothing. She went for Dr. Tumblety to see him, and when he came to the house she charged him with having killed her husband by the medicine he had given him.—She pointed to the bottles on the table, and said the medicine was there, and she meant to show it to the doctors. He said very well, and took a bottle up and smelled it, and then put it down again. He told her to apply hot water fomentations

over her husband's kidneys, and she did so. He then went away promising to send a balsam at 4 o'clock to settle his stomach, and immediately after he was gone she missed the bottles. She told her husband Tumblety had taken the bottles, and he said let the villain take them. She had not tasted the medicine, and had no idea what it was. No one was in the room during this time but her husband, herself, and Dr. Tumblety. Dr. Tumblety did not send the balsam, nor did he return, but he sent word he was busy. Dr. Humphreys was then called in, and Dr. Botsford saw her husband some hours before he died. While sick at this time he did not suffer much from his old complaint, but chiefly from the pain in his stomach.

In answer to a question by Dr. Tumblety, she swore that her husband did not say to her when she was reproaching Tumblety, Mary don't blame him, or anything of that kind.—He only said, "Mary, hold your tongue."

Dr. Humphreys, who attended Portmore on a former occasion, was called in and found him suffering from acute inflammation of the stomach. Dr. Humphreys and Dr. Botsford made a post mortem examination on Thursday.—They found the lungs sound, the kidneys disorganized, and evidence that the deceased suffered from calculus or stone, but swore positively that the immediate cause of death was acute inflammation of the stomach; that this was not a necessary consequence of his old disease, and did not arise from it. They stated also that, according to the highest medical authorities, inflammation of the stomach is rarely if ever idiopathic, or arising from natural causes, but is the result of the introduction of some powerful irritant into the stomach. They were satisfied that in this instance the inflammation was caused by some acid, or other irritant introduced into the stomach, although they would not swear that it could not possibly be otherwise, and they could find no such substance in the stomach when they made the examination. They described the appearance and condition of the coating of the stomach, and the Coroner afterwards stated to the jury that he agreed fully in opinion with them.

Mr. Barker being called, stated that he is an apothecary, and supplied drugs to Dr. Tumblety. He got chiefly Irish moss, made up in quarter pound packages. He must have used a large quantity as 70 or 80 pounds, bought by witness at Reed's sale, is all gone. He also got compound extract of Sarsaparilla, and some Mandrake. Next to the Moss, he got most often a six pound mixture of Balsam Copaiba, and Sweet Spirits of Nitre in equal proportions. He also used a cough mixture, the ingredients of which were Balsam of Fir, Balsam of Tolu, and some other simples. They made up occasionally some pill mass of a very simple kind for him, and he once got some ounces of Cayenne Pepper; but he used as much as anything Perry Davis' Pain Killer—the quarter dollar bottles—and Russia Salve. He never got any Ammonia or any Mineral Acids from witness. He frequently told persons who enquired of him, that the medicines Dr. Tumblety got would do no harm if they did no good.

The Coroner addressed the Jury at some length. The Jury, after deliberating for thirty or forty minutes, found a verdict of Manslaughter against Dr. Tumblety.

We trust that this affair will terminate Tumblety's exploits in the British Provinces. It is much to be regretted that any latitude whatever should be allowed to such a fellow, or one of his kidney, for the performance of his tricks. But such is the credulity of the public, that it is ever ready to patronize any one who professes to assume something of the marvellous, and the more readily, the more extraordinary or more marvellous the pretension.

NEW PREPARATIONS.

We have received lately from the Medical Hall some new preparations of Manganese, viz. the permanganates of lime, magnesia, ammonia, and potassa.

These preparations are antiseptic and tonic, and are useful in cases of leucothemia, in the same way that the preparations of iron have been employed. We have also to acknowledge the reception of some oxalate of cerium, a new remedy introduced to notice about a year ago by Prof. Simpson of Edinburgh, to relieve the distressing vomiting so often connected with pregnancy. We notice, however, by a paper published in the last number of the American Journal of the Medical Sciences, by Dr. Charles Lee, House Physician to the Blockley Hospital, that its use has been extended to the vomiting of phthisis, pyrosis, hysterical emesis, and in atonic dyspepsia, and he relates eight cases of its successful employment. Its dose is from 1 to 3 grains given every 2 or 3 hours. We are pleased that the Medical Hall has placed it in the power of our physicians to have recourse to these preparations when required.

THE LECTURES.

Before another number of this Journal will meet our subscribers, the winter course of lectures will have commenced in the different Universities and Schools of Medicine in the Province. We need not say that we wish them all full classes, and to the students, the full measure of that knowledge which they are seeking, to prepare them for those important duties which they will have afterwards to discharge. In our own University, the governors have effected great alterations in the building in which the lectures of the Faculty of Medicine have been, for several years past, delivered. By the erection of an additional building in rear of the old one, facing on Coté street, two very commodious and large lecture rooms have been supplied, while at the same time additional room has been afforded to the dissecting rooms, the Museum and the Library, all of which demanded it. The attendance of students last winter was so large, that at some of the lectures the sitting accommodation was inconveniently small, and at the chemical class numbers had to stand. These inconveniences are now rectified. But whatever be the conveniences at this or that School of Medicine, in the interest of all, we have only one wish to express, and it is this, that in his selection of the school, the student will not permit himself to be dazzled by any thing extrinsic, but will locate himself in that place, where the different branches of medicine are taught with the greatest efficiency, and where the different lecturers are persons fully qualified for the duties assigned to them. Thus and thus only will he receive the "*quantum meruit*," for his outlay.

LECTURES ON BOTANY.

By reference to the proceedings at the semi-annual meeting of the Governors of the College of Physicians and Surgeons, it will be seen that a debate took place on the admission to examination of a number of candidates, who were deficient, in their schedules of qualification, of tickets of attendance on Botany. We believe now that there exists no excuse for non attendance on this course, (one that is demanded in almost every British and European continental school,) as lectures on it are delivered at the University of Laval and McGill College, and will be at the Montreal School of Medicine, for the first

time this winter. We desire to place students on their guard in respect to this course, for no one will be admitted to examination for the future who does not present it.

THE NEW SYDENHAM SOCIETY OF LONDON.

We have had already occasion to chronicle the proceedings of this Society in bringing, in cheap form and manner, important works by some of the most eminent members of the profession, before the medical public. All that is required to enable the Society to perfect its scheme is a sufficient list of subscribers, and this we think there ought to be no difficulty in obtaining, if their labours during the past year are to be deemed a presage of the future, and of this there cannot exist the slightest doubt. From an advertisement regarding their publications, for the present year we quote the following as the list of works now issuing:—

Freirich's Clinical Treatise on Diseases of the Liver. Vol. I has already been issued as part of the Series for the current year. The undermentioned will complete that Series.

Dr. Bright's Clinical Memoirs on Abdominal Tumours and Intumescence. Edited by Dr. Barlow, and copiously illustrated.

A Year-Book of Medicine and Surgery for 1859.

The First Fasciculus of an Atlas of Illustrations of Diseases of the Skin, copied from those of Hebra.

Dr. Bright's Clinical Memoirs and the Year-Book will be ready for issue almost immediately. The Portraits of Skin Diseases will be Three in number, and of Life-size. They will, it is hoped, be ready in December.

The Council has the pleasure to announce that the Society now numbers 2850 Members.

A few copies of the Five Volumes which constituted the Series for 1859 still remain on hand, and may be obtained on payment of the subscription for that year.

Dr. Fenwick has been appointed the Honorary Local Secretary for Canada, to whom announcements of the annual subscription of five dollars should be sent by intending subscribers, and we notice that for the same purpose, the following additional agents have been appointed in the following cities. For Boston, R. H. Salter, M.D., Stamford; for New York, Charles H. Haywood, M.D., 66 west 20th street; and for Philadelphia, Richard J. Dunglison, M.D.

The value of the publications issued, and the low annual price of subscription, \$5, render it a matter of surprise to us, that there should exist any difficulty whatever in augmenting the subscription list from these Provinces. We feel persuaded that if those who have not seen, did see the volumes furnished during the first year of the Society's existence, they would join it without delay.

FEEES FOR THE CHEMICAL EXAMINATION OF THE STOMACH AND CONTENTS, &c., IN CASES OF SUSPECTED POISONING.

We would esteem it a favour if our contemporary exchanges, would inform us of the amount of fee paid to analysts for the examination toxicologically of the stomach and contents, and viscera generally, of persons supposed to have been poisoned. We would feel obliged if the respective editors would reply to the foregoing question in an early number.

SEMI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

The autumn semi-annual meeting of the College of Physicians and Surgeons of Lower Canada, was held in the rooms of the Laval University, in the city of Quebec, on Tuesday, the 9th October 1860, when were present the following governors. Drs. Hall, Scott, Robillard, Bibaud, Munro, Turcot, Badeau, Michaud, Fraser, Wolff, Fremont, Von Iffland, Russell, Smith, Glines, Gilbert, Weilbrenner, Jackson, Marmette, Peltier, Boudreau, Jones and Landry.

The President Dr. Hall, took the chair at 10 A. M. The minutes of the preceding semi-annual meeting were read and confirmed.

The Secretary submitted a memorial from one of the candidates for examination requesting an examination by written papers, in consequence of his being afflicted with the infirmity of stuttering. The memorial having been read, and submitted, the request was granted, and a committee named to draw up the questions.

Another gentleman presenting the Diploma of Bachelor of Medicine of the Laval University, wished to have his final examination, although he had not undergone the classical examination at the commencement of his studies before the college as prescribed by the Act of Incorporation. He was permitted to undergo his examination on professional subjects, the Board having thought that the classical examination undergone at the University of Laval, to obtain the degree of M. B., fully satisfied the requirements of the law.

The President then laid before the meeting, the address of the College to H. R. H. the Prince of Wales, and the answer thereto, through his Grace the Duke of Newcastle; which were ordered to be placed on record.

At this stage of the proceedings, Dr. Landry, the secretary for the District of Quebec, informed the Board that he held the testimonials of a number of gentlemen, educated at the Montreal School of Medicine and Surgery, who were presenting themselves for final examination, without shewing evidence of having attended a course of Botany, as prescribed by the Act of Incorporation, and a resolution of the Board adopted at its last meeting held in the city of Montreal, and he wished to know if the Board, under such circumstances would admit them to examination.

Hereupon an animated discussion took place, Drs. Jones, Fremont, Fraser, Russell, Landry and some others in the negative, who were followed in the affirmative, i. e., for admitting them to examination, by Drs. Peltier, Bibaud, Weilbrenner, Robillard, Sewell, Munro, &c., who stated that it was not generally known that a course of Botany was obtainable in the Province, and therefore that the present applicants should not be denied examination, for not possessing the evidence of having attended a course of lectures of which they did not know the existence. The question was submitted to vote, and the candidates were admitted to examination on the following division:—

For.—Drs. Bibaud, Boyer, Peltier, Robillard, Turcot, Munro, Smith, Weilbrenner, Von Iffland, Badeau, Boudreau, Gilbert, Michaud, Marmette, Scott, Glines, Jones and Sewell.

Against.—Drs. Fremont, Fraser, Jackson, Wolff, Russell and Landry. Whereupon it was carried in the affirmative, and the candidates were admitted to their examination accordingly.

A very strong feeling however, was manifested against receiving for examination, for the future, any who did not produce tickets of attendance upon lectures on Botany; and this resolution will be firmly acted on at all future meetings of the Board.

Drs. Morin and Marsden, here joined the Board, and after remaining a short time, left.

The Board was then divided by the President into committees for examina-

tion, and after due examination in the different branches of Medical Science, the following gentlemen were deemed fully qualified to receive their licenses.

Messrs. J. P. Louis Desrosiers, Napoleon Duchesnois, Alex. Ed. Painchaud, J. B. Boudreau, Pierre Chapeleau, J. Nestor Chopin, and François Langlois.

Two gentlemen after examination were remanded to their studies for another six months.

The following gentlemen having submitted to the classical examination, and having creditably passed it, were admitted to the study of Medicine:—

Messrs. Isidore Ethier, Edouard Desjardins, Luc Beauchêne, William Wakeham, Alfred Picault, Cyprien Potvin, Charlemagne Dubuc, Prosper Bender, Félix Rainville, Joseph Côté, David Girard, James Algernon Temple, and Frederick Montizambert.

Two were remanded at this examination to the further prosecution of their classical studies.

Alfred Simard, Esq., Licentiate of the Faculty of Medicine of the University of Laval, (M. D.) was admitted to license after having taken the oath prescribed by the Law.

Madame Gaden was examined in the science and art of midwifery, and the examination having proved satisfactory she was duly licensed as a midwife within the cities of Quebec, Montreal, and Three Rivers.

There being no further business before the Board, it was declared adjourned to the meeting in May 1861, at Montreal.

(Signed,)

J. E. J. LANDRY, M.D.,

*Secretary of the College of Physicians and Surgeons
for the District of Quebec.*

BOOKS &c., RECEIVED.

On the Theory and Practice of Midwifery, by Fleetwood Churchill, M.D., M. R. S. A. &c., with additions by D. Francis Condie, M.D., with 194 illustrations. A new American from the fourth corrected and enlarged English edition. Philadelphia, Blanchard and Lea; Montreal: R. & A. Miller, 1860. 8 vo. pp. 655, Price \$3.00.

The Principles and Practice of Modern Surgery, by Robert Druitt, L. R. C. P. L. A new revised American, from the eighth enlarged and improved London edition, with 432 illustrations. Philadelphia: Blanchard & Lea; Montreal, R. & A. Miller, 1860, 8 vo. pp. 695. Price \$3.00.

The following Annual Announcement of Lectures for the Session 1860-61:—

Annual Announcement of Jefferson Medical College, Philadelphia.

“ “ “ Iowa State University, Keokuk, Iowa.

“ “ “ College of Physicians and Surgeons of New York, Columbia College.

“ “ “ Harvard University, Boston.

“ “ “ University McGill College, Montreal.

“ “ “ School of Medicine, Montreal.

Transactions of the Obstetrical Society of London, vol. 1. for the year 1859. London: Longman, Green, Longman, and Roberts. 1860.

Transactions of the Medical Society of the State of Pennsylvania, at its twelfth Annual Session, held in Philadelphia, June, 1860. New Series, part 5. Published by the Society. Philadelphia: Collins, 1860.

THE LATE PROFESSOR HOLMES.

On the evening of the 9th, Death numbered among his victims one of the most eminent physicians of this City and Province, ANDREW FERDINANDO HOLMES, M.D., LL.D., Professor of the Principles and Practice of Medicine in the University of McGill College, and Dean of the Faculty of Medicine, in his 63d year. It is with feelings of the deepest sorrow that we thus announce the death of a colleague and sincere friend, one with whom we have been associated for twenty-five years, and whose place will not be easily supplied. For a few days before his decease, he complained of a constriction of the chest, which he compared, to a friend, as like an attack of *angina pectoris*; and on Monday afternoon, on his way to the new College building, whither he was going to look after certain arrangements, he experienced that sensation chiefly while walking against the wind, which was blowing rather strongly, although he did not feel it after ascending a pair of stairs. On the following day, Tuesday, the 9th, he attended to his duties as usual, complaining of little else than a want of appetite, arising out of the continuance of the same sensations. He returned home from an evening visit about 7 p. m., and while writing out notes to the members of the Faculty for attendance at a meeting which he intended to have held at 3 p. m. the following day, he was observed by his wife to drop his head on his hands, his elbows resting on the table, and without replying to the question put to him, "if he felt unwell," dropped from his chair dead. Dr. Campbell was in prompt attendance, but the vital spark had fled.

It is not our intention at present to give a history of his life and labours. This we must reserve for a future occasion. But here we may say, that few have worked harder than our deceased friend for the advancement of science in this City and Province, and few have associated with those labours a more sincere recognition of the Author of those works which he felt an especial delight in studying and revealing. We say it, and this with feelings of the deepest conviction, that our lamented friend lived as if he ever felt the presence of his Maker, to whom he had to render an account; he emphatically "walked humbly with his God," and was therefore prepared, as far as human infirmity could be, for the suddenness of that change which overtook him, and which it was his frequently expressed desire should so occur. Of him it might with truthfulness be said, that to "die was gain."

An autopsy was held forty-three hours after death. Decomposition had evidently set in. The brain was healthy, with the exception of a general turgescence of the blood-vessels, and a rather increased amount of serosity. The chief abnormal appearance here presented was a thickened condition of the arachnoid at the vertex, indicative of an old-standing subacute inflammatory affection. About fifteen years ago, it is to be observed, he suffered intensely from headaches. The thoracic viscera were healthy, with the exception of the heart, which was rather larger than usual, but not morbidly so, and showed evidence of atheromatous degeneration, but not to any marked extent. The abdominal viscera were perfectly healthy. In fact we have never examined a body whose viscera were in a more healthy-looking condition generally. At this autopsy all the members of the Faculty were present, with the addition of one or two friends. Under such a view of facts, the cause of death must be sought for in the nervous system, and spasm of the heart, indicative of a death from syncope, offers the only escape from all the difficulties which present themselves. It is perhaps one of the most rapid deaths on record.

A meeting of the members of the Faculty took place on the evening of the 11th, when it was resolved that a letter of condolence should be transmitted to the widow and family; and that the members should wear mourning for the period of a month, in memory of their deceased colleague.

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN SEPTEMBER, 1860.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer reduced to 32° and reduced to 32° Fahr.	Temperature of the Air.	Relative Humidity.	Ozone.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Usual Direction and Force from 9 O'Clock to 10 P'Clock Hurricane.	Rain in 24 Hrs read at 4 A.M.	Snow in 24 Hrs read at 10 A.M.	Total rain and melted snow			
					Amount.	General description.									
1	29.856	59	42	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
2	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
3	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
4	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
5	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
6	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
7	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
8	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
9	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
10	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
11	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
12	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
13	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
14	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
15	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
16	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
17	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
18	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
19	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
20	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
21	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
22	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
23	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
24	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
25	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
26	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
27	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
28	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
29	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
30	29.856	59	43	0.100	0.10	0.51	65.5	55.0	W.N.W.	0.10	Inch.	Inch.	Inch.		
S's															
M's	29.971	57.53	47.83	712			65.61	49.82					5.09		

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN SEPTEMBER, 1860.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE							THERMOMETER.		WIND.		RAIN AND SNOW in 24 hours, ending at 6 A.M. next day.			GENERAL REMARKS.
	Barometer reduced to 32° Fahr.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max'm read at 6 A.M. of next day.	Min'm read at 2 P.M. of same day.	Dew Point at 3 P.M.	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.		
														Inches.	
1	29.6502	54.43	62	1	64.2	50.8	39.0	N. 23 W.	8.06						
2								S. 27 W.	2.64						
3	.8813	59.47	76	0	66.6	45.2	56.0	N. 65 E.	4.93						
4	.7345	65.07	84	0	72.2	54.0	64.0	S. 23 E.	2.83	Inap.					
5	.6737	69.75	85	9	75.8	62.6	68.0	N. 48 W.	5.45	Inap.				Solar halo at noon.	
6	.7243	66.15	67	4	74.2	64.6	60.0	N. 35 W.	4.33					Brilliant Aurora and great magnetic disturbance.	
7	.5915	66.57	75	8	72.5	55.8	65.5	N. 43 E.	3.45	0.020				Rainbow at 5 p. m.	
8	.6835	54.13	83	8	66.0	52.2	48.0	N. 9 E.	7.09	.520					
9								N. 24 W.	5.77						
10	.6537	53.93	71	6	62.2	46.0	49.0	S. 64 W.	4.92					Auror'l light and streamers.	
11	.5225	49.60	77	4	59.0	44.8	55.5	N. 59 W.	10.92	.170					
12	.7523	46.37	62	4	52.8	35.0	31.0	N. 39 W.	10.55						
13	.8513	54.00	66	1	67.0	38.8	42.0	N. 67 W.	3.91						
14	.8665	59.62	76	3	70.8	45.7	55.5	S. 3 W.	3.67						
15	.7118	63.92	79	2	72.0	49.2	62.0	S. 18 W.	5.64	.610				Thunderstorm during night	
16								S. 29 W.	4.65	.057					
17	.6163	57.85	80	3	68.0	51.5	58.0	S. 80 W.	1.87						
18	.7032	57.07	80	0	65.2	48.9	58.0	S. 79 E.	1.05						
19	.5738	60.98	86	8	69.2	51.2	62.5	N. 16 W.	2.59					Lightning during evening.	
20	.3942	53.42	88	7	60.2	55.8	50.5	N. 73 W.	7.76	.060					
21	.5262	47.80	74	2	59.4	41.6	33.5	S. 80 W.	8.46	Inap.				Thin ice a.m.	
22	.5112	55.98	73	6	66.8	40.6	61.0	S. 60 W.	8.77	.017				Perfect rainbow at night.	
23								N. 81 E.	4.57					Thin ice a.m.	
24	.3667	58.63	78	10	63.0	50.0	53.5	S. 48 W.	6.20	.130				Distant thunder during day.	
25	.3432	53.32	69	4	61.0	50.8	45.0	N. 86 W.	12.29	.005				Double rainb. 5 p.m., aur. at	
26	.7748	47.08	66	5	56.5	41.6	34.5	N. 76 W.	8.98					Lunar halo perfect. [night.	
27	.7892	46.00	79	8	52.0	41.4	43.0	N. 74 W.	4.70	.080				Lightning during evening.	
28	.8902	42.47	64	4	52.0	40.2	34.0	N. 44 W.	10.68					Thin ice a.m.	
29	.390607	39.90	61	6	45.2	35.2	31.0	S. 12 W.	1.88						
30								N. 74 E.	5.13	.290				{ Ice 1/2 of an inch thick. Perfect lunar halo.	
S's													1.959		
M's	29.6738	55.34	74	5	63.12	47.29	50.20	N. 71° W.	5.79						