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# CANADA

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EDITED BY

R. L. MACDONNELL, M. D., Surgeon to St. Patrick's Hospital, and Lecturer on Surgery, St. Lawrence School of Medicine, Montreal, &c., &c.

AND

A. H. DAVID, M. D., Physician to St. Patrick's Hospital, and Lecturer on Practice of Physic, St. Lawrence School of Medicine, Montreal, &c., &c.

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MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

ART. XLVI.—*Essai sur la nature et le traitement du Choléra Asiatique, basé sur l'autopsie et la clinique*, par L. F. CHAPERON, membre du Collége des Médecins et Chirurgiens, du Bas-Canada.

DIFFICULTÉS QU'OFFRE NATURELLEMENT LE SUJET.—Considérant l'importance du sujet à traiter et que certaines observations que je vais soumettre plus particulièrement à la faculté médicale, s'adressent à un corps aussi éclairé, renfermant une aussi grande somme de talents éminents ; c'est avec crainte que je l'aborde, surtout lorsque je réfléchis qu'une multitude de ses membres les plus distingués, en ont fait l'objet de recherches assidues et minutieuses ; ont mis en ressort tout ce que la science a pu mettre à leur disposition, sans avoir pu arriver à aucun résultat satisfesant, établir rien de positif, ne recueillir à la fois, tous les matériaux propres à établir sur des bases certaines, le traitement du Choléra Asiatique, le fléau le plus terrible, le plus destructif qui ait jamais frappé l'humanité.

La rigidité des mesures sanitaires, la panique excessive, les occupations multipliées des hommes de l'art, et autres difficultés, sont autant d'obstacles, qui naturellement ont dû s'opposer à l'accomplissement des recherches d'impérieuse nécessité, dans le but de faire quelques découvertes utiles sous le rapport pathologique.

Elles n'étaient possibles que dans les Hôpitaux, qui se trouvaient le plus souvent surchargés d'une foule de malades requiérant tous les instants de ceux qui furent chargés de leur administration. Il est donc à présumer, que les autopsies furent rares et pour la plupart, pratiquées sous des circonstances désavantageuses ; qui d'ailleurs, lorsqu'il fut possible de se livrer avec quelque espoir de succès, à des recherches de ce genre, les apparences morbides sur les organes vitaux, le désorde général sur toute l'économie animale, dûrent nécessairement embarasser ceux, qui les premiers, eurent le noble courage de les tenter.

Au milieu de la consternation et d'une panique universelle, la science,

vû l'existence des entraves précitées, ne pût venir en aide d'une manière efficace.

Le but que je me suis proposé, étant autant que possible de rendre mon travail d'une utilité pratique, je ne m'attacherai nullement à retracer la marche de cette épidémie; énumérer ses ravages; citer son apparition à diverses époques: je ne traiterai donc que brièvement des différentes considérations, qui ne se rattachent au sujet, que d'une manière secondaire.

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Je n'ai pas la prétention de vouloir imposer un système de pathologie, relativement au traitement du Choléra Asiatique; je ne m'arroge pas le droit d'une découverte scientifique. La pathologie que je vais proposer, est particulièrement et principalement l'œuvre, le fruit des recherches d'un membre de la faculté justement regretté. Il eut d'amples occasions; ses recherches furent fréquentes et assidues; il réunissait chez lui toutes les qualités morales pour le qualifier à retracer, à découvrir le siège et la nature de la maladie, et lui adapter un remède propice; mais ses efforts échouèrent constamment en présence de certaines apparences morbides dont il ne pouvait se rendre raison, et qu'il considérait comme consécutives, tandis qu'elles étaient réellement pri-primitives, comme je m'efforcerai de le prouver plus tard.

Je prends la liberté de remarquer, que les modifications que j'ai cru devoir adopter, résultent de l'existence bien constatée, de certains faits que je n'avais pu apprécier; que j'ai eu occasion d'en constater la réalité, à plusieurs reprises; que les observations cliniques qui me furent offertes de nouveau en 1851, confirment la pratique que j'ai adoptée alors; en un mot, que la physiologie, la matière médicale et la chimie, expliquent certaines conditions anormales; que la physiologie et la splanchnologie, rendent raison des faits invariablement présentés par l'autopsie si fréquemment pratiquée à l'Hôpital de Marine en 1834: de là une pathologie que j'offre à la profession, espérant que dans un but philantrophique, elle voudra bien condescendre à en faire le sujet de recherches ultérieures.

Jusqu'à présent, le traitement du Choléra Asiatique ne paraît avoir été dirigé que contre des symptômes, ne tendant nullement à détruire la cause qui le détermine: quoique tous les efforts aient été tentés, dans le but de la découvrir.

Depuis que la pathologie a acquis le caractère d'une science précise, l'on reconnaît en médecine, l'avantage immense que possède ce dernier mode de traitement sur le premier, qui ne tend tout au plus qu'à mitiger les effets d'une cause latente.

Les efforts tendant à établir le traitement d'une maladie aussi des-

tructive que l'est le Choléra Asiatique, tous humbles qu'ils puissent être, devraient être libéralement encouragés par un public éclairé.

Le lecteur professionel pourra peut-être croire que le traitement proposé, et qui fut invariablement suivi de succès inattendu, résulte de modifications des vues de Stevens, qui s'est acquis une juste célébrité, par ses découvertes importantes, suivies d'un succès sans parallèle, en traitant la fièvre jaune : mais non, quant au traitement du Choléra Asiatique, j'avais adopté certaines modifications d'après des vues particulières ; ce n'est que dans le cours de recherches liées au sujet, que j'ai découvert que ce célèbre médecin trouvant beaucoup d'analogie entre la fièvre jaune et le choléra asiatique, avait traité cette dernière maladie avec assez de succès.

Il ne portait son attention que sur les conditions chimiques du sang qui paraissent, à la vérité, semblables dans l'une et l'autre maladie, quoiqu'elles diffèrent essentiellement, quant à leur siège primitif et leurs symptômes qui paraissent primitifs dans l'une, et consécutifs dans l'autre; leur caractère respectif présente des conditions absolument inverses.

Dans la fièvre jaune dont on attribue généralement l'origine à des miasmes exercant une action spécifique, l'appareil respiratoire, circulatoire, le cerveau, la moële épinière paraissent simultanément affectés : L'irritation gastro-intestinale quoique très intense et dénotant une surexcitation du système nerveux en général, ne survient que secondairement, elle reçoit probablement un surcroit d'intensité par le contenu de l'estomac et des intestins lors de l'invasion de la maladie et qui par son contact peut alors comparativement irriter leur membrane muqueuse, dont la susceptilité se trouve accrue sympatiquement par continuité des cordons nerveux formés par la réunion de nerfs émanant du cerveau et de la moële épinière, et qui forment ces entrelacements admirables, ces réseaux nerveux qui se distribuent aux différents viscères, pénètrent leur parenchyme et s'épanouissent sur leurs membranes musqueuses et séreuses ; de là, l'irritation gastro-intestinale, les sécrétions surabondantes et les évacuations excessives.

Dans cette maladie, l'influence nerveuse est plus active, vû qu'elle a lieu du centre à la circonférence, émanant d'un organe plus ou moins excité.

Dans le Choléra au contraire, la susceptibilité nerveuse extrêmement affaiblie, agit d'une manière positivement inverse.

Durant la fièvre jaune, le traitement du Dr. Stevens, quoique seulement dirigé contre les symptômes consécutifs, ne laissait pas que de remplir un but très utile, en calmant l'irritation gastro-intestinale, laissant le système en général, sous l'influence des symptômes primitifs, dont l'intensité après la disparition d'un irritant additionel, se calmait graduellement et finissait par disparaître.

Tout en appréciant les vues de Stevens, qui ne paraît pas, à ce que je sache, avoir émis aucune théorie relativement au Choléra Asiatique, le lecteur, en y fesant attention, se convaincra facilement, que mes vues ne sont nullement empruntées, et que le traitement que je propose, diffère du sien sous beaucoup de rapports ; mais vû qu'il est le premier qui ait par analogie, adapté un traitement alcalin au Choléra Asiatique, je ne pourrai m'exempter d'en faire une courte mention ci-après.

Il se sert d'une combinaison de sels neutres, dont le sedlitz forme partie ; son traitement est purement salin et réfrigérant.

Ayant des vues toutes particulières en traitant la fièvre jaune, il ne désirait en apparence, calmer l'irritation gastrique, que pour administrer plus facilement la combinaison de sels neutres qu'il prescrivait dans le traitement de cette maladie.

Il paraît, par analogie, avoir adopté le même traitement relativement au Choléra Asiatique, sans y apporter aucunes modifications notables.

Je donne une préférence absolue aux carbonates et à divers stimulants empruntés au règne végétal : le traitement que je propose, d'après certaines vues, est stimulant et anti-septique, ou végéto-alcalin. D'après les nombreuses épreuves qu'il a subies, il me paraît très efficace et semble confirmer les vues émises.

Je me flatte qu'il attirera la savante considération de la faculté, en général, qui saura le juger consciencieusement.

Cause prédisposante ou atmosphérique.—Quoique très probable, peut-être constant, qu'un certain vice de l'atmosphère (soit défaut de quelqu'un de ses éléments constituants, ou des fluides qui y circulent habituellement à l'état normal ; soit manque d'électricité comme on a paru le croire en 1849) donne origine à une cause prédisposante, qui en agissant sur quelqu'un des systèmes de l'économie en particulier, ou sur la totalité du merveilleux ensemble, trouble leurs rapports, leur équilibre relatif et occasionne par un effet secondaire la maladie.

En supposant la possibilité de déterminer la nature de ce vice, ou défaut dans l'atmosphère, sera-t-il jamais donné à l'homme de pouvoir faire au delà de ce qui a été fait par les autorités civiles universellement, par les cordons sanitaires, par l'observance d'un stricte surveillance, d'une propreté soignée, en un mot, par toutes les mesures sanitaires, dans la vue d'empêcher que l'air ne s'imprégnat de miasmes déletères ?

Puisque tous les moyens employés jusqu'à présent, pour empêcher l'ingression et la diffusion de cette maladie, ont été infructueux ; que le fléau a déjoué toutes les spéculations humaines sous ce rapport, il vaut peut-être mieux, et peut-être est-ce le seul moyen à notre portée, le seul qui nous soit laissé, de diriger les efforts de la science contre lui, afin de le détruire lorsqu'il a attaqué l'humanité dans son organisation.

Ceci ne détruit pas chez moi la conviction de l'utilité des mesures sanitaires ; bien au contraire, je suis convaincu qu'elles sont très propres à mitiger le type de la maladie, abréger sa durée ; vû qu'elles tendent à nous procurer un air pur ; à nous laisser conséquemment sous la simple influence de ce vice ou défaut périodique, passager, purement épidémique, dont l'atmosphère se trouve inoculé, et qui n'agit que comme simple cause prédisposante.

Les régistres du Lazaret de la Grosse-Isle, tendent à prouver que ce n'est pas une maladie d'importation, puisqu'ils ne mentionnent, en aucun temps, l'arrivée de cholériques parmi les passagers sur les vaisseaux venant le plus souvent, de ports infectés: entre autres, Waterford, Limerick, Sligo, Belfast, etc.

Loin de là, grands nombres de ces malheureux Emigrants, que la terreur avait chassés de leur sol natal, ainsi que l'équipage de plusieurs vaisseaux, vinrent contracter la maladie dans le port de Québec, et sur ses quais.

En outre, en 1834, 1849 et 1851 plusieurs cas se sont présentés sous un aspect grave, avant l'ouverture de la navigation.

Le fait bien avéré, que les nombreux employés dans les Hôpiteaux de Québec, ceux surtout qui pratiquèrent les nombreuses ouvertures en 1834, échappèrent tous au fléau, tend également à prouver qu'il n'est pas contagieux.

Quoique l'on ait dit beaucoup, pour et contre sa nature contagieuse, je crois que l'on arrivera un jour aux conclusions suivantes: 1 o que le Choléra n'est pas un virus atmosphérique, latent, ou importatif; 2 o qu'il n'est pas immédiatement contagieux ; 3 o qu'il peut-être accidentel ; 4 o que ce virus à la vérité, n'a jamais été que factice et supposé ? *

Il existe une cause atmosphérique probablement de nature atonique qui prédispose à la maladie, une cause excitante, étant la première qui agisse d'une manière sensible sur l'économie animale, outre les causes

* La couche atmosphérique à la surface de l'orbe terrestre, a pour ainsi dire, sa circulation, ses pérégrinations, ses habitudes et ses vicissitudes. Ne ressent-elle pas l'influence de la température, des climats, et des saisons ?

Les foyers miasmatiques ne l'affectent-ils pas d'une manière toute particulière et qui varie aussi selon la latitude, la localité et la saison ?

En un mot, l'air ne s'inocule-il pas pour ainsi dire d'une cause prédisposante aux maladies épidémiques dont la malignité s'accroit sensiblement dans une atmosphère circonscrite ou emprisonnée ?

Elles paraissent périodiquement, se suivent et se succèdent selon un ordre déterminé.

L'air et l'eau ont des rapports incessants : l'air circule plus librement et plus rapidement sur les grands fleuves et leurs principaux tributaires ; ce fait tend à expliquer la marche que le Choléra a paru suivre, dans certains pays.

L'air ne pourrait-il pas se trouver semblablement inoculé d'une cause prédisposant à cette épidémique ?

accidentelles, débilitantes, d'origine physique ou morale favorisant l'action des deux premières; principalement la panique, qui par son rôle tristement célèbre, a souvent, pour ainsi dire, exterminé, ceux que le fléau paraissait avoir épargnés: Québec en a fourni des exemples frappants, entre autres, sont Mr. le J. F. et A. J. J., Ecr., N. P., qui succombèrent visiblement sous l'influence de cette seule cause! ! ! Leur détail raviverait des plaies non cicatrisées!

Recherches en 1834.—Lorsque le terrible fléau apparut pour la seconde fois à Québec, en 1834, la cité, son port et ses environs fournirent une quantité de malades.

Le conseil de ville, par une permission spéciale, put les placer dans l'Hôpital de marine, sous les soins éclairés du Dr. Tessier.

Conformément à un ordre spécial du comité de santé, les victimes qui succombèrent au fléau, devaient être inhumées peu d'heures après la mort. Autant qu'il fut possible de le faire, elles furent le sujet de recherches anatomiques minutieuses, et dont je fus témoin oculaire.

Post-mortem.—Le corps extérieurement: 1 o peau bleuâtre, recouverte par une transpiration, abondante et visqueuses; 2 o rides prononcées; 3 o ongles bleus; 4 o les yeux calés dans leurs orbites; 5 o traces générales d'émaciation rapide.

Cerveau: 1 o congestion, ou turgescence, sans traces d'inflammation, telle que dans les cas de mort de maladies siégeant ailleurs.

Cavité thoracique: 1 o nul indice d'inflammation; 2 o congestion des poumons, par un sang épais, et de couleur plus foncée que ne l'est ordinairement le sang veineux; 3 o les plèvres, le péricarde et le cœur, à l'état normal, mais comme les méninges privés de sérosité; 4 o les cavités du cœur, du côté droit, remplies du même sang.

Abdomen: 1 o péritoine généralement blanchâtre; 2 o le parenchyme du foie, de la rate et du pancréas, paraissait présenter une moindre quantité de sang qu'à l'ordinaire; 3 o vessie toujours vide, manquant peut-être de mucosité à sa surface interne; 4 o la muqueuse de l'estomac toujours enflammée, soulevée, pulpeuse, tachetée et très molle; 5 o la tunique musculaire injectée; 6 o mêmes apparences sur les intestins; 7 o plénitude de la vésicule bilaire; 8 o retrécissement, oblitération spasmodique des canaux pancréatiques et cholédoque commun; 9 o absence de bile, dans le dusdénum ou aucune partie du tube intestinal; 10 o les substances alimentaires que contenait invariablement l'estomac, avaient une odeur très sure et désagréable; n'avaient subi aucun des changements ordinaire: pas d'homogénéité; il était facile d'isoler les diverses substances les unes des autres: pas de chymification; 11 o chez ceux qui étaient succombés dans cet état d'excitation ou fièvre consécutive, le bol alimentaire, de même nature que dans le cas

précédent, avait franchi le pylore et se rencontrait à divers endroits du tube intestinal, le plus souvent dans les petits intestins ; 12 ° quelquefois gangrène des intestins.

SYMPTOMES DITS PRÉMONITEURS.—1 ° poids, malaise à l'épigastre, se propageant graduellement à l'abdomen ; 2 ° diarrhée féculente dans le principe et tendant à revêtir le caractère séreux ; 3 ° pesanteur de tête, quelquefois douleur à sa partie antérieure ; 4 ° oppression à la partie inférieure du thorax ; 5 ° éructations acides, et autres symptômes de dyspepsie.

SYMPTOMES CARACTÉRISTIQUES—1RE PÉRIODE. —1 ° Diarrhée séreuse ; 2 ° vomissement séreux ; 3 ° crampes ; 4 ° une soif ardente ne tarde pas à survenir. Généralement, ces deux premiers symptômes se présentent simultanément, et le troisième ne tarde pas à paraître ; mais il arrive très souvent que les deux premiers se succèdent, l'un des deux précédant indifféremment l'autre. Quant au troisième, quelquefois la mort arrive sans sa présence ; dans quelques cas, le vomissement, a-t-on dit, ne survient pas.

Malheureusement faute d'avoir considéré l'un des premiers symptômes, comme indice certain, cette maladie insidieuse (vû que dans son début, elle se manifeste sans grande douleur) n'ayant pas reçu le nom qu'elle méritait, sous peu d'heures, s'assurait de sa proie : le malade succombait en attendant les crampes.

On a prétendu, que dans quelques cas, la mort a eu lieu, en l'absence d'aucun symptôme caractéristique : il y a lieu de croire qu'alors les symptômes prémoniteurs déterminaient une forte congestion cérébrale, ou apoplexie : Ces cas très rares, peuvent être considérés comme exceptionels.

AGGRAVATION DES SYMPTOMES PRÉCITÉS OU 2ME PÉRIODE.—1 ° douleur à l'épigastre et à l'abdomen, plus ou moins intense ; 2 ° haleine froide ; 3 ° froideur générale ; 4 ° transpiration froide et abondante ; 5 ° consternation extrême ; 6 ° mouvements alternatifs, d'un côté à l'autre ; 7 ° respiration laborieuse ; 8 ° voix éteinte ; 9 ° yeux profonds, dans leurs orbites, altération de tous les traits et de tout le corps ; cyanose ; 10 ° cessation du pouls ; 11 ° perte de la vue et de l'entendement précédent la mort.

3ME PÉRIODE.—1 ° le pouls de 80 à 90, est mou ; 2 ° douleur de tête ; 3 ° torpeur et congestion cérébrales ; le visage se colore de plus en plus ; la conjonctive s'injecte ; 4 ° la langue, les alvéoles et les dents se recouvrent d'une croute brune ; 5 ° l'haleine est chaude et fétide. Cette transition à l'état fébrile, offre beaucoup d'analogie à un cas de thyphus à l'état congestif, approchant de l'état comateux.

RAISONS PORTANT À CROIRE QU'IL N'EST PAS IMMÉDIATEMENT CON-

TAGIEUX.—Si cette maladie était de nature fébrile et contagieuse, fesant son ingression dans le système à travers l'appareil respiratoire, la fièvre ne tarderait pas à se manifester par les symptômes les plus graves : chaleur intense de la peau et de l'haleine, accélération et trouble de la respiration et de la circulation, délire, etc. ; car une maladie dont les symptômes secondaires seraient aussi terribles, devrait nécessairement être précédée d'un désordre immense des organes qu'elle affecterait primitivement :

Ferait-elle donc exception à ce qui arrive dans les maladies fébriles?

Les fièvres miasmatiques, endémiques à diverses latitudes, avec leur foyer alimentaire et leur atmosphère qu'elles ne dépassent que très rarement ; la fièvre continue avec sa cause accidentelle, formant le plus souvent un foyer pestilentiel qui en détermine le type ; les fièvres éruptives avec leurs caractères et leurs sièges particuliers, leur sphère d'action spécifique ; et toutes autres maladies fébriles qui surgissent dans l'économie animale ; primitivement ou consécutivement, spécifiquement ou accidentellement (soit que la cause qui les détermine, agisse du centre à la phériphérie, ou *vice versa*) présentent invariablement des caractères généraux, paraissent également, dès leur début, affecter les organes vitaux, avec plus ou moins d'intensité, quoique d'une manière particulière à chacune d'elles.

Dans la fièvre jaune, quoique son siège primitif ne soit pas précisément déterminé, les premiers symptômes paraissent caractériser une maladie affectant spécifiquement la totalité du système nerveux : il y a surexcitation sympatique des vicères thoraciques et abdominaux, principalement du foie, dont la sécrétion paraît démesurément augmentée, etc. ; aussi dès le début, la fièvre est-elles maligne et intense ?

Rien d'analogue durant la première et seconde période du Choléra, sous sa forme la plus grave ; car les symptômes caractéristiques, à l'exception des crampes, se développent et ont amplement le temps de mettre la vie en danger avant que, le plus souvent, le patient éprouve de la douleur ou ressente le danger. C'est ce qui rend cette maladie aussi fallacieuse et tend à la rendre fatale.

Ce n'est que durant la 3me période, ou la fièvre consécutive, que les symptômes fébriles se manifestent et avec plus ou moins d'intensité.

Comme toutes les maladies qui deviennent contagieuses, directement ou indirectement, lorsqu'elles sont d'un certain type, qu'elles ont acquis un certain dégré de malignité, de putridité, assez facile à reconnaître, de même que la propriété de se transmettre par la même voie, et de la même manière que la maladie primitive, en affectant, par exemple, la même muqueuse ; ce ne peut-être qu'alors, je présume, que le Choléra

peut devenir contagieux, ou se transmettre par les émanations. Aussi les cas qui ont pu porter à lui supposer une nature contagieuse, sont-ils très rares, et leur sphère d'action est-elle fort limitée ?

Même en pareil cas, ne serait-il pas raisonnable de supposer, qu'il ne peut se transmettre qu'en agissant spécifiquement et directement sur la muqueuse buccale, et par sympathie et contiguité sur celle de l'estomac ?

Si l'on convient que la maladie ne se caractérise visiblement, que par la diarrhée, le vomissement et les crampes, comment donc, pour être consistant, pourrait-on nier que l'estomac ne se trouve primitivement, affecté ?

Lorsqu'il n'existe pas sous une forme sporadique ou épidémique, comment se fait-il que l'on en rencontre quelques cas isolés, de nature grave, durant la saison froide, plusieurs mois après la clôture de la navigation ?

Mad. Godbout éprouve tous les symptômes caractéristiques de la première période, sous une forme très grave, le 15 de Mai 1849, et le 22 d'Avril 1851 ; un nommé Bolduc est atteint vers le même temps.

L'enfant de Mr. Jh. Flemming dans le cours de Janvier 1852, était dans un état de collapse fort avancé, absence de pouls radial, cyarose, etc. S. Akerley l'appelle alors Choléra accidentel, et en attribue la cause excitante à des comestibles qui se digèrent lentement et irritent.

Quelques médecins, en Russie, ne purent propager la maladie par inoculation, ou en goûtant les matières vomies,

Finel s'inocule impurement avec le sang et le mucus intestinal, recueilli sur le cadavre : il considère cette maladie comme affectant primitivement le ganglion du grand sympatique, et propose de l'appeler trisplanchnie.

Il y a plusieurs années, un écrivain dans le Foreign-Quarterly-Review, relativement à ce sujet dit : " Que l'énergie vitale des nerfs qui se dis- " tribuent aux organes de la respiration, de la circulation, et des sécré- " tions est affaiblie ou détruite comme paraissent l'indiquer les symptô- " mes qui constituent la maladie".....

Les maladies des intestins, reconnues comme maladies primitives, quoique provenant d'irritation mécanique et accidentelle, sur leur membrane muqueuse, ne peuvent-être essentiellement de nature fébrile et contagieuse : de cette opinion, Sydenham, Willis et autres ; mais lorsque cette irritation, comme toute autre, se maintient pendant un certain tems, elle occasionne une fièvre continue, qui peut acquérir un dégré de malignité suffisant pour la rendre contagieuse, capable d'affecter pareillement ceux qui se trouvent durant un certain tems, exposés à ses émanations, etc., probablement par une action spécifique sur la même

mambrane muqueuse, la prédisposant ainsi à se trouver comparativement irritée par un agent, qui dans les cas ordinaires, n'aurait nul effet.

La Dysenterie simple, très certainement, n'est pas contagieuse, mais lorsqu'elle se complique de fièvre continue elle l'est fortement.

Le Dr. Cheyne, de Dublin, a incontestablement établi ce principe et dit: "que lorsque la Dysenterie est accompagnée de fièvre avec inter-" mission, il ne s'est jamais présenté un cas où elle ait passé à une " seconde personne, mais qu'il en est autrement lorsque cette fièvre ac-" quiert un type continu." Ceci forme donc, de fait, une exception provenant d'une déviation de la maladie relativement à sa marche ordinaire...

Le Choléra peut semblablement devenir contagieux pendant la troisième période ; mais comme l'a démontré l'expérience, il n'aquiert que très rarement ce caractère pestilentiel, et alors sa sphère d'action est tellement limitée, qu'il ne s'est jamais offert un exemple où il ait affectée une quatrième personne.

Il faut de nouveau remarquer que dans le Choléra, même les symptômes réputés caractéristiques, (c'est-à-dire ceux qui font suite aux symptômes prémoniteurs, qui par eux-mêmes, ne dénotent qu'un simple désordre gastrique) ne sont nullement d'un type fébrile, et que ce que l'on appelle troisième période de la maladie, n'est de fait, qu'une dégénérescence de la maladie primitive, occasionnée par une action lente et continue, sur la membrane muqueuse gastro-intestinale.

En somme, une membrane muqueuse quelconque, devenue primitivement ou consécutivement le siège d'une maladie, qui après un certain tems a acquis un type fébrile de certaine malignité, peut acquérir la propriété de reproduire la même maladie sur une autre muqueuse de la même espèce ; et la même règle peut s'appliquer à d'autres tissus.

CAUSE EXCITANTE, OU THEORIE PROPOSÉE—Ne pourrait-on pas supposer avec vraisemblance, que par une action atonique dont la nature demeurera longtems ignorée, les injesta qui parfois requièrent de l'estomac un travail relativement disproportionné, ou qui ne rencontrant pas les sucs gastriques en quantité suffisante et de qualité requise, pour effectuer leur solution, ils ne se trouvent à peu près soumis qu'à l'action lente de leur propre décomposition ; que par cet état anormal, et leur présence trop prolongée dans l'estomac, ils constituent une masse qui devient de plus en plus irritante, affecte la membrane muqueuse, y occasionne d'abord une forte dénomination des fluides qui s'y exhalent habituellement ; ensuite, par l'action continue et pressante de cette source d'irritation, non seulement cette exhalation dépasse les bornes d'une sécretion désordonnée, mais elle fait bientôt place à une inflammation active de

la muqueuse et qui plus tard atteint la tunique musculaire : de là détermination extraordinaire des fluides par toute l'étendue du tube digestif, privant rapidement le sang de sa partie fluide ou séreuse ; de là les selles et les vomissements séreux ; les crampes ; prostration rapide, perte de calorique ; décarbonisation de plus en plus imparfaite ?

Ce qui précède, paraît me rendre raison des symptômes prémoniteurs et caractéristiques ; et d'après l'ordre que je leur assigne, en les indiquant par des chiffres.

Ce quatrième des symptômes prémoniteurs, n'est que consécutif ; quoique chez certains individus, sous certaines circonstances, il puisse occasionner une métastase fatale, par elle-même, par son action immédiate sur le cerveau, y déterminant des symptômes apoplectiques.

Un pareil accident, eu d'ailleurs égard à la même cause excitante, doit se présenter plus fréquemment durant l'existence de l'épidémie, que dans tout autre tems.

Les mesures diététiques et hygiéniques, si fortement recommandées alors, ne prouvent-elles pas surtout que d'un accord commun, on est généralement porté à croire, que dans cette maladie, l'estomac se trouve primitivement affecté.

Cette masse irritante, essensiellement, n'est pas toujours la même : elle sera plus ou moins irritante, et variera selon la qualité et la quantité des commestibles : de la variété quant aux symptômes et quant à l'intensité de la maladie ? *

Je me rappelle (et Dr.-G. M. Douglass a probablement le cas frais dans sa mémoire), qu'en 1838, deux enfants nouvellement décédés, à bord d'un vaisseau arrivant à la Grosse-Isle, furent débarqués pour être inhumés. Le dernier de ces enfants, était le quatrième ou cinquième qui était succombé à une maladie, en apparence toujours la même : il n'y eut pas de malades durant la traversée ; les autres passagers étaient en bonne santé.

Ceci parut extraordinaire : similitude parfaite quant aux symptômes dans tous les cas ; vomissement et diarrhée de nature séreuse ; mouvements convulsifs ; altération extrême des traits du visage ; émaciation rapide ; tout portait au soupçon ; le monde à bord du vaisseau, les parents exceptés, attribuèrent la mort à l'effet d'un poison corrosif.

* Durant l'existence de l'épidémie, il nous arrive fréquemment de rencontrer de ces maladies intestinales, qui probablement doivent leur origine à une modification de la cause qui détermine le Choléra sous d'autres circonstances. Les injesta, alors parcourent promptement l'étendue du tube digestif, le laissent dans un état d'irritation tenace : Ce sont des cas de diarrhoea, lienterica ou crapulosa, et dysenteria Elles ne se voient que très rarement à la suite du Choléra ; elles n'ont lieu alors que chez ces patients difficiles à tenir dans les bornes d'une diète convenable.

L'autopsie le prouva ; ce fut l'opinion du docteur. L'un avait environ 5, et l'autre 7 ans.

L'estomac de chacun d'eux ne contenait aucun fluide : nous rencontrâmes une petite masse fortement comprimée par les parois de l'estomac qui la recouvrait exactement, du côté de l'orifice pylorique ; elle était de la grosseur d'un œuf de poule, blanchâtre et sèche ; on remarquait des stries verdâtres sur les fissures et dans les interstices qu'elle présentait ; son odeur était très acide ; elle ressemblait sous le rapport de la consistance et de toutes les apparences, à du lait égouté, ou du fromage, desséché ou gâté.

En effet les pauvres parents, dans un but très louable, avaient adopté des moyens, pour pouvoir fournir du lait à leurs chers enfants durant la traversée.

Ne pourions-nous pas considérer ces deux cas comme étant de Choléra accidentel ?

Dans trois cas d'empoisonnement par inadvertance, j'ai été frappé de la similitude, de l'analogie qu'il y a entre un cas de Choléra, à sa première période, et un cas d'empoisonnement par le tartre émétique ; exception faite, que dans le premier cas, l'irritant repose sur un estomac sain, à son maximum d'intensité ; que dans le second, l'irritant n'acquiert son intensité que graduellement, durant un séjour plus ou moins long : le poison et la maladie croissent simultanément. Il y a donc atonie, avant que le poison ait atteint son maximum : de là disparité quant aux suites.

Ces faits divers confirment chez moi, l'idée que faute de chymification, soit par atonie ou disproportion relative des éléments constituant les sucs gastriques, le bol alimentaire sous l'action inhérente de sa propre décomposition, agit alors comme un poison.

Il est constant que sur les victimes succombées à l'épidémie, l'acide paraît prédominer avec excès et sur la muqueuse et dans les injesta. Kersmann remarquant la présence d'une certaine quantité d'acide acétique dans le tube intestinal, suppose que le sang en a perdu une quantité équivalente : le sang ne le contient pas ; l'effet est ici confondu pour la cause.

Durant l'existence d'une diarrhée provenant d'une digestion imparfaite, ne se forme-t-il pas souvent sur l'estomac, une surabondance d'acide ; ne l'observe-t-on pas sensiblement dans les excrétions ?

Lorsqu'après l'usage de comestibles dont le travail de l'estomac ne peut opérer la solution, la digestion se trouvant absolument supprimée, serait-il donc étonnant que l'acide se formât sur l'estomac, par voie directe ou indirecte, encore en plus grande abondance, et avec un dé-

gré d'acidité assez developpé pour irriter fortement par lui-même, la muqueuse gastro-intestinale, en parcourant sa surface. *

Les effets combinés de cet acide, et de la masse alimentaire, devant inévitablement varier, peuvent affecter, tantôt à la manière d'un irritant simple, tantôt comme poison acro-narcotique.

Cette maladie a aussi ses caractères généraux ; mais elle offre aussi des variations, des nuances et des complications.

Les symptômes de la troisième période, paraissent caractériser une inflammation simple et continue de la membrane muqueuse, entretenue probablement par la présence de la cause excitante, qui aura subi quelque modification, après avoir franchi le pylore : ou peut-être, résulte-t-elle d'une diète d'abord trop copieuse après la cessation des symptômes de la deuxième période ? D'ailleurs, ne doit-on pas aussi considérer la maladie que comme fièvre d'irritation ou consécutive, précédée de réaction et de restauration partielle des sécrétions ?

L'estomac et les organes sécréteurs recevant leurs nerfs d'une source commune (les divers plexus du par vagum), la supression des sécrétions ne serait-elle pas plutôt coïncidente que consécutive, c'est-à-dire isochrone à l'action spasmodique généralement ; résulterait-elle de la contraction spasmodique des parois des conduits excréteurs, ?

Quant à celle de l'urine, ne pourrait-on pas d'ailleurs inférer que le sang ayant perdu considérablement par les évacuations excessives, ne laisse pour un tems, rien à éliminer ?

La précision de ces faits divers ne peut d'ailleurs affecter la pratique d'accord avec la théorie proposée. Il est de fait notoire, qu'avec la réaction, reparaissent les sécrétions : l'équilibre se rétablit, l'ordre renait ; tout fonctionne dans l'économie, selon l'ordre voulu.

Cet heureux changement ne peut avoir lieu que lorsque la masse irritante a disparu ; ou qu'elle a du moins perdu ses qualités irritantes, lesquelles déterminent et maintiennent la contraction spasmodique de l'orifice pylorique, qui ne peut conséquemment lui livrer passage, et ne permet que l'égression des liquides tout au plus.

Cette contraction probablement analogue à celle des sphincters de l'anus, dans la dysenterie, peut-elle expliquer, rendre raison du vomissement sérieux, par la contraction anologue, du sphincter de l'œsophage et du pylore qui auraient lieu simultanément ?

Ce vomissement séreux n'avait lieu qu'après des efforts pénibles ; et nonobstant, l'autopsie, sur le corps des malheureuses victimes, constatait le fait toujours étonnant de la présence dans l'estomac, de comestibles non convertis en chyme.

* L'acide acétique résulte souvent de la fermentation spontanée de substances végétales et animales.

Ce fait sera toujours frais dans la mémoire de ceux qui en furent les témoins.

Les symptômes prémoniteurs ainsi que les symptômes caractéristiques de la première période, paraissent prouver incontestablement, que l'estomac est le siége primitif de cette maladie, et que la plupart des symptômes ne sont que consécutifs.

La respiration ne s'embarasse que lorsque la seconde période est fort avancée ; la congestion cérébrale ne se fait jamais remarquer durant la première et la seconde période, c'est-à-dire, une congestion purement locale, indépendante de cette congestion générale, qui caractérise la seconde période, dans un état avancé ; ce n'est que dans des cas exceptionnels, rares, chez des individus qui y sont naturellement prédisposés, que dans le début de la maladie, elle peut avoir lieu, par métastase sur le cerveau.

D'ailleurs, si la congestion existait primitivement, ne serait-elle pas accompagnée de ses symptômes concomitants ? Quoique provenant de la même cause, dès son existence première, n'occasionnerait-elle pas à la vérité, une maladie de genre différent ?

J'appellerai ces cas exceptionels.

(A Continuer.)

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ART. XLVII.—*Cases in Practical Medicine.* By A. H David, M. D., *Physician to St. Patrick's Hospital, &c., &c.*

*Diarrhœa successfully treated by Sulphuric Acid.* — Although Sulphuric Acid was recommended in passive diarrhœa, by the late Anthony Todd Thompson, in the Edition of his Dispensatory, published in 1837. I believe attention was only directed to it some twelve or fifteen months ago, by a writer in one of the Medical Periodicals ; and according to received notions, no remedy would be less likely to check an attack of this disease, for the state of the tongue the sour taste in the mouth, and the acid matters rejected from the stomach, would seem to contra-indicate its use, and few practitioners venture to have recourse to any other remedies than the old ones of calomel and opium, or astringents and absorbents ; which correct the acidity of the primæ viæ and improve the character of the secretions. I am induced to relate a few cases cured by this remedy, as I believe it will be found to be very efficacious in the treatment of this often troublesome disease.

*Case* 1*st.* James McCrae, aged 42, labourer, after exposure to wet, was attacked during the night of 22d June, with diarrhœa, succeeded after a time with severe griping pains in his bowels, accompanied with

vomiting. Early in the morning, he procured from a neighbouring apothecary shop, an ounce of castor oil, with 30 drops of laudanum, which he retained upwards of half an hour, when it was vomited up with a large quantity of very acid liquid, from which he felt much relieved for a few hours; when towards the middle of the day, all the symptoms having returned, with the same violence as in the morning, he came under my care, and I resolved to try the effect of Sulphuric Acid. I therefore, ordered a mixture containing ℥ss. of diluted Sulphuric Acid, with ℥viiss. of water. ℥1 to be taken every two hours. The first dose was vomited up within five minutes, but on taking the second which he did immediately on the rejection of the first, he had no return either of vomiting or griping pains, and the next dose checked the purging; he had no recurrence of it from that time, and the following day returned to his work as well as ever.

*Case 2nd.* Occurred a few days after the above, and was that of a lady who has just recovered from her accouchment, when she was attacked with nearly the same symptoms as the previous case; and was, when I first saw her, much exhausted from the enormous evacuations. I immediately ordered the same medicine, and two doses checked all the symptoms, although she took a third dose, as a matter of precaution, and now speaks to all her friends, of the acid mixture, as a specific in diarrhœa.

*Cases 3rd and 4th.* Were in children—one, two years old, and the other five; both were cured in two days, with the Sulphuric Acid, of course in much smaller doses, and sweetened at the time of administering it. I shall not detail many other cases, that have fallen under my care since these, but they have been of sufficient number to give me full opportunities of testing the value of Sulphuric Acid in diarrhœa, and from the experience I have had in its use, I can confidently speak of its curative power in such cases.

*On the use of Diuretics externally.*—Dr. Christison, of Edinburgh, having called the attention of the profession to the effects of external diuretics in dropsy. I determined to try them in the first cases that should present themselves to me, two of which did shortly after I read his remarks in the Edinburgh Monthly Journal, of November last, which I will detail in as few words as possible: Elizabeth Connor, aged 26, whose case I will mention, when relating cases of acute Rheumatism, treated by Lime Juice, after recovery from a severe attack of acute Rheumatism, suddenly complained of enlargement of her abdomen; fluctuation was very evident; there appeared to be no structural cause for the dropsy, and accordingly I prescribed the formula as recommended by Dr. Christison. Equal parts of tinctures of digitalis, squills

and soap, two drachms of which compound was to be rubbed into the abdomen, three times a day; in less than three days, an increased quantity of urine was passed, which by the fifth day had become nearly double the quantity that it was on the third; she continued to discharge the same large quantity up to the tenth day, when the whole dropsical effusion had disappeared, but the liniment was still continued for two or three days longer; and as soon as the liniment was discontinued, the urine diminished in quantity, but she had quite recovered. The other case was that of a woman who had been labouring under an attack of Dropsy, for months before she came under my care, and was much exhausted from the active treatment which had been used. Digitalis, Elaterium, Taraxacum, and various other remedies had been tried by the Medical men, who first had charge of this case without affording any relief. She suffered much from irregularity of the bowels. For several days, she would have diarrhœa, then for several, her bowels would be constipated—to correct this condition, I gave two compound Rhubarb Pills, every night at bed time—ordered her to drink 2 oz. of gin, three times a day, and also to rub ʒii of the Diuretic Liniment, well into her abdomen three times a day. The second day, the discharge of urine began to be increased in quantity, and continued increasing until it reached over 6 quarts daily—the size of the abdomen diminished in proportion to the discharge of urine, and she gradually improved, and in about a fortnight, ceased her medicines, as she was so much relieved—although I advised her to continue them, which she would not do, as she was going into the country for a couple of months. She returned home, after an absence of six weeks, with the effusion and consequent sufferings as great as ever, and this time the liniment failed—I was compelled to have recourse to paracentesis—and drew 27½ quarts from her, but she only survived four days—no post mortem was allowed, but there is no doubt, that her ascites depended upon lesion of the liver.

These are the only two cases, in which I have had an opportunity of trying diuretics externally, but from the effects produced, am satisfied they posses a manifest superiority over their internal use, as they can be employed in all states of the system without causing any general or local disturbance, even if they do not do any good.

(To be continued.)

ART. XLVIII.—*Observations on the Sanatory Institutions of the Hebrews as bearing upon Modern Sanatory Regulations.* By the Rev. ABRAHAM DE SOLA, Lecturer on Hebrew Language and Literature in the University M'Gill College, &c.

(Continued from page 468.)

WHAT has just been remarked as to the convictions and usages of the Hebrew people with reference to the Prohibition of Blood, mainly applies to their abstinence from the flesh of such animals as are pronounced by the Scriptures and their ritual code to be טמא (tameh) unclean, אסור (assur) prohibited, or טרפה (terefa) torn. As will be presently seen, their traditions and authoritative writing ascribe moral, as well as hygienic, reasons for the Mosaic distinction of animals, and for the institution of those directions and enactments which lead them to reject as impure and unhealthy, such species of animal food as are commonly and unhesitatingly received by other nations, as ordinary and acceptable articles of diet. We have already made slight allusion to the fact, that as early as the days of Noah, a distinction of "clean beasts" and "beasts which are not clean" * was made and known. But we shall not stop now to discuss at all that very debatable question, whether the distinction of animals here referred to, is identical with that made in Leviticus, † and if so, being known and observed, equally

* "A remarkable instance of circumlocution," says Raphall, "cited as a proof of the extreme purity of mind of the sacred author, who uses these three words to avoid saying טמאה (temeah) which in the Hebrew, does not simply express *the negation of clean*, as do the corresponding negatives in other language, viz: the Greek *akathartos*, the Latin *impurus*, the French *immonde*, the Spanish *immundo*, the Italian *immondo*, the German *unrein*, the Sweedish *oreen*, the Danish *orehn*, the English *unclean*, the Polish *eniczyote*, &c., but has a positive meaning, the counter-sense of טהורה (tehorah) *clean*, and the extreme counter-sense of קדוש (kadosh) *holy;* and denotes a moral as well as physical state, which in any other language, we want an analogous single word to express."

† We learn that Noah] "took of every clean beast and of every clean fowl, and offered burnt offerings on the altar." This circumstance has much to do with the origin of the opinion respecting the use and meaning of the term "clean," as applied thus early to animals, though it would seem to furnish a powerful argument against the assumption that it refers to such animals only as were used for sacrifices; since from this passage we are almost obliged to conclude that the distinction was known to Noah, before he made his sacrifice, for which he *selected*. Philipson (Apud De Sola and Raphall's Translation of the Scriptures) seems to incline to this opinion, when he says: "It is natural to make a distinction between animals proper to be offered as a sacrifice to the Deity, and such as are improper for that purpose, including all that are carnivorous. This distinction we find established among all ancient nations."

with the prohibition to eat blood, by the Noachidœ,—whether these two laws can now lay claim to other than Jewish attention and observance;—whether the terms "clean"and "unclean" refer simply and respectively to those animals which were used or rejected for sacrifices or whether, as Jahn seems to think * the distinction only conveys that before the deluge, the flesh of animals was converted into food ;—these being perhaps purely theological questions, which, however interesting, we may not stop here, to entertain.† We merely remind our readers that in addition to this distinction, a further one is made (ch. viii, v. 20,) with reference to fowls, and will proceed with them to the eleventh chapter of Leviticus where we find not only general rules of discrimination laid down, but also a catalogue given of various oviparous and viviparous creatures, forbidden to Israel throughout their generations. This chapter we propose to examine at length, availing ourself of such expositions and illustrations as, in the first place, the Hebrews themselves afford us ; and secondly, of such as are supplied us by Christian commentators. And in this course, our attention will be necessarily directed among others to the following important points:—

First, The general directions for discrimination supplied ;

Secondly, The nomenclature of the animals and their nature; and

Thirdly, Their prohibition ; having reference to authority and reason.

The chapter commences with the law of discrimination respecting beasts. (Verse 1) " The Eternal spake unto Moses and unto Aaron saying unto them, V. 2. Speak unto the children of Israel saying, These are the beasts ‡ which ye may eat from [among] all the beasts that are on the earth. V. 3. Whatever parteth the hoof and is cloven footed *and* cheweth the cud among the beasts, that may ye eat. V. 4. Nevertheless these may ye not eat, of them that chew the cud or of them that divide the hoof ; the camel, &c." Here follows an enumeration of various beasts to be noticed hereafter ; we proceed to the 9th verse which contains the distinctive signs of permitted fishes. " These may ye eat of all that are in the waters ; whatsoever hath fins and scales

* See his " Biblical Archœology" § 136, p. 147, Ed. Andover, 1827.

† Perhaps Rashi's gloss on Gen. vii, 2, may be considered as enunciatory of Jewish tradition and opinion on this question. On the words " of all clean beasts," he says, העתידה להיות טהורה לישראל למדנו שלבד נח תורה " That is, which are hereafter to be considered clean by all Israel. Hence we learn, that the Eternal taught the law to Noah." i. e. anticipated to him a subsequent revelation to Moses.

‡ From the wording of this text, which is strictly in the present tense, singular number, and means literally, " This is the living creature" or beast, Rashi says that Moses exhibited to the people all the various creatures he mentions.

in the waters, in the sea and in the rivers, them may ye eat. V. 10. And all that have not fins nor scales in the seas and in the rivers, of all that move in the waters, and of any living thing which is in the waters; they shall be an abomination unto you." This much of the distinctive signs of permitted and prohibited fishes. For birds there are no distinctive signs given; but we are told, V. 20, "all fowls that creep going upon *all* four, shall be an abomination unto you. Yet, these may ye eat, of every flying, creeping thing that goeth upon *all* four which have legs above their feet to leap withal upon the earth; even these of them ye may eat, the locust, &c., V. 23. But all other flying, creeping things, which have four feet *shall be* an abomination unto you." In verse 27, we find further that, "whosoever goeth upon his paws among all manner of beasts that go on *all* four, those are unclean unto you, &c." Such are the general rules for discrimination, supplied us by the Scriptures. And before giving a closer attention to them, it becomes us to admit with Fleury, that it was not peculiar to the Hebrews, to abstain from certain animals out of a religious principle, for the neighbouring people did the same. Neither the Syrians nor the Egyptians eat any fish; and some have thought it was superstition, that made the ancient Greeks not eat it. The Egyptians of Thebes, would eat no mutton, because they worshipped Ammon under the shape of a ram,* but they killed goats. In other places, they abstained from goats flesh, and sacrificed sheep. The Egyptian priests used no meat nor drink imported from foreign countries,† and as to the product of their own, besides fish, they abstained from beasts that have a round foot, or divided into several toes, or that have no horns, and birds that live upon flesh. Many would eat nothing that had life; and in the times of their purification, they would not touch so much as eggs, herbs, or garden stuff. None of the Egyptians would eat beans.‡ They accounted swine unclean; whoever touched one, though in passing by, washed himself and his clothes. Socrates, in his commonwealth, reckons eating swine's flesh among the superfluous things introduced by luxury.§ Every one knows that the Indian Brahmins, still, neither eat nor kill any sort of animal; and it is certain they have not done it for more than two thousand years.

But if there be nothing peculiar in the Israelites, at the command of Moses, abstaining from the flesh of certain animals from religious motives —there is yet that which we shall find original, wise and salutary in this

* Herod. ii.

† Porphyr. Abstin. iv.

‡ Herod. ii.

§ Plato ii Rep.

Mosaic prohibition. We ought not to commence any such investigation, however, until, in accordance with the advice which the illustrious Mendelssohn gives, we first fix the correct sense of some of the most important terms connected with our present subject, and which to avoid misconception and confusion, we shall endeavor to ascertain; yet, as some may regard such inquiries, which will be almost exclusively philological, as neither necessary nor interesting; we will present them in the form of notes, to be read or to be passed over at pleasure, for that which they may regard as having more to do with the main subject.*

(To be continued.)

* חיה *Chaya* and בהמה *Behemah*, In verse 2 of the 11th chapter of Leviticus, the Anglican translation renders *Zot hachayah* by "These are the beasts," *Behemah*, in the same verse, is also translated, "beasts." The Spanish Jewish translators, Menasseh Ben Israel, Serrano, Fernandes and Diaz, translate *hachayah*, we think with better taste, by *animales* and *behemah* by *quadropea*. De Reyna, however, generally so correct, here renders both by *animales*. Mendelssohn's German Jewish translation has respectively *thiere* and *thieren*, which, according to Weber, may mean either *animal*, *beast*, or *quadruped*; and so has the German Christian translators. But the Targum of Onkelos has for the first חיתא ; (chayta) for the second בעירא (bengira.) All leixicographers of note agree in deriving it from the root חיה (chayoh) to live. Among them, R. David Kimchi (Shorashim). So also Furst, who says it means *quidquid vivit, animal, de feris potissimum*; so too, Gesenius, who explains it as implying the beasts of the field, often opposed to tame animals (behemah) Gen. 1.24, but sometimes including them, Lev. 11. 2. So Newman. Leigh, in his learned "Critica Sacra" and his French translator DeWolzogue, are of the same opinion. But Parkhurst, perhaps more correctly, thinks the primary meaning of the root to denote *vigor*, power, he says as the noun it includes birds, beasts and reptiles, Gen. viii. 17, exclusive of fish and fowl, Gen. 1. 28, but frequently a wild beast as being more vigorous and lively than the tame species, Gen. i. 25. The Aruch from the Gemara of Cholin shows us (as did Maimonides in the extract elsewhere taken from him) that *chayah* is sometimes included in the term *behemah* and vice versa, *behemah* in the term *chayah*. And Rashi, in his comment on this verse, calls our attention to the same fact. In the Hebrew commentary to that edition of the Pentateuch, known as Mendlessohn's* we find the following remarks by that able grammarian Herts Wessely. "The word *chaya* includes all species (genera) man, beast, fowl and reptile; since all these possess a living being (nefesh chaya). In proof of this we find Gen. i. 'Let the earth bring forth every living creature (nefesh chaya) after its kind, beasts, reptiles and the beasts of the earth, after its kind.' The first (*nefesh chaya*) is the general expression; 'beasts, reptiles, and beasts of the earth' is the particularisation thereof. The meaning of the text here, then, is 'This is the living creature which you may eat of all creatures having a living being or 'existence.' In the derivation of *behemah*, the Hebrew grammarians concur, also referring it to the Arabic, or rather Ethiopic *bahm*, which means to be silent, dumb. It occurs not as a verb in Hebrew. As a noun Furst says it means "*bestia domestica quae opponitur ferae* chaya *jumenta, greges et omne omnino domesticum pecus.*" Ac-

*Ed. Berlin, 1832.

ART. XLIX.—*Contributions to Clinical Surgery.* By ROBERT L. MACDONNELL. M.D., Surgeon to St. Patrick's Hospital, &c., &c.

*Successful Rhino-plastic Operation.*—Mr. ——, aged 30, two years ago, in an attempt to save an old man, who was maltreated by two strong young men, was knocked down and set upon by these men, and whilst one of them was engaged in kicking and cuffing him, the other attacked him savagely with his teeth and bit out several pieces from about his face and hands, amongst others, a portion of one ear, and the entire cartilage of the right ala of his nose, leaving but a small portion connected with the upper lip. He recovered soon from the effects of the beating, but the wound of the nose was a long time in healing, and left the nostril exposed on that side. He consulted a Surgeon about a year ago, who undertook to remedy the defect by engrafting on the cicatrix a portion of skin removed from the back of the patient's hand. This was accordingly done—the piece was removed, the edges of the wound pared, and the new substance retained in situ by means of adhesive plaster, and, as might be expected, no union took place. The patient now despaired of obtaining relief, and resigned himself to his condition, and selected an occupation that required withdrawal from society, for the annoyance he experienced from the examination and curiosity of strangers was very dis-

cording to David Levy, Gesenius and Newman, it denotes *tame cattle* if in opposition to *chaya*; and *large cattle* when in opposition to *mikneh*, (small cattle); Parkhurst gives its meanings 1.—Any brute, opposed to man. 2.—Any terrestrial quadruped, viviparous and of some size. 3.—A tame animal. Raphall says "In the Hebrew, "behemah" is used for *domestic animal*, and "chayah" *wild animal*. Some, however, are of opinion that all herbivorous animals, whether domestic or wild, are called "behemah," and that all carnivorous animals are designated by "chayah," Mendelssohn. We give the comment in Mendlessohn's Pentateuch (by Herts Wessely) on the word occurring Lev. xi., "All living creatures are included in the term *nefesh chaya*, even man, since it is said man became a *nefesh chaya* or living being. Wherefore, in speaking of the wild beasts of the forest, &c., an adjective, predicate or attribute is to be used. Thus we say, *chaya rangah* evil or ferocious beast, as Jacob in Gen. 37, so *chayat hasadeh* field-beast, Lev. xxvi.; so too *chayat haarets*, beasts of the earth Gen. i.; *chayat yangar* forest-beasts, Isa. 26. The term is especially applied to ferocious predatory creatures because of their extreme strength and vigor, while domestic animals are termed "behemah." Be it known also that "behemah" (is a common noun, and) includes all the species of animals walking earth, man excepted; as we find in Psalm xxxvi., "Man and beasts (behemah) wilt thou save, O, Lord," where it includes wild and domestic creatures; so also in 1 Samuel, ch. xvii. "the fowl of heaven, and beasts (behemah) of the field, &c., &c." The above shows us, as would also some slight acquaintance with Hebrew writers, that *chaya* means generally, though not always, *wild* beasts, and *behemah*, *domestic* animals.

tressing to him, being of a peculiarly sensitive and retiring disposition. He happened, however, to hear of a case in which I had remedied a somewhat similar defect, and determined to come to Montreal to consult me. On his removing the adhesive plaster with which he had concealed the deformity, I was struck with the peculiar shape and size of the deficiency in the nostril, which could hardly have been produced in any other way than that already mentioned, and in reply to my question, he admitted the fact. I recommended him to take a private ward in St. Patrick's Hospital, and stated my opinion, that an operation would remedy the defect. Accordingly on October 4th, assisted by my colleagues, Drs. David and Howard, and by Dr. Walter Jones, I proceeded to perform the operation in the following manner :—A small narrow bladed knife, (which I had found extremely useful in another rhino-plastic case, operated upon in the Hospital a few days before) was introduced between the skin and nasal bone, and carried upwards towards the edge of the orbit, care being taken to keep the blade close under the skin. When the point was felt in this situation, the edge was carried towards the mesial line so as to separate the integument from the bridge of the nose, which was rather prominent. The dissection being completed in this situation, the knife was carried downwards, still close under the skin, until it reached a level with the under edge of the nasal bone. The blade was then withdrawn, and entered under the remnant of cartilage before alluded to, as being still connected with the cheek, and pushed towards the ear, for about two inches, when the edge was turned upwards, the dissection carried on until it joined that before made. By this plan, the skin was detached off the subjacent parts, from the median line of the nose all over the cheek, and the scalpel passed freely about in all directions. Having thus made a large flap, the edges of the cicatrix were pared and brought together, and the stump of cartilage joining the cheek being brought into contact with the tip of the nose, was there maintained by a Dieffenbach's pin and twisted suture ; two or three points of suture served to bring the remainder of the wound in apposition, and thus, what was before a semilunar cicatrix, appeared an incised wound, whose edges were in one line. To enable me to avail myself more fully of the flap detached from the cheek, an incision to the extent of a little more than half an inch was carried from the outer edge of the nostril, by which the tension was taken off the new ala nasi, and a plug of lint being introduced into the nostril, the dressing was completed : the loose integument being shoved from the cheek towards the nose, and there retained by means of compresses and adhesive plaster. The operation was in this manner performed, without making the least disfigurement of the face. Nothing remarkable ensued during the month the patient remained under

treatment. The needles and sutures were removed on the fifth day, union having taken place, but the remainder of the wound, continued to suppurate for the next fortnight. He now has a complete nostril—the nose is straight and prominent, and except, that on the side operated upon, the lower edge of the ala nasi, at its junction to the cheek, descends about the twelfth of an inch more than the other, no difference is perceptible as nothing marks the line of junction but a fine cicatrix, which has little appearance of being the result of a surgical operation.

The plan of operation in the foregoing case is a modification of the French method of Autoplasty, or as it is sometimes termed, *la methode par glissement.* It differs, however, from the French method, in the fact of the dissections being subcutaneous, which it is hardly necessary to mention, is a decided improvement, for it is often a question, whether the plan adopted to remedy some of these deformities does not leave a greater amount of disfigurement than that for which the operation was undertaken—and the practitioner who has only seen drawings and wood-cuts of rhino-plastic operations, can have but little idea of what shapeless masses of flesh, even the most successful of them are, when a whole nose has to be made. But when a portion only of the nose is lost, then, as in the instance before us, the deformity admits of being remedied. The plan I adopted is beyond measure preferable to that of taking a flap from the cheek, twisting it round and adapting it to fill up the chasm, for besides the scar on the cheek, the want of any portion of cartilage prevents a nostril being successfully made, so that whenever the surgeon can save a piece, no matter how small, of the original ala, he will find that it can be made to answer better for a margin, than any piece taken from the cheek, for besides rounding off the arch of the nostril and keeping the ala distended, it retains the property of dilatation and compression, owing to the insertion of the levator labii superioris alæque nasi, being attached to it, as well as the lower fibres of the compresser nasi, and it is acted upon, simultaneously with that of the opposite side, both in the acts of respiration, and the different emotional movements of the face. These peculiarities are well marked in the above case, and though not pointed out before, are in my mind, of some importance, and tend materially to the success of the operation, and to improvement of the patient's appearance. Although I have mentioned that the foregoing operation is a modification of the French method of autoplasty, yet it does not appear that French Surgeons have ever availed themselves of the flap made by subcutaneous dissection, and it is evident that the most recent writer on the subject is unaware of the possibility of the defect being remedied in this manner, for JOBERT says, "On a réparé également par la méthode indienne le lobule du nez et même, dit-on, les ailes du nez. Pour moi, sans blâmer l'emploi de

la méthode indienne pour réparer les difformités partielles du nez, je pense que lorsqu'il s'agit de son extrémité ou de ses ailes, il est préférable de tailler un lambeau aux dépens des joues ou des lèvres."—*Traité de Chirurgie Plastique.* Tome premier, p. 256.

3. *Successful Geno-plastic Operation.*

————, aged 45, applied to me for advice concerning an ulcer on the left cheek, which was evidently a genuine specimen of "Jacob's Cancer of the face." It had commenced seven years before, as a small scaly growth, about half an inch from, and on a level with, the commissure of the lips—on this a scab used to form, and remain on, until accidently removed. When once the ulcer was formed, it exhibited no disposition to heal, and though its appearance would become improved under different plans of local treatment, it had never cicatrized, and though stationary for several months at a time, it would now and then commence spreading, and at last extended to the size of a half dollar. It was not painful at first, but had latterly become so; it had never bled, and the discharge was scanty, and not offensive. Though apparently superficial, on close examination, the entire thickness of the cheek was found engaged in the disease—the mucous membrane being, however, quite healthy in appearance. The commissure of the lips was free from disease, although quite close to it, and on inquiry, it was ascertained that it had never ulcerated nor become fissured. There was no enlargement of the glands under the jaw, and the patient's general health was quite good. Having already applied to various medical men for relief, and meeting with disappointment from all remedies recommended to him, I had little difficulty in persuading him to have it removed, and for that purpose he entered St. Patrick's Hospital as a private patient.

I mentioned to my colleagues that it was my intention to save, at all hazards, the commissure, and having excised the diseased portion, to make a check by the approximation of the edges of the circular wound left after its extraction. Accordingly, the lips were stretched so as to make tense the commissure, and a small knife passed between the mucous membrane and the margin of the disease, and then carried round the latter, leaving a margin of healthy structure attached to the disease. The surfaces of the wound were brought together by the twisted and interrupted sutures, and though I thought, before commencing the operation, that I should be obliged to loosen the upper and lower flaps from the subjacent structures, I had no difficulty in bringing the circular wound into a straight line, so as to resemble a simple incised wound. Cold water dressing was applied to the cheek and the patient desired to maintain perfect silence. In a few hours hemorrhage took

place from the mucous surface of the wound, and resisting the astringent powers of a saturated solution of tannin—had proceeded to a considerable extent before I had time to reach him: but when the edges of the inside of the wound were brought closely together by three points of suture, it immediately ceased. The patient now informed me that he and all his family exhibited the hemorrhagic diathesis, and that on one occasion he had nearly lost his life from the bleeding that followed the extraction of a tooth, whilst in the Limerick Infirmary.

Five days after the operation, the needles were removed, the inside sutures were allowed to remain *in situ*—and the union being now complete; the parts were well supported by adhesive plaster and collodion,* and the patient allowed to return home.

I have recently seen the patient, and nothing but a cicatrix on a line with the commissure is perceptible. The features of that side of the face are quite natural, and he has perfect use of the cheek. There is not the least sign of disease on the commissure, though eight months have now elapsed since the operation was performed. This fact, I am anxious the profession should have brought before them, for it corroborates a statement made by Professor Serre, of Montpelier, that the mucous membranes in the immediate proximity of cancerous growths, or even covering them, exhibit but little proneness to become implicated in the disease, and consequently should be preserved for a covering in all cheilo-plastic operations for the flaps with which the new lip is to be made. Being aware of this important discovery, and also knowing how difficult it is to form a good and useful commissure, I was particularly anxious to save the natural one, and was fortunate in so doing, though, had I not known the useful fact stated by Serre, I should certainly have removed it in connexion with the disease. I have at

* Though the remarks of Professor Syme concerning the impropriety of using collodion in the first instance, when we endeavour to procure "primary union," are quite in accordance with my own experience, yet I have found it a most excellent remedy in keeping up tension and approximation, after needles and sutures are removed. When collodion was first introduced, I used it in addition to sutures in two cases in which I had amputated the breast, having read such flattering statements of its successful employment in similar cases. But to my great disappointment, the edges of the wound, though closed and apparently united, became prominent and inflamed, and on some of the collodion being detached, a large quantity of pus escaped in both instances, to the great relief of the patients, and the wounds, which under other circumstances, I have no doubt, would have united by "primary union" to a great extent, healed by the slow process of granulation. The results of the use of the remedy in these cases, had induced me to abandon it in all cases as a means of uniting the edges of a recent wound; but where we have removed sutures and needles, it will be found a valuable remedy, care being taken to leave spaces for the discharge to escape.

this moment a patient with cancer of the lip, in whom the removal of the disease will necessarily involve cheilo-plasty, and as the case affords a good opportunity for testing the correctness of Serre's statement, I will lay the result before my readers on some future occasion.

In conclusion, I may state, that the disease exhibited a true specimen of Cutaneous Cancer, and I cannot agree with the views recently advanced that "Jacob's Ulcer" is a species of Lupus, that it is, in fact, *Lupus Devorans*, though this opinion is advocated by so accurate an observer as Dr. Neligan, whose recent work on Cutaneous Diseases has just reached us—but to this subject, I will draw the attention of the readers of this Journal in the next number.

4. *Successful treatment of a large Encysted tumour by puncture of the sac and cauterization of its interior.*

It will readily be admitted that if we can cure a disease situated on an exposed part of the body, by any means which will not disfigure the patient, or leave an unsightly scar, it must be considered an improvement in surgery; and with the object of doing away with the use of the knife, and substituting a simpler and equally successful practice, I recommended some years ago, in the pages of the *British American Medical Journal*, that many encysted tumours should be punctured, their contents carefully evacuated, and then the lining membrane of the cyst, cauterized by means of nitrate of silver, conveyed to it on the end of a probe; and that as soon as suppuration, or mere effusion of lymph had taken place, that the opposed surfaces of the cyst should be brought together by pressure, and thus obliteration be produced and a recurrence of the disease prevented. Since that article was published, I have treated in this manner several such tumours, and have never known the disease to return; and as one of these cases was under the care of some practitioners in this City who proposed removing it by excision, and declared that any other attempt at cure would be improper, I bring its particulars before the profession that they may judge for themselves. A strong healthy young woman noticed a small tumour growing upon the back of her neck, but which caused her no pain. At first it could only be detected by feeling, but it soon became perceptible to the sight, and in the course of two years had attained the size of a turkey's egg: it was elastic, moveable, not discolored, and handling it, gave rise to no pain. From the fact of its being so prominent and in such an exposed situation, she was obliged to keep a handkerchief applied so as to cover all the back of the neck. Feeling much alarm at the size the tumour was daily acquiring, she applied to three practitioners, all of whom advised its removal. One in particular was

very urgent in his solicitations to be allowed to perform the operation and took some pains to explain to both herself and her friends, the folly of attempting to remove it by an *eliptical* incision, as recommended by one of the others, assuring her, that nothing but the crucial incision and mastely dissection would effect that object.

Under these circumstances she consulted me, and having ascertained the nature of the disease, I proposed curing it, without leaving a crucial cicatrix or indeed any mark that could be detected. To this proposal she gladly assented, and accordingly, on the 14th May, 1849, assisted by Dr. Brookes, of Sherbrooke, and Dr. M'Callum, of this City, who were then my clinical clerks, I proceeded as follows: A hydrocele trocar was pushed into the tumour, and its contents emptied into a middle sized cupping glass, which they filled. On examination they were found to be composed of a turbid fluid, devoid of odour, with a quantity of thick cheesy, steatomatous matter floating through it. The sac being emptied, two or three probes, whose ends were coated with nitrate of silver were, in succession, introduced and freely applied to all parts of the cyst. A plug of lint was introduced into the opening, and water dressing applied. The next day, on the lint being removed, a quantity of sero-purulent matter, equal to one half of what the cyst contained the day before, was evacuated. The caustic was again applied and the wound similarly dressed. On two more occasions the same plan was adopted, and at each dressing the size of the cyst was perceptibly diminished. Pressure, by means of a compress and adhesive plaster were now applied, and complete obliteration of the cyst was effected at the end of a fortnight. It is now three years since the tumour was thus treated, and she has had no return of the disease, and I need not say, is much better pleased to be devoid of the vestiges of such skilful Surgery as that so disinterestedly recommended for her relief.

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ART. L.—*Two Cases of Ophthalmitis,—one Traumatic, the other Idiopathic.* By HENRY HOWARD, M.R.C.S L., Ophthalmic and Aural Surgeon and Clinical Lecturer to St. Patrick's Hospital, Surgeon to the Montreal Eye and Ear Institution, Lecturer upon Ophthalmic and Aural Surgery, St. Lawrence School of Medicine.

On the eight of October, 1851, Mrs. B. brought her daughter, Miss B., aged 11 years, to consult me about her right eye, which had been perfectly blind for five years. The only history of the case that either mother or child could give was, that five years previously, by an accidental circum-

stance, it was discovered that the child was blind of one eye. The child never remembered having had any pain, and the mother was sure that the child never had any sort of a sore eye. If the strong light of a candle or the direct rays of the sun were brought upon her eye, she perceived light, but this was all. Her general health was perfectly good, although there existed all the signs of a strumous diathesis. The left eye was perfectly healthy; colour of iris blue. The mother was positive that there was nothing the matter with the child's eye when three or four years old. On examining the eye the only abnormal appearance that I could observe was, that the pupil was very small, of nearly a triangular shape, and blocked up with organized lymph, in fact, pure lymphatic cataract, presenting all the appearance to be found in a case the result of long continued inflammation. The iris was something of a darker colour than that of the healthy eye, having rather a greenish hue. There was no increased vascularity in any part of the eye-ball. I ordered the child a dose of purgative medicine that day, and on the next day I operated with the needle, through the cornea, with which I divided in pieces the lymph in the pupil, and afterwards a soft cataract which I found behind it. The ordinary treatment after such operations was adopted. It was followed by slight inflammation, and at the termination of six weeks, there was a tolerably fair sized pupil, and sight much improved. There were yet, however, some bands of lymph crossing the pupil. There being no more improvement after two months than there was after the expiration of six weeks, I again operated in the same way, dividing the remaining bands of lymph. The same after treatment was adopted, but on the third day traumatic inflammation supervened, the iris was perfectly green, and blood vessels could be seen to traverse it even with the naked eye. The sclerotic was of a dark red colour, every part of it injected with blood, yet there was no pain, nor the slighest intolerance of light, and the child herself was perfectly unconscious that there was anything wrong, more than that she could not see so well as before I last operated. I put her upon calomel and quinine, one grain of the former and half a grain of the latter, every six hours. In three days mercurial fœto supervened, which action I kept up for a week by giving one grain of calomel every night; during the same week she took one grain of quinine in solution three times a day. At the termination of a fortnight all inflammation disappeared; absorption went on, and she received tolerably fair vision with nearly a circular pupil.

*Case* 2.—J. Q., labourer, aged 40 years, received into the Ophthalmic Ward of St. Patrick's Hospital, April 20, 1852, stated that he had been under the care of Dr. ———, for six months for disease of his eyes, that for the first fortnight he suffered some pain in his eyes and slight pain in

his forehead, but since that time he only suffered from scalding tears, and the pain caused by exposing his eyes to light. That for the last three months he could only discover light from darkness. During the six months he had used a great many *bottles of wash* for his eyes, but never took any medicine. On examination, I found that he could not observe my hand move between him and the window, yet he complained of intolerance of light when his eyes were opened and exposed to it. The sclerotic coat was of a deep red colour. The pupils were contracted to almost the size of a pin's head, and blocked up with lymph. Vessels could be distinctly seen traversing the surface of the iris and crossing the lymph in the pupil. The anterior surface of the iris was convex and nearly in contact with the cornea, thereby obliterating the outer chambers of the eye. I must confess that I had but little hopes of benefiting this man, as from the history of the case, together with the appearance of the eye, I feared much that the retina had been either disorganized, or covered with lymph. I determined, however, to give the case a trial. and at once put him, after well purging him, upon one grain of calomel and half a grain of quinine every six hours, and applied extract of belladonna round his orbit once a day. On the twelfth day he was salivated, but from the sixth the inflammation began to subside and his vision to improve; the pupils about as large again as when he came into Hospital; no intolerance of light. I kept his mouth sore for twelve days longer by giving him one grain of calomel every night, and sometimes twice a day, during which time he took one grain of quinine in solution four times in a day. At the end of this time the pupils were about four times as large as they were when he came under my care; they were in shape very similar to the leaf of a shamrock or clover. The greatest part of the lymph was absorbed; but there were yet some bands crossing the pupil. I then put him upon the solution of biniodide of mercury ten drops three times a day (every ten drops of this solution contained the one tenth of a grain of the biniodide of mercury) which treatment, with the daily application of the extract of belladonna round the orbits, I continued till the 12th of May, twenty-two days after his admission. At this period the iris began to lose its convexity, and the anterior chamber of the eye, consequently, too became large and of a normal appearance. The sclerotic coat had become perfectly white, and no more vessels were observable traversing the iris. One band of lymph remained across the left pupil, but none in the right. He could distinguish the different persons in the Ward with him. His mouth having been kept slightly sore up to this time, I discontinued the biniodide of mercury and put him upon the Hydriodate of Potass, ten grains every eight hours. I also ordered his diet to be improved from soup to meat, once a day. On the 25th of May, I discharg-

ed him from Hospital, being at the time able to see the houses on the opposite side of the river from the window of the Hospital, a distance, I should suppose, of two miles. This man called to see me early in the present month, and he stated that his sight was improving every day, so that he could then see nearly as well as ever he did. His eyes presented a very healthy appearance, with the exception that the pupils were irregular, and a slight band of lymph was still visible across the left pupil.

I consider these two cases of importance. First, because they prove how such inflammation of the eyes may go on so as to destroy vision, and yet present few of the diagnostic symptoms. Secondly, the necessity of carefully examining the eyes when dimness of vision is complained of. Thirdly, the necessity of a correct diagnosis; and fourthly, these cases prove how much disease the eyes will sometimes bear without being destroyed, and I consider the last case is a most satisfactory proof, that under certain circumstances even organized lymph will be absorbed by properly directed treatment.

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

*God in disease, or the Morbid Manifestations of Design in Phenomena.* By JAMES F. DUNCAN, M. D., Physician to Sir P. Dunn's Hospital, Dublin. Philadelphia, Lindsay and Blakiston, 1852.

The intention of the author in writing this little book, is, to use his own words, "to unfold, by an analysis of the phenomena of disease, the evidence of design, contrivance and beneficence, that are scattered in profusion over every page of this volume of natural history."

Several departments of Medical Science, such as Anatomy, Chemistry and Physiology have long since been ably considered in relation to natural theology: and the talents of such men as Sir Charles Bell, Prout and Roget have been devoted to the work, but this, we believe, is the first time that the department of pathology replete with evidences of Divine Wisdom, Power and Goodness, has been examined as a whole for manifestations of the Omnipotent Deity. To have done this is no small honor, but to have done it well, to have brought an extensive knowledge of the present advanced state of Medical Science to bear on the subject and to have exhibited much discrimination in the selection of illustrations, much force and clearness in the advance of arguments, and much firmness in the statement and solution

of objections is an additional tribute justly due to Dr. Duncan. We cordially recommend the work for general perusal, its language being so devoid of technicalities as to be intelligible to every class of readers and its price placing it in the reach of all.

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*Human Physiology.* By Robley Dunglison, M. D., Professor of the Institutes of Medicine in Jefferson Medical College, Philadelphia, &c., &c. Seventh edition, thoroughly revised and extensively modified and enlarged. In 2 volumes, 8 vo., p. p. 14 28. Lea and Blanchard, Philadelphia, 1850.

This work is already so favorably known to the Profession in North America, that an extended review of it is unnecessary. A book which has gone through six editions, and a seventh before us, speaks much in favor of its excellence. In the present edition all the most recent discoveries in Physiology during the past few years have been carefully embodied and thoroughly discussed.

The author states in his preface :

"Perhaps, at no time in the history of the science have observers been more numerous, energetic and discriminating than in the last few years. Many modifications of fact and influence have consequently taken place, which it has been necessary for the author to record, and to express his views in relation thereto. Especially has he endeavored to note the phenomena that have presented themselves to the most accurate observers, and to deduce from them laws which may tend to enlarge the boundaries of the science; he has not, however, felt himself at liberty to discard the results of the observations of all former anthropologists, or the opinions they had embraced in regard to the various functions. It not unfrequently, indeed, happens, that in ignorance of the history of the science, views are esteemed new, which had been promulgated by earlier investigators. He has, therefore, in an encyclopediac work like the present, retained many of those opinions whilst he has labored to do especial justice to such as have emanated from more recent inquiries. In this respect, his work differs from many valuable physiological treatises that are before the public."

The work has been embellished with the addition of many very highly finished illustrations, now numbering 474 ; and a Bibliography is contained in the first volume, exhibiting the number and variety of sources of information at home and abroad which the author has had to consult, thus rendering the work complete in every respect.

There is no single book we would recommend to the Student or

Physician, with greater confidence than the present, because in it, will be found a mirror of almost every standard physiological work of the day. In such valuable contributions as those of Todd and Bowman, Kirkes and Paget, Carpenter and some others, particular portions of Physiology receive special attention, whilst others are briefly considered, and in none, is there to be found a complete epitome of this branch of Medical Science. In the work before us this defect is more than supplied, and every subject in connection with Physiology receives that consideration at the hands of the author which its importance demands, and which at the same time is compatible with the limits of the work.

We most cordially recommend the work to every member of the profession, and no student should be without it. It is the completest work on Physiology in the English language, and is highly creditable to the author and publishers.

G. D. G.

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*Operative Surgery Illustrated, containing more than Nineteen Hundred Engravings, including Two Hundred Original, and Fifty Colored Drawings, with Explanatory Text.* By R. A. Piper, M. D., Boston—Ticknor, Reed, and Fields.

When we received the work before us, we fancied we had obtained one of Mr. Churchill's, celebrated manuals, for though larger than these treatises, it resembles them much in outward appearance, and is not surpassed by them, either in the printing, paper, binding or illustration.

Our American friends are "going ahead" in the matter of book-making--and we hope ere long to see no more of those unsightly tomes, with sheep-skin covers, bad print, fuzzy paper and execrable wood-cuts, in which, (by some perversion of taste) our friends have, for so long a time, thought it absolutely necessary to serve up a Medical Treatise. The illustrations in the above work, are beautifully and accurately executed—and we believe, that there is a representation of every operation as yet performed or proposed. It is not to be supposed, that these illustrations should be original, they are taken from all the recent works, of British, French and American origin, and are accompanied by clear, accurate and appropriate commentaries. Our readers, must not expect a *treatise on operative surgery*, but they will find operative surgery, well illustrated in Dr. Piper's Work; and to those who have occasion to employ the knife, we strongly recommend it as a useful guide.

*A Practical Treatise on Dental Medicine, &c.* By THOMAS E. BOND, A. M., M. D., Philadelphia—Lindsay and Blakiston.

WE doubt not, there are many of our brethren throughout the country, to whom a good plain treatise, upon the diseases of the teeth, would prove an acceptable boon. They must frequently meet with cases, where such a work would be of great assistance to them, and relieve them of much anxiety, and as a regular Dentist, cannot, in all such cases be consulted, we would recommend them to purchase and become familiar with the excellent treatise before us. But whilst we recommend Dr. Bond, as a judicious teacher in his own branch—*dentistry*, we would warn our readers, to pay no heed to his instructions, when he wanders into the realms of *surgery* for most assuredly he is a sad authority on this branch, which we can see no good reason for his introducing in his work. A surgeon may be asked to clean and stuff teeth, and if he be wise, he will refuse; but we cannot conceive any one asking a dentist to remove his upper jaw, to excise his inferior maxilla, or to operate on his child's hare-lip; and therefore, we think Dr. Bond might have left such subjects to those whose proper duty it is to treat these diseases. As a specimen of the mode of instruction Dr. Bond gives in surgery, we quote the following passages. Speaking of the operation for hare-lip, he observes: "The wound is closed by the *twisted suture*; that is, two silver pins, with steel separate points are introduced" &c. "The points of the pins should then be unscrewed" &c. Now we have heard of such pins, and we believe, we once saw one, but we doubt, if Dr. B., has ever seen such a pin, and if he happen to have a spare one, we shall be obliged, by his sending it to us, that we may exhibit it to some of our surgeons here, who have been performing this operation, it is to be presumed, very improperly without any such specimen of Chirurgical foppery. Of the formation of a new lip (*cheilo-plasty*,) Dr. B. discourseth as follows: "In order to obviate this difficulty, the celebrated Dieffenbach, who has deservedly obtained a world-wide reputation, for his success in rhino-plastic surgery, suggested that a stripe of mucous membrane, should be folded over the edge of the incision," &c., &c., and in a note, to this passage, he gives the following information, which will no doubt, be duly appreciated by our readers "Rhino-plasty—literally, *nose-making*; a term first applied to the operation of making a substitute for a lost nose, but now applied to all operations for restoring lost parts." Wherefore your divisions and sub-divisions, Messrs. Dieffenbach, Delpech, Serre, Jobert, and Malgagne, are they not all included in Dr. Bond's Rhino-plasty? Why Mons. Jobert, have you tormented us, with your *Rhino*-plasty, *Cheilo*-plasty, *Blepharo*-plasty, *Geno*-plasty, *Oto*-plasty, *Ophrio*-plasty,

*Auto-plastie Crânienne, Kirato*-plasty, *Stomato*-plasty, *Staphylo*-plasty, *Palato*-plasty, *Urano*-plasty, *Batra-cosio*-plasty, *Laryngo*-plasty, *Tracheo*-plasty, *Thoraco*-plasty, *Entero*-plasty, *Hernio*-plasty, *Urethro*-plasty, *Cysto*-plasty, *Elytro*-plasty,—all of which you have the cool effrontery to tell us are divisions of *Auto*-plasty ; when it really appears, from wha Dr. Bond has discovered, that these divisions are all moon-shine, and that if a man be so unfortunate, as to require *Urethro*-plasty, you have only to perform *Rhino*-plasty, for his cure. But can it be just that the Urethra, should be repaired at the expense of the nose, seeing that the nose is so frequently lost, through the misconduct of the Urethra ? Time was when the " learned Taliacotius," from " Porters Bum," took the materials for his " sympathetic snout," but to Dr. Bond we are indebted for the above curious instance of retributive justice. Well may the modern Surgeon exclaim, *nous avons changé tout celà.*

Dr. Bond, has himself defined what he wishes a dentist to be—" not a mere mechanic employed to repair the teeth, or, if necessary, extract them, but an accomplished physician and surgeon, who, while devoting his attention particularly to the teeth, is prepared to undertake the treatment of the adjacent parts, however formidable and complicated their diseases may be." If we are to have such dentists, it is time that surgeons themselves, take up this neglected department of practice, and be prepared to " repair the teeth, or if necessary extract them," for there will soon be no *special* dentists, such as we have hitherto been accustomed to, and it is certainly easier for a surgeon to learn to repair, and if necessary, extract teeth, than for a dentist to acquire sufficient knowledge to operate for hare-lip, ranula, excision of upper and lower jaws, removal of epulis excision of exostosis " removal of a polypus, or other tumour," &c., &c.

We have pointed out the imperfections of the work, and these are confined to that section of it, which treats of pure surgery, as distinct from Dental Surgery ; it was not to be expected that Dr. Bond, should be well informed in this branch, and he has erred in introducing it at all ; for he has not written one line which shows he has the least familiarity with the subject.

# SCIENTIFIC INTELLIGENCE.

## SURGERY.

*Observations on the Symptoms resulting from an Undescended Testicle, which were of so painful a Nature as to necessitate its Removal.* By JOHN HAMILTON, Surgeon to the Richmond Hospital, Examiner in Surgery to the Queen's University in Ireland, &c.

THIS is an article from the pen of one of those "Practical Surgeons" for which Dublin has long been celebrated. After adverting to the rarity of the arrest of the testicle in its descent during fœtal life and pointing out the different places in its course, at which it may be arrested, he observes:—Occasionally it happens that during a violent effort the testicle is suddenly forced into a new situation, where the compression to which it is subjected, soon induces such pain and inflammation as to call for the most active antiphlogistic remedies. The symptoms, also, are at times so violent, that (the tumour on the groin, occupying the usual seat of inguinal hernia) they have been taken for those of strangulated hernia. In illustration of this, he refers to Mr. Pott's case, which is sufficiently well known, and to one related in the *Revue Médicale*, by M. DeLasiauve. He gives an abstract of the latter, and then proceeds to say:—In this case, inattention and ignorance led to the removal of the testicle: on that which I am about to relate, it will be seen that the malposition of the gland in the groin gave rise to such distressing symptoms that its ablation was rendered absolutely necessary.

Mr. W, aged 45, always had a swelling in the right groin, which he and others fancied was a rupture. At one time he got a truss, but the pressure caused such pain that he could not bear it.

About seven weeks since, while lifting a heavy weight on board ship, he felt something on the situation of the swelling crack "like an egg shell," attended with great pain, shooting up the back and round the hip. The pain was so severe that he could not stand. Leeches were applied; he was cupped on the loins and he was purged, with relief, but the pain again returned, with such general illness, that his brother-in-law sent for me, fearing that it was a strangulated hernia.

I found a tumour resembling in appearance and situation an inguinal hernia of the right side. It was situated on the inguinal canal, and a little below the external abdominal ring, about the size of a hen's egg. The integuments were natural, but so exquisitely sensitive that examination could scarcely be borne. I ascertained, however, that it had

much the feel of a rather firm hernia, that it was smooth and elastic, and *not moved by coughing*. That part of it which protruded below the ring was very hard, and somewhat irregular, and seemed even more tender than the rest. He suffered great pain, not only in the swelling, but up the abdomen to the right loin. He was sick in the stomach, *but the bowels were open*. Skin hot; tongue whitish. As no testicle could be felt in the scrotum of the same side, I had no hesitation in attributing the symptoms to inflammation of an undescended testicle. The inflammation was probably caused by the testicle having been violently dislodged from its usual position on the inguinal canal, and forced into a narrower one, where it became subjected to severe compression by the unyielding tendinous expansion of the external oblique muscle. The violence of the attack speedily yielded to leeches, tartar-emetic and mercury, but the tumour still remained very sensitive; and that portion which projected external to the ring, was hard, and very tender; this afterwards proved to be the inferior globus of the epididymus, unusually elongated. When he got up and attempted to walk, he suffered pain, shooting from the testicle up the back, and was forced to go about with the body bent forwards, the erect position causing pain in the testicle. A fortnight had scarcely elapsed when, without apparent cause, the testicle became again inflamed, and in the short interval of seven weeks he had altogether four attacks of orchitis. As I have mentioned, I treated the first attack with leeches, cold lotions, antimonials and mercury; but the subsequent attacks differently. In the second, I tried the anodyne plan recommended by Mr. Gray, of the Free Hospital, London, which I have found useful in several cases of the ordinary gonorrhœal orchitis: a pill composed of two grains of extract of hyascyamus, with three of Dover's powder every fourth hour; warm poppy head stupes, and finally a blister. The last certainly had a most surprising effect; directly it rose, the pain and swelling subsided. In the last attack I removed the inflammation and its effects by a purge and blister alone.

This attack came on in a most unexpected manner. He had recovered from a former one more completely than usual; and, not to risk a relapse, he remained in bed for a few days after being to all appearance quite well, when turning in bed, he felt the testicle suddenly slip and go wrong, and inflammation commenced on it immediately. It now became clear, therefore, that though these attacks yielded to treatment, no safeguard existed against their repeated return. In consequence of the effects of the first effort, the position of the undescended testicle had been so changed that it was not only uneasy during any moderate exertion, but liable in a moment to become further dis-

placed, and to be injuriously compressed by the neighbouring parts. So circumstanced, he could not follow any calling which demanded the slightest effort; his future prospects were, therefore, as gloomy as his present state of suffering was distressing. Something more effectual must be attempted. Two plans presented themselves: first, to cut down to the external abdominal ring, slit it up, and that portion of the tendinous expansion of the external oblique muscle which forms the anterior wall of the inguinal canal, and which covered the testicle. This operation was suggested by Sir Philip Crampton in consultation. It appeared to me, however, that after all it might only prove palliative, for when the wound had healed, and cicatrization taken place, the hard cicatrix might be as bad as before. It would be little more severe to remove the testicle altogether. To the removal of the testicle the patient most readily consented, though it was explained to him that the operation was not quite free from danger, the risk depending in a great measure on whether the serous sac or tunica vaginalis in which the testicle bag communicated with the cavity of the abdomen or not.

December 22nd, 1851. Assisted by Sir Philip Crampton, Dr. Frazer, and my pupil Mr. Malock, I removed the testicle, the patient being under the influence of chloroform.

An incision, between three and four inches long, was made over the tumour, and the layers of fascia rapidly divided down to the sac in which the testicle lay. The tendinous fascia of the external oblique was much thinner than usual. The walls of the sac felt thick, and it evidently contained fluid. I made a small cautious opening, when a quantity of transparent, yellow serum flowed out, the same in appearance as that of ordinary hydrocele. The sac was slit up, and the testicle could be seen lying in the tunica vaginalis; the membrane smooth and serous, but much more vascular and red than natural, and many bright red bands of adhesion existed between it and the surface of the testicle. There was no communication with the peritoneal cavity. The testicle was smaller than ordinary, its surface smooth and serous, but red; it was dissected out, along with its enveloping sac, from the subjacent parts, and the cord was also carefully separated. This was less easy and required more caution than in ordinary castration, as there was little space between the upper part of the testicle and the internal abdominal ring. A ligature was put round the cord, which was then divided, and the testicle taken away. There was very little bleeding. The case went on with scarcely a troublesome symptom, and in a little more than three weeks after, he walked into my study with the wound just healed, and with perfect freedom from any of his former morbid sensations.

After removal, examination showed the testicle to be smaller in the body than natural, but having the usual pulpy feel. The tunica albuginea was unusually thin, and when a portion of it was dissected off, the tubuli seminiferi appeared natural, but the division into lobes was much more distinct. When a piece of a seminal tube was placed in the field of a microscope, the structure was quite normal, but the fluid in it contained no spermatozon, only seminal granules. Some of the fluids expressed from the vas deferens exhibited the same character,—no spermatozon. The attempt was made by Mr. Carte to inject quicksilver down the vas deferens, but it stopped at little more than an inch rom the orifice, in consequence, as we found, of its being blocked up by a yellow substance of firm consistence. The epididymus presented characters quite peculiar: it was unusually long and large; the inferior globus that was felt external to the abdominal ring was much elongated and very hard; there was an appendix from the upper part of the epididymus, and a single hydated was discovered in it. The vas deferens of the ordinary size, but very hard, had not the usual zigzag convolutions on itself, but was very straight. The same firm, yellow substance which blocked it up was also found to fill the vasa efferentia.

As far, therefore, as the condition of the testicle went, there can be no doubt that its functions were irretrievably gone, and no regret can be felt at its removal. The deposits were, no doubt, the result of frequent attacks of inflammation; the intense redness of the tunica vaginalis, and the vascularity of the surface of the testicle, along with the adhesion, show this inflammation to have been of an unusually severe character.—*Dublin Quarterly Journal of Medical Science.*

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## PATHOLOGY AND PRACTICE OF MEDICINE.

*On Effusions into the Pleural Sac and their Treatment by Paracentesis Thoracis.* By W. Pepper, M. D., U. S.

[After the detail of four cases, Dr. Pepper concludes with the following practical commentary:]

The operation of paracentesis thoracis has at all times been viewed with more or less distrust by many distinguished members of our profession; and although this prejudice is now rapidly disappearing, owing to the numerous instances in which the most beneficial results have followed the operation, there still remains much discrepancy of opinion as to the particular circumstances under which this procedure is justifiable. And, indeed, it will be found upon impartial investigation, that most of the disastrous results consequent upon it are fairly attri-

butable to the want of proper discrimination in the selection of cases. Formerly, when the profession was in great measure ignorant of the physical signs indicative of effusion into the pleural cavities, it is not surprising that numerous instances of erroneous diagnosis and consequent faulty practice should have occurred; such as puncturing an enlarged liver or spleen, or medulary tumour, under the impression that fluid existed in the thoracic cavity; or even opening the sound, instead of the diseased side, when such effusion absolutely existed, and thus giving rise to collapse of the healthy lung, and consequently to speedy dissolution. But now that the physical signs are known to afford great certainty in determining the extent and character of thoracic disease, such errors cannot occur, except as the result of culpable ignorance or carelessness; and it is owing to the great improvement in this department of our science that the operation of paracentesis is beginning to be viewed with more favor by the profession.

It would be a work of supererogation, at the present time, to enter fully into details in regard to the physical signs indicative of intrathoracic effusions, and my remarks under this head shall, therefore, be as brief as possible. Dulness on percussion is one of the most important indications of such a condition, and it exists to even a greater degree than in pneumonia, whilst at the same time the elasticity of the chest is entirely destroyed. In those cases where the pleural sac is not filled with fluid, the line of dulness can generally be varied by changing the position of the patient; occasionally, however, the fluid is limited by adhesions, and, therefore, uninfluenced by position. The distension of the chest should next claim our attention. In some instances, the circumference of the diseased side will exeeed the healthy by one or two inches; whilst, at the same time, the intercostal spaces may be distended or bulging. In extreme cases, the heart will be displaced to the right or left, and the liver depressed by the superincumbent fluid. The absence of all vocal vibration, also, constitutes an important indication. In like manner, auscultation is all important in forming our diagnosis; thus, when the fluid is not considerable, a distinct ægophonic resonance of the voice, and a peculiar modified bronchial respiration, can be generally heard over the back, and even in the axillary region; whereas, when the accumulation is very great, these phenomena entirely disappear, or, at most, can only be heard over the root of the lung. Where most of the above signs coexist, as is generally the case when there is an extensive effusion, it would be quite impossible to fall into any serious error as to the true nature of the disease. At the same time, however, it is important to

attend to the previous history and accompanying functional disorders, such as dyspnœa and inability to lie on the sound side, paucity of cough and expectoration.

That there are cases of effusion, puriform or otherwise, which are not manifested by the above symptoms, must be conceded; as, for instance, when the fluid is confined between the lobes of the lung, or between the latter and the diaphragm; and it is also well known that when the effusion is but moderate, and of gradual formation, no marked dyspnœa is induced, nor are the viscera displaced, or the side distended. It may happen, in cases of local effusion, and where partial absorption has taken place, that the chest may even be contracted; but under the above circumstances paracentesis is not called for, and no objection can, therefore, be urged against this operation from these occasional difficulties in diagnosis. Encephaloid degeneration of the lung has, in several instances, been mistaken for empyema; and when we bear in mind that, in this latter affection, the percussion may be perfectly flat, the side distended and inelastic, the viscera dislocated, and all respiratory sounds and rales entirely absent, it must be confessed that much discrimination is necessary in forming our opinion as to the true nature of the case. In one instance, where "the question had been agitated as to whether paracentesis of the chest might be advisable," Dr. Stokes was enabled to pronounce upon the cancerous character of the affection, mainly by the varicose condition of the veins of the diseased side, and the currant-jelly-like sputa, in connexion with the previous history of the case. These peculiarities do not always attend cancerous degeneration of the lung; and, moreover, it should be remembered that the disease is frequently complicated with empyema, rendering the diagnosis more and more obscure. The fact that encephaloid degeneration of the lung is generally associated with humours of similar character occupying the mediastinum, and pressing upon the important organs contained in the region, will of itself frequently enable us to form a correct diagnosis; since, under these circumstances, we have violent pain in the neck or shoulder, with œdema of the face, chest, and arm, in connexion with dysphagia, hoarseness, and other symptoms caused by the pressure of the tumour. Moreover, cancer of the lungs is commonly attended with that peculiar condition of the system denominated cancerous cachexia; and not unfrequently we at the same time find malignant tumours occupying some of the external parts, as the gland of the neck or sides of the chest; the previous history of the case will also greatly aid us in forming a correct opinion as to the true nature of the disease. The only other affection of the lung likely to be confounded with empyema is chronic pneumonia; but in this disease the

pulmonary induration is clearly indicated by the increased vocal resonance and vibration, want of distension of the side, viscid sputa, and mucous rales.

Enlargement of the liver has occasionally been mistaken for empyema; but such an error could always be avoided by strict attention to the physical signs already enumerated, such as dislocation of the heart, prominence of the intercostal spaces, and bronchial respiration at the root of the lung; besides which, the previous history and accompanying symptoms could not fail to remove any remaining doubt. These two affections are, however, very frequently associated; for not only is the liver depressed in empyema by the superincumbent fluid, but owing to the pressure of the collapsed lung and fluid upon the ascending cava, preventing a free return of venous blood to the right auricle, it is also frequently much engorged. This condition, according to Dr. M'Donnell (*Dublin Journal of Med. Sci.*, 1844,) occurs as well in empyema of the left as of the right side, and is owing to the supplementary action imposed upon the liver by the imperfect decarbonization of the blood in the lungs. Whatever may be the true explanation of this congestion, its existence certainly forms an important feature in the history of empyema, particularly in reference to the operation of paracentesis. The above author also reports several cases of "pulsating empyema" of the left side, where the puriform matter in the external cellular tissue communicated with the intra-thoracic abcess, and thus received the indirect impulse of the heart. Under such circumstances, it is conceivable that these pulsating swellings might, by the careless observer, be mistaken for an aneurism, or a cancerous tumour; but the locality of the swelling, its fluctuation, the absence of thrill and rasping sound, in connexion with the extensive dulness of percussion and other physical signs of empyema, would at once distinguish it from an aneurism; whilst the absence of the cancerous cachexia, and of the peculiar elasticity so characteristic of medullary tumours, would clearly show its non-malignant character. A mere abcess of the cellular tissue, not communicating with the cavity of the thorax, could hardly be mistaken for empyema, since it would neither be increased by cough or diminished by pressure, as is generally the case when the external swelling forms but a part of the intrathoracic effusion. In like manner, by attending to the physical signs, functional disorders, and previous history, an hepatic abscess can readily be distinguished from empyema.

[The association of tubercle is a cogent contraindication to the operation, if contemplated as a curative and not simple as a palliative measure. On this point the author observes:]

Pulmonary tubercles are so frequently associated with empyema, that it becomes exceedingly important to direct our attention to this complication, particularly when paracentesis is proposed, since the ultimate success of the operation must, in a great measure, depend upon the perfect integrity of the lungs. When the tubercles are numerous or softened, giving rise to solidification or vomica, the true state of the case is at once revealed by auscultation and percussion; but, on the other hand, when they are small and disseminated, their presence is not indicated by any marked physical signs, and we are then obliged to rely more upon the previous history and general symptoms. It is worthy of observation, however, that in uncomplicated empyema, the lung of the sound side, owing to its supplementary action and increased determination of blood, is generally more or less congested; and it is, hence, no uncommon occurrence to find the respiratory murmur, in a measure, obscured by various râles, which might readily induce the belief that the disease was complicated with bronchitis or tubercles; under these circumstances, the expectoration occasionally becomes puriform (owing, as it has been supposed, to a species of vicarious action,) and thus tends to confirm the erroneous impression. At other times, the puriform sputa may proceed from the fistulous opening between the pleural cavity and the bronchial tubes of the compressed lung; in such cases, however, the pleural sac generally contains more or less air, as evinced by the tympantic percussion, and the peculiar gurgling induced by succession. Under these circumstances, it becomes important to ascertain whether the fistula has been caused by tubercular perforation, or by the corrosive action of the pus in the pleura. When it can be ascertained that the patient, after suffering for some time with cough, or other symptom of pulmonary irritation, has been suddenly seized with acute pain in the axillary region, followed by extreme dyspnœa, we may reasonably conclude that any pleuritic effusion consequent upon such a seizure has been the result of tubercular perforation; whereas, when the symptoms of pleurisy have occurred in the midst of perfect health, followed by a gradually increasing difficulty of breathing, and, at a still more remote period, by a sudden and very copious discharge of pus from the lungs, there can be but little doubt that the fistulous opening has been caused by the empyema bursting into the bronchial tubes. In those cases where the disease had been observed throughout, the physical signs would prevent all error upon this point. In connexion with the diagnosis of empyema, it is important to observe, that, when this disease is complicated with pneumothorax and purulent expectoration, it by no means follows that a fistula of the lung necessarily exists; the air in

the pleural sac may be evolved by the healthy pus, and this is particularly the case where there is necrosis of the ribs.

[Speaking of an important element in diagnosis, the author proceeds:]

It still remains to be considered whether there are any means by which the character of the pleuritic effusion can be positively ascertained. The mere intensity of the symptoms is no evidence of puriform effusion, since this may result from a low grade of inflammation, whilst, on the other hand, the most severe forms of pleuritis frequently end in effusion of serum and lymph; nor is the long duration of the effusion any proof of its puriform character, inasmuch as it is well known that serum may remain in the pleural sac for many months without undergoing any important change. Hectic fever has always been considered as more or less characteristic of empyema, but occasionally this disease exists without any considerable constitutional irritation; so that, from the previous history and general symptoms alone, we could but arrive at a probable opinion; more positive indications, however, may be derived from simple inspection of the chest. In cases of empyema, the lower intercostal spaces are frequently bulging to a much greater extent than ever occurs in hydrothorax, whether mechanical or inflammatory; whilst, at the same time, the superficial veins are oftimes distended and tortuous. These peculiarities are probably owing to the high specific gravity of the fluid distending the intercostal spaces, and at the same time pressing upon the deep-seated veins, thus obliging the venous blood to return to the heart by a circuitous route. Dr. Stokes believes that the intercostal bulging depends more upon imperfect innervation or paralysis of the muscles than upon the mere pressure of the pus; Dr. Roe is also of the opinion that a moderate amount of pus may by its irritating properties cause a relaxation or paralysis of the intercostal muscles, so as to give rise to a greater degree of distension than could be produced by the pressure of a much larger quantity of serum.

[In reference to the cases suitable for the operation of paracentesis, the author remarks:]

In uncomplicate cases, and where the amount of pus is so considerable as to cause much distress, we see no good reason why the operation should be delayed. The chief objection urged against the paracentesis is the alleged injurious effects resulting from the admission of air into the pleural sac; but it is now generally conceded that all apprehensions on this point have been, in a great measure, unfounded. In twenty-four cases reported by Dr. Roe, the admission of air produced no detriment, either by its pressure or decomposing influence, and numerous cases of a similar character might be collected from the different periodicals; this view is also in a measure confirmed by the well-known fact that

in the traumatic pneumothorax, from fractured rib or clavicle, the air produces no injurious effect, but is gradually absorbed as the cicatrised lung becomes inflated and restored to its natural position. But even supposing that the objection thus urged was valid, it certainly could be applied with equal force to the fistulous openings resulting from the corrosive action of the pus when abandoned to itself; when the lung has thus been perforated it is no longer susceptible of expansion, but must remain collapsed until the fluid contents of the pleura are discharged, and the fistulous opening healed; on the other hand, when the pus has worked its way externally through the intercostal spaces the openings are often tortuous or ragged, easily obstructed, and frequently associated with necrosts of the ribs. An appeal to facts also shows that the operation is fully sustained by experience: of sixteen cases of empyema, reported by Dr. T. Davis, in which paracentesis had been performed, twelve recovered; and of forty-four cases collected and reported by Dr. H. Roe, in the "Medico-Chirurgical Transactions," vol. xxvii., the operation proved successful in thirty-two instances, showing that more than two-thirds, or nearly three-fourths of the whole number recovered. Besides those just alluded to, numerous other successful cases have recently been reported in the various journals both of Europe and this country; and amongst the advocates for the operation may be enumerated many of those best qualified to form a correct opinion in thoracic diseases, such as Forbes, Stokes, Williams, Watson, and numerous others equally entitled to respect upon this subject.

When, however, the empyema is attended with a fistulous opening of the lung, sufficient to allow the pus to escape freely by expectoration, paracentesis is certainly not called for; but when the opening is small, or so obstructed as to prevent the free passage of the fluid, and thus give rise to increased oppression, a counter-opening in the side is clearly indicated; by this procedure not only will the pus be more rapidly and safely evacuated, but the perforation of the lung may heal, and thus allow the collapsed organ to regain its natural dimensions. When tubercles exist, with or without perforation of the lung, the expediency of the operations is, to say the least, extremely doubtful; and the most that can be hoped for from it, under these circumstances, is a temporary prolongation of life. Much of the disrepute which is by some attached to paracentesis thoracis can, in a great measure, be traced to the fact that cases similar to those just referred to, have too often been subjected to this operation.

[The author next speaks of paracentesis is acute hydrothorax.]

It is well known that, as a general rule, pleuritic effusions can be removed by appropriate treatment, such as bleeding, calomel, squill, and

digitalis, the various hydragogue cathartics, diuretics, and blisters; but, occasionally, all these means fail to promote absorption, whilst at the same time the effusion is gradually increasing and threatening a protracted and agonizing death; in such instances nothing but a resort to paracentesis can save the life of the patient, and it is incumbent upon the physician to recommend its performance before the powers of life have so far failed as to prevent the system from rallying after the removal of the fluid. In Europe, and particularly in France, this operation is frequently adopted in cases of extensive and recent pleuritic effusion, and it must not be concealed that, in some instances at least, there is reason to believe it has been resorted to prematurely; but, whilst in this disease as in croup, the operation should only be viewed as a dernier resort, it is still important that it should not be delayed until asphyxia has so far progressed as to materially interfere with its ultimate success. In many cases of inflammatory hydrothorax, the pleura is completely invested by a thick layer of lymph; and, under these circumstances, it is apparent that the fluid contents can be but slowly absorbed, or may even become as it were encysted, and there remain for many months or years without undergoing any important change; in such cases, though delay may not lead to ulceration of the lung or necrosis, as in case of empyema, it is evident that but little is to be hoped for from our therapeutic agents or the expectant plan of treatment; and that, therefore, paracentesis should be resorted to whenever the oppression is very considerable, more especially so, since the longer this operation is deferred the greater will be the difficulty in the lung regaining its natural position.

Dr. Roe reports in all some twenty-six cases of inflammatory hydrothorax, in which paracentesis had been performed, and of these seventeen recovered; showing, at least, that this procedure is not as hazardous as has been by some supposed. Other instances might be adduced to show that a timely resort to the operation might, in most instances, save the life of the patient.

In mechanical hydrothorax, where the effusion depends upon disease of the heart or forms a part of the general dropsy, as in the advanced stage of granular degeneration of the kidneys, nothing but temporary relief could be expected from tapping the chest; the effusion here forms but an incidental complication to a more serious disease which has already impaired the powers of life; and hence it is, that paracentesis is attended with much danger under these circumstances. Dr. Davis reports three cases of this character, in all of which the operation proved fatal; other fatal cases have also been recorded; and hence this practice has been in a great measure abandoned in this form of hydrothorax.

[In regard to the operation itself, the author observes:]

Some discrepancy of opinion still exists as to the exact locality where the puncture should be made; but it is now generally conceded, that the most eligible position is in the fifth intercostal space, about midway between the sternum and spine, or just posterior to the digitations of the serratus major; this part of the chest being generally most free from adhesions, and at the same time sufficiently remote from the other important organs. When the fluid points externally, constituting "empyema by necessity;" the puncture may be made with a lancet in the most prominent and yielding part of the swelling; but, in all other instances, a small sized trocar, such as is used for tapping in hydrocephalus or hydrocele, should be preferred, the point of the instrument being exceedingly sharp, so that the false membranes which occasionally line the costal pleura, may not be carried before it and thus frustrate the operation. By some, it is recommended that the fluid should be removed as far as practicable at the time of the operation; and with this view, it is urged, that pressure should be made over the epigastrium and side of the chest; but, in regard to this question, much must depend upon the condition of the patient, the character of the fluid, and duration of the disease. When the lung is much compressed and bound down by false membranes, it would not be desirable, even were it practicable, to draw off all the fluid at once, nor would it be prudent to pursue this course in feeble and exhausted subjects, the most that should be done under these circumstances, would be to allow an escape of fluid sufficient to remove the tension and oppression caused by the displacement of the mediastinum and diaphragm, the rest being allowed to flow off from day to day in accordance with the contraction of the chest, the expansion of the lung, and the rallying strength of the patient. In recent cases of empyema or serous effusion, and where there is good reason to believe that the lung is neither carnified or bound down by lymph or false membrane, the fluid may be evacuated at once, since the lung will gradually rise as the superincumbent pus or serum is removed. So long as any pus remains in the cavity of the pleura, the puncture will generally remain open; and it will also be found, that as the tension is removed, the external orifice will no longer correspond with the opening through the intercostal space, so that it is not necessary to render the integuments tense before making the puncture, as has been recommended with the view of forming a valvular opening, and thus preventing the entrance of air. Occasionally, however, the opening is disposed to close, and, under these circumstances, it is expedient that the orifice should be dilated by a small piece of waxed sponge or lint secured by an adhesive strap: some, on the other hand, have preferred

that it should heal, and the operation be repeated from time to time, according to the necessity of the case. In case of more serous effusion there can be no doubt as to the propriety of allowing the puncture to close; for, under these circumstances, the fluid that may remain will frequently be absorbed, or, at least, it can have no injurious effect upon the lung or ribs, as in the case of puriform matter; nature also appears to point out this course, since, in most instances where the chest has been punctured for serous effusion, the wound has promptly healed; whereas, in cases of empyema, it has been known to remainn open for many years without very materially interfering with the general health. With the view of effecting a radical cure in cases of chronic empyema, it has been recommended to inject the pleural sac with various stringent or stimulating fluids, such as decoctions of white oak bark, or solutions of iodine; in several instances the fluids thus injected have appeared in the expectoration, owing to the existence of a fistulous communication between the bronchia and pleura, and yet the patients have ultimately recovered.—*American Journal of Medical Science.*

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*On the Internal Administration of Chloroform in Delirium Tremens.* By RICHARD G. H. BUTCHER, F. R. C. S. I., Surgeon to Mercer's Hospital, &c. &c. &c.

THIS communication exhibits in a marked manner the great benefit to be derived in aggravated cases of delirium tremens, from the internal administration of chloroform in large doses.

The patient, Wm. Magrath, aged 26, a powerful young man, by trade, a wine porter, was admitted by the author, into Mercer's Hospital, June 25th, 1852. When admitted, four days had elapsed from the time of his giving up the stimulus, and he had no sleep during that period. His countenance was particularly anxious, with a wild expression: the pathognomonic symptom, tremor of the hands and tongue fully established. His speech was hurried and uneven; he was quite irrational and wild; pulse 120; surface of the body hot and burning, while his face was covered with perspiration, and his hair drenched in sweat. He was put into bed but would not remain quiet; got up, and kept constantly walking up and down the ward and corridor. He was ordered two grains of calomel and a grain of opium in pill, to be taken every third hour. He had taken three, but each was vomited almost immediately after being swallowed. A draught containing one grain of morphine, two drops of creosote, and an ounce of camphor mixture, to be given every third hour, was next tried, but this

was likewise rejected. If the patient only took a sup of cold water to moisten his parched mouth and lips, it was instantly vomited.

On the following morning, the 20th, his condition was a great deal worse, and the case now assumed a serious aspect. From the irritability of the stomach, opium in any form could not be got to rest upon it. As for the idea of administering repeated small opiate enemata in this powerful, restless, and uncontrollable young man, the practicability of it could not be entertained for a moment. From the satisfactory issue of two cases, reported in the *American Journal of Medical Science* for January, 1852, the same practice was determined on—the internal administration of chloroform.

At ten o'clock this morning, (26th,) one drachm of pure chloroform in two ounces and a half of water was administered. In an hour after swallowing it, the patient became comparatively tranquil, and could be persuaded to lie in bed.

Eleven o'clock :—He began to get drowsy, and slept for periods of ten and twelve minutes at a time. At a quarter before one o'clock, he became fully affected by the medicine, and fell into a quiet steady sleep ; and on visiting him at two and four P. M., he was still in profound sleep, and continued so until seven in the evening. During this long sleep of six hours, he was calm and quiet ; his pulse fell from 120, which it was in the morning, to 96, at which it remained ; his respirations were between 16 and 20 in the minute, and not louder than natural ; the temperature of the body was exalted. All along heat was maintained to the feet, and a pure current of air circulating around him, the windows being kept open. On his awakening, he was nearly quite sensible, and advantage was taken of this pause to administer a full stimulant cathartic, consisting of six grains of calomel and ten of camphor, not only with the intention of freeing the bowels of accumulated matter, but likewise to guard against congestion of the brain. Orders were left in case he should not sleep before ten, to administer half a drachm of chloroform in two ounces of camphor mixture.

27th, ten A. M. :—The patient went to sleep almost immediately after swallowing the bolus on last evening, so he did not require the chloroform draught. His bowels were opened three times very freely during the night, and his condition is in every way greatly improved. He is quite rational, and answers every question sensibly ; his pulse 96, considerable volume ; skin cool ; after being interrogated, he quietly turned on his side and went to sleep.

Three P. M. :—His bowels have been several times opened since morning, yet his pulse has risen to 110 ; the temperature of his body

is also increased; he is hot and burning; altogether he is excited, and the fear of horrible objects around him has returned. On the presence of those symptoms the chloroform draught was at once repeated. Shortly after, he took a large drink of tea, which was inadvertently left beside his bed, which produced vomiting immediately.

Nine P. M.;—Since the last visit, the patient has slept at short intervals, for one and two hours at a time; pulse still up to 110. Ordered the chloroform draught, one drachm to two ounces and a half of camphor mixture, to be repeated.

28th:—After the patient had taken the draught last night, he fell into a quiet sleep, which continued uninterrupted until eight o'clock this morning. He awoke quite collected and rational; his pulse 80; skin cool; his tongue and extremities quite free from tremor, and he feels in every respect well; his appetite has returned, and all food is retained on the stomach. Ordered a grain of morphia in an ounce of camphor mixture, to be given at night.

29th:—This morning the patient is quite restored; he is sitting up eating his breakfast heartily in bed; in short, he is quite convalescent, and only requires a little nourishment to remove the debility consequent upon so severe a struggle.

In reference to the administration of chloroform in the foregoing case, remarks the author in conclusion, there is one point which solicits our closest attention, namely: the remarkable lowering of the pulse, when the perfect effect of the medicine was produced; the pulse, in fact, might form the index to direct the practitioner as to the propriety of a repetition of the dose. Again, as a precautionary measure, I consider it desirable to keep heat to the feet, and a current of pure air circulating around the bed and through the apartment in which the patient lies.—*Dublin Medical Press.*

## MISCELLANEOUS.

[We copy the following interesting conversation from the *Edinburgh Monthly Journal*, the interlocutors being the conductors of that Periodical; and as their identity may not be detected by our readers we give the following Programme of the *Dramatis Personæ*:—

*Obstetricus*.....PROFESSOR SIMPSON.
*Chirurgus*.....PROFESSOR SYME.
*Medicus*.....PROFESSOR CHRISTISON.
*Physiologus*.....PROFESSOR DR. BENNETT.
*Chemicus*.....PROFESSOR MACLAGAN.
*Editor*.....DR. WM. ROBERTSON.

## COLLOQUIA DE OMNIBUS REBUS.

### COLL. V.—De remediis Novis, specifis, diabeticis, etc.

*Obstetricus* [*to Chirurgus*]. Might a friend venture to inquire what has disturbed your equanimity this evening ?

*Chirurgus.* Even yours would have been unsettled by the gentleman's story, who drove from my door as you arrived.

*Chemicus.* A tall, handsome, young fellow. I wondered to see him leaving your hospitable gate at such an hour.

*Chirurgus.* He is not in condition to enjoy hospitality, and came here for a very different purpose. He is one of the

Victims of Mercury. Passing through Edinburgh with a mercurial sore-throat, a pocketful of mercurial prescriptions, and a mercurial belt, he felt uneasy travelling with three such unsafe companions, and came to see what I thought of him and them.

*Chemicus.* He would be surprised to learn that the root of his misfortune lay in his belt and recipes, and not in his throat.

*Chirurgus.* Very possibly. But I have not yet told you all. Led by incidental circumstances, he had been for some time indulging freely in wine and wassail, and living a life of hard exercise and constant exposure. On expressing my wonder at this, he told me, to my consternation, that the London surgeon, who advised him to poison himself with mercury, had not put him on his guard, or under any rule or restriction, as to diet or regimen. You may judge what reason I had for appearing discomposed.

*Chemicus.* The traveller has cause to thank his stars and his constitution of "oak and triple brass," that he had not bid adieu to his nose and palate at least. What a fearful amount of misery must arise from the waggon-loads of mercurial pills and potions which are administered in London to all sorts of weak and scrofulous victims of venereal disease ! It is a subject of painful reflection to every mind not proof against every humane consideration.

*Chirurgus.* The *Athenæum* tells us the other day, that medical men "have a vested interest in fever and cholera ; their estate consists in the foul places, the bad drains, the putrid heaps of the city graveyards." If this opinion, which is doubtless founded on acquaintance with the sentiments of the author's medical friends—should fairly represent the tone of metropolitan medical ethics, it would be unreasonable to expect the abandonment of the mercurial treatment of syphilis. But we must hope that things are not quite so bad as might appear from the *Athenæum* In every medical community there must be

numbers of professional men who are not so blinded by the pursuit of gain as to have their eyes shut to the truth, because it may affect their pockets. There are even some bright exceptions to the dogmatic mercurialism of London surgery.

*Medicus.* Do you mean to tell us, that, after what has been done and written about syphilis and mercury during the last forty years, a non-mercurialist is still the exception in London practice?

*Chirurgus.* Certainly. Have we not perpetual proof of this in the contents of the London Journals, and in such living illustrations as my belted traveller—whose case, I can assure you, is by no means a solitary one in my observation.

*Medicus.* This in deplorable. When I first went to London, in 1820, satisfied by frequent experience in our Infirmary here, of the soundness of the non-mercurial doctrine, first propounded by the medical officers of the army, and then systematised and powerfully advocated by Dr. John Thomson, I was shocked to find, as pupil of one of the great metropolitan hospitals, its "foul-ward" patients salivating, many of them for the second, third, or fourth time, and its surgeons ignorant or regardless of the glorious victory over mercury gained by our army surgeons, and conclusively followed up in the North. Returning thither in 1838, I expected to encounter truth at last in the ascendant; but in vain. After the lapse of eighteen years there were the same wards, the same fetid atmosphere, the same mercurial victims—other surgeons, but the same ideas. Is it possible that fourteen years more have wrought no decay in that old donjon keep of prejudice?

*Physiologus.* I can add my testimony that matters were in the same state in 1833, having found in its attics the same sort of patients, and spit-boxes, and atmosphere, and notions that year, while a pupil, as you did in 1820.

*Obstetricus.* When *Chemicus* and I accompanied the late Mr. Bransby Cooper at his visit in Guy's Hospital in 1836, we ascertained that every surgical patient in the hospital was taking mercury in one shape or another; and there is no reason to suppose that matters are any better yet, so far as syphilis is concerned.

*Chirurgus.* The more need, then, for us to show the contrast; which the Managers of the Infirmary have just put it in our power to do. The great additions now made in the new buildings will afford ample accommodation for venereal patients, who for many years have been excluded from the hospital. We shall thus enable the student, as well as others, to learn from personal observation the truth of the principles, which have been so long taught and practised in Edinburgh:—that "Hunterian

chancres" and other primary affections may be cured by simple local treatment, without any mercury; and that in most secondary cases, mercury, instead of being an antidote for venereal infection, is another poison, and nothing else.

*Editor.* But would you consider so slight a matter as a Hunterian chancre a fit subject for hospital treatment?—it is such a trifle now under the non-mercurial method.

*Chirurgus.* The more occasion to prove to our unbelieving neighbours that it is so.

*Editor.* And where will you obtain in Edinburgh secondary cases of such severity as to instruct pupils or convince sceptical Southrons?

*Chirurgus.* Edinburgh can still supply a few of indigenous growth, thanks to one or two surviving home believers in the specific virtues of mercury against syphilis; and any want of native produce will be amply made up by arrivals from other parts still groaning under the mercurial curse.

*Editor.* To what do you ascribe so great a disregard of advancement in therapeutics as this dogged perseverance of our London brethren in the mercurial delusion?

*Chemicus.* To metropolitan indifference for improvement originating from without;—Roman contempt for everything barbarain.

*Physiologus.* Don't you think it may be rather referred to the prevalence there of a blind, degrading faith in Specifics, of which this mercury in the cure of syphilis has long been the chief?

*Medicus.* To both the one and the other concurrently, but at bottom to an imperfect, unsound, therapeutical education.

*Chemicus.* Why look farther than to metropolitan apathy towards "outside" improvement. For example, there has not been a single improvement of any importance made here in the treatment of diseases during the last five and twenty years that has been admitted into London practice, except tardily and imperfectly, if admitted at all.

*Medicus.* That is a bold proposition, yet true, and which, I doubt not, you can substantiate, if it be called in question. It may well rouse our metropolitan friends to serious reflection. But meanwhile, look a little beyond this state of things, and I think you will find its origin to be mainly a radical defect of tuition in therapeutics.

*Chemicus.* It was a marvellous step backwards, when in 1850 the whole Boards of medical education in London, by incomprehensible common consent, reduced their requirements in materia medica to a courses of lectures of three months.

*Medicus.* A heavy blow and discouragement truly to therapeutics. And more than this:—it is a proof to me that the nature and scope of therapeutics have not yet been duly appreciated in the London schools, or by the Boards of education there.

Is it possible to estimate too highly the importance of this branch of medical science? What is the ultimate object of medicine but the cure of diseases? What then ought to be the ultimate object of all medical education, if it be not the knowledge of the means of cure? To what purpose should we teach anatomy, physiology, chemistry,—why pathology and diagnosis,—if we did not possess remedies, medical and surgical, which we could put into the hands of students when so instructed? But fortunately we do possess them,—indeed in too lavish profusion. And the best of them are hard to obtain, difficult to know variable in quality, puzzling to select, nice to prepare, but above all most wonderful in action,—energetic, multifarious, complex, versatile, and singularly influenced by co-operating circumstances.

The ancients knew all this: Therapeutics, indeed, with semeiology, constituted almost their whole circle of medical science. The early modern physicians knew it also: Witness Matthioli's great folio *Commentationes*, which went through eleven editions during half the sixteenth century. Alston, the first British professor of materia medica, knew it. He stated in this University in 1738 with a course of lectures of six months in duration, and I have never heard that either professor or student has since found the period too long. In all great medical schools of the present day, except one, the same opinion has prevailed. In Britain, under the united name of Materia Medica, on the Continent under the separate heads of Pharmacy and Therapeutics, the means of curing diseases are taught in just equilibrium with the other branches of medicine. In London alone has it entered into the understanding of man to conceive that pharmacy, therapeutics, diet, and regimen may be mastered by a student in sixty lectures. When, indeed, University College, and afterwards King's College, were founded on the model of that of Edinburgh, an attempt was made to place the materia medica on a satisfactory footing, and other London schools followed the example. But after a twenty year's trial the attempt, it seems, has signally failed: and in 1850 both the London College of Surgeons and the Apothecaries' Company reduced their requirments in materia medica to the old miserable standard.

*Chirurgus.* Possibly they thought that all which is at present positively ascertained on the subject may be taught in three months.

*Chemicus.* If professors of medicine and surgery were to teach only what is positively known in their several departments, few of them would require more time. It is the very uncertainty of materia medica, and

especially of therapeutics,—the number of doubtful points to be discussed, the quantity of falsehood to be cleared up, the amount of fashionable humbug to be exposed, that entail the necessity of deliberate tuition.

*Medicus.* Exalty so. But unfortunately, in the London system there has long been no time left for anything but hasty tuition in this and some other equally important branches. The dominant influence of the College of Surgeons as an educational body,—the partial, narrow views of their Council, who now, as in time past, will look to nothing but anatomy and surgery as deserving of earnest attention,—have been the main cause of this. With the Council of the College, Anatomy and Surgery have been everything ; at least every thing else is little more than nothing. Even Physiology and Pathology by their regulations mere offsets or appendages to anotomy, and to be taught as branches of it,—a very natural error for a body composed entirely of hospital surgeons and lecturers on anatomy and surgery, and in which no other branch of medical science or art is represented. And as for the Apothecaries' Company, it is easy to see why they do not encourage the science which they ought peculiary to foster; they cannot even yet overcome the old hallucinations that apprenticeship is education, and that a student, who is constantly handling drugs, must necessarily come to know all about them.

The consequences of all this might have been foreseen. What their directors undervalue, students do not prize. What the magnates of the profession do not cherish, the masses neglect. Therapeutics has ceased to be an object of inquiry, or is cultivated without method or principles. No one seems to care to improve our knowledge of old remedies. There is an incessant thirst for new ones. But these are sought for by the rule of chance; and not so much because they are needed for the purpose to which they are applied, and for which there is no want of acknowledged means; but apparently to satiate a morbid public craving for novelty, or to serve as a periodical invitation and advertisement. A wide-spreading empiricism broods over medicine, penetrating even into high places; and quackery of all kinds grows rank under its shade, pervading even the regular profession.

*Obstetricus.* You take a gloomy view of things. But the very magnitude of the evil will by and by work out its own reformation.

*Medicus.* It is not easy to avoid despondency, when one beholds, in relation to so essential a branch of medical science and practice, the ignorance of the profession, the advance of quackery, the sneers of the public, and the apathy of our medical rulers.

*Chemicus.* "Appropos des Charlatans," I see.

A NEW HOMŒOPATHIC PETITION against the University of Edinburgh

has been presented to the Town Council, its Patrons. What do they want now?

*Editor.* The same favour as formerly;—that the Patrons shall compel the University to graduate homœopaths. But the Patrons have wisely shelved the petition by transmitting it *simpliciter* for the perusal of the Senate. It is a pity however they did not see they were merely made a catspaw of,—being set to talk about homœopathy at the Council Board, and thus to issue unwittingly a homœopathic advertisement. The originators could have no other aim with such instruments as their petitioners.

*Chemicus.* Who are they this time?

*Editor.* Nine hundred and fifteen decent tradesmen, operatives, and servants, with a remarkable predominence of the feminine gender, and especially a large assortment of housekeepers, cooks, and chambermaids. On this occasion there is neither lord, nor admiral, nor general, nor churchman.

*Obstetricus.* Is not the Archbishop of Dublin among them?

*Editor.* No. But they quote him in the body of their petition as one of their backers.

*Chirurgus.* Then let us leave the matter with the Archbishop and the chambermaids. It is in very safe keeping in their hands.

*Chemicus.* Reverting to the pestilence of new remedies with which medicine has for some time past been assailed, is there no short-hand way of bringing them to trial and condemnation? No lifetime is long enough to test them in the ordinary way.

*Medicus.* Test them, in the first place, by the principles of therapeutics, and most of them will be at once disposed of. We have only to look to the classification of known remedies, according to external characters and composition, in order to see that very many modern novelties in the materia medica are mere delusions. For remedies so classified possess generic actions, proper to each group, with which the actions of unknown individuals of the same group must in general coincide.

*Chemicus.* But anomalies in action exist among known individuals of the same natural group. Why not among the unknown?

*Medicus.* In a more advanced state of therapeutic science these anomalies will disappear one after another. They will be found to be parts of subordinate and intercurrent laws, which may direct the choice of remedies as much as the fundamental laws of the action of natural groups. For even already the existence of these fundamental laws is so well established, and many of the exceptions are so well accounted for, that a strong presumption of the value of a supposed new remedy may be formed by one who has made this interesting subject his study.

*Editor.* And what is to be done when this test fails, or is inapplicable in the present state of our knowledge?

*Medicus.* Make trial of such remedies by all means, and dispassionately; but with jealousy, if their alleged virtues violate the general rule of agreement in family properties; and above all, if they are put forth as specifics,—a term which appears to be used in the present day whenever no reason can be assigned why remedies act, or why they were resorted to.

*Chemicus.* I admit that when a remedy is spoken of as a specific, the word simply means, that we know nothing of its action. But do you think that, as a general rule, we are likely to be directed to new remedies by the consideration of their family position?

*Medicus.* Not for the present perhaps. But such will be the common rule no doubt, when the medical profession shall, for some five-and-twenty years, make it their duty, in all civilised countries, to throw their whole force on the study of therapeutics, as has been done with such signal success for pathology during the twenty-five years that are just past.

*Physiologus.* And meanwhile we are even already not without valuable instances of therapeutic theory successfully guiding practice in the choice of new remedies. Take chloroform for an example. The properties of chloroform were not discovered by accident. Sulphuric ether having been ascertained to be an anœsthetic, all toxicological experience and theory led to the conclusion, that other ether and etheroids would possess similar properties; and, accordingly, several such substances were found out, and chloroform at the head of them all for energy, safety, and facility of administration.

*Medicus.* Another excellent illustration is the gradual progress by which we have arrived at the most modern.

Treatment on Diabetes.—Having attained something very like a true pathology of the disease,—having discovered that it is not a disorder of the kidneys but a depraved digestion,—and having ascertained the chemical composition of all the principal articles of man's food,—by theory it was at once inferred, that a number of old remedies in the shape of physic, and many new ones still proposed from time to time, may be allowed to sink into oblivion. By theory, too, we know that a peculiar regulation of the diet constitutes the only sound treatment; and we know also what articles compose that diet,—thus already making a great stride towards the cure. For, by the substitution of gluten-bread and cakes made of bran, butter, and eggs, for ordinary bread and other farinaceous food, —and by allowing such vegetables as spinage, cauliflower, brocoli, and cabbage which contain little or nothing capable of conversion into sugar,

we have rendered a permanent nitrogenous diet practicable, which it was not before,—and so we effect sometimes a cure, and often a most material amendment, which may be maintained indefinitely by due dietetric observance.

*Obstetricus.* Have you seen any one recover entirely in that way?

*Medicus.* A gentleman of 65 recovered entirely three year's ago, and continues well, unless he exceeds at table; and another of 25, and a third a boy of 13, are greatly improved,—the latter, indeed, might be thought in all respects well, except that the urine continues saccharine.

*Obstetricus.* Although we do not now know any medicine to improve this state of things by directly controlling the morbid peculiarity of digestion which constitutes the disease, who knows that theory may not soon direct us to one?

*Medicus.* It is much more likely to do so than empirical trial, that is, accident,—which has been hitherto followed as the main guide. Indeed, I know not but that it may have actually pointed out a remedy already. At least I have just received some very apposite information, which may interest you, relative to an entirely new remedy, derived strictly from theoretical considerations,—namely, the

Treatment of Diabetes by Rennet, which seems to promise well. Dr Gray of Glasgow was lately induced to make trial of this substance by the following theoretical views. Diabetes consists in the process of digestion stopping at the conversion of other organic principles into sugar, which cannot be oxidated in the lungs, and is therefore thrown off as excrementitial by the kidneys. But rennet out of the body converts sugar into lactic acid, and it may therefore do so within the body likewise. Should such conversion take place, however, the disease will be brougnt to an end, if Liebig be right in his opinion, that lactic acid is one of the principles of the organic world which can support respiration, by becoming oxidated in the lungs. Resting on these views, Dr Gray tried rennet in the case of a patient so much reduced by diabetes, of at least twelve month's standing, as to be unable to work. Dietetic treatment had been only of partial benefit. Medicines of various kinds had been of little use. The urine was copious, 1045 in density, and strongly saccharine. On the 30th of last July, a teaspoonful of rennet, prepared as for the dairy was given thrice a-day. In eight days the density of the urine was reduced to 1025, and it contained lactic acid, but only a trace of sugar. In twenty-five days the quantity was sixty-four ounces, the density 1022.5, and the sugar gone entirely. In six weeks the urine continued free of sugar; the man had gained

weight considerably; his strength was such as to enable him to return to his employment; he thought himself in as good health as before his illness; and nevertheless he had been ten days on nearly his usual allowance of wheaten bread.

Now I am far from meaning to say, nor does Dr. Gray say, that rennet is thus proved to be a remedy for diabetes by its apparent success in a single case. But it is surely the most feasible remedy that has been proposed for many a day;—so feasible, that I hope many will give it at once a fair trial, which is his object in allowing me to give this brief notice of it to you all. Should it prove as successful in other hands as in his, we shall owe another therapeutic discovery to therapeutic theory.

*Obstetricus.* Were all inventors in the Materia Medica as well trained in therapeutics as Dr. Gray appears to have been, we should have fewer new remedies to deal with, and probably more good ones. It is certainly a striking confirmation of your criticism on London therapeutics, that, among the many new London remedies, not one has been announced for some years, which has stood the test of experiment elsewhere.

*Medicus,* A very natural consequence of the contempt manifested everywhere in London for therapeutic instruction. By the way I forgot to advert to a most extraordinary circumstance connected with the discountenancing of this branch of medical knowledge by the London boards of education,—viz., the complete and universal silence and submission with which their degrading regulations have been received. Not a single teacher has publicly uttered a single remonstrance. Not a journal has issued one word of criticism. Therapeutics, it seems has not a patron in the whole metropolis. But enough of this for the present.

*Physiologus.* You mentioned a little ago that we had arrived at something like a sound pathology of diabetes, and that it seems to be a disease of digestion. But you are aware that this view may require revision, since the recent discoveries of Mr. Bernard, relative to the functions of the liver, by which he has proved that.

SUGAR IS A NATURAL PRODUCT OF THE LIVER.

*Medicus.* That is possible. We do not yet see how the singular observations of Bernard are to affect the pathology of diabetes; but that they must have important bearings on it we can scarcely doubt. His inquiries have received too little attention in this country as yet. You have studied them carefully, and indeed have witnessed his leading experiments. Will you give us some account of them?

*Physiologus.* Within the last two years M. Bernard has brought forward a theory as to the production of sugar in the blood, which is supported by an amount of experimental proof that cannot be easily set aside. He admits that sugar may be formed in the process of digestion, and that a certain amount of it may, as the result of absorption from the alimentary canal, find its way into the blood. But he has shown that in man and animals of various orders, even so low down in the scale of creation as acephalous mollusca—if they are even fed entirely upon flesh—the blood from the hepatic vein invariably contains sugar. It is the result, however, of digestion of the food: for it disappears when an animal is starved, and it re-appears when the food is again given. He further observes, that sugar is found in the liver independently of the nature of the aliment. In dogs fed exclusively on animal food for several months, though he could find no sugar in the intestines or portal blood at its entrance into the liver, he always found it in the liver itself, and in the hepatic vein. In the spring of 1851 M. Bernard was good enough to perform the following experiment in my presence, during a visit I paid to Paris. A ligature was tied round the vena portæ where it enters the liver, and the dog was immediately killed by dividing the medulla oblongata. On opening the abdomen, the portal blood below the ligature, and blood from the hepatic vein, were immediately collected in separate glass vessels; and it was at once demonstrated, by applying the same test to both, that the latter contained sugar in abundance, but the former none. Sugar was also found in water in which a piece of the liver had been boiled in chips. Such an experiment seems decisive of the fact, that sugar is formed in the liver, and not conveyed to it with the blood through the vena portæ. Subsequently M. Bernard found that sugar is formed even by the fœtal liver; for he detected it in that organ both in mammals at different stages of intra-uterine life, and in birds before being hatched.

In all cases the sugar so formed presents the characters of grape-sugar. In all cases it is quickly decomposed on coming in contact with the blood and animal tissues. Hence, even in the livers of animals, it can be discovered only for a short time after death.

M. Bernard next discovered, that section of both pneumo-gastric nerves, as well as any violent shock to the nervous system, destroys the power of the liver to form sugar. The most interesting, however, of his observations, and that which bears most pointely on the pathology of diabetes, is, that irritation of the root of the pneumo-gastric nerves in the fourth ventricle of the brain increases the formation of sugar in the liver, and causes it so to abound in the blood that is secreted with the urine; in short, this operation produces artificial diabetes. M.

Bernard showed me this remarkable experiment. Having squeezed some urine from the bladder of a healthy rabbit, he proved that it did not contain sugar. He then passed a needle through the skull in such a way as to irritate the pneumo-gastric roots, and let the animal rest for an hour after the slight convulsions excited by the injury. Sugar was then found largely in its urine. On then killing the rabbit, it was found that the needle had wounded the intended part. I have since repeated this interesting experiment, with the same result; and so has my former assistant, Dr. Drummond: so that there can be no doubt of the fact.

*Medicus.* It has also been lately repeated with success in many trials by Dr. Schrader, as announced to the Royal Society of Sciences at Göttingen in the beginning of the present year.

*Physiologus.* M. Bernard has since informed me of the results of his farther researches on this subject. He has now discovered, that, although section of the pneumogastric nerves destroys the formation of sugar in the liver, it is restored by artificially irritating their cut extremities; and that diabetes is produced exactly in the same manner as by irritating their origins in the brain. He was therefore led to conclude that the nervous action on the liver, necessary for the secretion of sugar, is not direct along the pneumogastrics, as he formerly supposed, but indirect, or reflex, through these nerves as incidents, the medula oblongata as the centre, and the spinal cord communicating with the solar ganglion as the excident channels of communication. And following out this theory, he likewise found that whenever the respiratory function is violently stimulated, sugar appears in the urine, and that whenever ether or chloroform is given, a temporary diabetes is occasioned. It follows that the formation of sugar by the liver is analogous to those kinds of secretion which are produced by reflex action through the agency of a sympathetic ganglion, and the influence of certain stimuli—such for instance, as the secretion of saliva caused by the presence of sapid bodies in the mouth, where the sensitive and motor branches of the fifth pair operate in a reflex way through the agency of the submaxilary ganglion. In this case, stimulating the tongue is necessary to cause a flow of saliva; and in like manner, a certain stimulus of the lungs (normally by the air) is necessary to cause the formation of sugar by the liver. M Bernard further supposes, that in the same way that the lungs thus act by reflex nervous influence on the liver, so does increased action of the liver act upon the kidney; consequently, that the sugar, produced in excess by one organ, is excreted by the other.

Such is the present state of the question. Various pathological considerations might be stated which seem to show that Bernard's liver

theory of the origin of diabetes is as consistent with facts as the theory which ascribes it to disorder in the stomach. But further inquiry is necessary before we can positively settle the real cause of that very mysterious disease. Meanwhile, it is not easy as yet to see how the discoveries of Bernard will enable us to improve the treatment of diabetes, unless the well known symptom of dryness of the skin, by exciting the lung to increased transpiration, be connected with the cause of the disorder, in which case diaphoretics, though they have been often used with some benefit, would be more strongly indicated. But I think something will be learnt on this head ere long.

*Editor.* Gentlemen, I must beg you to excuse me for breaking up this colloquy so soon. I must prepare for an early start to Rotterdam.

*Physiologus.* And I to Paris.

*Chemicus.* And I to the Doune of Rothiemurchus.

*Chirurgus* [*aside*]. And *Medicus, Obstetricus,* and I, to the top of The Cobbler.

*Edin. Monthly Journal.*

# Canada Medical Journal.

MONTREAL: NOVEMBER, 1852.

We have delayed the publication of this number of the Journal in order to lay before our readers the announcement of the recent appointments in McGill College, but as there is no prospect of matters being brought to a close until the issue of some intrigues is ascertained, we cannot delay any longer. Suffice it to say, that as usual, irregularity and precipitancy have characterised the proceedings of the Faculty, and that as heretofore, though checked by the Governors, they have been successful enough to carry their measures in defiance of the opinion so generally expressed both privately and publicly by the profession of this city. From all that has occurred, we can, however, discover some facts that may be interesting to those of our readers who are about attending the practice of our hospitals, and it is this, that there is but little surgical practice in the Montreal General Hospital. There is no opportunity there for teaching that department—no inducement to a surgeon to devote himself to Clinical Surgery. Where are the proofs of this assertion? They are furnished by the movements of the faculty. The chair of Clinical Medicine became vacant by the resignation of Dr. Sewell, and instead of the vacancy being announced to the profession, the Governors have sanctioned a hole and corner proceeding by which Dr. Crawford, who had lectured on Clinical Surgery for some years, exchanges that chair for Clinical Medicine. Now, let us inquire why this sagacious surgeon has made election of Clinical Medicine. Is it not because he has never had a field for teaching surgery in the Hospital?—is it not because he has never had cases to lecture upon?—is it not because he has been obliged to spin out his course with subjects purely medical. How do *we* happen to know these facts? Because we have been a lecturer on Clinical Medicine to the College—because we did refuse the chair of Clinical Surgery, on the grounds that there was not sufficient material in the Hospital for the purpose of a clinical course—and moreover, we know the fact from the circumstance of our private clinical course given in 1849-50, being attended by more than double

the number of students who attended the University Clinical Course in the Hospital, and because we performed more operations in our private practice than the whole staff of McGill College performed in both their Hospital and private practice.

The Montreal General Hospital is equal to any on this Continent as a school of medicine, but surgery is rarely witnessed within its walls. If this has hitherto been the case, what prospect has that Hospital of now obtaining a character for surgical practice, seeing that St. Patrick's Hospital so far outstrips it in public estimation and in the good opinion of the classes whence the inmates of an hospital are usually furnished. If it had no reputation when alone, it can not expect much increase now, and the resignation of one of its oldest professors of a surgical chair for one of medicine, is an exceedingly significant movement and one which clearly establishes the accuracy of the statements we have made. Indeed we cannot see how the surgical clinic was given during the months of February, March and April of the present year, for the quarterly report of the Hospital furnishes the following as the list of operations performed, to witness which, students have come from distant parts of the Province :—

| | |
|---|---|
| Bleeding, | |
| Cupping, | 1 |
| Fractures (reduction of) | 3 |
| Issues, | 3 |
| Teeth, drawing of, | 50 |
| Minor Operations, | 37 |

In the name of wonder, what were the *minor* operations, when bleeding, cupping, issues and tooth drawing, were *capital* ones, and were considered worthy of special notice? And as only one-half of the above daring operations were performed by the College Lecturer, we are not astonished of his deserting so barren a field and seeking refuge in medical studies. We shall not permit ourselves to indulge in a prediction as to the future prospects of surgical education at that Hospital. The advantages held out to the students are quite peculiar and indeed quite different from what are promised them at all other universities in Europe or America.

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*Quebec Marine and Emigrant Hospital.*—The rumour concerning the appointment of Messrs. Dunscombe and Parent to inquire into the affairs of the above Institution, was unfounded. The Government has since then, formed a Commission composed of Drs. Nelson and MacDonnell, of Montreal, and Mr. Perrault, Advocate, of Kamouraska, to whom that important investigation has been entrusted.

## ST. PATRICK'S HOSPITAL.

This splendid Institution has been, since it was opened in August last, completely full of the most interesting cases in Surgery, Medicine, and in Ophthalmic and Aural Surgery, and we are glad to announce to our country friends that the numerous cases they have sent in for admission, have been received and have obtained the necessary relief. We would remind them to be particular in directing such patients to one of the Medical Staff of the Hospital, as we have been informed that some of their patients have not reached their destination.

The Private Wards have been also full and in every instance the inmates of this department have expressed the greatest satisfaction with the Institution, and their gratitude for the care and attention bestowed upon them—and in not a few instances, have left substantial proofs of their sincerity in the shape of pecuniary donations to the Hospital.

We would also remind our brethren that persons of all religions are admitted, and that they will oblige the Medical Staff by sending with each patient a certificate of his poverty, if unable to pay; but if able to do so, they are expected to mention the fact.

## TRINITY COLLEGE—TORONTO.

Dr. Deasley, a Medallist of the Richmond Hospital (Dublin) School of Medicine, M.R.C.S., was on Monday evening last elected to the Chair of Surgery in this University.

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His Excellency the Governor General has been pleased to grant Licences to Practice Physic, Surgery, and Midwifery in that part of the Province called Upper-Canada, to the following gentlemen, under Certificates from the Medical Board, viz:—JOHN ROSEBRUGH, of Galt; JOHN W. NORRIS, late of Newfoundland; and HARTLEY SAMUEL LAYCOCH, of Paris.—*Canada Gazette, 16th October.*

Also to MICHAEL BARRETT, B. A., of Toronto, and THOMAS JERRAM ORTON, of Guelph.—*Ib., 23rd Oct.* 1852.

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*Obituary.*—At Lennoxville, suddenly, on Monday, the 12th instant, Thomas Coke Alcorn, Esq., M. D., aged 43 years.

At Terrebonne, on the 10th inst., Dr. Anaclet Gigon, aged 47 years.

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We have received from the Editors, the first nine numbers of "L'Union Medicale de la Louisiane," published Monthly in the French Language, at New Orleans. We shall have much pleasure in transferring some of its able articles to our columns.

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We beg to call the attention to the advertisement of Mr. Hewson which appears on the cover, and to announce to our subscribers in and around Hamilton, that we have appointed him our Agent for that neighbourhood.

**SUBSCRIPTIONS HAVE BEEN RECEIVED FROM**

Dr. Treanor, Toronto.
Dr. Tetu, River Ouelle.
Dr. Blanchet, Quebec.
Dr. Fremont, "
Dr. Landry, "
Dr. Wight, St. Johns.
Dr. Brigham, Phillipsburg.
Dr. Reynolds, Fingal.
Dr. Elliot, Montreal.
Dr. Hall, Manningville.
Dr. Foster, Frost Village.
Dr. Salmon, Simcoe.
Dr. Goldstone, Cobourg.
Dr. M'Cayon, York, Grand River.
Dr. W. Bell, Ayr.
Dr. M'George, Ayr.
Dr. M'Mullin, Sandwich.
Dr. M'Gill, Oshawa.
Dr. Bristole, Belleville.
Dr. Whitcombe, Granby.
Dr. Couillard, St. Maurice.
Dr. Bardy, St. Pie.
Dr. John Deyall, Cavan, Monaghan.
Dr. C. H. Latour, St. Remi.
Dr. G. M. Low, Bowmanville.
Dr. Mount, Mascouche.
Dr. Ewing, Hawkesbury.
Dr. White, Dunham.
Dr. Bethune, Toronto.
Dr. Ferguson, Buckingham.

## ST. PATRICK'S HOSPITAL, MONTREAL.

THE Clinical Courses of Lectures at this Hospital will commence on WEDNESDAY, the 3rd of November next.

*Clinical Surgery*,.....DR. MACDONNELL.
*Clinical Medicine*,.....DR. DAVID.
*Clinical Ophthalmic and Aural Surgery*.....DR. H. HOWARD.

Students requiring six months of either Clinical Surgery or Clinical Medicine to complete their Curriculum, can obtain them by attending these courses, as they are of six months duration.

A. H. DAVID, M. D.
*Secretary*

## ST. PATRICK'S HOSPITAL.

### Clinical Lectures.

IN addition to the subjects usually taught during the Winter Session, the Medical Officers of the above Institution, will deliver a COURSE OF LECTURES, upon Special Subjects as follows :—

| | |
|---|---|
| DR. MACDONNELL..... | Diseases of the Chest. Female diseases, and diseases of the Urinary Organs. |
| DR. DAVID,..... | Diseases of the Skin and diseases of Children, &c., &c. |
| DR. HY. HOWARD,..... | On diseases of the Eye and Ear, with practical remarks upon all the operations performed during the Session. |

The Course will continue six months, commencing on Monday, 8th November. Each Lecturer delivering three lectures a week, for two months.

These Lectures are supplementary, to the ordinary Course of Clinical Instruction in Medicine and Surgery.

Fee for the Course,..... £5 5s.
Hospital Ticket, (six months)..... 1 10s.

A. H. DAVID, M. D.
*Secretary.*

## ST. LAWRENCE SCHOOL OF MEDICINE OF MONTREAL.

INCORPORATED BY ACT OF THE PROVINCIAL PARLIAMENT.

THE ensuing Winter Course of Lectures at this School will commence on TUESDAY, the 2nd of NOVEMBER next, and will be continued uninterruptedly (with the exception of the Christmas Vacation,) till the last week in April, forming a Session of six months.

*Midwifery and the Diseases of Women and Children*.....F. C. T. ARNOLDI, M. D., 9 o'clock A. M.
*Institutes of Medicine* (*Physiology, Pathology and Therapeutics.*).....G. D. GIBB, M. D. 10 A. M.
*Materia Medica and Pharmacy*.....G. E. FENWICK, M. D., 11 o'clock A. M.
*Anatomy* (*Descriptive and Surgical*).....T. W. JONES, M. D. 2 " P. M.
*Theory and Practice of Medicine*.....A. H. DAVID, M. D., 3 " P. M.
*Theory and Practice of Surgery*.....R. L. MACDONNELL M D. 4 " P. M.
*Ophthalmic and Aural Surgery*.....H. HOWARD, M. R. C. S. L. 5 " P. M.
*Chemistry*.....R. P. HOWARD, M. D., 7 " P. M.

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|---|---|
| *Clinical Surgery*.... | At the Montreal General Hospital by Dr. Arnoldi. |
| | At St. Patrick's Hospital by Dr. MacDonnell. |
| *Clinical Medicine*.. | At the Montreal General Hospital by Dr. R. P. Howard. |
| | At St. Patrick's Hospital by Dr. David. |
| *Clinical Ophthalmic and Aural Surgery*.. | At St. Patrick's Hospital by Dr. H. Howard. |

The certificates of this School being recognised by all the principal Universities and Colleges in Great Britain and the United States, it will be to the advantage of students intending to complete their Professional Education in either of those countries, to attend this School.

Montreal, September, 1852.

A. H. DAVID, M. D.,
*Secretary.*