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THE MEDICAL CHRONICLE.

VOL. I.]

MONTREAL, MARCH, 1854.

[No. 10.]

ORIGINAL COMMUNICATIONS.

ART. XXXIII.—*Contribution to Clinical Medicine. Case of complete Suppression of Urine for Eleven Days.* By J. Crawford, M.D., Professor of Clinical Medicine, McGill College.

Suppression of the secretion of urine, described under the various terms of ischuria renalis, paruria inops, anuria, &c. &c., is an affection of somewhat rare occurrence, and is generally fatal in a very few days, which event, in the experience of Sir Henry Hallford, takes place in about four or five days, the general limit being from two to six days, but death has occurred within 24 hours; while there are cases on record of life being prolonged for weeks, or even years; nay, it has been stated that a man lived 77 years without having made any urine!! There, however, is a good deal of uncertainty as to the correctness of many of these statements, and the general opinion is, that cases of total suppression of urine are usually fatal in a few days; the injurious effects (as is supposed) of the retained urea, or the azote, on the brain, being indicated by drowsiness and fatal coma. In the majority of cases, there is a manifest effort of nature to relieve herself by a profuse vicarious, urinous smelling perspiration, or by watery discharge from the bowels and stomach. The quantity of urine in health or disease is, of course, very various, according to many influencing circumstances. We thus readily understand the cause of anuria in cholera, and cases occur where only a small quantity is discharged, which may eventually terminate favorably, but where the suppression is complete the disease generally terminates fatally by coma in a few days.

The most frequent cause of anuria is nephritis, and some have attributed it to the granular degeneration of the kidney; but Dr. Bright says it is a rare consequence of this morbid condition. The symptoms are usually so obscure, or slight, that the disease may have existed a long time before the patient's attention is sufficiently roused, to induce him to apply for advice; and he may overlook the gradual diminution

in the quantity of urine, till actual suppression takes place, and even then may feel little uneasiness from the trifling inconvenience he suffers, and be surprised at the well-founded alarm of his physician. There are some peculiarities in the following case, which may make it interesting. Its unusually long duration of eleven days of complete anuria, the absence of coma, or any indication of cerebral lesion, of any urinous smell from the body, or vicarious discharge, unless from the stomach, and it will contrast also with Sir H. Hallford's cases, which he remarks were all "fat, corpulent men," between 50 and 60.

Mrs. H., *ætat.* 66, a healthy looking (although spare, thin) woman, of active and very temperate habits, whose occupation was in keeping a stall in the market-place, where (although having the shelter of a cover) she was much exposed to cold. She applied to me in the end of September, 1852, on account of a pain of her left hip and thigh, which she had been complaining of for a short time, but which did not interfere with her ordinary occupations, and was supposed to be rheumatism; for which a liniment containing croton oil was prescribed, and a few doses of calomel and opium exhibited at night to be followed in the morning by a saline aperient. The pain persisting, a blister was ordered to be applied to the hip, which removed it. Her mouth became slightly affected by the mercury; on the third day she complained of a colic pain, for which she took an anodyne. On the fifth day she sent for me to see her, as she had not made any urine for two days previously. She said she had passed a small quantity of blood per urethram. She stated that for some time previous to her present illness, her urine had been scanty, but clear, and free from sediment of any kind. About a year ago she had passed a large quantity of blood, mingled with her urine, and at different times smaller quantities. Her urine, however, although scanty, was never before suppressed. She had occasionally pains about the ilium, loins, groin, and down the thigh, but did not pay much attention to them. At the time I saw her, she complained that she felt those pains slightly, and only occasionally. She could bear pressure well over the pubic region, kidneys, or abdomen. She had no desire to make water. Pulse 80, very small; countenance natural; no headache, drowsiness, thirst, nor febrile symptom, nor indeed any indication of ill health, except the absence of the urinary secretion, and occasionally that the stomach was irritable. She vomited her drinks, some time after taking them, but had no nausea nor pain of the epigastrium. She was ordered a tepid bath, and a diuretic mixture, with nitrate and supertartrate of potass in solution for her ordinary drink. Her medicines and drinks were seldom retained in the stomach longer than an hour or two; a siphonism was applied to the epigastrium, with occasional enemata, and repetition of the hip baths. She slept lightly, and for short periods, at

night, and did not appear to suffer any inconvenience, except from the vomiting, which was neither severe nor distressing, and from an indefinable sensation in the abdomen. The catheter being introduced into the bladder, about a drachm of dark fluid blood was forcibly expelled through the instrument, but no urine was found in the organ. A mixture with creosote was ordered to quiet the stomach, which, like everything else, was retained only for an hour or two. Although she had no desire for drink, she relished a little wine and water. A blister was placed over the lumbar region, and enemata containing two ounces of spiritus terebinthinæ were repeated, with only the effect of moving the bowels. She continued much in the same state during 10 days, sleeping lightly at night, and perfectly free from any cerebral affection or drowsiness. In the afternoon of the eleventh day, she became restless, but could not explain the cause, refused the wine and water, as she had for some time her medicine, calmly saw her end approaching, and died on the evening of the eleventh day of the anuria, her mind being perfectly clear throughout.

Sectio Cadaveris.—A hasty examination of the body was made, to secure, if possible, the kidneys; but the fear of disturbing the body (already dressed up), prevented a minute inspection of the ureters or bladder, as the friends did not incline to it. The left kidney, on being removed, was found very large, at least one half larger than in health. The peritoneal covering had been in part torn off, from the friable, loose cortical structure in the removal, and the structure of the gland, exhibited a striking resemblance to that of the spleen, dark red, loose and flabby. On its upper extremity, two large round cysts, capable of holding an almond, were situated, filled with transparent lymph, resembled the eyes of an animal, and the mass on the whole had the appearance of a *lusus naturæ* rather than a kidney. On being cut open, the membranous portion was found dilated and stretched, the infundibulum much enlarged; the gland measured upwards of six inches in length, the cortical part being much hypertrophied and loose. The right kidney was not much more than half the size of the left. Upon its surface there were five or six cysts, varying in size from that of a pin's head to that of a cherry stone. The cortical substance was atrophied, of a yellow and reddish color. The infundibulum and calices much dilated. There did not appear to be any morbid deposit, or granular alteration in either of the kidneys.

In all probability the function of the right kidney ceased, or was considerably interrupted since the former attack of hæmaturia, a year previously, as it is difficult otherwise to account for the sudden and total suppression of the secretion.

ART. XXXIV.—Observations on Anchylosis. By William Hales Hingston, M.D., L.R.C.S.E., Member of the German Society of Naturalists and Physicians, &c.

In the September number of the Chronicle, when speaking, under the head "Medical Institutions of Berlin," of the Clinique in Ziegel Strasse, I alluded, *en passant*, to Langenbeck's heroic method of treating anchylosis generally. As the article in that number had already occupied more room than originally intended, or was consistent either with the comfort of its readers, or the intentions of its conductors, I merely mentioned the peculiarity of treatment, with the intention of returning to the subject on another occasion.

It has often been to me a matter of surprise, that a mode of treatment so effectual, and at the same time so safe, should be almost exclusively confined to the city in which it was first practised. During a residence in Berlin of nearly five months, I had an opportunity of witnessing the operation repeatedly, and the result was invariably favorable. On visiting the land of experimental surgery—France—I was informed by those on whose authority I could rely, that after Louvrier's miserable failures, the boldest surgeon would not feel warranted in interfering with an anchylosed limb.

I have not seen any similar treatment in British hospitals; and if the opinion of some of the teachers of surgery in the *Haupt Stadt* of things medical, Edinburgh, be taken as an index, the practice is unknown in Britain. I may, therefore, reasonably conclude, that interference with an anchylosed joint is not practised on this part of the continent, where surgeons and physicians seek for precedents, and wisely, too, in the annals of British medical literature. This, I trust, will be a sufficient excuse for the remarks that I may offer.

Anchylosis, in the words of Cooper, denotes an intimate union of two bones, which were naturally connected by a natural kind of joint. It is divided into *true* and *false*, according as the motion is totally or partially lost. "In the *true*, the bones grow together so completely, that not the smallest degree of motion can take place, and the case is positively incurable."* "Where the joint is perfectly immoveable, little can be done for the patient."† "In all cases anchylosis should be most warily interfered with; for it may be regarded as a compromise between health and disease; an imperfect cure, yet both a saving of the part, and a cessation of morbid action, the rash infringement of which is most likely to be visited by untoward consequences."‡ "No attempt should ever be made to cure, although every possible attempt should often be made to prevent a true anchylosis."§ "The exertion to prevent is not always proper, for

* Cooper.

† Hooper.

‡ Miller.

§ Cooper.

many diseases of joints may be said to terminate when ankylosis occurs." "The true form is not to be broken up either by gentle or violent means."†

Such opinions I might cite almost *ad libitum*, but sufficient has been said to show the estimation in which surgical interference is held.

For the relief of complete ankyloses, three modes have been proposed—1st, By cutting out a wedge-shaped piece of bone; 2nd, the establishment of a false joint, by laying bare the bone, sawing it in such a way as to interrupt its continuity; 3rd, the violent and sudden rupture of the ankylosis.

The first proposed by J. Rea Barton, Surgeon to the Pennsylvania Hospital, has been practised by him with success, also by Gibson of Philadelphia, but has not become general. The second is advocated by Velpeau. It was first performed by Barton, and afterwards by Rodgers of New York.‡ The third, although practised by the older surgeons, is opposed by Velpeau, and justly, too; for a more diabolical method for torturing a fellow-being, was perhaps never invented by the most fertile genius of a surgeon. An apparatus for this purpose was invented by M. Louvrier, called "infernal machine"—appropriate term—upon which, or rather *into* which the limb was fastened, and by a sudden turn of a winch, to which ropes leading from this machine were attached, the limb was straitened instantaneously with one or two distinct cracks. "A few escaped with comparative impunity, yet with little improvement in the part; in others, laceration, suppuration, gangrene, delirium, and death were the results.¶ Louvrier's method is now never employed, and writers on surgery only mention this mode of treatment in order to caution the reckless against adopting it. Even the two former meet with very few advocates.

The practice so successful under Langenbeck, and which has given rise to those remarks, consists in breaking up the callus, but in a manner very different from that of Louvrier. Langenbeck's predecessor in the university and hospital, Dieffenbach, long ago recommended *tenotomy* as a preliminary measure to the restoration of an ankylosed limb;§ but since the introduction of chloroform, there exists no necessity for the use of the knife. The patient should be placed in a recumbent posture, and chloroform administered until *complete* anaesthesia is induced; until, in fact, *the muscles cease to offer any resistance*. The most favorable joint for the operation, and that on which I have seen it performed most frequently, is the knee. An assistant or assistants fix the pelvis, and the surgeon commences gradual flexion, if the limb be extended, or extension

* Cooper. † Miller. ‡ South's Chelina. § Brit. & For. Quart. Review,

¶ Dieffenbach. Ueber die Durchschneidung der Sehnen und Muskeln, p. 249.

if flexed. In long standing cases, the force required is considerable; sometimes the whole weight of the body is necessary. When the limb yields to the external force, the amount of flexion is preserved until the next trial; the limb being exercised, passively, during the interval. A great degree of flexion is not to be desired at once; and the more cautiously and patiently the limb is managed, the less danger of reaction, and the greater the probability of success. The inflammation set up when so managed is very trifling; I have not seen it sufficient to interfere with the treatment or retard the cure. A couple of months are frequently necessary to restore the integrity of a joint; three or four weeks are sometimes sufficient. It is absolutely requisite, however, before interfering with a joint, that there should be no trace of inflammation, and that the patient should exhibit no tendency to scrofula, and this the more especially if the ankylosis be the result of scrofulous inflammation or ulceration. I might furnish numerous examples of the success attending the judicious management of ankylosed limbs whereby their function has been restored—one in particular of twelve years standing—under the care of Langenbeck—but want of space forbids, and as I have had an opportunity of testing the matter myself, I cite it *par preference*.

CASE.—Ankylosis of the Right Elbow.—J. S., a stout, healthy boy of about 13 (?) years of age, or, according to his *intelligent* parent, between 11 and 15, came to see me early in October last. It appears, from his statement, that in July of 1852, he had a severe attack of small pox, which, to use his mother's expression, "settled in the joint." Long after the eruption had disappeared, the elbow continued red, acutely painful, and swolln to an enormous size. By the employment of antiphlogistics, the pain and redness disappeared, but the joint remained stiff; and by unpardonable negligence on the part of the attendant, the limb was allowed to ankylose in a straight position.

Present condition, Oct. 2, 1853.—The arm is perfectly straight; muscles of the arm very much atrophied; elbow of the natural color, nearly twice the size of the left, but not painful. Ankylosis is *complete*, there not being the slightest degree of motion. Circumstances prevented his coming daily in October, but he visited me again in November. I administered chloroform, (and here I may remark that it requires more of the anæsthetic than is necessary for surgical operations generally); and when the muscles ceased to offer any resistance, I commenced flexion of the limb, assisted by my student, Mr. William Wilson. The first day I gained about an inch, and this required nearly all the strength of which I was possessed, so firmly were the bones united. I exercised the limb daily, and every third or fourth day repeated the chloroform, preserving always what I gained. On the 12th day, the arm was bent at an angle

of 45; and at the end of the month the boy could carry victuals to his mouth: Mr. J. F. Ault was present on one occasion, and both he and Mr. Wilson observed that there existed no obstruction to the perfect flexion and extension of the limb, but the will of the patient. The muscles of the upper arm were much increased in volume, and the elbow was reduced to the size of the other, when I lost sight of my patient at the Christmas Holidays.

To conclude. From what I have seen of the operation, I feel quite justified in supporting its claims to be admitted among the regular operations of surgery; and as ankylosis is a disease of frequent occurrence, any mode of alleviating the subjects of it, when supported by facts, should obtain a fair trial.

Montreal, February 17, 1854.

ART. XXXV.—*Death from Uterine Hemorrhage.* By William Marsden, M.D., Governor of the College of Physicians and Surgeons of Lower Canada.

In this case the medical men presumed that the deceased had not been using stimuli, because no traces of alcoholic odour were detected four days after death. It is a pathological fact, that even in cases where persons are known to have died from the direct effects of alcohol, no traces existed after death, as stated by Dr. Landry in his case; and all our authorities confirm the same fact. Did not the prisoner give wine to the deceased and actually pour it down her throat whilst in *articulo mortis*, and yet there was not the slightest trace of it discernible *post mortem*? It may not be amiss to cite one or two authorities on this subject.

M. Devergie gives the case of a child of six years old who died twenty-two hours after having swallowed a quantity of strong spirits, and yet, no traces of alcohol were discovered in any of the organs even by distillation. MM. Bouchardet and Sandras, whose experiments in this department of animal chemistry are numerous and minute, failed to discover any alcohol in any, except the pulmonary secretion; and the experiments of Choizat (who ascertained with as great certainty as the subject admits,) prove that alcohol is eliminated by the lungs.

The experiments of Magendie, Orfila, and Rayer shew that alcohol is rapidly absorbed by the veins of the alimentary canal. The liquor is taken up directly by the blood vessels, and follows the course of the circulation. Dr. Martin states that the lungs were congested, in fact, were

the only organs showing traces of diseased action, and this was evidently the effect of deceased's habits. The interesting experiments of Bischoff establish the action of the lungs in eliminating alcohol when introduced into the circulation, either directly by injection, or by absorption through the stomach. In proof, he injected ether in small quantity into the crural veins of a dog; and his colleague, M. Leibeg, brought a match near the nose of the animal. "Immediately during expiration thereof I saw a flame, which was extinguished during inspiration, and was again kindled by the match on the following expiration. It went out once more, and was rekindled as before. In a few minutes the animal expired, though the ether injected was a small quantity." It is evident, that although no traces of alcohol were detected in the deceased, no reasonable doubt can exist in any one's mind that she died under the influence of spirituous liquors, as it was clearly proved that between eight and nine o'clock in the morning she was intoxicated, and wine was poured down her throat when absolutely *in articulo*. With reference to the medical treatment also, it must be borne in mind that the prisoner, *of his own accord*, sent for the doctor, and that he evinced the greatest anxiety and distress at the apparently dangerous and hopeless condition of deceased. Dr. Roy also stated, that prisoner had sent for him, and evidently approved of his going there, from the manner in which he wished deceased taken care of. The doctor evidently regarded the case as totally beyond the reach of human means, as he did *nothing* with a view to relief, excepting wait upon the prisoner, who continued to the last, unceasingly to employ such means of restoration as his own judgment suggested.

The testimony of the women examined on the prosecution was particularly one sided; and the interpretation put upon the words or gestures of deceased were of the most partial and unfavorable character. The deceased had only lived a couple of years among a French population, and prisoner had made himself obnoxious to the women, as well as to the clergy, by keeping a tavern, as well as a general store. Deceased spoke "little or no French," and understood almost as little, and was obliged in order to make herself understood by French Canadians, "to mix up French and English" words indiscriminately, besides jesticulating and using signs. An attempt was made to prove that deceased had made a *dying declaration*, and to fix upon prisoner, the cause of her death by throwing her into the cellar, but there was not a tittle of evidence to support such a presumption. For instance, one witness asked her *à French* "whether it was true that her husband had thrown her into the cellar," and *she nodded!* Now supposing she had retained consciousness enough to understand the question put to her, it is well known to medical men and others, who have been with the dying, that persons in a

dying state frequently answer without reference to the question merely to avoid importunity. Again, another witness said that deceased died in anger with her husband on account of his bad treatment, which is thus satisfactorily explained to an unprejudiced mind. Witness in French told prisoner that his wife was going to die, and he replied in bad French, "Où de femme mourie—ban fâché,"—meaning that he knew she was dying and he was very sorry for it, instead of angry; whereas the charitable construction and interpretation of witness was, that she was dying "in anger" with prisoner.

As the medical opinions were founded on, and a verdict given according to the evidence, we have nothing to do with the statements of the prisoner either before or since the trial on that behalf, but I desire to draw attention to the statement of one of the non-medical witnesses, for reasons that will appear hereafter, who testified that, going into prisoner's house on the morning of the death of his wife, prisoner said to him among other things,—*Un petit enfant venu.*

Several persons of the best moral and social standing, merchants and others, gave prisoner a most excellent character for mildness, humanity, kindness, and strict integrity. As I cannot conclude this paper in the present number, I will in the next, by reviewing the testimony of Drs. Sewell and Marsden, when I will endeavour to produce authorities in support of their opinions and conclusions.

(To be concluded in our next.)

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXIX.—*On the Use and Abuse of Alcoholic Liquors in Health and Disease.* By William B. Carpenter, M.D., F.R.S., Examiner in Physiology in the University of London, Professor of Medical Jurisprudence in University College, and author of "The Principles of Physiology," etc., etc. With a Preface by D. F. Condie, M.D., Secretary of the College of Physicians of Philadelphia, etc., etc. Pp. 178. Philadelphia: Blanchard & Lea. Montreal: John Armour.

To the medical man, who calmly reflects on the vast amount of disease and misery which he daily meets with, directly traceable to the abuse of alcoholic liquors, the question of "total abstinence" assumes an importance commensurate with the philanthropy of his feelings. If he be one who cares only for self—one who can look unmoved on hu-

man sorrow and wretchedness in their veriest forms, or contemplate without one emotion of sorrow, or pity, his fellow-man in a state of absolute degradation, moral and physical, then the means which are being employed to stay the further progress of the monster curse of drunkenness in the world will meet with little sympathy at his hands. But, should he possess honest, manly sensibilities—if he can weep with those who weep, and rejoice with those who rejoice—if he can realize that he is united to all men by ties of a peculiar nature, by relations which stand superior to the adventitious circumstances of consanguinity, colour, rank, education, &c., then will he regard with pleasure every measure which has for its object to rescue man from demoralizing practices, and to place him high in the scale of moral and social being.

Drunkenness is rife in the lands. It is an incubus which now presses with fearful weight on the material progress of nations. It militates against the *mens sana in corpore sano*, so necessary to enable an individual to discharge with efficiency the duties of the station in which he finds himself placed; and, as communities are made up of single members, just in such proportion as intemperance prevails among a people will their advance in physical and intellectual developement be retarded. In truth, there is not merely a retardation; rather, on the contrary, a marked retrogression is observable. The deplorable condition of Sweden, which is now attracting the attention of the civilized world, affords an illustration of the effects which the long continued and inordinate use of intoxicating fluids has on the mind and body of man. The liquor which is in common use among the peasants of Sweden is an exceedingly fiery one, distilled from the potatoe, and which contains, when unpurified, a deleterious oily substance. Of this, and other ardent spirits, the average consumption, per annum, for every man, woman and child, is six gallons a head. This far exceeds the average consumption in other countries, and Sweden, therefore, enjoys the unenviable reputation of being the most drunken country in the world. Dr. Magnus Huss, of Stockholm, has recently published the second part of a monograph on "*Alcoholismus Chronicus*," a disease which prevails to a considerable extent in Sweden, and which is solely caused by alcoholic poisoning. The symptoms of this remarkable disease are progressive. The first observable symptom in the patient is loss of appetite. Tremblings of the hands, occurring in the morning, but subsequently continuing throughout the day, and increased by exertion, next make their appearance. His bodily powers diminish. The sense of sight begins to fail, and his speech becomes indistinct from a tremulous motion of the tongue. His sleep is broken by frightful dreams. Formications, or sensations as if ants were creeping beneath his skin, come on in the evening and afterwards continue during the day, becoming gradually

more painful. The muscular powers of the inferior extremities next diminish, and this debility spreading to the trunk, he can neither stand or sit, but is obliged to remain in a recumbent position. Loss of sensibility of the skin, beginning in the points of the fingers and toes, passing to the fore-arm, leg and trunk, next occurs. Hallucinations of various kinds set in; he imagines he hears persons talking and laughing, or, that he sees individuals or objects around him. He now becomes emaciated, and his skin assumes a yellowish hue. Painful startings, resembling electric shocks, occur in the legs; these startings spread to other parts of the body and become regular epileptic convulsions, followed frequently by delirium. The powers of thought and memory now begin to fail. Diarrhœa sets in and the skin assumes the appearance of parchment; this is followed by low muttering delirium, and death closes the scene.

Dr. Carpenter's work on Alcoholic Liquors should be in the hands of every one. Messrs. Blanchard & Lea have published a cheap edition and popularized it by placing, as foot notes, explanations of the technical terms.

XXX.—*A Practical Treatise on Inflammation of the Uterus, its Cervix and Appendages, and on its connexion with Uterine Disease.* By James Henry Bennet, M.D., &c. Fourth American from Third London Edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The recognition of uterine diseases is not of such modern date as many suppose. Both Ætius and Paulus Cægineta had considerable experience in them. Their knowledge, however, does not seem to have enlightened their successors to any great degree. Some of it no doubt was lost in the obscurity of the dark ages that came after their time, but the larger part was doomed to lay concealed and be unheard of for years. British practitioners are largely indebted to Dr. Bennet for the information they possess concerning them. Before 1845, when his book was first issued, the conceptions generally entertained of its subject were vague and imperfect. This gentleman, during a connexion of 7 years with the Parisian Hospitals, devoted his attention to the investigation of uterine pathology. Any one familiar with the practical schools of the St. Lazarre, St. Louis, La Pitié, La Charité, Hotel Dieu, and Salpetrie, will acknowledge their fitness for affording the necessary opportunities. To the observations there formed, he has since added those acquired during a London practice of some years, both in private and as a Dispensary physician. His work gives a fuller account of the diseases which it con-

siders, than any other in the English language. Much originality is displayed, and the views of others are fairly put forth. The opinions first formed have stood the test of several years' additional experience. The various plans of treatment pursued in Paris are described, and it concludes with an analytical record of 300 cases.

The advent of Dr. B.'s treatise created such a sensation and reaction as will long be remembered. Many of its readers were informed about matters with which they had previously little or no acquaintance, and early felt their immense importance. As it is human to pass from one extreme to the other, so practitioners, who formerly had scarcely ever a uterine complaint to treat, now recognized one in every female who consulted them. A perfect *furor* was manifested. Inflammation of the os and cervix was ubiquitous, the source of every female anxiety, from which none were exempt. The accoucheurs who kept pace with the advance of the age self-complacently admired the superiority they had attained over their fellows, who far behind them were pattering along their beaten path, as was their wont, without change or innovation. The *furor* extended beyond the profession, and was participated in by patients. Delicate women, hitherto characterized by modesty and all the virtues that grace their sex, began to refer every ill to a diseased womb—spoke of their symptoms with a familiarity shocking to hear—solicited to be subjected to the speculum, and were urgent in appeals for cauterization. The true seat of this morbid state soon became still more intelligible, and its poor sufferers fell into a sort of monomania, or as we would term it *hysteromania*. In London where this *furor* raged most widely and wildly, benevolent men bent their energies to its detection, exposure and remedy. From their inquiries we are now better able to form an estimate of the prevalence of the diseases in question.

Dr. B. believes inflammation of the cervix uteri to be very common. In the Western Dispensary, of 300 cases of uterine disease, 243 presented decidedly inflammatory symptoms, and 220 those of ulceration. This is a very large proportion, and quite opposed to the experience of other practitioners in larger practice, of older standing, at least as skilful, and as advantageously circumstanced. Thus Dr. R. Lee, in 708 cases, only found common congestion and inflammation in 13; in some of which it was limited to the fundus; ordinary enlargement and hardening in 3. Dr. Boyd believes ulceration of the neck and mouth of the womb, to be an exceedingly rare disease, "else," he says, "I must have observed it, having cut up and weighed many hundreds (uteri)." Dr. Allen in 12 years examined the bodies of more than 1000 females, and found no more than 20 examples of ulcerated os of any kind, even including the scrofulous and syphilitic. Mr. Prescott Hewett, in 600 uteri, seldom or ever met with anything which could have been called ulceration of os and

cervix, independently of scrofula and cancer. Mr. Pollock, in 400 examined, merely found 4 ulcerations, 3 scrofulous, 1 cancerous. Mr. Gray, out of 80, only 3 distinct ulcerations. Dr. Ashwell, author of a work on diseases of females, after more than 3000 examinations, only saw the neck of the uterus inflamed and ulcerated (exclusive of malignant cases), in 25 in 1000. The value of this testimony consists in the close parallelism which subsists between the kind of patients, in the observations by which it is afforded, and those of Dr. B., for here, as in Dr. B.'s, the gross numbers were all instances of uterine disease, occurring in the poorer classes, and every other such was carefully excluded..

As then we know of no means of reconciling the discrepancy, we take our guide from the majority, and while denying that ulceration is of the frequent occurrence which it is represented to be by Dr. B., are disposed to consider it as actually of rare occurrence.

From the description given at p. 89, of inflammatory ulceration in its incipient stage and time of greatest frequency, we can conceive that many observers would altogether deny that it applied to ulceration, and seeing the conditions there stated, object to include them under this head. And we think very justly so, for how can an ulcer be said to exist, when there is no solution of continuity, no excavation, no edges, and no stool. It is true, a trial test is to be used, and if a white stain follows the application of argent. nit., the proof is thought to be complete. But even this strange expedient is fallacious, for when there is merely a morbid action in the natural crypts of a mucous membrane, without any breach of the surface, the same result will be observed. As may be plainly evidenced in follicular affections of the throat. The part diseased, however, shows some positive signs, as "unusual redness and granulations, so minute as to be of doubtful existence." The degree of inflammation these indicate, may be doubtful. They are such as would occur in Sir C. Clarke's granular inflammation and this fact, taken with what has just been said, is adverse to an admission of their ulcerative nature. The author, it must be allowed, describes disease, and our difference with him principally relates to its intensity. Admitting it in its milder form: is it still as prevalent as his statements, when restricted to it, would represent it? The data formerly given from expressly specifying ulceration, cannot all be brought to bear upon the solution of this question. We have, however, the precise declaration of Dr. Lee in direct contradiction, and this in the absence of others, is enough to cast doubt upon the alleged frequency of inflammation of the neck of the uterus. The distinction upon which we have been insisting in regard to inflammation and ulceration, has a practical bearing. Dr. B., carrying out his ideas, treats the case as ulceration, and with very decided means. Now, if there be no ulceration, a resort to these means is un-

warrantable, and very likely to be productive of the state they were meant to cure.

For the treatment of ulceration, cauterization is necessary. The nit. silver will suffice in most cases, and when selected, can be used more often than the others. When the ulceration is extensive, or obstinate, the acid nit. of mercury is most efficacious, and next to it nitric acid. Generally speaking, 12 or 14 days should be allowed to elapse between two cauterizations; the nit. silver solid or in solution being used in the interim. When the case resists these measures, it is not yet hopeless, for by means of potassa fusa, and the actual cautery, "cases otherwise all but incurable are susceptible of easy and radical cure." The potassa is usually mixed with lime, as in the *Vienna paste*, so as to avert the bad results that might follow its deliquescence and diffusiveness.

In hypertrophy, or thickening of the neck of the uterus, Dr. B. has not derived sufficient benefit from the use of iodine and mercurials, either externally or internally, as to be induced to employ them; he has found all such cases easily overcome, even after failure of repeated medications, as they never withstand the melting influence of deep cauterization with potash or the red hot iron. Suitable constitutional treatment must never be neglected.

XXXI.—*Elementary Chemistry, Theoretical and Practical.* By George Fownes, F.R.S., late Professor of Practical Chemistry in University College, London. Edited, with additions, by Herbert Bridges, M.D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc., etc. A new American, from the late and revised London edition. With numerous illustrations on wood. Pp. 555. 1853. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

We know of no text book on chemistry that we would sooner recommend to the student than this edition of Prof. Fownes' work. The London editors say, that they have endeavoured "to include in the present edition of the manual the progress of chemistry since the author's death. The foundation which he laid and the form which he gave to the work remain untouched. But time has rendered it necessary that each portion should be revised; a few repairs, and some considerable additions, especially in organic chemistry, have been made. Thus, several of the chapters on the alcohols, the organic bases, colouring matters, &c., have been almost re-written." When we mention that these editors are Drs. H. Bennet Jones and A. W. Hoffman, it will be a sufficient

guarantee that the changes made are such as the present state of the science of chemistry demanded.

The American editor, Dr. Bridges, has added some notes on matters "overlooked by the author's friends," to which he has appended his initials.

CLINICAL LECTURE.

Clinical Lecture on Diseases of the Joints. By Samuel Solly, F.R.S.,
Surgeon to St. Thomas' Hospital.

(*Condensed from Lancet.*)

Gentlemen,—The ankle and tarsal joints must next afford us matter for reflection. Not many years ago, disease of the ankle joint, or scrofulous diseases of the tarsal bones, almost invariably led to amputation of the leg below the knee; but now we are able, in many cases formerly considered hopeless, to save the foot, and this is accomplished by the removal of carious bone by means of the gouge, acting on the same principle that guides the dental surgeon in the treatment of carious teeth; and I feel convinced that if the scalpel and the gouge were more frequently in the hands of the surgeon, that he would be less frequently called upon to use the amputating knife and the saw.

I will read to you some brief notes of what some of you, I dare say, have called my pet case, from the interest with which you must have perceived that I have watched it. Certainly one of the greatest boons that the discovery of chloroform has conferred on surgery is the impunity with which we are able to operate in these cases. All these painful operations must be more or less experimental, for as we cannot be certain of their perfect success, we should not have ventured so far into this hallowed path of conservative surgery, without the support of chloroform. These cases are always tedious, lasting a long while, and frequently making but little perceptible progress from day to day, or even from week to week. The patient to whom I have already referred has been in the hospital two years and a half, and all his wounds are only just healed. But I will give you an outline of this case.

James S., aged 15, was admitted into George's Ward, under my care, on the 16th March, 1852. He was a scrofulous looking boy, flabby, but not emaciated; the glands of the neck were swollen, and at some points had ulcerated; there were also a chain of small ulcers under the chin, extending nearly from one ear to the other. Both feet were swollen; in constant and severe pain; there were several sinuses with unhealthy, sluggish, purple edges, surrounding the ankle joints of both feet. At the bottom of these sinuses, carious bone could be felt.

History.—The left foot became painful and swelled, about two years previous to admission, and the right foot soon suffered in the same way. He was soon unable to walk from pain in the ankle joint and across the instep, nor could he bear any pressure over the joint. Abscesses formed

over both ankles, which, being poulticed for a short time, burst. They have never healed in the slightest degree from this time.

My first object on his admission was to improve his general health, before submitting him to any operation, and having accomplished this by means of cod liver oil, and a generous diet. I had him first in the operating theatre on the 16th June, 1853. On this occasion I cut down over the external malleolus of the left foot, and removed the whole of the external malleolus, a portion of the astragalus, and the articulating surface at the end of the tibia, laying open freely the ankle joint. The chasm which was thus made was certainly a fearful one, and I trembled for the after consequences; but as the operation was performed under the influence of chloroform, there was no suffering. He had an opiate at night and slept pretty well. I found him the next day more free from pain than previous to the operation; indeed, I have generally remarked that this is the case after the removal of carious bone, however severe the operation may have appeared at the time. The wound soon assumed a healthy appearance, suppurating freely, and throwing up florid and vigorous granulations. On the 2nd of July, I performed nearly this same operation on the right foot, with equal success; and on the 2nd October, finding that there was still some carious bone in the left foot, I again operated, on this occasion removing a large portion of the os calcis; and early in April this year, I was again obliged to operate on the right foot, removing some carious bone from the os calcis. The wounds and sinuses were all healed about the commencement of last August; that is, just 13 months and a half from the performance of the first operation; and now, early in October, he can walk well with the assistance of a stick; the feet are both quite sound, and for a scrofulous subject, is really a healthy looking boy.

Now you must not suppose, gentlemen, that you will be equally successful in all such cases, and you must watch them with great care, seeing that the health of your patient does not suffer from the operation or the discharge which follows. You must be prepared to have recourse to amputation, if you think your patient requires such mutilation to save his life. You must watch the condition of the tongue, and let it guide you in the administration of tonics. If you find it getting brown or dry, you abstain from quinine and its compeers, and give the effervescing mixtures, taking care at the same time to keep the bowels open. If there is much thirst with fever and depression, you will find brandy with soda water useful, adding the carbonate of ammonia to the effervescing mixture. If there is restlessness at night, give morphia, with an aperient in the morning; also calomel, if the liver is sluggish.

This curious disease of the tarsal bones is often induced by what is called a sprain. A simple *sprain*, pathologically speaking, is a stretching of a ligament to the extent of laceration of some of its fibres. In a scrofulous subject the bones are morbidly soft, so that the osseous tissue is torn, as well as the ligamentous, and this laceration is the primary cause of the caries. In considering the anatomy of the ligaments of the foot in relation to those injuries, let me remind you of the joints between the astragalus and os calcis, and the strong interosseous ligament which fills up the hollow between the two joints, by which these bones are united. The articulating surfaces are almost flat; the joints are not strengthened by any projecting lips, like the two strong malleoli at the

ankle joint. In all the balancing motions of the body the strain upon this ligament must be enormous. You will often find the attachments of this ligament the seat of disease, and, as the pus which is secreted from the carious bone finds its way most rapidly upwards towards the ankle joint, this disease has often been mistaken for disease of the ankle joint, and an erroneous operation performed. You will therefore see the importance of a correct diagnosis as regards the course of your operation; but it is also important in reference to your prognosis, for you will see if the ankle joint is sound, your patient, in the event of his recovering with an anchylosed calcaneo-astragaloid joint, will still retain the motions of the ankle joint.

Mary Ann M., aged thirty-two, (but looks much older), married, was admitted into Queen's Ward. She has never been very strong, but has never suffered from serious illness of any kind. About six months before admission, she began to suffer very severe pain in the right ankle; this she attributed to a sprain which she had received three weeks ago, although she had been suffering no inconvenience in the interval. The outer side of the foot, about and below the ankle, began to swell soon after the pain commenced, and also became red upon the surface. The redness and pain extended some distance up the leg at first, but this soon went away by fomentation. About a month after she first began to suffer pain, a small abscess formed below the outer malleolus, which soon broke and discharged a very small quantity of pus. Lately, too, she has had some similar openings on the inner side; none of them discharge much pus. Her general health has suffered much during her illness; she looks pale and anemic, and feels low. The ankle, as a whole, is very much swollen; the malleoli, however, can both be felt plainly. No fluctuation can be felt in the intervals of the ligament of the joint, nor has she any pain on pressure here. She cannot walk on account of the jar which is communicated to the whole foot. The swelling on the outer part of the os calcis is soft, quaggy, and most particularly circumscribed; upon its surface are several ulcerated openings. A probe passes some depth in two of these, and at the bottom soft and carious bone is felt, which seems to belong partly to the astragalus, but principally to the os calcis. She has not noticed any scales of bone come away with the poultices, which had been applied previous to her admission. Cod liver oil, one drachm, twice a day, porter, slice of meat.

April 23rd. A long semilunar incision was made from near the insertion of the tendo achillis to about the middle of the fifth metatarsal bone. Upon cutting deeper, a considerable part of the os calcis was found soft and carious, and about one-third of its body, with a small portion of astragalus, were removed by the gouge; there was not much hemorrhage. The patient had chloroform. The extremities of the wound were afterwards brought together by plaster, but the middle left open.

Was presented, Sept. 26. Could not bear any weight on the foot, but has no open sores now. Has still some puffiness on the outside, but no tenderness on pressure. Health very good, in fact better than for some time.

The above case exhibits the serious consequences occasionally resulting from sprain. Details of such cases in their early stages might be accumulated without number. Prevention is better than cure. A sprain, especially in a strumous subject, is a very serious matter, and it is for this

reason that the Almighty Creator has endowed the ligaments with such exquisite sensibility. I recommend, in the first instance, entire rest in all sprains while there is any inflammation; after a few days I treat it as a fracture, and fix the foot completely either with the gum-bandage, which is, on the whole, the best, or by means of stiff buff leather splints. These splints are softened with warm water, and then moulded to the foot. Gutta percha may also be used, if you cannot procure leather thick enough, but I do not like the gutta percha as well as the leather.

THERAPEUTICAL RECORD.

(*Virginia Medical and Surgical Journal.*)

Anasarca.—Dr. Gintrac (*Journ. de Méd. de Bourdeaux*) reports a case of ascites and general anasarca supervening upon intermittent fever, which, after resisting treatment by nitrate and acetate of potash and digitalis, squill, scammony, gamboge, etc., was relieved by sulphate of manganese. It is already known that good results have been obtained from the cholagogue action of this remedy, in the jaundice; which often follows miasmatic fevers.

Paraplegia.—In treating of that form of paraplegia connected with exhaustion, which is often caused by chlorosis, anæmia, onanism, excessive coition, etc., M. Trousseau recommends (*Ann. medico-psychologiques*) frictions, flagellation, urtication, cold affusion, and the internal employment of ferruginous preparations and bitter tonics. If these means are unavailing, the practitioner should have recourse to a remedy proposed by Dufrenoy, of Valenciennes, in paraplegia occasioned by the retrocession of dartrous eruptions; this is the extract of *rhus radicans* (*toxicodendron*), prepared from the unpurified juice of that plant. MM. Brettonneau and Trousseau administer this medicine prepared in pills: extract of toxicodendron, ℥v.; inert excipient, q. s.; make 25 pills. The dose is gradually increased until sixteen pills are taken daily.

Tooth-Ache.—A German Journal recapitulates the following formulæ, which may be used with advantage in dental caries: R. Opii et camphoræ, ana, gr. x.; spiritus vini rect., q. s.; Olei papaveris et cajaputi, ana, gtt. ʒj; M. This is Dr. Copland's formula. R. Spir. vini rect. et creosoti, ana, ʒvj.; tinct. cocci, ʒij.; olei menthæ, gtt. xii. M. (Bighini). R. Aluminis pulverizati, ʒj; alcoholis et spir. ætheris nitrici, ana, ʒiij. M. (Blake). Cottureau advises a solution of camphor in ether with a little ammonia; Barruel employs a mixture of ether and chloroform. All of these recipes are employed in the same way; a piece of cotton or lint moistened with one or other of the liquids is placed in the cavity of the tooth.

Erysipelas.—The tincture of the perchloride of iron, so highly recommended in this disease by Dr. Balfour, has been extensively used in the London hospitals with excellent results. (*Medical Times and Gazette*, 12th November.) With regard to the local applications in this affection, it may be stated that a large or thick sheet of cotton wool

appears to be superior in its protecting influences to all others. Lately, in several severe cases of erysipelas of the scalp, at St. Thomas' Hospital, Dr. Goolden smeared the affected parts with a thick coating of white paint. The patients did well, but the remedy is not an agreeable one.

Rheumatism—Chronic.—Dr. Bennett, of St. Thomas' Hospital, has recently observed (*Med. Times and Gazette*, Nov. 12.) many cases illustrative of the good effects of iodine painting of joints affected with chronic rheumatism. This remedy, though so long known, is not so generally employed as it should be. It was a great favorite, we believe, with the late Dr. Pereira.

Gout—Chronic.—The ancient remedy of soda poultices for chronic gout seems to have fallen into unmerited disuse. We have lately seen numerous cases in which they apparently produced great benefit. One drachm of soda was mixed with a common bread poultice and applied hot over the affected joint every night.—*Med. Times and Gazette*, Nov. 12.

PERISCOPE.

Iodide of Potassium in the Cerebral Affections of Children. By Sanford B. Hunt, M.D.—If we assume that chronic hydrocephalus includes only that class of cases when the disease comes on slowly, and is accompanied by tubercular deposit upon the brain or its membranes, the case following will not come under that designation. In all cases of hydrocephalus occurring in strumous children, or at the close of exhausting illnesses, it has been my fortune to witness a fatal result.

So universally has this held true, that it was common with the older authors to assert, that no case of dropsy of the brain had ever recovered, and that all such reported recoveries were cases of simulated cerebral disease, dependant on irritation elsewhere.

This opinion owes its origin to the fact, that no distinction was made between scrofulous hydrocephalus (tubercular meningitis) and that form produced by the retrocession of tumors, the translation of disease, or by idiopathic cerebritis. This distinction is now widely known, and it is freely admitted that cases of this latter kind may often recover.

It is still, however, a dangerous, and, in a large proportion of cases, a fatal disease. Coming on, as it often does, very suddenly, but little time is furnished for the exhibition of remedies. The prognosis must depend almost entirely on the amount of effusion, and particularly the degree in which the action of the heart and lungs are influenced thereby.

CASE.—Edwin S., aged 2 years. Feb. 6th, was called to see him. Up to Feb. 15th, the symptoms were of a shifting febrile character, with cough, hurried respiration, some stupor, and occasional intolerance of light.

On the 15th he had symptoms of bronchitis, with a tight ringing cough. Some expectorants were given. On the 16th there was an extremely profuse secretion of mucus in the lungs, in such quantity as to material-

ly impede respiration. He had a profuse perspiration, and also a diarrhœa; was pale and exhausted, and had hardly strength enough to free his lungs of the constantly rising mucus.

The treatment consisted of carb. ammon., quinine, and other supports. Under these he improved until the 18th, when he had an accession of fever, with two well-marked dysenteric discharges. For this (although he was very drowsy) opiates were given. He had, all this time, only such head symptoms as might be accounted for by the irritations elsewhere. The dysentery was checked by the opiates.

20th. Morning. Head symptoms more marked; pupils somewhat contracted; head hot. He screams occasionally with a very shrill voice—*cri hystericephalique*.

R Potass. nitras, gr. ij, every two hours.

3, P.M. Head symptoms are increasing. Pupils of the eyes very much contracted; head very hot; respiration labored and interrupted. There is general coma, and the pupil is entirely insensible to light.

R. Iod. potass., grs. v. every three hours. Ice bladder to the head. and warmth to the feet.

21st. Still insensible; chin quivers; pulse unsteady in volume, but cannot be called intermittent. Pupils of the eyes no larger than last night. Some diarrhœa.

Continue treatment.

Evening. Pulse slower and steady; head cooler; opens his eyes, and recognizes those around, apparently. The pupil of the right eye is very much enlarged. That of the left eye is enlarged, but is not more than one-half the size of the right.

Reduce the dose of iod. potass. to 3 grs.

Continue the revulsives.

22nd. Has his senses; skin cool; head getting quite cool. In the right eye the pupil is so much dilated, that a mere rim of the iris is visible.

R Emp. vesicat. to the nucha.

Continue the previous treatment.

23rd. My patient is extremely cross and fretful, but has quite an appetite, and appears every way better. Objects to the ice bladder for the first time; pupils less dilated and nearer of a size.

Omit the ice. Continue the iodide.

Evening. Pupils answer in some degree to the light; are both still enlarged, but nearer of a size, the right one having decreased, while the left remained stationary.

On the 24th I considered him convalescent. He was for some time extremely peevish and irritable, and two months elapsed before the iris regained its natural contractility.

The iodide was continued, in smaller doses, for some time. The record gives 112 grs. iodide. potass. as consumed in four days. As is usual in bedside pharmacy, the quantity was guessed at, and was really much larger than is stated, as I subsequently ascertained by weighing a bulk equal to that consumed during this period. In all these cases the large dose was tolerated by the stomach, and I discovered no unpleasant effects from it.

I have long considered the iodide of potassium as a most serviceable diuretic, while its acknowledged action of stimulating the absorbents.

peculiarly qualifies it for serous effusion. In cases of cerebral disease, we are usually unable to check them before the period of effusion, which sometimes comes on with astonishing rapidity. Those medicines—*e. g.* calomel—given with the view of controlling the inflammatory action, have not sufficient time to reach the difficulty, even if we admit that they have the power to control it. The use of drastic cathartics, so long and so strenuously urged, is, to my sense, not only unphilosophical, but injurious. The irritation of the alimentary mucous membrane is added to existing difficulties, and complicates, without relieving the case.

In an inflamed brain, every irritation is felt with more than ordinary severity. It should be a maxim in these cases, to avoid unnecessarily distressing the patient. Consequently, blisters are less serviceable than in effusions elsewhere, and though the draft upon the fluids, which they occasion, is desirable, they should be avoided until the effusion is evident, and the capacity of pain in the cutaneous nerves is obtunded by the loss of cerebral sensibility.

To the iodide of potassium none of these objections apply, for no pain or irritation follows its use.

The theory of simple hydrocephalus would seem to be comprised in the following indications:

1. To combat the local inflammation by cold to the head, and the warm bath.

2. To promote the action of the kidneys, and thus to hasten the absorption of effused fluid.

3. To maintain a soluble condition of the bowels without the use of drastic or irritating medicines. For this purpose I prefer the aloetic enema, attributing to it a revulsive, as well as cathartic effect.

4. To counter-irritate and set up artificial discharges of serum.

While I have a reasonable conviction of the real efficacy of the iodide of potassium in simple hydrocephalus, the question must remain unsettled until a large number of cases is obtained. I am, however, convinced that should it be proved that it exerts no influence upon the disease, it will be found, also, that the previous modes of treatment are objectionable on other and stronger grounds, and treatment will be finally limited to the employment of external revulsives only.—*Buffalo Medical Journal.*

Tetanus Successfully Treated by Chloroform.—By Glascott Symes, M.D., F.R.C.S.I., one of the attending Physicians to the Kingstown Dispensary.—On the 18th of August, 1853, I was called to visit a young gentleman aged twelve years, who was suffering much from paronychia of his left thumb, which I treated by incision. I did not see him again until the 25th of August, on which day I found him labouring under well-marked symptoms of tetanus; the muscles of the face, neck and abdomen were permanently rigid, and the other well-known symptoms of tetanus were present. The treatment usually adopted in tetanus was immediately put in force: thus, calomel and opium, &c., were perseveringly administered up to the 30th of August, but without any marked benefit, the disease still increasing, the spasmodic seizures becoming more frequent and violent; the muscles of the jaws were so rigid, the teeth were so completely closed, and the difficulty of swallowing was

so great, that not even fluid nourishment could be given to the patient. In consultation with Mr. Cusack, it was determined to try the effects of chloroform inhalation, which I administered with much difficulty, owing to the violent resistance which the patient made; he inhaled a considerable quantity, and remained under its full influence for upwards of twenty minutes; after the anæsthetic effects of the drug had passed away, the boy was able to swallow a glass of wine without much difficulty, and from that moment he gradually but steadily improved, and on the 19th of October he was perfectly well. The paronychia was slow in healing, the nail was not detached until the patient had nearly recovered from the tetanic symptoms.

I am fully aware that, in other hands, tetanus has been successfully treated by chloroform; thus two such cases have been lately detailed in the *Dublin Medical Press*. Every additional case is, however, in my mind, well worthy of being recorded, as it is only in this way that the power of chloroform, in certain cases of tetanus, can be made known to the profession at large.—*Dublin Hospital Gazette*.

A Case of Traumatic Tetanus successfully treated by Anæsthetic agents.
By T. F. Betton, M.D., of the Borough of Germantown, Philadelphia County.—On Thursday, September 22nd, 1853, I was called to see a young man of some nineteen or twenty years of age, boarding at Rockville Place, (the residence of Capt. J. D. Miles,) in this borough. He was supposed to be affected with cholera, or yellow fever, and the alarm of the inmates of the house was not inconsiderable. I saw him about 6 o'clock, P.M., and found him laboring under intense pain in the nape of the neck and back of the head, and also in the right hypochondriac region, extending towards the epigastrium. The history of the case given to me was, that he had arrived in the 11 o'clock train from Philadelphia, and walked over to Rockville, a distance of one and a half miles, feeling very well; nothing peculiar was observed about him. He himself informed me that about 3 o'clock, P.M., feeling a desire to evacuate his bowels, on retiring for that purpose he was seized with great pain in the bowels, accompanied by vomiting and purging. These circumstances, with the addition of a violent convulsion, gave rise to the idea of cholera. When I saw him he was strongly convulsed and agitated by the spasms so characteristic of tetanus, (opisthotonos,) which I at once supposed the disease to be. On questioning him, however, as to whether he had recently received any sort of wound, he replied in the negative. I then concluded that I was mistaken, but his mind, up to that time, not being very clear, I determined to act on my first impulse, and treat the case as one of tetanus. I gave him, at once, a large dose of Hoffman's anodyne, and tr. valerian with tr. opii, the only remedies at hand. His spine was also rubbed with a liniment composed of aq. ammon. fort., ol. succ. rect., spts. terebinth, and tr. opii, in equal parts. A pill of one grain of calomel, and half a grain of opium, was directed to be given hourly. I visited him at 10, P.M., and found the spasms still as strong as ever, but his mind being somewhat improved, he informed me that some three weeks previously (in this he was incorrect, it was but one week,) he had been hurt by a nail in his foot. On examining his foot, no mark of injury could be discovered, but great tenderness on pressure existed near

the ball of the great toe. I made a deep incision in the part affected, without any apparent benefit. Continued the remedies during the night, with the addition of tr. cantharid, and tr. capsici to the liniment.

Friday, 8 o'clock A.M.—Condition worse. Inability to swallow, difficulty of speech, and, thinking himself dying, he had taken leave of his friends. Spasms increasing in frequency and intensity. Having provided myself with a mixture of three parts of sulphuric ether to one of chloroform, I instantly caused him to inhale it. The result was most gratifying. The spasm ceased as soon as the anæsthetic exerted its influence, and he became calm. In a few moments he was able to swallow some brandy and water. The original treatment was continued, with directions to let him inhale the ether whenever a spasm began to manifest itself. 3 o'clock P.M.—Progressing favorably, spasms perfectly controlled by the remedies, which were continued. 7½ o'clock P.M.—My friend Dr. Ashmead, of this borough, saw him with me, and approving of the treatment it was continued. My friends, Dr. Squire and Mr. Henry, student of medicine, having kindly consented to watch him during the night, he was left to their care, and I have sincere pleasure in saying that, to their judicious attention, skilful nursing, and management of the anæsthetic, his life is mainly due. A mixture of chloric ether and chloroform was freely administered during the night (about every 15 minutes for four hours,) whenever an indication of spasm was present. Beef tea and brandy and water were also given.

Saturday, 8 o'clock A.M.—Much improved; free from spasm. Seven o'clock P.M.—Doing well, had a slight spasm at 11 A.M., and one, more slight, at 3 P.M., none since.

Sunday.—This day was passed in tranquillity, his appetite is good, and condition in every way favorable.

Monday, 9 o'clock A.M.—Improving rapidly, and may be fairly considered convalescent. He has been entirely free from spasm for about forty-two hours.

Tuesday.—Has discharged his doctor, and considers himself well.

I now regret that I did not employ the chloroform on Thursday evening, instead of waiting until Friday morning, as he would have been saved some spasms. To the anæsthetic *alone* I attribute his recovery, and its influence appeared almost miraculous. May it not be equally valuable in hydrophobia?—*Medical Examiner.*

Styptic Balsam.—By James Warren, M.D.—It is nearly thirty years since I commenced the use of this balsam as a styptic, in the various forms of hemorrhage which are within the domain of medical pathology, and with uniform success.

I am satisfied that no remedy now known exerts a more specific power and more speedy relief, especially in hemoptysis, hematemesis, epistaxis and menorrhagia.

It acts both by its sedative power, in diminishing the force of the circulation, and by its astringent qualities, in contact with the bleeding vessels. In the treatment of hemorrhage, neither blood-letting, confinement to the room, suppression of the voice, relaxation from business, nor other precautions are necessary; nor is any auxiliary treatment required, except, perhaps, a dose of Epsom salts, where there is evidence that blood has been swallowed.

Ordinary exercise in the open air is decidedly preferable to inaction; and wherever there are premonitory symptoms of a return of hemorrhage, it has always exerted a prophylactic power when promptly used; and by this early resort to the remedy, many radical cures have been effected.

The following is the formula and the method of using it:

℞ Acid. Sulphuric. (by weight), ʒ v.
 Spts. Terebinth. }
 Spts. Vin. Rect. a a } f ʒij.

Place the acid in a Wedgewood mortar, and add the turpentine slowly, stirring it constantly with the pestle; then add the alcohol in the same manner, and continue stirring it until no more fumes arise, when it may be bottled, and should be stopped with a ground stopper.

It should be prepared from the purest materials; and when done, it should exhibit a dark but clear red color, like dark blood; but if it be a pale, dirty red, it will be unfit for use. The dose is 40 drops, and the method of using it as follows:—Put a tea-spoonful of brown sugar in a common sized tea-cup, and rub in 40 drops of the balsam until it is thoroughly incorporated, and then slowly stir in water until the cup is nearly full, when it should be immediately swallowed.

This dose may be repeated at intervals of an hour, until three or four doses are taken, if necessary; and its use should be discontinued when fresh blood ceases to flow. After standing a few days, a pellicle forms upon the surface of the balsam, which should be broken, and the liquid below it used. It does not deteriorate by age, if tightly stopped.—*New York Medical Times.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CRIMINAL RESPONSIBILITY OF THE INSANE IN CANADA.

Wilful homicide is the most atrocious crime that sinful man can commit in direct disobedience of Divine commandment, and outrageous defiance of legal consequences. In most instances, the circumstances of the crime are such as to admit of no palliation; and Justice, having overtaken her violent offender, proceeds with her work of avenging. Occasionally, however, it is otherwise; so fiendish is the wickedness, unattainable the motives, incomprehensible the impulse, profitless the consequences, and demented the culprit; that in the sight of so much horror the sanity of its unhappy perpetrator is humanely questioned by Mercy.

The plea of insanity in homicidal cases has during late years been almost invariably used in behalf of the prisoners. Their counsels have

recourse to it as a *dernier resort* in otherwise hopeless cases. During a period of two years, it was raised in no less than 40 trials for murder in Great Britain and Ireland. We know not the number in which it was substantiated, but believe it to be very small. The law cautiously requires the clearest rebuttal of sanity in every case, and by so doing is acting in strict accordance with the history of Insanity.

The insane are as remarkable for depravity as other persons, probably more so; but the propensity to kill is not more strongly manifested by them than by persons reputed sane and better circumstanced. Of 137 criminal lunatics confined in England and Wales, 29 were for murder, 4 infanticide, 9 stabbing, shooting, and attempting to drown others, and 1 manslaughter; and in some of these we have reason for assuming the insanity followed the crime. Murder may be committed by an individual laboring under any form of insanity; but there can only be a difference of opinion as to whether it resulted from diseased mind in the absence of the features of this condition, as they are commonly recognized. Such cases form the species called homicidal moral mania, where the whole madness may consist in a desire to kill, which predominates over every other propensity, and directs the conduct, in spite of the will and reason. A clear perception, even horror, of the deed, is entertained; but the impulse is sudden and ungovernable, and its subject, though knowing the difference between good and evil, has not the power to choose the good and avoid the evil. It is difficult for one not versant in psychology to comprehend how such a one in full possession of his intelligence can be reputed mad and irresponsible. And the difficulty of proving its existence may explain the frequency with which it has been applied to the cases of accused murderers; though this is more truly due to the little or no knowledge of it possessed by those who talk most about it. Were it otherwise, we should seldom hear of its being raised as a plea, and when raised never disputed; for it is a disease, exceedingly rare, and when present, marked by evidences as unmistakable as those of any other morbid state more generally understood. Reil's description clearly shews that before and during the commission of the deed the person is laboring under a paroxysm, not merely of mental but of bodily excitement, which is allied in character to that of the epileptic seizure; while the chances that a lunatic will perpetrate murder in preference to suicide are as 1 to 10.

From the foregoing, the insufficiency of the test—the knowledge of right from wrong, good from evil—to determine all cases of insanity, must be very evident; and this, too, in spite of its antiquity: for it would seem as if it had been suggested by the occurrences attendant upon the original sin of our first parents, who fell from their state of perfection, beguiled by Satan, to be “as gods, knowing good and evil,” but which

by law, their descendants cease to be when lunatic ! Being still retained, and likely to be employed, it is worth remembering that it establishes a division of insanity into legal and illegal, or that recognized by law, and that not recognized by law, an insanity which exempts a man from punishment for crime, and another which holds him responsible for his actions. In the first category would be comprised those forms of the disease marked by an aberrant or defective intelligence, and corresponding to the popular estimate of madness or weakness of mind ; in the latter, those varieties of unsound mind, denoted by uncontrollable volition or morbid conscience without any obvious or corresponding disorder of reason, and only appreciable by psychologists. We can indeed conceive one case in which this test would detect the moral lunatic, and that is when he is analogously circumstanced to one who, though not mad, has never learned the difference between right and wrong from thorough brutalization, vicious association, and want of education ; but would these considerations save him ? We have no reason for supposing they would ; they are not entertained in either case : and why should the exemption be extended to the one which is withheld from the other ?

Setting aside the legal right, the ethical propriety of punishing lunatics for their offences is entitled to examination. The persons whom we have just been noticing are susceptible of improvement. Punishment, therefore, which has for its object their own reformation, is desirable, while that which is of a vindictive character should be eschewed, the more particularly as it has been found not to be followed by an equal diminution of crime. In such cases the right of society to execute a bloody revenge, may be fairly questioned in view of the little trouble she has taken to instill into the minds of her delinquents correct notions of right and wrong. Had she protected and managed them from youth upward, assuredly she would be more justified in her extreme interference ; but then, in all probability, it would never have been called for. The punishment of lunatics can never be profitable as an example to other lunatics ; for none will or can believe themselves in the condition of the culprit, while all are unable or are not likely to concern themselves in the matter. The only reason for its institution, then, should be the improvement and restoration to sanity of those, as moral lunatics, who are improveable and restorable, by such means ; and to this end it ought to be confined to what would most conduce to individual amelioration. We believe, therefore, the law justly holds such persons punishable, but must object to the present system which would remove the convict to the penitentiary with the perfectly sane, inasmuch as here there would not be an adaptation of punishment to individual requirements, and its principal purpose entirely neglected. The silent plan

is, moreover, as calculated to aggravate cases of partial insanity, as it has been found to produce examples of a more general kind.

The above remarks contain an exposition of the legal notions and practices concerning insanity in criminal cases in Canada. We have been induced to offer them in consequence of a late decision at Quebec. F. X. Julien tried for wilful murder of his father-in-law before Court of Queen's Bench, was found guilty, and sentenced to be hanged on 17th March next. The plea of insanity was urged in defence, but without the slightest argument in its favor, the testimony of some medical witnesses to the contrary notwithstanding. Mr. Solicitor General, C.E., insisted that unless the jury could distinctly prove the prisoner not competent to distinguish right from wrong, they would not be justified in acquitting him on the ground of insanity. The Hon. Mr. Justice Panet, in summing up, directed the jury that if they acquitted the prisoner, they could only do so on the ground of insanity, and incapacity of knowing whether he did right or wrong.

COFFEE *versus* TEA.

The berries of the shrub *coffea arabica*, and the leaves of the two varieties of tea plant, *thea viridis*, and *thea bohea*, contain a crystalline, nitrogenous, salifiable base, called respectively, according to the source from which it is obtained, *caffeine* and *theine*. This substance has a composition represented by the formula $C^8 H^5 N^2 O^2$. It has no perceptible effect on the system when administered in the uncombined state. As, however, it has been found existing in plants used by untutored tribes in different parts of the world, for dietetic purposes, writers on organic chemistry have endeavored to explain the manner in which it affords nutrition to the body. Thus Leibig supposes that it may assist in the formation of *taurine*, a nitrogenized body found in bile; for, one equivalent of caffeine or theine, plus nine equivalents of water and nine of oxygen, contain the elements of two atoms of taurine. "2 8-10 grains can give to an ounce of bile the nitrogen it contains in the form of taurine. If an infusion of tea contain no more than the 1-10th of a grain of theine, still, if it contribute in point of fact to the formation of bile, the action of even such a quantity cannot be looked upon as a nullity. Neither can it be denied that, in the case of an excess of non-azotized food, and a deficiency of motion, which is required to cause the change of matter in the tissues, and thus to yield the nitrogenized product which enters into the composition of bile, that in such a condition the health may be benefited by the use of compounds which are capable of supplying the place of the nitrogenized product, produced in the healthy state of the body, and essential to the production of an important element of respiration. In a chemical sense, caffeine or theine, are, in virtue of their composi-

tion, better adapted to this purpose than all other nitrogenized vegetable products." The well-known nervous symptoms which tea, particularly the green variety, produces when a strong infusion has been used for a length of time, are to be referred to the volatile oil on which its flavor depends.

So universal is the consumption of tea at the present day, the supply could never meet the demand if vast quantities of an adulterated article were not regularly thrown into the market. Not only are the leaves of various plants, possessing astringent properties, made up and mixed with small quantities of tea, but even inferior qualities of the tea leaf are dressed to add to the appearance, and thus facilitate the sale. Now, as the nutritive properties of tea depend upon its theine, and as persons who cannot pay a good price, are almost entirely shut out from the unadulterated article, we are glad to perceive that an efficient substitute has been found in the *coffee leaf*, which, possessing all the good qualities of the tea leaf, is not open to the objection of causing serious nervous derangement; an effect of tea-drinking which has threatened to drive green tea from the list of dietetic drinks. Specimens of the *coffee leaf*, prepared by torrefaction, and *caffeine* extracted therefrom, were exhibited by Dr. Gardner of London, at the Great Exhibition. This gentleman has since taken out a patent for its manufacture, and he has solicited, through the Ceylon papers, tenders for the supply of coffee leaves by the ton. In the London Pharmaceutical Journal, for November, Mr. Hanbury publishes a communication received from Mr. Ward of Padang, in the island of Sumatra, in which he says:—The natives have a prejudice against the use of water as a beverage, asserting that it does not quench the thirst or afford the strength and support the coffee-leaf does. With a little boiled rice and infusion of the coffee leaf, a man will support the labors of the field in rice planting for days and weeks successively, up to the knees in mud, under a burning sun, or drenching rains, which he could not do by the aid of spirituous or fermented liquors. . . . The natives universally prefer the leaf to the berry, giving as a reason that it contains more of the bitter principle, and is more nutritious. The roasted leaf used to form an article of trade betwixt the coffee districts of the interior and the lowlands of the coast, but since the government monopolised the produce, this trade has in a great measure ceased, the natives believing the sale of the leaf, as well as that of the berry, forbidden. In the lowlands, coffee is not planted for the berry, being not sufficiently productive; but the people plant about their houses, for the leaf for their own use, not, however to the extent of the demand. Whilst the culture of the coffee plant for its fruit is limited to particular soils and elevated climates, it may be grown for the leaf, wherever within the tropics the soil is sufficiently fertile. This extensive habitat, added to its nutritive

qualities, and freedom from deleterious principles, points it out as the best adapted of all the productions affording caffeine for general consumption.

PARTURITION MADE EASY.

Accoucheurs who restrain themselves from giving ergot, piously fearing, lest the wielding of so dangerous a letheon should compromise the safety of the mother or child, or both, will rejoice to find in the following a proposal for a safe, easy and simple substitute. Dr. Washington of Kentucky, from the results of a few trials, has discovered that labour pains of a strong and frequent character may be speedily produced by dry cupping the nates of the female nearly over the termination of the rectum. The most opportune case seems one of protracted labour when the contractions have become so weak as to be powerless, and where there is no mechanical impediment to delivery. We confess to no experience in this procedure, and therefore would merely state that the discoverer says by applying a dry cup as low down on the sacrum as possible he has induced complete relaxation of the os uteri. In one instance the pains had endured 19 hours without producing any perceptible effect, in consequence of rigidity of the os uteri; in 10 minutes after cupping delivery occurred. He applies the cup in this situation "so as to cover the origin of the nerves of the os uteri." If in 10 or 15 minutes the patient is not delivered, another cup "should be applied higher up, so as to cause the uterus to contract." The lower one should be kept on with the upper, so that when the pains appear they may find the os uteri relaxed and ready for them.

TO CORRESPONDENTS.

We request subscribers who have not received one or more of the back numbers to write us, mentioning the numbers missing; and should any fail to receive their copies in future, they will oblige by immediately notifying us of the fact.

Correspondents will please be particular in writing their names and addresses in full, and legibly; from neglect of this we have often had our ingenuity sadly taxed. It is probably not proper to reveal the secrets of our sanctum; but we cannot refrain from mentioning that we have actually received a letter, very polite, and containing money, which bore no signature!

We have received expressions of approbation and wishes for success from so very many friends in different parts of the Province, that it is quite impossible to signalize them individually. Suffice it to say, that to each and every one, our thanks are most gratefully tendered; their kindness encourages us in our toilsome task, which will not be forsaken, so long as the substantial marks of favor we have received are continued. Our own motto will be *perge*, while the result shews the Chronicle stamped with *prospera*.

Dr. R. Fortune. Much obliged for his promise, hope he will be as mindful of it as we shall be: we are anxious he should redeem it.—
Dr. Gauvreau. Those are our sentiments exactly. Many things are wanted, among others able contributors, and in the list we should wish him to take his stand, confident of his fitness. *Dr. C. F. Baker* will find his request met. When he next writes, would he favor us with a list of M.D.'s in his locale, and thereby make us his obliged debtor. *Dr. Landon.* Glad to be so kindly reminded of bygone days. Our best wishes for his success. When changes residence, advise us of it, so that we may direct accordingly. *Dr. Jarron.* His next is earnestly desired. We leave selection to his own judgment.

ADDITIONAL EXCHANGES.

The Dublin Hospital Gazette. Vol. 1. No. 1. Pp. 16. Published on the 1st and 15th of each month.

We hail with pleasure the appearance of the Dublin Hospital Gazette, and have no doubt, judging from the names of the contributors to the first number, and the hospitals represented, that it will prove a worthy successor to the far-famed "Dublin Hospital Reports." The Irish school is determined to maintain the high character it has acquired for successful investigation in the field of Practical Surgery and Medicine.

The Glasgow Medical Journal. No. 4. Published Quarterly. This number contains original communications from some of the first names in the profession in Glasgow.

The Medical News and Library.

Law Rep. &c.—We trust our juridical friends will afford this valuable periodical the support necessary for its continuance. Its spirited and talented Editors, Messrs. T. K. Ramsay, and L. S. Morin, have spared no pains to render it in every way deserving of a most extended patronage. *Esto perpetua.*

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 1st January to the 3rd February, 1854, inclusive.

	Men.	Women.	Children.	Total.	
Remained,	44	20	1	65	
Since admitted,	39	17	1	57	
	<hr/> 83	<hr/> 37	<hr/> 2	<hr/> 122	
Discharged,	42	18	0	60	
Died,	1	2	0	3	
Remaining,	40	17	2	59	
	<hr/> 83	<hr/> 37	<hr/> 2	<hr/> 122	
Fever,	13	Diseases of Skin,	1	Febricula,	2
Inflam. of Lungs,	6	Syphilis,	3	Frost Bite,	6
Inflam. of Liver,	1	Abscess,	5	Ophthalmia,	3
Inflam. of Bowels,	1	Ulcers,	4	Scarlatina,	2
Rheumatism,	5	Contusions,	4	Hysteria,	1

C. E. LEMIEUX, House Surgeon.

QUARTERLY REPORT of the Montreal General Hospital from 1st November, 1853, to 31st January, 1854.

Remaining from last Quarter.....	54	Discharged cured.....	175
Admitted.....	193	Died.....	30
		Remaining.....	52
	247		247
<i>In-Door Patients.</i>		<i>Out-Door Patients.</i>	
Males.....	120	Males.....	292
Females.....	73	Females.....	270
	193		562

DISEASES.	Admitted.		DISEASES.	Admitted.		DISEASES.	Admitted.	
	Admitted.	Died.		Admitted.	Died.		Admitted.	Died.
Ambustio	1		Diabetes	1		Ophthalmia	4	
Abrasio	1		Erysipelas	1		Peritonitis	1	
Abcess Lumb.	1	1	Epilepsia	1		Pleurodynia	2	
Amenorrhœa	2		Furunculus	1		Pneumonia	5	
Asthma	1		Fractura	8		Pericarditis	1	1
Anasarca	1		Fistula	1		Phthisis	8	5;
Adenitis	1		Feb. Com. Cont.	6	5†	Paora	1	
Albuminuria	2	2*	" Typhus	8		Pleuritis	1	
Ascites	1		" Typhoid	2		Potts Curvature	1	
Amputatio	1		" Remitt.	3		Paronychia	1	
Bronchitis	8		" Intermitt.	1		Purpura	1	
Cornelitis	1		Gastrodynia	2		Rheumatism	9	
Cancer Labia	1		Gelatio	3		Rubeola	2	
Cystitis	1		Gastritis,	1		Sciatica	1	
Conjunctivitis	1		Hysteria	1	1	Syphilis	6	
Contusio	7		Hemiplegia	2		" Secondary	4	
Cataract	1		Hernia	1		Synovitis	1	
Concusio Cerebri	1	1	Hypochondriasis	1		Scrofula	2	
Congestio "	1		Lumbago	1		Scarlatina	5	
" Pulmon.	1		Lepra	1		Sclerotitis	1	
Debilitas	2	1	Morbus Cordis	2		Tinea Capitis	1	
Delirium Tremens	6	1	" Coxæ	2		Tetanus	1	1
Diarrhœa	6		Malingering	1		Ulcus	14	
Dysenteria	4		Meningitis Traum.	1		Vulnus	1	
Dyspepsia	3		Neuralgia	1		Variola	6	1
Dysmenorrhœa	1		Osophagitis	3				

* 1 admitted previous Quarter. † 1 Do. do. ‡ 4 Do. do.

Operations during the Quarter.

Amputation of Thigh; Chopart's operation; Polypi extracted, 2.
Total, 4.

Fractures treated (intern.), 8, (extern.), 4; Dislocation of Humerus, 1.
Total, 13.

Minor Operations.

Opening Abscesses, &c., 16; Bleeding, 6; Cupping, 18; Teeth extracted, 37; Vaccinated, 8. Total, 84.

Attending Physicians, Drs. CRAWFORD & ARNOLDI.

JOHN REDDY, M.D., &c., House Phys. & Surg.

Books Received for Review.—A Treatise on the Venereal Disease. By A. Vidal (de Cassis.) Messrs. S. S. & W. Wood, New York.

MEDICAL NEWS.

A physician at the South has been fighting a duel, but no harm was done, his bullets being more harmless than his boluses.—The Mayor of the city of Brooklyn, in his annual message, attributes three-fourths of the crime in that city to drunkenness, and invokes the aid of the City Council to close the grog shops on the Sabbath.—Forty-three deaths by small-pox were reported in New York, week before last.—From a return just published it is shewn that the importation of opium into England has increased. In the month ending 10th October, the quantity was 36,759 lbs.—The Copley Medal of the Royal Society was awarded to Dr. Dove of Berlin; and the Royal Medals to Dr. Darwin, author of "Coral Reefs;" Dr. Tyndall, Professor of Physics in the Royal Institution; Dr. Dove for his works on the "Distribution of Heat over the Surface of the Globe;" Dr. Darwin for his work on Natural History; and to Dr. Tyndall for his researches in Magnetism.—At the meeting of the Council on Thursday the 10th Nov., the marble bust by Campbell of the late John Dalrymple was presented to the College of Surgeons of England, by the subscribers to the memorial.—Among the prizes offered by the French Academy for 1854, is one of \$200 for the best essay on cod liver oil as a therapeutic agent.—It is stated that the medical men in the Turkish service have become so disgusted at the bad treatment to which they have been subjected, in the shape of improper food, insufficient housing, and the absence of the respect to which they are entitled, that they are daily leaving the service.—The whole number of students who had matriculated in the Faculty of Medicine of Paris, was, up to the 10th December last, 1,065, of whom only 287 were new. The previous year, by the 15th November, the number was 1,431, of whom 480 were new.—Dr. Vogel, the great German traveller to Central Africa, when last heard from, was working his way successfully into the far off, hitherto unknown interior. He has discovered pyramidal tombs of a very remote age.—It is asserted that the number of cigars consumed in Austria annually, amounts to eight millions.—Four hundred persons afflicted with cancer have been in the Cancer Hospital, London, since 1831, when the institution was first opened.—The stereotype plates and copyright of South's Household Surgery, recently sold at auction in London, brought £220 sterling.—There is at present a mild but extensive epidemic of measles in Edinburgh and its neighborhood, so much so that the Royal Infirmary, where for years very few cases of this disease have been admitted, now contains several in almost every ward.—A Spanish Journal, *El Pouvenir Medice*, relates the extraordinary circumstance of an individual who is an entire stranger to the healing art, having received authority by a royal decree to practice medicine in Barcelona. The *Spanish Medical Press* urges "the profession to protest against this decree and to demand its revocation.—1,751 persons were taken, all whom had attained an hundred years, and were all living at the same time. In one year they had diminished to 1,587, in the second year to 1,442, in the third to 1,230, in the fourth to 1,125, and so on, until, out of the original 1,751, only 143 reached the age of 120; 44 survived to 130; 12 to 140; and one old gentleman completed his 150th year.—The Sandwich Islanders are apparently being exterminated by the small-pox. At the end of last July there had been 2,886 cases, and 1,027 deaths.—The Academy of Science of Paris has received the legacy of 100,000 francs, left it by a generous philanthropist, M. Brémont, as a recompense for him who shall discover the best remedy for cholera. As this is not likely to be soon awarded, it is proposed to give the interest (from £150 to £200) annually, for the most useful discovery connected with cholera. During the first Empire a similar sum was left for the curer of croup, which has not yet been awarded.—An attempt to erect a statue to the celebrated Surgeon Desault, was made by the town of Lune, in Franche Comté, where he was born. Subscription books were distributed throughout France. A great folio book was opened at the office of the *Gazette Médicale* in Paris, to receive contributions, but only one person inserted his name; this was a Monsieur A. L. Roblet, and his subscription amounted to two francs. All honor to M. Roblet.—The Town Council of Birmingham have informed the public, through the medium of advertisements, that they are prepared to receive communications from the gentlemen of the medical profession, to fill the office of Medical Sanitary Inspector, which is *honorary*. The system of gratuitous medical attendance is gradually becoming so great an evil, that it must ultimately work its own cure.