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# THE MEDICAL CHRONICLE.

VOL. IV.]

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[No. 10.

## ORIGINAL COMMUNICATIONS.

ART. XXX.—*Therapeutical Contributions.* By WM. WRIGHT, M.D., L.R.C.S.E., Professor of Materia Medica, McGill College; Physician to the Montreal General Hospital, &c.

[Continued from page 332.]

**IODID OF POTASSIUM.**—This agent has only been in use, as an anti-syphilitic, for little more than a quarter of a century; and has, consequently, not yet provoked so many words, for and against itself, as the proto-member of the class. Since, however, the statements of its first promulgators, Drs. R. Williams of London, and Wallace of Dublin, a sufficiency has been afforded us, wherefrom we may learn its real merits as a remedy, in the treatment of syphilis.

The recommendations it possesses to general favor are; that it does not necessitate the same regiminal precautions, which safety demands in the employment of mercury: the patient need not feel the same dread of danger from atmospherical vicissitudes, and may even pursue out-door avocations during inclement weather, without more than the ordinary risks that are incidental to every one, even in health, when similarly exposed. Although neither narcotic nor anæsthetic, it will often, under circumstances of great pain, speedily display anodyne powers of a high order, and perhaps as an expeditious assuager of the suffering, induced by morbid states of the periosteum, and fibrous textures, is not to be surpassed. And according to Mr. H. Mayo (*Treatise on Syphilis*) there is no medicine which, when it does good, produces amendment in constitutional syphilis so speedily as it. These advantages are, nevertheless, more specious than genuine; the first is not desirable, for the unrestricted freedom or indulgence it permits, if enjoyed, would be detrimental to the patient since the danger from cold, wet, &c., he already inherits from the disease. The second benefit, although it may not accrue so immediately from other anti-syphilitic

tics, yet it will as surely come eventually, and when it supervenes will, usually, be more durable in character. The third is a mere contingency; and the same might be safely said of other remedies when they "do good."

Iodid of potassium is not productive of any decided benefit in primary syphilis: in the opinion of Dr. Hocken it is inert in almost all the symptoms of this stage of the disorder, and to this rule the only exceptions are "some forms of phagadema, attended with great debility and derangement of health." So that according to the views before promulgated, unlike other agents of this class,—Iodid potassium is not indicated in the introductory period of regular syphilis, but, on the contrary, is only to be employed in a few instances of the irregular type.

In secondary syphilis a similar conclusion is also warrantable,—thus the gentleman last quoted, adds "in constitutional symptoms it is a less valuable remedy in the majority of secondary symptoms than mercury, with the exception of some severe cases of pustular eruptions, phagademic sore throat, rupia, and secondary ulcerations of a bad character, all of them marked by a cachectic and debilitated constitution." Much of the benefit obtained from it, in these *irregular* instances of syphilis, is to be ascribed to the tonic qualities it possesses, from the exercise of which it tends to raise the vital powers and enables the natural efforts, aided by its own sensitive tendencies, to shake off the morbid elements. It was also highly lauded, by Dr. Graves, as a remedy for syphilitic diseases of the scalp, lepra, psoriasis and impetigo; but here, I believe, the same provision holds good,—in broken-down habits it is indubitably excellent, but in the more regular manifestations it is inferior to mercury.

Its remedial influence appears to be exerted in greatest degree in proportion as syphilis recedes from its earlier forms. Record, indeed, inclines to limit its applicability to tertiary cases. Its value in these is very clearly illustrated in the following register, furnished by Dr. Hassing: of 73 cases of syphilitic pains of the bones, 65 were cured, 3 relieved, and 5 derived no benefit. Of 17 cases of syphilitic caries and necrosis, 6 were cured, 4 relieved, and 7 derived no benefit. Of 51 cases of syphilitic tumors or nodes, 6 only were cured, in 22 the tumor diminished, and in 23 no effect was produced. By "cured" is understood the symptoms were removed. In affections of the periosteum, it is even more efficacious than in any of the preceding.

To define still more broadly the suitable cases for iodid potassium, the contrasting indications for the use of mercury must be preserved in mind. In extension, then, of what has been before stated, the following

observations of Vidal appear to be very trustworthy:—"I believe that almost all cases of syphilis may be successfully treated by mercury, if this medicine be properly managed; but sometimes the system is antipathic to it, and then instead of producing curative it produces morbid effects; thus, patients who are excessively debilitated, cannot be treated with mercury which evidently depresses the vital force. . . . I give in these cases iodid potassium."—And in addition it may be remarked that in syphilis occurring in scrofulous subjects, in which the evidences of this diathesis are especially clear, and in function derangements of the tertiary type, quickly removable, iodid potassium seems preferable to mercury.

Iodid potassium appears to have a special action which renders it more or less antagonistic to mercury. This is particularly manifested in persons of bad habits of body, to whom the latter drug has been given indiscreetly, and who get into a condition of hydrargyro-syphilitic cachexia; in them, iodid potassium often proves of signal service. Its utility is referred to the formation of a double iodid of mercury and potassium, so that not only is the mercury removed, for the compound is readily eliminated through the kidneys, but a new salt is produced which is in itself a most powerful anti-syphilitic. Iodid potas is also of service, in the same way, in certain disorders, which, though not syphilitic, are the *consequences* of previous infection: of this kind, are the following cases wherein Mr. Mayo has found it efficacious; viz., "emaciation, with ulcers of the skin; ulcerated throat; affections of the bones, &c., occurring in those to whom mercury had been given."

And, lastly, iodid potassium, from being an energetic diuretic, is of great use as a succedaneum to the mercurial treatment, by operating as an eliminative after the manner before described. If persevered in, with this intention, for a sufficiently long time, it will complete the cure which the mercury has originated.

In strict conformity with the meanings that have been above rendered of such a substance, iodid of potassium is not a regular anti-syphilitic. And experience abundantly supports its condemnation. It *removes* but does not cure the symptoms for which it has been administered,—it throws a veil of false health over the disorder, leaving the *origo mali* within unconquered, and it exposes the invalid, when discontinued, to a speedy relapse into his former miseries. Mr. L. Parker has known it to be taken by patients for 3, 7, and, in one case, for 10 years; it always kept the disease in check, but when interrupted, the symptoms became worse. Sir B. Brodie (*Lancet*, 1844,) observes, "you may remove slight symptoms by giving it for a time, and severe

symptoms by exhibiting larger doses; but in the latter case, so far as I have seen, it does not make a permanent cure; for the symptoms return again." For a similar reason, this medicine possesses but very small prophylactic power, *i. e.*, it has not much effect in preventing the developement of the subsequent stages of syphilis, and, in this particular, also, contrasts very unfavorably with mercury, as will be remembered. From the foregoing it may be fairly deduced, that iodid of potassium is not a reliable remedy in regular syphilis. Indeed, it may be, properly, doubted if it be even a safe medicine in this toxic state. Dr. Lawrie, of Glasgow, not only considers this agent very uncertain, but, furthermore, that it is at times dangerous. And this accords with the observations of others who have found, under the use of the iodid, the disorder often continues astonishingly obstinate. Vidal says, "if the case be one of superficial syphilides, it does not disappear, it may even become aggravated" under the exhibition of iodid potas; and he concludes by remarking, "now is the time to interpose the use of mercury."

Manifold are the evils that may attend the anti-syphilitic employment of iodid of potassium. They may be divided into local and general; of the former, the two most notorious are an affection of the ærian mucous membrane, and of the tongue. The former is the result of an indirect irritation induced by the poisonous influence of the drug. The latter is a variety of chronic glossitis,—the tongue "becomes hypertrophied, tender, and covered with lobes and fissured by deep cracks."

The constitutional effects of iodid of potassium are various; the most common is an irritation of the conjunctival and schneiderian membranes, marked by redness, defluxion and preternatural sensibility, the person appears as if he had a bad cold in his head:—in some rare cases, extreme congestion with extravasation of blood has been seen forming ecchymosis of the eye. Diuresis is likewise frequent, the urine has been increased under its use, to 7 pounds in the day. Ptyalism is next to these in frequency; it resembles the mercurial in most of the symptoms, as a flow of saliva, of a metallic and bitter taste, erythema and œdema of the gums, &c., but it differs in there being no actual inflammation, nor ulceration, nor characteristic fetor. I have, occasionally, observed a peculiar eruption, like erythema papulatum, brought out from its use. Others have noticed rashes like acne, ecchyma, maculæ, &c. Relaxation of the bowels is occasionally experienced, and sometimes irritation of the throat. Now and then, a peculiar state of the nervous system is the only mark of action of the remedy—as seen in headache, watchfulness, or mental inactivity, &c. Iodid of potassium, in person of peculiar idiosyncrasy, has given rise to alarming symp-

toms of gastro-pulmonary irritation; and it has been accused of causing atrophy of the mammæ and testicles, and general idiosyncrasy by too long continued use—but, probably, on insufficient evidence.

There exists much uncertainty of opinion concerning the proper dose. Undoubtedly the remedy may be taken very largely with impunity. Dr. Buchanan asserts that he has given it in doses of ℥ss, and Payen says ʒij may be given safely three times a day. But it does not follow that the benefit derived is in proportion to the quantity used. Its absorption according to Poujean is more complete in proportion to the smallness of the dose. He took gr. ʒ in a large quantity of water, in divided doses, for a day, and he was able to trace iodine in his urine for 7 days, and in his saliva for 6 days. At another time he swallowed 5 gr. dissolved in ʒij. of water, and traces of iodine were discovered in the urine during 28 hours, and in the saliva during 17, only. The selection may be guided by the object in view; large doses where any decided impression is desired in a short time, as the relief of pain—and small doses where some morbid state is required to be removed, and can only be endured in a slow way. A large dose is ℥ss. or gr. xv.; a small one, gr. iss-iv. It is generally prescribed in solution, and the facility with which it dissolves in water, is one great inducement to its use. It may be conjoined with ext. sarsaparilla; or a bitter, as *tr. aurantii*, &c. It is sometimes conjoined with iodine as an ioduretted mixture. It may be formed into pills with various extracts, as taraxacum and gentian, but I have found it then more likely to disagree with the stomach than in the fluid state. It may also be given in mixture with biniod. merc., this latter salt being rendered soluble in water by iodid potass. Every 2 grs. may be diffused through eight oz. of water, to which ʒiv. of iodid are added.

Other iodides have also been called anti-syphilitics. They are but representatives of the former;—the most common are the following.

*Sodii Iodid.*—Is isomeric in virtues with potass iodid, over which it has the advantage of being much less disagreeable, and better borne. It is also said to have succeeded where the latter has failed. It has been used by but few Physicians. Gamberini, from an experience of 116 cases, confirms the above opinion of its use. Its dose is that of liquid potassium. I have prescribed it, extemporaneously, by adding carbonate of soda to iodid potassium in water, and was led to this combination by Staff Surgeon Telfer, formerly a resident of this city, who told me he had found the addition of a few grains of soda caused the iodid to sit on the stomach, when it otherwise might disagree.

*Ferri Iodid.*—This remedy is never used for regular syphilis in its

primary form; it has been used in the consecutive disorder which is chiefly manifested by some local disorder of long standing or frequent recurrence, in individuals weak and cachectic, in whom more decided measures are inadvisable. It has been used in obstinate ulcers of the skin and throat. It is also advisable in phagedenic syphilis. The dose is gr. i-ij; by gradual augmentation, 20 grains have been given in the 24 hours. The syrup is the best form for administration: every 12 m. contain gr. i. of iodid.

*Hydrargyri et Arsenici Iodid.*—Is often a valuable remedy in secondary syphilis. Mr. Cusack, of Dublin, found that eruptions on the skin yielded readily to half drachm doses of the solution three times a day. It is commonly prescribed as the *Liquor, or Donovan's solution*. The dose is gr. v., gradually increased to xv. or more. This solution has latterly become such a fashionable article, that within 2½ years about 300 lbs. were sent out of Mr. D.'s establishment alone. A substitute is occasionally given in the following: ℞ liq. iodini, comp. ℥i. liq. potass arsenit ℥iv. m.; the dose is 5 drops.

Various other iodides have been used, by a few individuals, which are not pharmacopœial:—as the hydrargyro iodid of morphia, its dose is ¼ gr. and is very serviceable in syphilitic pains of the bones;—iodide of chloride of mercury; iodide of ammonium; iodide of ethyle, &c., but the latter are all remedies of questionable advantages.

**GOLD.**—At one period of the world's history gold was esteemed to be a panacea or universal remedy. Thurneysser, one of the most celebrated of the followers of Paracelsus, cured all diseases by the tincture of gold, potable gold, and the magistery of the sun. The views of his successor, one Quercetanus, were opposed by the faculty of Paris, and in time it was publicly announced that gold possessed no medicinal properties whatever. Years afterwards, when Alchemy had floated into thin air, the medicinal properties of gold were revived from dormancy, and, in 1669, Ueay remarked that gold could not be too highly praised as a venereal remedy, and in two centuries after, as is the custom, the labours of ancestors being unknown or ignored, gold was recommended as a *new* remedy. It is inferior as an anti-syphilitic to both mercury and the iodides. It is perfectly null in primary syphilis. In the consecutive type its action is very doubtful. Cullerier of Paris, submitted 13 patients to gold treatment, and 13 he entrusted to the *vis medicatrix naturæ*,—the cases were alike, and the results turned out equally similar. Ricord says any benefit from gold is more imaginary than real, and shews, "not the virtues of the medicine, but the advantages of suspending for a while an injurious treatment." The remedy is slow in action, and as it requires

to be given for a long period before any change is observed on the disease, no hasty conclusion should be formed from an observation of only a few doses. Its admirers consider it best adapted for syphilitic eruptions, and for syphilis of the scrofulous. The most active preparation is the terchlorid. Its effects are analogous to those of bichlorid of mercury; in small doses it is said to act more energetically as a stimulant, though less powerfully as a sinagogue. In the dose, of gr. 1-10 daily, it has occasioned violent fever; and this effect is required to be obtained, before the full virtues of the remedy will be obtained. After this it is to be suspended, and subsequently renewed, if necessary, in smaller doses. Its dose is gr. 1-30—1-20. It is to be used by friction to the gums, or simply dissolved in water; it is decomposed by mixture with organic substances.

ANTIMONY.—This remedy has been used both singly and jointly, singly it constitutes an important article in the non-mercurial treatment; and jointly, it may be given with any of the former anti-syphilitics. Combined with both mercury and iodid potassium, I have often thought it advantageous, rather, however, from its giving direction to their action than from any power of its own. From some late investigations it would, nevertheless, seem to be valuable *in se*. Cases of primary syphilis are reported to have been cured in from 10 to 20 days—and others of secondary disorders in from 11 to 15 days. No local applications, except the simplest, were used, so that the remedy might be more certain. Cleanliness, repose, and a well regulated diet, were strictly enjoined. But these facts require corroboration, and future observation is demanded to establish the actual merits of antimony as an anti-syphilitic. It appears to be most successful in cases where mercury is least imperative, and *vice versa*. Hence it has failed to effect a cure in syphilitic ulcers with much induration. The best preparation is tartar emetic—it should be given in doses from gr.  $\frac{1}{4}$  to  $\frac{1}{2}$ , every four hours. Mr. Snee does not consider it is contra-indicated by debility, and advises when this is present, that the antimonial be given with iron or zinc.

MINERAL ACIDS.—*Nitric*.—When sixty years ago, it was believed that mercury owed its activity to oxygen, it was inferred that other substances, containing the gas, were homologous to the metal in action. Accordingly, after it was ascertained that nitric acid possessed 5-6ths its measure of the so called active principle, it was naturally esteemed an anti-syphilitic. It has received a patient and liberal trial. It is now considered to be of nugatory efficacy in primary syphilis, when acting by absorption or internally, which as will be remembered, is a *sine qua non* mode of employment of anti-syphilitic remedies. In regular syphi-

lis, of the consecutive kind, it is decidedly inferior to mercury; but in the irregular types, where this and any other real anti-syphilitic would be proscribed, it may be beneficially employed. Hence nitric acid is useful in phagedæna; sloughing; in syphilis occurring in the scrofulous; in old debilitated constitutions; in systems enfeebled by long residence within the tropics; and where, from misuse, mercury has been pernicious. Nitric acid is not, therefore, a true anti-syphilitic of any power. It is, perhaps, more often prescribed, under the above circumstances, in syphilitic rheumatism, nodes, periostitis, or ostitis; but in all these affections it is not equal to potass iodid. It may be given alone as the acid nitric dil in doses of  $\text{mxx}$  to  $\text{xl}$  with water, or in mixture with decoction of sarsaparilla. It requires to be persevered in until ptyalism, or soreness of the mouth, is excited, but this event is not always producible. Occasionally it is resorted to as a bath;  $\text{ziss}$  may be added to every gallon of water for this purpose, should this proportion induce too much cutaneous irritation, the amount of water ought to be increased. It is to be used night and morning; and continued for 10 or 15 minutes each time; it is most suited for those cases in which the skin affection is the most prominent feature.

*Nitro-Muriatic.*—Enjoys the same properties with the former, and is equally useful. It may be given in doses of from 10 to 15 drops, or used as a bath like nitric acid.

*Hydrochloric.*—Hydrochloric was introduced as an anti-syphilitic about the same time as nitric acid. It would appear to be the better remedy of the two. Mr. Pearson, after a fair trial of both, gave a testimony rather adverse to the nitric acid, but considered that the hydrochloric could radically cure the disease. It has been largely used in the Vienna Hospital, and several hundreds of cases have been benefited by it alone. It is essential for the success of the treatment, that abstinence be enforced; it has been found to fail when a full diet was allowed. It may be given in the same forms, and doses, as the last. I have no personal experience of it—but presume it is only intended to be employed in the same conditions as the other acids.

*GUAIACUM.*—Guaiacum, or the lignum sanctum, reminds us of the difference that exists between the opinions entertained of the same agent when it is a novelty and after it has become an antiquity. In the beginning of the 16th century, we are told by Nicholas Poll that in 9 years, more than 3000 diseased persons had derived permanent benefit from the use of this medicine. While on the contrary it is now so little esteemed, that no one even thinks of trusting to it alone, and but few even deign to use it. It is not always easy to account for these changes of the public mind, but in the present instance the explana

tion of the learned Pearson appears to meet the difficulty. "It was administered to persons afflicted with very different forms of disease. One numerous class of patients consisted of those who, having used mercury according to the severe and often injudicious mode, which was practised two centuries ago, found themselves harrassed with pains, nodes, ulcers, and several other symptoms, from which they were finally relieved by a course of guaiacum; hence it was concluded, that this medicine was superior, as an antidote, to mercury. Another class adopted the guaiacum course from the first attack of the disease; and deriving sensible benefit, they hastily presumed that a cure was accomplished; but although their frequent relapses might have shaken their confidence, yet as the renewal of their guaiacum course mitigated the violence of their symptoms, and often produced considerable appearance of amendment, they preferred this palliative method of proceeding, to the more distressing concomitants of a course of mercury." As an anti-syphilitic it is analogous to iodid potassium, it has the power to recover the symptoms but not to eradicate the disease. Mr. Pearson observed that the disease re-appeared in all its violence when the medicine was discontinued. He also found it most useful after a preliminary course of mercury. It is much more efficient in constitutional than in primary syphilis, and is better adapted to ameliorate tertiary than secondary symptoms. Its most striking effects have been to improve the general health, increase the strength, remove thickenings of the ligaments and periosteum, expedite exfoliations, and heal foul indolent sores. In syphilitic rheumatism it has afforded much relief. It may be given as the powder in doses of from ℞ss to ℥ss in combination with Dover's powder; this is particularly advisable if diaphoresis be indicated.—without this adjunct it is likely to prove aperient. The tinct guaiaci in doses of ℥ss-ij is also useful, or the mist guaiaci in doses of ℥ss-ij.

SARSA.—Matthioli was the first author who wrote on sarsaparilla as a remedy for syphilis. The Spaniards having acquired a knowledge of it from the American Indians, introduced it into Europe about the year 1563 as a cure for venereal disease. It soon after fell into disrepute, but it was restored to notice during the last century by Dr. Wm. Hunter. Cullen thought so disparagingly of it that in a notice of *eight* lines in his large volumes on materia medica, he said, "I have never found it an effectual medicine in syphilis or any other disease." Physicians generally have since his time entertained a similar opinion; while Surgeons on the contrary consider it possesses eminent virtues. It is still largely consumed, and experience favors the latter opinion more than

the former. In one hospital alone, that of the incurables, at Florence, according to Tarziani Lozzetti, its annual consumption is 650 lbs. It is of no benefit in primary syphilis; and it is generally deficient in the attributes of anti-syphilitics. It has come to be employed, chiefly, either in irregular forms of the disease, such as are developed in the cachectic, scrofulous, &c., or else as a restorative in convalescence, after recovery from irregular syphilis by mercury. It forms a good adjunct to other measures of a tonic character, such as iodid potassium, the mineral acids, &c. Very decided benefit is often derived from it in persons who have become enfeebled from repeated attacks of syphilis, from protracted treatment, and from frequent mercurialization. There is scarcely a symptom of lues for which it has not been used; it will probably be found more beneficial in affections of the mouth and throat than any others, in consequence of its topical action, that of a gentle stimulant on the stomach being communicated to them by continuity of surface—being an additional acquisition to the general action in which they participate with other different affections. Of the various forms in which it may be exhibited, the simple or compound fluid extract is, I believe, best; the dose of either is ℥i-ij, 3 or 4 times a day. It is rarely given alone:—its associate should depend upon the most prominent feature or symptom present,—in regular syphilis, mercury; in affections of the periosteum, iodid potassium; in cutaneous eruptions, mezereon; in rheumatism guaiacum, &c. It is compatible with everything likely to be required, except iodine, sesquichlorid of iron and alkalis.

The remedies now discussed are those most commonly employed in syphilis:—with the exception of mercury—no one conforms to the requirements of an anti-syphilitic; they may, under their most favorable operations, suspend the symptoms, but they cannot, like it, strike at the root of the disease. And this is principally to be referred to their inadequacy to fulfil two of the actions in the *modus operandi* of an anti-syphilitic, viz: 1. Destroying the vitality of the syphilitic virus, and 2. Normalizing the blood. We therefore must conclude there is but one anti-syphilitic proper, i. e. mercury.

The remedies less commonly employed, the unproved form, as I have before said, an extensive class, a few examples may be mentioned in conclusion:—*calotropis gigantia*, *conium*, *canella*, *iodine*, *iron*, *juglans regia*, *mezereon*, *opium*, *potass chloras*, *phosph lime*, *rumex aquaticus*, *sassafras*, *silver*.

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**ART. XXXI.—Case of extra uterine foetation.** By THOS. CHRISTIE, M.D., Lachute.

In compliance with your request, I now furnish you with a brief statement of the facts relating to the foetal bones which I left in your possession, to be placed in the Museum of McGill College.

In the Spring of 1853 I was called to see Mrs. R., aged twenty-two, lately married. She had been obstructed two periods, and complained of nausea, vomiting, and occasionally of pain in the lower part of the abdomen; in short, of symptoms characteristic of the early stage of pregnancy. About this time the family removed to the vicinity of Montreal, and I lost sight of the case, until late in the Summer 1855, when she returned to the country, and her husband called to consult me about her health, from whom I learned the following particulars:—

From the time of my first visit she suffered a good deal from pain and vomiting, till pregnancy appeared to advance favorably. The abdomen enlarged and the movements of the child were distinctly felt, up to the time when she thought the time of gestation was completed. She was then seized with feeble labor pains and vomiting, which continued for several days, but gradually wore off. From this time the movements of the child ceased. The abdomen slightly diminished in size, and her general health became very much impaired. She consulted several Physicians, but derived no benefit from the treatment.

Nearly fifteen months after the completion of the supposed period of gestation, she was again seized with pain in the abdomen, and vomiting, followed by a discharge from the rectum of foetal bones and putrid blood. Similar discharges took place at intervals for several months, all per anum. She experienced the most excruciating pain on these occasions.

He shewed me the frontal and temporal bones, of a full grown foetus, which she had voided a few days previously. The bones were in a perfect state of preservation, and partially covered with a crystalline deposit. I did not test the nature of the crystal, being desirous to send you the bones intact.

I stated to Mrs. R. that I thought her case required no interference, that, in all probability, nature would soon accomplish what she had begun. This termination was nearer than I at that time anticipated. The bones which he had just exhibited proved to be the last. She recovered rapidly and now enjoys good health.

This case illustrates in a very striking manner the power of nature in relieving herself.

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XLI—*The Transactions of the American Medical Association.* Vol. 9. 1856. Pp. 907. Philadelphia: T. K. & P. G. Collins. Price 15s.

In this volume Professor Hamilton continues his report on "Deformities after fractures" commenced in the last, or eighth, volume of transactions, and purposes completing it in a third paper for the next year's volume. The subject is one of great importance to the practical surgeon; one, moreover, that has hitherto been handled, when at all adverted to, with the greatest delicacy by surgical writers, the general rule being, a studious avoidance on their part of all reference to anything so unpleasant as failure in the treatment of fractured bones. The talented and energetic Professor, conscious that the complete success promised to the careful practitioner, in the event of his adopting certain orthodox methods of treatment, was not always attainable, determined to sift the matter to the very bottom, and by careful measurements at the end of treatment of all cases of fractures coming beneath his own immediate notice and that of his friends, endeavor to establish something approximating to a correct prognosis in these accidents. There is no doubt that he has entered on his labour *con amore*, and he richly deserves the thanks of his professional brethren everywhere, for the honest boldness with which he prosecutes his task. To the American surgeon who is now liable, at any time, to be subjected to a ruinous suit for damages, in consequence of a slightly shortened or inefficient limb remaining after treatment, the determination of the question at issue is of the greatest moment. For if it be satisfactorily proved, and the public generally are made aware of the fact, that notwithstanding the present advanced state of surgical science, and the number and variety of appliances now in use; notwithstanding, moreover, the utmost care and attention on the part of the attending surgeon, fractured limbs are not only *occasionally* but *frequently* incompletely cured, no greedy soulless patient will have the slightest chance of succeeding in mulcting his unfortunate doctor in a sum that is even too large to be paid for the patient's entire carcass.

"I propose" says Dr. H. in his preface, "to deduce from my own experience, and from the experience of other surgeons, as recorded in this report, the true prognosis of fractures. This I shall endeavour to do with care and fidelity, avoiding, on the one hand, if possible, the error of encouraging the practitioner with a prognosis too favourable, and, on the other, the equal wrong of leading him to expect too little. It is

certain that, up to this moment, no one has volunteered to state fully what have been the results in his own practice, or in the practice of the hospital, or other similar institutions, which have been under his immediate charge. In hospital records, you may find patients admitted with fractures, and, reported as 'dead,' or as dismissed cured, 'with the occasional interpolation of a good leg;' and, upon these records tables have been constructed to determine the average fatality of such accidents, and the probabilities of cure; but I have not yet seen any published reports declaring what was the exact amount and value of the 'cure'—how the bone was shortened, or bent, or otherwise maimed and deformed. In short, they still fail to inform us what are the deformities after fractures, which, under fair treatment, may reasonably be expected."

We shall now give the results of his investigations into some of the more common fractures of the extremities. In *thirty-nine* cases of fractured clavicle there were but three perfect cures. The majority of those classed under the head of imperfect cures, consisted in slight riding of the fragments with projection of the inner one, and shortening to the extent of one fourth and one half inch. Various plans of treatment were adopted, the same success apparently attending all. Fox's apparatus—Brown's bandage—Brasdar's jacket—Figure of eight bandage—Back splint and sling—Baudages and sling, with and without axillary pads were tried.

Of *seven* cases of fracture through the surgical neck of the humerus, the cure was imperfect in three, the motions of the shoulder joint being unimpaired, but the lower fragments projecting forwards. In five of the shaft of the bone in its upper third, one was shortened to the extent of one half inch, the use of the limb being perfect; and a second, which was a complicated fracture, died on the twenty-second day. In three cases out of ten occurring in the middle of the shaft, there was shortening to the extent respectively of  $\frac{1}{2}$ — $\frac{3}{4}$  and 1 inch, while in a fourth union did not take place. In eleven fractures of the lower third, there occurred seven imperfect cures, while in ten at the base of the condyles there were seven. Out of eleven cases of fracture of the internal condyle, there were seven failures, the imperfection consisting generally in a displacement of the fragments downwards, and ankylosis of the joint. Every instance of separated external condyle resulted in imperfect cure. The remarks on each case are:—Condyle projects to radial side; forearm deflected to ulnar side; very little ankylosis.—Condyle projects to radial side; forearm deflected to radial side; ankylosis.—Condyle displaced 6 lines; ankylosis.—Condyle projects a little for-

wards, and forearm is deflected outwards; very slight ankylosis.—Condyle projects to radial side and a little backwards; ankylosis.—Condyle projects to radial side; partial ankylosis.—One fragment not united; use of arm perfect—motions of arm perfect, but radius, which was dislocated backwards, remains unreduced. And lastly, every case occurring between the condyles resulted in imperfect cure.

Fractures in the vicinity of the shoulder joint are exceedingly difficult to diagnosticate. It is all very well for the writers of systematic works on surgery to lay down with rigid conciseness the characteristic symptoms belonging to this, that and the other forms of fractured and dislocated bone, but instances occur, of no great rarity either, in which the skill of the most experienced practical surgeons is found to be at fault. "Although a celebrated writer has affirmed," says Dupuytren, "in allusion to these dislocations and fractures, that there are few diseases the nature of which is better understood, or in which surgical science approaches more nearly to the idea of perfection—it will be shown in the course of the present chapter, how unfounded this assertion is." In this opinion he is supported by many other eminent names, as Sir Astley Cooper, Aston Key, Robert Smith, of Dublin, and Nelaton. The latter thus expresses his views: "mais il n'est peut-être pas possible de distinguer entre elles les diverses variétés de cette fractures, Boyer, qui a plusieurs fois constaté par l'autopsie des fractures du col anatomique, dit que, pendant la vie des blessés, il lui avait été impossible d'assurer du lieu précis où était située la fracture." Professor Hamilton, and, we have no hesitation in saying, every one who has met with many cases of accidents to the bones in the vicinity of the shoulder joint, readily admits the great difficulty that often exists to determine the exact nature of the lesion present.

Of thirty-eight fractures of the radius, not one was attended with such a laceration of the soft parts as to render it compound. Twenty-three occurred in males and fifteen in females. Three occurred in the upper third, two in the middle third, and thirty-three in the lower third. All of the three occurring in the upper third are believed to have been fractures of the neck. Only two fractures occurred in the middle third. In neither case was the resulting cure perfect, one having left a slight impediment in the power of pronation and supination, and the other presenting a forward displacement of the fragments. Of the thirty-three fractures belonging to the lower third, twenty-three were near the lower end, or from half an inch to an inch, and a little more, from the articular surfaces; all being included in those fractures called "Colles' fractures." These fractures, according to Smith, who first brought

Abraham Colles' observations prominently before the profession, are usually situated closer to the wrist joint than the appearances indicate. The deformity which Dr. H. met most often in these cases, consisted in a projection of the lower end of the ulna inwards, and generally a little forwards. In a large majority of cases this was accompanied with a perceptible falling of the hand to the radial side, while in a few it was not. After this, in point of frequency, he met with the backward inclination of the lower fragment, the form of displacement found by R. Smith in nearly every specimen examined by him.

Of forty fractures of the radius and ulna, one occurred through the upper third, fourteen through the middle, and twenty-five through the lower third. The one through the upper third resulted in a complete cure. Of the fourteen through the middle third, eight were complete cures, the remaining six being incomplete. In one the ulna had united in seven weeks, but the radius had not in four months; in a second the lower fragment was bent to ulnar side, and four months after fracture the ulna had not united; in a third there was slight deformity and in a fourth the arm sloughed off. A perfect cure was obtained in twenty of the twenty-five cases that occurred through the lower third, the remaining five being imperfect.

We are pleased, we repeat, to see this subject taken up by one so well able to do justice to it as Professor Hamilton, and it is our intention hereafter to take accurate measurements, as well to note particularly every form of deformity remaining after treatment of every fracture coming beneath our notice, and thus assist in determining whether or not perfect cures are invariably attainable by the appliances recommended in the present day.

In addition to the minutes of the ninth annual meeting of the American medical association and the address of the President, Dr. Wood, the volume before us contains the following reports:—Of the Committee of Publication; of the Treasurer; on Hydrophobia; on the causes which impede the progress of American Medical Literature; of the Committee on Medical Literature; of the Committee on Plans of Organization for State and County Societies; on the changes in the composition and properties of the milk of the human female, produced by menstruation and pregnancy; on the Sanitary Police of Cities; on Treatment of cholera infantum; on the use and effect of applications of nitrate of silver to the throat, either in local or general diseases; on the best mode of rendering the patronage of the national governments tributary to the honor and improvement of the profession; of the committee on education; on the medical typography of the eastern shore of Maryland; of

the epidemic of yellow fever in Charleston, South Carolina, 1854; on the meteorology, mortality and sanitary condition of New Orleans for the years 1854 and 1855; on strychnia; its physiological properties, and chemical detection; upon a uniform system of registration of births, marriages and deaths, and the causes of death. Prize Essay on the arterial circulation; its physiology and chief Pathological Relations. By Henry Hartshorne.

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XLII.—*On the Constitutional Treatment of Female Diseases.* By EDWD. RIGBY, M.D., &c., &c., Fellow of the Royal College of Physicians; senior Physician to the General Lying-in Hospital; Examiner in Midwifery at the University of London. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. Quebec: Middleton and Dawson. 1857. Pp. 256.

The reader will find in this interesting volume a succinct account of the disorders of menstruation; of uterine and vaginal discharges; of inflammation and ulceration of the os and cervix uteri; of displacement of the uterus; of polypus and morbid growths connected with this organ; also, of its malignant diseases, as well as some less definable lesions, as cauliflower excrescence, corroding ulcer. These with the various affections of the ovaries; as oophoritis, displacement and tumor, together with a few extra uterine disorders, as prolapsus vesicæ, pruritus pudendi and tumours of different species at the meatus urinarius, constitute the contents of the 20 chapters, through which the text is distributed. Although professedly "on the constitutional treatment" the author occasionally treats of the appropriate topical expedients demanded in certain cases, and, accordingly, in his last chapter, which is devoted to the consideration of ovarian tumours, we find him entering into the question of tapping and ovariectomy. Coming at a period when the local treatment of uterine disease, inflammation and the so called ulceration of the mucous investiture of the lower part of the uterus, has engaged, as we conceive, an undue share of importance with the practitioner—when by the over-attention he has bestowed upon this no doubt, with limitations, an essential part in the cure, the "constitutional treatment" has fallen into an unmerited and culpable neglect. We cannot but hail the publication of Dr. Rigby's volume with satisfaction, and consider it as opportune and called for. We have pleasure in recommending it, unreservedly, to the notice of our subscribers, and to such who can procure it, as a valuable consultant in the hour of need,

when the mist of uncertainty in diagnosis rises up, and the indications of treatment are not clearly appreciable. Then we are much mistaken if it be not found to contain the words of not only an experienced but, also, of a wise counsellor.

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**XLIII.**—*Lectures on the Principles and Methods of Medical Observation and Research.* For the use of advanced Students and junior Practitioners. By THOMAS LAYCOCK, M.D., F.R.S.E., F.R.C.P., Professor of the Practice of Medicine and of Clinical Medicine in the University of Edinburgh, etc., etc. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857. Pp. 209.

The Lectures, intitled above, were suggested to the new Professor of Auld Reekie, upon his inauguration to the chair of Medicine. In a prefatory note he apologizes for their appearance by his inability to procure an "Elementary work on the inductive philosophy which he could recommend to his class, for their instruction and guidance in clinical observation and research." To supply this vacuum was, therefore, his desideratum, and the present little treatise is the fulfilment. To convey a yet more intelligent idea of these Lectures we may remark that they are designed to instruct the pupil in a simple and facile manner how to use his reason, particularly, to explain the nature of the mental processes by which knowledge is acquired in his particular sphere of labor, and to teach him the applications to practical medicine of the numerical and analogical methods of research, as powerful aids to the intellectual powers in carrying on observations and investigations into the nature and seat of diseases, as well as the just treatment suitable for individual cases. The Lectures are seven in number and being introductory are necessarily of a promiscuous and desultory character. But we have no doubt their attentive perusal will suggest to the careful reader thoughts estimable for their great value from tending to scientific improvement, and conducing to increase the usefulness of general experience.

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## CLINICAL LECTURE.

[From the *Lancet*.]

*On Paralysis.*—By SAMUEL SOLLY, Esq., F. R. S., Surgeon to St. Thomas's Hospital.

## LECTURE I.

GENTLEMEN,—Two cases of paraplegia, or palsy of the lower half of the body, now under my care in this hospital, enable me to call your attention in this course of Clinical Lectures to the important subject of paralysis. Paralysis is a term much used out of our profession, and but little understood. It is employed by non-professional persons to designate a cause, not an effect. It is therefore possible that many of you, who are only commencing your studies, still in the embryonic condition of medical pupilage, may have the same vague ideas of the meaning of the term, and none, I am sure, can know too much, think too deeply, or observe too closely, all that relates to this important subject. The practitioner who can diagnose correctly the causes of paralysis in its early states, will often save both the life and the intellect of his patient; the man who mistakes it, often sacrifices both to his ignorance. The diagnosis and treatment of paralysis falls alike to the physician, the surgeon, and the general practitioner. Woe, to you, my young friends, if you do not avail yourselves of the opportunities which the large wards of this noble hospital afford. In a clinical lecture I shall not, of course, enter into a minute disquisition on paralysis, but I must say a few words for the instruction of my younger hearers.

Paralysis may be general or local. Its proximate or immediate cause may be pressure on some portion of the nervous system, or disorganisation of it. The ultimate cause may be local violence, such as a fracture of the skull or of the vertebral column, effusion of blood as in apoplexy, or a mere "coup de vent," or blast of cold air on the face, inducing facial paralysis or palsy of the portio dura. I have lately had two well-marked cases of local paralysis from a railway accident. In the one there was a deep lacerated wound above the eye, which divided the supra-orbital nerve, and the upper part of the forehead was quite numb; there was entire loss of sensation in that portion of skin which is supplied in a normal state by that nerve. In the other case the auricular nerve, one of the sensory branches of the fifth, was torn through under the skin without any external wound; the skin covering that side of the head was devoid of sensation.

That form of blindness which the ophthalmic surgeon knows under the title of amaurosis, and the public by the name of gutta serena, is a palsy of the optic nerve, sometimes induced by pressure in the globe of the eye, sometimes by pressure on the nerve in its course from the brain, and sometimes by disease of the brain itself; and so I might continue for the next half-hour to give you illustrations of individual forms of paralysis, but trusting that I have said enough to make you understand the meaning of the term, I shall advance at once to special in-

stances of this disease, in the hope of assisting you to distinguish some of its most important and most frequently recurring forms. I wish to assist you especially to distinguish between paralysis arising from disease or injury of the spinal cord and that from disease or injury of the brain. Now, many of the older students will perhaps think this a most easy matter,—that a man must be a fool who cannot do so at once,—but I assure you that this is a mistake.

In the early stages of paralysis it is often by no means easy to do so. I have lately seen two cases in private practice, in which it was difficult to diagnose the seat of the disease. In the one, a case of spinal paralysis, the disease presented so many of the characters of the general palsy of the insane, that a very intelligent practitioner was inclined to regard it as one of the instances of that sad and I believe irremediable disease. The other, which has since proved to be a complete case of cerebral palsy, was in its early stages supposed to be a true spinal affection. In the first case the patient is recovering; in the other he is sinking into a state of hopeless dementia. As I shall relate the first case at length, I will not say more about it at present. Of the case of general paralysis and dementia I will say a few words.

The subject of it is a man who was once as strong and as healthy as any one of you, but his business was an exciting one, requiring great energy, and taxing the brain to its utmost. In order to supply, and, as he believed, by necessity, the waste which his mental and bodily work created, he used to take a large quantity of wine, thus adding fuel to the fire which was kindled within him. I do not mean that he was intemperate in a worldly sense, for a man may take a great deal more of stimulants than is beneficial to his organization without exhibiting any signs of injury at the time; but of this be certain, that if you want to keep your brains in a state of healthful mental activity, you will take very little. The country gentleman and farmer of the old school might drink their wine, their brandy, and their beer with comparative impunity, for their brains were dormant, and these stimulants were the only stimulants their brains received; but woe to the man of intellect, the man who has to live by the sweat of his brain, if he attempts to supply by fermented liquors the loss occasioned by mental labour. He may feel better for a time, but he is sure to sink more rapidly in the end. There was another habit, also, in which my patient indulged, and which I cannot but regard as the curse of the present age. I mean smoking. Now, don't be frightened my young friends, I am not going to give a sermon against smoking, that is not my business; but it is my business to point out to you all the various and insidious causes of general paralysis, and smoking is one of them. I know of no single vice which does so much harm as smoking. It is a snare and a delusion. It soothes the excited nervous system at the time, to render it more irritable and more feeble ultimately. It is like opium in that respect, and if you want to know all the wretchedness which this drug can produce, you should read the "Confessions of an Opium-eater." I can always distinguish by his complexion a man who smokes much, and the appearance which the face present is an unerring guide to the habits of such a man.

believe that cases of general paralysis are more frequent in England than they used to be, and I suspect that smoking tobacco is one of the causes of that increase.

But I must not detain you any longer from the immediate subject of this clinique. The two cases now in the hospital that I am about to relate, from the notes of my dresser, Mr. Sprukeling, are both cases of spinal paralysis, the one induced by the pressure of an angular curvature of the dorsal portion of the vertebral canal, the other by a blow on the lumbar portion.

William W—, aged thirty-two, compositor, was admitted into Abraham's ward on the 17th of June, 1856. He is an unhealthy, strumous looking man, who states that he never noticed any projection or curvature of the spine till six months ago, but since that time has noticed it gradually coming on. (Let me here remark that this angular curvature is almost always a strumous disease, commencing in the cancellated structure of the bodies of the vertebræ. If you look at this preparation, you will see exactly how it occurs. The body of one or more of the vertebræ being absorbed, the bones above and below fall forward, so as to meet and supply the vacancy. If it were not for this arrangement, our patient's life would not be worth an hour's purchase; for the beautiful protective apparatus of the spinal cord being deficient, its delicate and soft substance would be torn in the first movement that was made. Instead of being slightly pressed, as at present, it would be divided. The angle of the back is a proof that the column is not separated in front.) About six weeks ago, he first began to be sensible of some alteration of temperature in the lower limbs, with numbness and occasional twitchings and rigidity of them. He then began to lose power in them, and for the last three weeks they have been totally paralysed. At present, there appears to be an angular curvature of the spine in the dorsal region; he seems to have lost the use of the lower extremities entirely, but, with the exception of the feet there is no very perceptible coldness; he has, however, lost almost entirely the sensibility of them. There are occasional spasmodic twitchings and startings of the limbs, but there does not appear to be any tightness over the chest, or dyspnœa. The bowels are costive, but he has not lost control of the sphincters. He has, at times, some difficulty in micturating, with frequent desire to do so, but inability properly to empty his bladder. There appears at present considerable tympanitis, but no great distension of the bladder. His appetite is deficient; urine clear and unsedimentous; pulse 92, of considerable power; tongue clean. Ordered mercury with chalk, two grains every night. A moxa on each side of the spine. (Believing that the cause of the paralysis in this case is the pressure caused by effusion into the canal at the seat of the angular curvature, I have ordered those remedies which I think are more likely to promote the absorption of the offending matter.) He has never injured the spine from a blow or a fall.

June 25th.—States that he has felt some tingling in the toes and feet, but there is no increase of sensibility in the paralysed limbs. He is

suffering from indigestion. Dyspeptic mixture, one ounce, to be taken twice a day.

27th.—There seems to be a slight increase of sensibility in the left foot and leg. He suffers a good deal from tympanitis. The bowels are only relieved by aperients.

July 5th.—There is still a good deal of tympanitis, and he complains, and has complained for this last week, of pain in the right hypochondriac region, where there is some tenderness on pressure. The bowels are relaxed. There is a decided increase of sensation in both legs. Pulse small and feeble; tongue clean. Aspect rather improved, as also is his appetite.

11th.—Complained on the 9th of a good deal of pain in the bowels and in the right hypochondrium. Ordered, iodide of mercury, half a grain, opium, half a grain, every night. Today he seems somewhat relieved from the pain, but complains of a good deal of general weakness. Pulse 84, weak; tongue clean.

19th.—He does not complain of so much pain in the right hypochondrium or in the bowels. There has been no further improvement in sensation; there are dull aching pains now and then in the legs, with spasmodic startings of them. (I regard these aching pains as a favourable sign; they always precede the natural sensation in the part. I dare say that some of you who are working hard at your profession, all day in the hospital have a nap afterwards, previous to commencing your evening work. Occasionally, one of your legs falls asleep, as the ordinary expression is, and it does not awake with the rest of the body. Your leg, in fact, is numb and powerless from pressure on the nerves, usually the popliteal. Now you must all have remarked that before the natural sensation returns, a most unnatural and painful sensation precedes it,—a tingling or “pins and needles,” as we call it. This, on a small scale, and acting very quickly in your persons, is identical with that which is going on more slowly, but I believe as surely in this patient.) The tongue is clean. The moxa having healed, a fresh one was made to day.

26th.—He continues much the same.

31st.—Much in the same state.

Aug. 3rd.—The moxa repeated. Ordered mixed diet.

21st.—He has improved but slightly. He states that he often feels prickling sensations and startings in the limbs. Sensation has slightly increased, but there is no power of locomotion. His bowels have lately been much confined, but he has experienced considerable relief, and has felt himself better, after an aperient taken yesterday. He states also that his appetite has much improved, and he feels altogether stronger since he has taken the cod-liver oil. Pulse 84, firmer.

26th.—He thinks that sensation in his legs has further increased. Ordered, mercury with chalk, two grains every night.

Sept. 20th.—Repeat moxa. Compound rhubarb pill five grains every night.

Oct. 8th.—Within this last fortnight he fancies that there has been a diminution of sensation. Up to this time, the paralytic symptoms

have remained much in the same state. At present he has very little feeling in the right leg when touched, sensation appearing to be more perfect in the left. His general health, up to the last three or four days, has improved; he is now, however, complaining of being weak and low-spirited; pulse 76, small and weak; bowels are now confined. To take, iodide of mercury, half a grain, every night.

14th.—The paralytic symptoms remain much in the same state. Sensation varies a good deal, being more perfect on one day than on another, but the power of locomotion has not increased. He is often troubled to retain his urine. The state of the bowels varies, being sometimes relaxed, and sometimes confined; pulse small and weak.

Nov. 7th.—Still improving.

I have very great hopes that this man will perfectly recover. It may require some faith on your part to believe me when I say that those limbs which are now so senseless and motionless will again support his body, obey his commands, and be recognized again by their sensation as a part of his living structure. I have seen and published the recovery of cases quite as unpromising as this. It may take some months yet to accomplish it, but happily, in a hospital, we are not liable to be out off in our course of treatment by the impatience of the patient or his friends.

In the next case we shall find the improvement more rapid.

Eleanor V.—, aged fifty, housekeeper, admitted into Queen's Ward, August 19th, 1856. She is a hearty, strong woman, of florid complexion, who states that she has occasionally suffered from rheumatism, and had an attack of fever twelve years ago, but with these exceptions, had always enjoyed good health up to her present illness. She states that her mother and three sisters died consumptive, but her father was always a healthy man, and died at the age of seventy-three years. She ascribes her present condition to a fall she had down-stairs two years ago, whereby she hurt "the lower part of her back." Directly after this fall she felt total loss of power in the legs, with numbness, which lasted about an hour, after which she was able to get up and walk about. Soon afterwards, however, she noticed great coldness of the lower extremities, with loss of power in them, which symptoms have gradually increased up to the present time. There is now some coldness of the feet, but not of the legs. There is great loss of power in the legs, and a considerable loss of sensation, but no numbness. She can walk, but is obliged to be supported to prevent her falling. She suffers also from startings and prickings in the legs, and when she moves them, she states that she feels pain in the back. There is no abnormal curvature or malformation of the spine, but she experiences considerable pain when the second or third lower lumbar vertebræ are struck. There is slight incontinence of urine, but her bowels are regular. Her general health and assimilative powers are good. Pulse 120; tongue slightly coated; she has occasional rigors. There is a small ulcer on the left leg, about the size of a sixpence, with a broad red circumference. She was ordered to take two grains of calomel and

half a grain of opium every night. Moxa to be made on the side of the spine; water dressing to be applied to the ulcer.

Aug. 27th.—She thinks that she can move her legs better, and sensation in them has increased; her gums are sore from the mercury. Omit pill.

Sept. 3rd.—She has been gradually improving. She can now stand up for a considerable time, and without pain. The issue continues to discharge well. She says she feels herself getting stronger, and can walk from one end of the ward to the other without support. Bowels regular; tongue clean; pulse 98, tolerably firm; appetite good.

11th.—Still improving. The sensation in her legs has returned perfectly within the last three days, and she can stand up for a longer time than she could. Appetite good; bowels regular.

13th.—She says that she can feel a sensible improvement in herself every day. Yesterday she could stand up for a much longer time than usual. She is very comfortable and cheerful.

19th.—Improving daily. Yesterday she was able to walk to the end of the ward and back again without any assistance. Feels very well, but rather weak.

24th (Wednesday).—Last Saturday she began to sit up all day, and has continued to do so till the present time; but she is not so well to-day, and is weaker in the limbs. She was ordered to keep her bed again to have another issue made in her back, and to take one ounce and a half of iodine mixture twice a day.

30th.—Much the same. She has not been out of bed since the issue was made, and feels out of health from having caught cold. Tongue rather furred; bowels regular. Ordered one grain of iodide of mercury and half a grain of opium every night.

Oct. 7th.—She has recovered from the cold, and feels considerable better. Tongue cleaner.

13th.—The gums are now swollen and tender. She can now raise her legs up in bed, whilst lying in the recumbent position, which she was unable to do on her admission. She also, this morning, walked across the ward without assistance. She is now able to retain the urine, and the bowels act regularly. Sensation in the legs perfect. She is not troubled with prickings or startings in the legs now. Pulse full; appetite good.

One peculiarity in this case—and it is a peculiarity of great importance in a practical point of view—is the length of time which elapsed between the occurrence of the injury and the paralytic symptoms—nearly two years. Let this fact warn you, when you are engaged in private practice, to give a very guarded prognosis of the consequences which may ensue from a blow on the spine, and let it remind you to inquire particularly as to the antecedents in a case of paraplegia, where the causes are obscure and the diagnosis consequently difficult. This again brings to my mind the case that I referred to at the commencement of the lecture, and which I wish to relate to you in connexion with this subject; but I find by the time which has elapsed I must reserve it for another time.

## THERAPEUTICAL RECORD.

*Mechanical Pressure in Spermatorrhœa.*—Prof. Trousseau has in many cases found the employment of mechanical pressure of great utility, this opposing alike the exaggerated contractility of the vesiculæ seminales and the want of resistance in the ejaculatory vessels. He learnt the plan accidentally from its being practised by a charlatan. It consists in the passing into the rectum a wooden, smooth, ovoid body, of different sizes, according to the individual, which is supported at the perinæum by a portion of vulcanized caoutchouc passing through a metallic ring at the stalk of its body. After wearing it a short time the discharges diminish or cease. In this affection, too, he strongly recommends the application of hot water, hot sand, &c., to the perinæum, which, although temporarily increasing the irritation, eventually reduces it.—*Union Med.* No. 85.

*Salt in Intermittent Fever.*—Dr. Moroschkin observes that during the prevalence of scorbutus and ague in the Transcaucasian province of the Black Sea, quinine sometimes entirely lost its powers. When no very prominent scorbutic affections were present he administered 1 oz. of salt in water, in two doses daily, during the absence of the pyrexia. In patients in whom the paroxysms were incomplete, very abundant sweating followed, the skin re-assumed its normal appearance, and the various other signs of amendment followed, the disease becoming cured in a few days, and the dose having been diminished. In cases in which the improvement was only partial, quinine now became more efficacious. Of 103 cases, 70 were completely cured, and the others ameliorated.—*Schmidts Jahrb.* Band XC. p. 168.

*Blisters to the Cervix Uteri.*—M. Aran states that he has derived great advantages from the direct application of blisters to the cervix uteri, and the following are his conclusions:—1. They act there in the same way as upon the surface of the body. 2. They give rise to no inconvenient symptoms, not even as relates to the bladder. 3. They are chiefly useful in chronic uterine affections; and act by dissipating pain, whatever may be its source or character, whether idiopathic or symptomatic of organic disease, by dispersing engorgements of the organ, whether accompanied by induration or not, and by inducing the topical modification of diseased surfaces of the cervix (as erosions, ulcers, granulations,) leading to rapid cicatrisation.—*Bull de Thérap.* Tom. LI. p. 68.

*Collodion in Umbilical Hernia.*—M. Mahy calls attention to the great utility of this, when used fresh and pure, possessing all its contractile power. Elastic collodion, containing castor-oil and turpentine, is too flexible. The collodion in drying effects the reduction of the hernia, keeps it reduced, and favours the contraction of the aperture. If the skin around the dried collodion becomes too wrinkled and irritated, it should be smeared with cerate or glycerine. The collodion remains *in situ* seven or eight days, then becomes gradually detached, and may

be renewed. The application in no wise prevents the use of baths, or the cares the child may require. When the collodion is old, it requires renewing every other day.—*Bull de Thérap.* Tom. LI. p. 87.

*Arsenic in Intermittent Mania.*—Intermissions in mental diseases is by no means a rare phenomenon, but it is almost always complete, it being rare for a patient to enjoy complete lucidity in the intervals. Such cases are, however, occasionally met with, and one recently occurred to M. Moreau at the Bicêtre. Quinine, according to some, is of avail under these circumstances; but M. Moreau has employed it in various ways and doses, but never with decided success. He has since substituted arsenical preparations with much better success.—*Gas. des Hop.* No. CXIII.

*Local Application of Carbonic Acid Gas.*—M. Monod states, that he and M. Demarquay have made repeated trials of this with great success in carcinoma uteri, and uterine neuralgia. They have extricated the gas by means of a common Briet's gazogene, and, prolonging the application for thirty or sixty seconds, M. Broca has found the application useful in highly irritable bladder.—*Gas. des Hop.* No. CXXIX.

*Ergotine in Epidemic Diarrhœa.*—M. Massola, during epidemic diarrhœa that proved fatal to the Sardinian troops in the Crimea, found astringents, tonics, opiates, or stimuli, of little avail, and then tried the effects of *ergotine* in about twenty of those patients who were suffering from profuse chronic asthenic diarrhœa. From 15 to 30 grains were given in 30 drachms of sweetened water, a table-spoonful being taken every half hour. The result was in the highest degree satisfactory, when all future experiments were cut short, the supply of *ergotine* having gone down in the Crimea.—*Comptes Rendus*, Tom. XLIII., No. 7.

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## PERISCOPE.

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*Perchloride of Iron as a Hemostatic.*—A correspondent of the "Moniteur des Hôpitaux" (1856, No. 24,) states, that one of the principal elements of success in the difficult and dangerous operations M. Maisonneuve is famous for undertaking, is the remarkable use he makes of hemostatics during their performance. He cites a recent case, occurring in a lad of sixteen, of fungus tumour of the dura mater, the growth of which, after having been temporarily arrested by ligature of the carotid, took on enormous proportions, and was accompanied by exhausting hemorrhages. M. Maisonneuve determined upon its removal; but the tumour bled on the slightest contact, and the patient would not be able to bear the slightest loss of blood. The line of incision extended from the anterior parts of the ear to the summit of the head, and descending along the nose, was carried backwards, and then upwards to the base of the jaw, and its point of departure. A great number of arteries were

thus divided, five or six of which, by reason of their anastomic enlargements, had acquired almost the size of the radial artery. Intelligent assistants immediately compressed them with the finger, but it was impossible to thus continue the dissection without exposing the patient to the danger of death from syncope. M. Maisonneuve therefore applied to each vessel a little pledget of charpie, soaked in perchloride of iron, which was allowed to attach itself to the wound. At every stroke of the bistoury or scissors he applied a new plug, so that during the operation the patient scarcely lost a spoonful of blood; and when the tumour had been entirely removed, the entire surface of the wound was found completely dried and tanned, and was at once dressed, without the necessity of the application of a single ligature. The brown eschar which covered the wound was detached about the 20th day, without giving rise to any hemorrhage; and although the cure can scarcely be expected to prove radical, the patient for the present is perfectly well. — *Monthly Stethoscope, Ncv. 1856.*

*Cure of Nails in the Flesh*, without operation, by the use of a solution of acetate of lead.—The *Correo Medico Quirurgico* publishes under the above title, a communication to the Surgical Academy of Majorca by Dr. Romualdo Saenz, which contains a clinical verification of the etiological and therapeutical ideas concerning the disease in question, put forth by Professor Van Wangening, of Holland. According to these two observers, the expression *inverted nail*, is incorrect, and leads to improper treatment: the nail does not enter the flesh, but the reverse, the soft parts extending over the nail, in consequence of inflammatory swelling. The indication, therefore, is to cure the chronic inflammation, and repress the fleshy excrescences; a result which may be accomplished by the use of a saturnine wash, as first recommended by Van Wangening.

The diseased parts having been washed with tepid water, the nail should be gently separated from the fungous growth by which it is covered, and two or three drops of the liquid subacetate of lead dropped between them: the parts should then be covered with raw cotton wet with the same liquid. This dressing should be repeated every hour, or every two or three hours, taking care to change the cotton every day, as it becomes hard in the course of twenty-four hours, and will no longer imbibe the solution. The application forms also, upon the surface of the granulations, a solid crust, which it is necessary to remove to prevent purulent accumulation. This dressing should be continued until there is a complete cure.

In proof of the efficacy of this treatment, Doctor Saenz reports several cases in which it was entirely successful. The first was that of a woman, forty years of age, in whom the disease affected the index finger of the right hand: the flesh covered nearly the internal half of the nail, and was the seat of violent pain. Various topical remedies had been employed without avail. Dr. S. ordered the foregoing dressing to be applied, and a cure soon followed.

The second case was that of a woman who had been a great sufferer for a long time, the disease occupying the ring finger of the left hand. Fungous granulations covered nearly the entire nail. Various unsuccessful applications had been made, including the nitrate of silver. The same treatment was ordered as in the preceding case, and in a short time the disease was entirely cured.

In another case, occurring in the right index finger, the diseased parts had been touched with turpentine, which greatly aggravated the pain. In this, as in the others, the saturnine solution produced a rapid cure.

In many other cases mentioned by Dr. Saenz, including one in which the great toe was affected, the treatment was equally successful.

Finally, Dr. Saenz claims that the acetate fulfils, in the treatment of this disease, all the precepts included in the motto, *cito, tuto, et jucunde*, and is an example of true progress in modern therapeutics, since it forms an effectual and painless substitute for the violent surgical means heretofore employed. The claims of Dr. Saenz are, however, doubtless exaggerated. In many cases in which the inversion depends upon a vicious conformation of the matrix of the nail, and such cases are incontestable, the means of cure are necessarily mechanical, and the solution of acetate of lead comparatively useless; but, on the other hand, we are willing to believe that Drs. Van Wangening and Saenz have cured cases by the means described, and have therefore rendered an essential service to the healing art.—*Revue Therapeutique Med. Chir.*, Sept. 15, 1856.

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*Treatment of Laceration of the Perinæum.* By Professor SCHUM, of Vienna.—Ruptures of the perinæum heal easily, provided the sphincters of the anus are not implicated. Cleanliness and quiet are ordinarily sufficient, especially when aided by the lateral decubitus, the thighs being flexed. In case of mortification of the edges of the wound, we must wait until the sloughs are separated, when union may be effected by the suture. If cicatrization has taken place without union, the perinæum will have disappeared, and the labia will be retracted, because the sphincters of the anus having been torn from their insertion in front, preserve their posterior attachment, which is now the only remaining fixed point towards which all parts are drawn. At a certain height in the vagina, the walls of that canal and of the rectum are in contact; below, the anus and the vulva are separated by the length of the perinæum. A triangular space results from this condition of things, its base being formed by the perinæum, and its summit by the point of contact of the walls of the vagina and rectum. Hence rupture of the perinæum presents a particular form: below, there is a triangular surface on each side (derived from the rupture of the space we have just described), while above, the separation may be called linear, corresponding to the union of the two partitions. The latter may extend more or less high.

The operation employed by M. Schuh is not new, nor does it present any special peculiarity; but it is minutely described, as if written down at the operating table, and the celebrated professor, having, in fact, succeeded ten times in ten operations, is entitled to some authority in the case.

The woman is placed upon her back, in the position for the operation of lithotomy, the thighs and legs flexed and separated by a pillow placed between the knees. The operator commences by denuding the superior angle of the division, that is to say, the part formed by the union of the vaginal and rectal walls, by thrusting a pointed bistoury above this angle, and dissecting from each side a small strip including the entire thickness of the cicatrix. These incisions extend to the summit of each lateral triangle. The parts to be divided are kept on the stretch by the left hand of the operator. The next step is to remove the cicatrix which forms the lateral triangles. The tissues being well stretched, the posterior border of one triangle is circumscribed by an incision commencing at the end of one of the preceding, and following exactly the rectal mucous membrane. This incision should terminate externally, four to six lines below the level of the anus. If a portion of the cicatrix still remains, not included in that to be removed, or if there is a prolapsus recti to be treated at the same time, the incision should be inclined still further backwards, so as to fall from four to six lines below the anus. The same incision is to be made upon the vaginal mucous membrane of the triangle, care being taken to bring it well forward, so as to encroach upon the labium, in order that the new perinæum may extend further forward than the old one, and the external orifice of the vulva be diminished. Lastly, the two outward extremities of these two incisions are to be united by a third, which extends along the base of the triangle. It is this which determines the length of the new perinæum, which ought immediately after the operation, greatly to exceed that of the normal one. Thus, the three sides of the lateral triangle are circumscribed by three incisions, commencing by the posterior, or rectal; next, the anterior, or vaginal; lastly, the inferior, or perinæal. The same operation is to be repeated upon the other lateral triangle.

The second state of the operation consists in removing the triangles circumscribed by the preceding incisions. Above, they are formed by the cicatrix; below, by the healthy skin of the internal part of the nates. This section should be made as evenly as possible. In the neighborhood of the anus, the layer to be removed will be thicker, so as to expose the muscular fibres of the sphincter. Observing the extent of the wounds, and placing them in contact by bringing the nates together, they appear much too large—it seems as if they would unite the nates to a very great extent. This, however, is necessary, for after a few weeks the cicatrix contracts to a surprising degree, and the perinæum becomes much shortened.

The third stage, the coaptation of the parts, may be executed in different ways. If the rupture does not extend upward beyond the recto-vaginal triangle, the two lateral triangles touch at their superior angle,

or, at most, there is a slight wound of the septum. In this case we proceed at once to insert the quilled suture. When the laceration has implicated to a certain length the recto-vaginal septum, we must begin by uniting this with two or three stitches as far as the place where the triangles commence. This may be done with common needles, and the extremities of the threads may be allowed to hang out of the vagina, care being taken to distinguish them apart, by making a knot in the first, two knots in the second, &c. *Serre nœuds* may be used, to maintain the tension of the thread, and the removal of the ligatures is thus rendered more easy.

Cicatrization is often facilitated by dividing the sphincter ani near the coccyx, in order to prevent the rupture of the newly-united tissues by the movement of the bowels. This plan, first recommended by Dr. Horner, was unwisely rejected by Dieffenbach. The section of the sphincter is not indispensable, but it is free from all objection, and is especially useful with patients affected with chronic diarrhœa, or who are liable to diarrhœa from slight causes. One of the operations of M. Schuh partly failed, on this account, and it became necessary to repeat it. This case suggested to M. Schuh, who was not aware that it had been already recommended by Dr. Horner, the idea of this modification of the operation. The sphincter must not be divided, when (which is rarely the case) a prolapse of the rectum also exists. The muscle is to be cut with a blunt-pointed bistoury, before the quilled suture is introduced, just as in the case of fissure of the anus. (Why not make a subcutaneous section?) If a fold of the rectal mucous membrane projects through the incision, the latter must be again united by ligature.

The quilled suture, the only one employed by Roux and Duparcque, cannot be replaced by the simple suture, as Dieffenbach maintained. A very large needle is thrust in at a distance of half an inch to an inch outside the middle of the lower line of the triangle, and brought out at the upper angle, or near the last stitch, if any have been made. Having drawn it through (which is much facilitated by Dieffenbach's *porteguille*, if the triangle is very large), it is to be re-inserted into the superior angle of the other triangle, and made to pierce the skin of the opposite buttock, at the same distance from the edge of the wound as on the other side. A second thread is introduced in the same manner below, and a third above the first; the two last, of course, do not reach to the upper angle, but enter about the middle of the rectal and vaginal sides of the triangle. The quilled suture is completed in the usual way, and drawn rather tightly, in order that the denuded surfaces may be exactly applied throughout their depth. Care should be taken that no fold of the mucous membrane of the rectum, which may, perhaps, be somewhat relaxed, slips between the edges of the wound; this should be ascertained by cautiously inserting the finger into the vagina after tightening the ligatures. In case of such an accident, we must try to push back the presenting part into the rectum, by means of a probe, and if it will not stay there, an additional stitch must be inserted at this place. If this manœuvre is too difficult, the threads of the quilled suture may be slackened.

Lastly, to bring together completely the edges of the skin, which always gape in places, as many stitches as are necessary may be made externally.

The consecutive treatment requires much care and attention. The patient should lie on each side by turns; the thighs and the legs must be moderately flexed, and a pillow placed between the knees. There is only moderate fever, and the local inflammation is not sufficient to require cold applications. If there be retention of urine the catheter must be used; and in general it is well, though not indispensable, to draw off the urine, in order to prevent it from coming in contact with the wound. For the same reason, after the second day, injections of tepid water ought to be made into the vagina, several times daily. With these precautions, cicatrization will take place, notwithstanding the existence of leucorrhœa.

It is of the last importance that the patient should have no movement of the bowels before the eighth day. For this purpose the diet should be low, and opium should be given to those patients who are not habitually constipated.

The external sutures may be removed between the third and fifth day, the posterior ones one or two days later than the anterior, because it is very desirable to obtain an exact union of the sphincter. The stitches in the recto-vaginal septum ought to be removed with great precaution, unless the *serre nœud* has been employed. The extremity of the upper thread should be gently drawn, and a small director inserted under the knot, which can then be cut with a knife or scissors.

The quilled suture should not be removed before the sixth or seventh day. By that time large quantities of pus are discharged from the holes made by the needles, and also by the vagina. The cylinders being removed, if the union is not found to be complete, the wound and the vagina are to be carefully cleansed, and the cylinders re-applied, the same thread being used, *in situ*. If a separation of the wound is manifest one or two days after the removal of the suture, a new one should be applied, with two threads only, one of which ought to be inserted near the rectum. In this case, the needles should never be introduced into the old openings, and the edges of the wound should not be separated, which is the less necessary, as the needles need not be inserted so deeply as before.

When union is established, a movement of the bowels is to be obtained, on the eighth or ninth day, by means of castor oil, or the lenitive electuary, &c. The patient should avoid all efforts of expulsion, and if the fecal mass should be arrested some time at the anus, its removal should be assisted by a curette. From this time, an enema containing oil is to be given daily, and more substantial diet may be allowed.

A recto-vaginal fistula sometimes remains, especially in cases of deep laceration; one of the sutures in the septum, or the middle thread of the quilled suture, that which includes the upper triangle, may have cut through the soft parts. Even if the opening be large enough to admit the end of the finger, we need not despair of a cure; cleanliness, tepid

hip-baths three times daily, vaginal injections, and, if necessary, cauterizations with the nitrate of silver, will gradually bring about its obliteration.—*Boston Med. and Surg. Jour.*

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## The Medical Chronicle.

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LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

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### COLLEGE OF DENTISTS, ENGLAND.

A new institution, having this title, has been recently organized in London. The general object is the advancement of dental science, and to accomplish this end means will be provided for the professional education and examination of future practitioners in the art. The mother country has been inexplicably slow in attending to this important matter, for such a step should have been made years ago. On this continent the dental profession has not met with such unmerited indifference. Similar associations to the above have been long in operation in different cities of the United States. And through their efficiency students are yearly sent out well versed in the departments of their art, and admirably qualified to perform the discharge of its various requirements with ability and success. The Anglican College has begun this Session a course of Lectures upon Anatomy, Physiology, Therapeutics, and Microscopical Anatomy, Chemistry, &c. They intend shortly to procure a Charter of Incorporation from the Government, and thus become an established institution of the country. And we have no doubt, in time, their general usefulness will be fully recognized and find an outlet through numerous channels intended to be ministers to the public weal. When will our Canadian fraternity band themselves together for a similar purpose? It is rather premature, probably, to expect that anything so extensive could yet be done, but we hope the time is not far distant when the increasing necessities of a rapidly multiplying population will require more practitioners than at present, and then the feasibility of a like incorporation will be entertained. In the meanwhile, we think, something in a less imposing way might be undertaken by the formation of a Dental Society, in which the members might, by mutual efforts, endeavor to elevate their professional position, and by joint contributions add to the common stock of knowledge,

as well as carry out other matters of detail that would naturally suggest themselves on examination.

### A RECREANT MCGILLITE.

The graduates in medicine of McGill College have hitherto conducted themselves in so orthodox a manner, and have earned such golden opinions wherever they have practised their profession, for their knowledge, uprightness of conduct, and gentlemanly behaviour, it grieves us much to record an unprofessional act on the part of any one of them, and more so, to notice a defection to the ranks of quackery. We clip the following advertisement from the *Hamilton Semi-Weekly Spectator* :—

#### ECLECTIC PHYSICIAN.

Dr. J. M. Van-Norman, graduate of McGill College, Montreal, and Licentiate of the College of Physicians and Surgeons, Lower Canada. After several years successful practice of the eclectic and reformed system of medicine, has by the solicitation of numerous friends removed to the City of Hamilton, where he will be happy to receive the patronage of the afflicted generally; and especially of those who, with himself, believe that nature in the vegetable kingdom has provided suitable remedies for all the diseases to which the human system is liable. Dr. Van-Norman has been particularly successful in his treatment of chronic, or diseases of long standing, to which he will give special attention, as scrofula in all its forms, lung diseases, &c., &c. . . .

When this Dr. Van-Norman was licensed by the College of Physicians and Surgeons of Lower Canada to practise medicine and surgery in this Province, it was such medicine and surgery as he had been taught in McGill College, and which, at his examination, he distinctly affirmed he would practice. He never received a license to practice eclecticism. He ought not, therefore, to associate either the College of Physicians and Surgeons, or the McGill College with his name as a practitioner of the eclectic or reformed system (save the mark !) of medicine.

Happy city of Hamilton ! To be the selected residence of the great and successful practitioner of the "reformed system of medicine," is certainly a transcendent honor. How thankful the citizens ought to be at the success which attended "the solicitations" of Dr. Van-Norman's numerous friends. And surely the "afflicted generally," with all who believe in the power of "hot drops," and "lobelia puke," will crowd the office of this cure, in particular, of diseases of long standing.

## THE LATEST ANÆSTHETIC.

A new year ushered into the London world a new anæsthetic ; Dr. Snow is now acting as its nurse and the bantling is being shown through the wards of the mammoth hospitals. Its peaceful slumbers excite the gaze and admiration alike of all beholders. Yet whether it will be allowed to rest in shades like an elegant flower or fulfil other unknown destiny, time alone can reveal. But to be at once grave and severe, let us add. This new agent may be prepared from fusel oil, by distilling this material with chlorid of zinc. It is called amyleno, and is composed of carbon and hydrogen, each in equal atoms of 10. Like chloroform it is a liquid, and one that is heavier than water, but its vapor is less pungent than the latter's, and therefore it is easier to breath. It is doubtful whether it will ever become a permanent substitute for the more favourite substance, because it is more expensive than chloroform—a greater quantity is required to be respired before the desired result is produced—its effects are very transient, and it induces a condition of muscular rigidity in the parts operated on or being manipulated, so that it is not suitable to facilitate the taxis or aid the reduction of a luxated bone. It was described as a chemical agent by Cahours, about 15-years ago, and a few months since, discovered to be an anæsthetic by Dr. Snow.

## DEATH OF DR. PARIS.

Among the distinguished dead, of the last month, is Dr. John A. Paris, late President of the College of Physicians, London ; the following particulars of his life are gathered from a London paper :

He was born at Cambridge on August 7, in the year 1785, and at twenty-two years of age he was elected physician to the Westminster Hospital, London ; and he continued in the active exercise of his professional duties until within a fortnight of his death. For fifty years then, was he engaged in the alleviation of suffering and in the relief of afflicted humanity.

To Dr. Paris, the office of the physician was no hireling's work to be hurried through for the accumulation of a fortune or earning distinction. It was the business and glory of his life. When but fourteen years of age, he commenced his studies for the arduous profession on which he was about to enter, and followed them up with a zeal incredible in so young a person ; when he had attained the ripe age of three-score years and ten, the old man true to the resolution of the boy, voluntarily took upon himself the arduous duties of President of the Medical Council of

the Board of Health, and with his own hand wrote the introductory report on the cholera of 1854.

Among his contemporaries at College he was distinguished for the extent and elegance of his classical attainments. He studied at Edinburgh, then remarkable as a school of medicine, and was the friend and intimate companion of the many celebrated men who had congregated at the Scottish capital. On his return to London, he soon after vacated the above appointment, as it was his wish to establish himself in the town of Penzance, in Cornwall.

During his residence here, Dr. Paris distinguished himself as the founder of the Royal Geological Society of Cornwall, the first Society of the kind in England. When at Penzance, too, he gave to the miners the great boon of the "tamping-bar," the instrument by which they are enabled to pursue their business amid inflammable gases without the fear of striking fire from the rock. By this simple but admirable invention he no doubt saved more lives than many heroes have destroyed. In the year 1810 he returned to London, and here for 45 or 46 years he was actively occupied as a practicing physician. He was elected President of the College of Physicians in 1844, and this office he held until the hour of his death.

Dr. Paris was not only known as a physician of the highest eminence—he was as remarkable for his literary ability. The *Life of Sir Humphrey Davy* will ever remain one of the classical biographies of the English language. In connection with Mr. Fonblanque he also wrote the *Medical Jurisprudence*, which has remained a text book with lawyers until our own day. His works of a more professional character were his treatise *On Dist*, which first brought him into notice, and which was published at a very early age; his *Pharmacologia*, which has run through more editions than most books; and his work on medical chemistry. Besides these and many other publications, his *Philosophy in Sport* has attained an enormous popularity.

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#### CIRCULAR TO PHYSICIANS.

Will you be pleased at your earliest convenience to answer the following questions; or any of them, *at length*, if your times permits. Due credit will be given in the respective reports to any gentleman, who may communicate valuable facts:

1. Are you engaged in practice of obstetrics, and how long?
2. Have you kept a registry of births, or can you, to some extent from memory state the number of preternatural presentations; that con-

curred in your practice? Their proportion to natural ones? The mode of treatment? Success in regard to mother and child?

3. Have you employed the cephalic version? How often and with what success?

4. Have you employed Ergot in difficult labor? With what results to mother and child? Is there, in your opinion, a greater proportion of still born children where it is employed?

5. Have you seen cases of Puerperal Fever, Puerperal Convulsions, Puerperal Mania, Phlegmasia Dolens, Trismus Nascentium, etc? What were their causes, prodromes, symptoms, treatment and results?

6. How many regular, how many irregular, how many female practitioners are there in your district; how is the practice distributed among these three classes?

7. Are you cognizant of any gross malpraxis, or of cases involving?

8. Remarkable cases, particularly involving new modes of practice?

9. What are the fees in obstetric cases?

10. Have you observed any marked results of the mental operation of the mother on the physical organization of the child?

11. Are there any mineral springs in your neighbourhood? What mineral do they contain? Have they successfully, or otherwise, been employed in the cure of disease?

12. Have you employed the microscope in pathological researches and for the purpose of making diagnosis? What form, whose make, with what results?

Permit me, sir, to solicit your early attention to the above queries, and to subscribe myself,

JOHN G. F. HOLSTON,

Chairman Committee on Obstetrics, Member of Microscopy and Mineral Waters of the American Medical Association.

Zanesville, October 1, 1856.

## CORRESPONDENCE.

### LONDON CORRESPONDENCE, No. 9.

London, Feb. 6, 1857.

For the last three or four months there has been a buzz among the profession in London, created by the "Mémis from our London correspondent," and the "Medical gossip" of the Dublin Medical Press, which

Periodical, as your readers well know, is edited by the talented and renowned Jacob. All the London men declare that Jacob's wits and discretion—for he is generally a very discreet man—are leaving him; his Journal is running riot, it forms the vehicle for the outpourings of a party named Kidd. 'This is the same person who, a very recent number of the *Tralee Chronicle* describes as "a Dr. Charles Kidd, of Kingland, who is shortly to lead to the hymeneal altar Miss Catherine Hayes, just returned with a large fortune." "He was formerly," the same Journal announces, "an aspirant to the hand of Jenny Lind, and is a proficient on the Irish bagpipes." "He is, moreover, the talented and *extra* ordinary London Correspondent of the Dublin Medical Press." The London Correspondence and Medical Gossip of the "Press," weekly appears from the pen of this singular individual, and every man of note holding anything of a position has been dragged every now and then into notice. Some have stormed, some expostulated, and some have laughed, but with little effect. In the mean time, although these letters may prove amusing, the reputation of the Journal is becoming sensibly tarnished, and although Jacob may disregard the hints which are thrown out now and then, in the end he may seriously regret his temerity. Take Medical Journalism at the present moment in England, never was it in a better or more respectable footing, nor at any time, has there been that cordiality and good feeling prevailing which now so universally exists—a striking feature of the times.

A very curious circumstance occurred on New Year's day, which, so far as we are aware, is almost unparalleled: it is this:—An inquest was held on the *head of a child*. It appears that this head was sent in a parcel with a letter from a female, acknowledging herself to be the mother and the murderess. The infant was newly born, but the sex was of course unknown. We have not heard what the verdict was, nor has the mother been discovered. If one were inclined to be facetious and perpetrate a *bull*, we should say this was a new way of holding an inquest on the *body* of a child. This, perhaps, ought not to excite surprise among medical jurists in Montreal, because we recollect an instance, there in which an inquest was held by Mr. Coroner Jones upon a skull discovered under an old floor. A great many children are annually destroyed at birth in London, but, notwithstanding deaths thus arising, and from other causes, the population of this great city is steadily progressing, and in the course of a very few years will reach 3,000,000; it is already 2,750,000. The births for the last quarter of the year 1856, in London, amounted to 21,309, against 14,616 deaths. During the

same period there were 7189 couples joyfully (!) united in the bonds of holy matrimony.

We were present at the meeting of the Zoological Society on the 13th day of January, when a paper was read upon the museums of North America, with a reference to their collections of Natural History. In the Canadas, the only one that was known to the author of the paper, was that in connection with "McGill College at Toronto." We had to come to the rescue of our native land, and especially the Natural History Society of Montreal, and gave a short summary of the museums in the Canadas. The author seemed to recollect that at Montreal, but declared its collection of birds and animals was very poor and contained nothing striking. He seemed highly delighted, however, with the Geological collection under Sir Wm. Logan's charge. Perhaps this may be a hint to the Natural History Society, to improve and augment their collection, and so far render it complete as to possess all known Canadian specimens. This might easily be effected with the assistance of such an able Naturalist as Professor Dawson. What is much wanted in the Canadas is a distinct catalogue of all known genera and species, which would prove of great assistance to students of Natural Science out there.

All the world knows Dr. Livingston, the celebrated African traveller. He is a doctor of medicine as well as a doctor of souls, and has been a perfect lion in London, for some weeks past. We had the pleasure of meeting him at the Geological Society, on the 21st January, where he conversed upon the geology of the interior of Africa, as well as its geography. He is a very quiet, unassuming man, with a weather beaten countenance, but marked withal, with firmness and decision. We mention his name, as he has, or had, two or three nephews and nieces residing in Montreal, and he has himself, we believe, been through the Canadas. He intends very shortly to resume his wanderings in the interior of Africa. As might be expected, he has been much worshipped by the Geographical Society, where his labours have been greatly appreciated, and whose meetings are crammed with the learned and much travelled of both sexes. There is not a more delightful and agreeable Society in London than the Geographical, one always hears something of unusual interest in connection with geographical research, there, well illustrated by large maps. It is no uncommon thing for a whole family of ladies and gentlemen to be fellows, and the fair sex always prove very attentive and agreeable fellows, and seem to take especial interest in matters pertaining to geography. Besides this celebrated traveller,

many other persons of celebrity are in town, drawn together by the re-assembling of parliament.

Of medical items, one may mention the use of amylene in place of chloroform, requiring a larger quantity to inhale, but not followed by any sickness or other bad effects. We have seen it used with success in about 70 instances, it is more expensive than chloroform. There are several new caustics in use:—as solution of chromic acid for warts and ulcers, introduced by Mr. Marshall of University College—100 grs. crystallized chromic acid to an ounce of distilled water—this will destroy gonorrhœal and other warts when all other caustics fail. Highly dried sulphate of zinc is another, either sprinkled over a cancerous or ulcerated surface, as Professor Simpson does, or made into a paste with glycerine—1 ounce of the dried salt to 1 drachm of glycerine—and applied on lint; it takes 2 or 3 hours to act, and a few applications often cure very bad cases. In regard to operative surgery, one is constantly seeing the usual operations, but the only real novelty of late, was the performance of excision of the floor of the acetabulum and head of the thigh bone at the Charing Cross Hospital by Mr. Hancock, for caries and pelvic abscess, followed by cure. Your readers are aware, that the presence of these conditions, has hitherto been held as absolutely forbidding excision at all. But every day we are seeing set rules overturned with the best results, and it is really a difficult matter to say what cases are *not* suitable for operation, for oftentimes when the poor patient is at the point of death, his life is saved by an operation which cannot be altogether considered a mere *dernier resort*.

That eminent man Dr. Watson is the new President of the Pathological Society, and a first rate one he makes too. It is expected that Mr. Hird of the Charing Cross Hospital will be the new President of the London Medical, and we believe the fellows contemplate electing our humble self as one of the honorary Secretaries, a probationary post well worth any man's while filling for a time in London.

G.

#### BOOKS RECEIVED FOR REVIEW.

Brodhurst on the nature and treatment of Club Foot and analogous distortions. 1856. From the author.

Routh on Fœcal Fermentation as a cause of disease. 1856. From the author.

Gibb's contributions to the Seventh Volume of 'Transactions of the Pathological Society of London. From the author.

HOSPITAL REPORTS.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING  
29th January, 1857.

Patients remaining from last Quarter.....	55	Died during Quarter.....	10
Admitted present Quarter....	185	Now in Hospital.....	87
	240	Discharged.....	143
			240

<i>In-door Patients.</i>		<i>Out-Door Patients.</i>	
Males.....	106	Males.....	395
Females.....	79	Females.....	481
	185		876

*Diseases and Accidents.*

Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.
Abcessus	4		Erysipelas	1		Pericarditis	1	
Amaurosis	1		Febris Com. Cont.	11		Peritonitis	2	1
Ambustio	2		"    Typhoid	2	2	Pertussis	1	
Amenorrhœa	2		Fractura	6		Phthisis	5	2
Anæmia	1		Fistula	1		Pleuritis	2	
Anasarca	1		Gastrodynia	1		Rectitis	1	
Anchylosis	1		Gelatio	6		Rheumatism	18	
Apoplexia	2	1	Gonorrhœa	7		Scabies	2	
Bronchitis	15	1	Hæmatemesis	2		Scarlatina	1	
Bronchocele	1		Hæmoptisis	1	1	Sciatica	2	
Cataractus	1		Hæmorrhoidia	1		Sclerotitis	1	
Conjunctivitis	1		Hemiplegia	2		Stricture	2	
Contusio	4		Hypocondriasis	1		Sycosis Menti	1	
Corneitis	1		Hysteria	2		Synovitis	2	
Debilitas	1		Impetigo	2		Syphilis	16	
Delirium Tremens	3	1	Inanitio	1		Tumor	3	
Diarrhœa	2		Iritis	4		Ulcus	3	
Dysenteria	1		Morbus Coxæ	1		Urticaria	1	
Emesis	2		Otitis	1		Variola	4	
Endocarditis	1		Otitis	2		Vulnus	4	
Endopericarditis	1		Paraplegia	1				
Epilepsia	2		Paronychia	1				

OPERATIONS, &C., DURING THE QUARTER.

*Major.*—Amputation of foot [Symes]; ditto [Heys]; 2 ditto [Chopart]; amputation of hand; amputation of toes, 3; removal of subclavian tumour; hydroceles tapped, 3; total, 12.

*Fractures treated.*—Indoor, 6; out-door, 3; total, 9.

*Minor*.—Bleeding, 11; cupping, 27; abscesses opened and other incisions, 117; teeth extracted, 143; wounds dressed, 17. Total, 315.

DRS. HOWARD and JONES,

*Physicians in attendance.*

ROBERT CRAIK, M.D.,

*House Physician and Surgeon.*

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec from the 1st January to the 28th January, 1857.

	Men.	Women.	Children.	Total.
Remained,	26	9	2	37
Since admitted,	6	11	2	19
	<hr/> 32	<hr/> 20	<hr/> 4	<hr/> 56
Discharged,	10	4	2	16
Died,	0	0	0	0
Remaining,	22	16	2	40

DISEASES.

Fever,	4	Hysteria,	1
Rheumatism,	1	Neuralgia,	1
Syphilis,	2	Rupt. Urethra,	1
Fractures,	3	Prolapsus Uteri,	1
Wounds,	1	Pregnancy,	4
Contusions,	1	Subluxatio,	2

C. E. LEMIEUX,

*House Surgeon.*

MEDICAL NEWS.

QUACKOLOGY.—Talking of Quacks, one of the most impudent of the class I ever read of was Dr. Graham, the inventor of the "Electrical Ether," the "Nervous Etherial Balsams," the "Imperial Pills," the "Liquid Amber, or Preventive Lotion," the "British Pills," and the "Bracing or Restorative Balsam." Dr. Graham assumed to be a graduate of the University of Edinburgh, and made the "Electrical Cure" his point. He opened in Pall-mall the "Temple of Health and of Hymen," in 1781-82, whither people resorted to be healed, and where, "at the electrical altar, or on the Medico-electrical throne, without shock or any kind of uneasiness, into the general system, to the seat of the disease, or only to parts particularly affected, were conveyed the pure, active, balmy, bracing, and restorative effluvia of medicines, simply, or combined with full gaseal tides of the electric fire or vital light, magnetic effluvia, vivifying and ethereal nitrous air, or any other of those great primary elementary principles, which are the universal pabulum or vital food of animal life, and, indeed, of universal nature!"