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CANADA

MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

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*Case of Traumatic Femoral Aneurism. Ligature, twenty-five days after the injury—death from Phlebitis thirty-four days after operation.*  
By FREDERICK ROBINSON, M.D., M.R.C.P. London, Surgeon,  
Scots Fusilier Guards.

The subject of this notice, a fine healthy young man, æt. 24, a corporal in the regiment, was admitted into hospital on the morning of August 25th, 1863. Whilst larking in the surgery with the hospital corporal, who was at the time engaged in cleaning an amputating knife, the former received a stab. The site of the injury was in the course of the great vessel, and about two inches below Poupart's ligament. The poor fellow was stated to have lost a considerable quantity of blood, and to have fainted before his unfortunate comrade, recovering his presence of mind, applied a compress of lint, and sent for a medical officer. The latter, Assistant Surgeon Baker, finding the hemorrhage completely arrested, did not disturb the dressings. It would appear that in the evening there was considerable tumefaction in the vicinity of the wound, but no oozing of blood from beneath the bandages. On the morning of the 3rd of September the outer dressings were removed, and a wound corresponding to the size of the knife, and containing a plug of lint, became visible. The adjacent parts were somewhat inflamed and tumefied. The plug of lint was allowed to remain, and a wet bandage applied. No hemorrhage experienced. On my assuming charge of the man on the morning of the 10th, and dressing the wound, its condition was as follows:—There was an oval ulcer about the size of a crown, containing in its centre a clot, apparently of recent formation. Healthy purulent discharge, tinged with blood, was secreted, and a good deal of thickening and redness of tissues adjacent to the wound was present; the results of inflammatory action set up in the

locality. Strong pulsation was imparted to the hand when placed over the ulcer, and a loud clear bruit was audible. There was diffused swelling, apparently blood in a fluid state. The general state of the patient was very satisfactory; no pyrexia, but some sleeplessness complained of.

Ordered water-dressing and a morphia pill at bed time. On the 5th the report in the case-book was as follows:

“There has been no hemorrhage—the clot plugging up the centre of the ulcer has dissolved, and being discharged, the latter looks healthy, and the swollen and inflamed tissues adjacent have subsided. The bruit however has increased in intensity—loud and characteristic. No numbness or coldness of extremity. General state of health satisfactory. Sleeps well without an opiate. No defined aneurismal tumor; contour of the limb almost natural, a little fuller perhaps than the other thigh; pressure to the artery above the pubis, by means of Signorini tourniquet, gradually tightened.

He continued to progress satisfactorily, as regards the state of the ulcer and his general health, until the morning of the 18th. During this period, however, the current of blood into the aneurism could not be materially controlled by pressure—the contents of the sac remaining, evidently fluid for the most part—and the swelling assuming a more convex form. The ulcer had contracted to the size of a sixpence. On the morning referred to, at about 8 o'clock, whilst reaching over the side of the bed, the patient experienced slight hemorrhage from the ulcer. On examination soon after, a small dark clot, the size of a pea, was found plugging up the centre of the ulcer. A very strong impulse imparted to the hand when placed over the locality.

No further hemorrhage took place, but the edges of the ulcer became everted and flabby, and the aneurismal sac gradually increased in size—extending inwards. On the morning of the 20th, pressure having been fairly tried and proved quite ineffectual in causing coagulation, it was determined to lay open the sac, and ligature the artery above and below the seat of injury. At 3 p. m. the patient being placed under the influence of chloroform, an incision was made through the centre of the aneurism, on a line with the course of the artery. A dark coagulum, the size of a walnut, plugged up the small ulcer, and on its removal, profuse arterial hemorrhage resulted. This was absolutely uncontrollable by pressure over the pubis—though most effectually rendered. The main artery bound down and imbedded in tissues, thickened considerably by adhesive inflammation, was found on the inner side of a large cul-de-sac capable of containing the closed fist, and from a large wound

in the vessel, the blood welled forth to a very serious extent. The difficulty in the way of the operator was necessarily considerable.\* The hemorrhage being of alarming extent (threatening an immediately fatal issue), and pressure above the sac being wholly ineffectual, it was judged expedient to enlarge the wound upwards, and secure the common femoral just below Poupart's ligament. This proceeding was adopted, but it failed to diminish materially the loss of blood.

Only by pressing firmly two fingers over the lesion in the artery, could the hemorrhage be somewhat controlled. After some delay, the hand of an assistant being thus placed, the vessel was dissected out, and a ligature placed above and below its lesion. This was evidently longitudinal, and as far as could be judged, more than an inch in length. The patient was greatly exhausted, and stimulants were freely given. Three sutures were placed in the wound, the sides were drawn together by adhesive plaster, and wet lint applied to the surface; there was no bleeding subsequently. No difference in the temperature of the affected limb. A flannel roller was applied from the foot upwards. Some sickness and vomiting occurred within the first hour or so, but the nausea soon subsided. An opiate was ordered with good effect in the evening, and effervescing draughts of carb. of ammonia with hydrocyanic acid, with a little beef tea and jelly, freely administered at intervals. His progress from this time until the 24th was most satisfactory. The wound, at first rather foul and sloughy, cleansed, and rapidly took on healthy action, and the general condition of the patient became as favorable as could be desired. On the 24th, after passing a good night, he complained of a feeling of "soreness" in the right *iliac* fossa. Very little if any tenderness on pressure was experienced there, but some enlarged glands were felt in the locality, and the uneasiness was referred to them by the patient, rather than to a position more deep seated. The discharge on this day was, as it had been, thick and healthy. The wound on the whole was, healthy, the bottom of it however was still foul, though fast cleaning, each day granulations springing up. The same feeling of soreness and stiffness was casually mentioned by the patient, as being experienced down the adductors and the muscles of the leg. No swelling of the limb. The temperature had continued good, but no pulsation in the tibial arteries could be discovered then, or subsequently, up to the date of the man's death—the heat however

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\* The writer feels under great obligations to Dr. Campbell, Prof. of Surgery in McGill College, and to Assistant Surgeons Turner, Scots Fusilier Guards, and Lawrence, Grenadier Guards, for their valuable assistance during this operation.

remaining of normal standard. He was ordered dec. of bark, with liq. ammonia acet. He slept well, but awoke about 4 o'clock on the 25th, experiencing a severe shooting pain, extending from the testicle to the right hypochondrium, and also across the latter. There were no rigors—or pyrexial symptoms.

Ordered poppy fomentations. The dressing to the wound from the outset was wet lint, and subsequently in addition chloric lotion. Decoction of bark thrice a day, wine, and nourishment in large quantity.

Report of 27th. The pain disappeared after the fomentations, and he continued free from abdominal uneasiness. The symptoms, both as regard his general state, and the wound, very favorable on the whole. In the case book, however, it was noted that the respiration was rather more frequent than normal, and accompanied by occasional sighing, as if from despondency on the part of the patient, who nevertheless spoke confidently as to his own amendment. The countenance pallid, and somewhat anxious in expression.

On the 29th the wound was making very fast progress, the ash-colored portion at the bottom almost replaced entirely by healthy granulations. A little mucous sputa tinged with blood was expectorated on the 2nd of Oct., and the respiration at the base of right lung was a little weak. The gums being blanched, and rather spongy, in the absence of more decided stethoscopic evidence of disease, it was supposed, from the man's explanation of the occurrence, that the bleeding might have come from the mouth. On this day he remarked that he felt pain, on coughing, in the region of the right spermatic cord. The appetite was indifferent; citrate of quinine and iron was substituted for the decoction of bark. He had been able previously to dispense with the opiate at night.

Oct. 3rd. Report stated that he passed an indifferent night, owing to a troublesome cough. Scanty mucous sputa; perspired somewhat; bowels a little loose; wound continues to heal favorably. Ordered cod liver oil, two drachms twice a day, and an antispasmodic mixture, containing prussic acid.

On the 4th the ligature from the lower end of artery came away.

On the 8th the report stated, that his progress during the previous days had not been satisfactory.

He had not experienced rigors, but the pulse was accelerated at night, and there was decided hectic, not however of an aggravated form, followed by copious perspiration. Some tendency to diarrhoea, but easily checked; the respiration somewhat tubular at the apices of lungs, dulness of lower two thirds of right side, and absence of respiratory murmur there; large moist crepitating râles in both lungs. Sputa of the same

character as before, and scanty. Appetite very poor, but he takes nourishment in sufficient quantity; tongue *perfectly clean and healthy in appearance*. No abdominal or inguinal pain. Pulse weak and frequent. On the evening of the 11th he had a distinct rigor, not long continued however; he had previously slept well. The last ligature came away this day; ulcer closing up. In every other respect his condition remained the same as at the previous date. Ordered syrup iodide of iron, a drachm twice a day.

On the 14th. No change of importance was noticed, except that a chronic abscess the size of an egg, had formed on the sacrum, and had been opened.

On the 16th, report says, "another rigor experienced, lasting half an hour." In other respects as before. Chest symptoms much as before, not urgent. Wound rather pallid, and limb somewhat œdematous. From this date until his decease, on the morning of the 24th October, he became gradually worse, the more prominent symptoms being severe rigors followed by profuse perspiration and consequent exhaustion. The chest symptoms were not urgent, and owing to the great distress occasioned him when the shoulders were raised for the purpose of applying the stethoscope posteriorly, examination of this region was not made so frequently as could be desired. There were loud crepitant râles (pretty general,) on the 19th, the dulness having for the most part disappeared at the base of the lungs; and on the 21st some friction sounds were audible posteriorly on both sides. The ulcer then took on unhealthy action, the granulations became pale and flabby with dark sanious discharge. At the time of decease the sore was only about the size of a florin. The lower extremity became pale, œdematous, somewhat swollen and hard. The tongue retained its healthy appearance up to the 23rd, when it became brown and dry. There was very little diarrhœa. He expired, on the morning of the 24th October without suffering, rather suddenly, while an orderly was assisting to arrange his clothes.

His strength had been supported and life prolonged by large quantities of nourishment—beef tea, jelly, and wine, together with diffusible stimulants, acids and opium,—which he took very regularly, notwithstanding an absence of all desire, latterly, for food.

Post mortem examination fourteen hours after death. Both lungs adherent firmly to the parietes of chest by bands of lymph, some of recent formation; no effusion; structure of both lungs friable, portions of them impervious to air; the parenchyma presented appearances generally of recent inflammatory action of low congestive type; other parts of the viscera gorged with serum. Liver considerably enlarged,

somewhat congested. Spleen enlarged, congested, very friable. Kidneys normal. Circulatory system healthy; heart firm, polypi in the cavities; the coats of inferior vena cava were much thickened; and the inner surface lined with thick pus. The diseased condition extended down as far as the femoral artery, which, however, did not contain pus, but was plugged up with coagulæ. The artery had been wounded immediately below the profunda, and for a space of two inches (between the ligatured portion) the coats had been to a considerable extent absorbed, and the canal obliterated. The cicatrix of the large wound (occasioned by the operation) was firm and sound, an ulcer the size of a sixpence only remaining open.

REMARKS.—This case may be considered an instructive one in several points of view. That so large a wound in a vessel of such importance as the femoral artery should be completely controlled by pressure, and that no secondary hemorrhage took place, must be viewed as very unusual circumstances. Cases have been recorded in which small punctured wounds in the large arteries\* have closed up for a longer or shorter space of time, and nature has effected a complete cure in some instances of lesion of the brachial artery. I am not aware, however, of any instance like the one under notice, and I presume such cases, if met with, must be very unfrequent.† The firm pressure employed at first was followed by phlegmonous inflammation of the skin and cellular tissues. Resulting from this general inflammatory action, the incision in the vessel may have in the first instance united. Subsequently yielding to the lateral pressure of the column of blood, the wound would reopen, and the ordinary evidences of false aneurism present themselves. Even then, however, the growth in size was much slower, and, up to the period of operation, the magnitude of the wound much less than might be anticipated. Certainly, however, it extended inwards to a considerable distance, absorbing the areolar tissues and glands.

1st. The insidious progress of blood-poisoning is well illustrated in the present case. This contingency was looked for from the outset, the wound being of large size, deep, in a locality, where the absorbents are especially active, and, moreover, the exhausted and debilitated state of the man predisposed him much to such disastrous sequence. Every preventive measure therefore, as regards air, cleanliness of wound, and diet, was carefully observed.

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\* A case of wound of the abdominal aorta thus spontaneously closing up is on record.

† I have not the opportunity of searching the records of cases of this nature.

2d. The favorable progress of the wound, after the symptoms pointed to absorption of pus, is a rather noticeable feature in the case. Thus the operation was performed on the 20th September, and the symptoms of phlebitis set in on the 25th. Then an interval of apparent immunity from unfavorable symptoms is succeeded by evidences of insidious disease in the lung tissue and pleura, the ulcer meanwhile advancing most satisfactorily.

Not until Oct. 11th were distinct rigors observable, but yet the ulcer continued to heal as favorably as could be desired, up to the 16th. Thus only a few days before the poor fellow's death did the ulcer show evidence of the *diseased* state of the blood.

3. The healthy state of the tongue, absence of thirst, and even at the last, little tendency to diarrhoea were rather unusual features in the case; the characteristic, dry, red state of the former organ being absent throughout.

4: Lastly, may we not derive some practical lesson as to the mode of treatment in such cases? The description of the catastrophe, the profuse hemorrhage, and subsequent syncope, would point indubitably at the time of occurrence to a lesion of either the femoral or profunda artery, but the bleeding had ceased; and was entirely controlled before the man was seen by my colleague.

Under such circumstances should the dressing be removed, the vessel sought for and secured by ligature above and below the wound; or should the curative process of nature, so far advancing favorably, be afforded further trial?

No one, I presume, would assert that this latter course is at variance with the recognised rules and principles of surgery relative to wounded vessels, and, as I have remarked, cases, some of recent occurrence, give weight to such practice. My own views, however, are decidedly in favor of the first named mode of proceeding, and that, as a general rule, the employment of pressure as a curative means should be limited to vessels of no larger capacity than the radial and ulnar arteries.

The subject of this case was evidently of vigorous constitution, and the length of the interval elapsing after the secondary operation, and the almost entire cicatrization of the large wound, before decease, showed the reparative efforts his system was capable of putting forth, during the long protracted struggle between life and death.



*New and Important Therapeutic uses of Nux Vomica.* By S. C. SEWELL, M.D., L.R.C.S., EDIN., &c. &c., Ottawa; late Lecturer on Materia Medica and Clinical Medicine, McGill University.

In May, 1862, Miss M., aged 20, applied for advice for hordeolum. For four years she had not been a day free from styes, and her eyelashes had all dropped out. I ordered four minims of tr. of nux vomica to be taken in a drachm of water twice a day. A sty that was then coming on receded, and she has only had two or three since. The eyelashes in a short time began to sprout, and she has now long and perfect rows of them. She took the medicine for six weeks, and has since taken it for the same length of time twice.

15th August, 1862.—Miss D., aged 15, came under treatment for styes, which she had had continuously for two years. Six weeks of the same treatment effected a permanent cure. The sty she had on her eye at the time suppurated, but she has never had any since.

9th December, 1862.—Mrs. V. B., aged 20, applied for abscess which always formed in one or other of the labia pudendi, a day or two before or after the menstrual period. This had occurred every month for four years, and she had tried a great many physicians in vain. She had been five years married, and had had no children. Looking at her eyelids, I saw the marks of old styes, and asked whether she had had many of them. She replied, that from fourteen years old to sixteen she never was without them. I then enquired whether she had any since the abscesses had begun to form. She said "not one." I made up my mind that the abscesses were vicarious of the styes, and put her on six minims of tr. of nux vomica twice a day. Since then she has had only two abscesses, one six months and the other nine months after the treatment was commenced. I have since treated her for sterility, and she is now five months pregnant. I employed nux vomica as part of the treatment.

Cases of recent hordeolum yield as quickly as old ones to this treatment.

Miss D., who is not a resident of Ottawa, had been troubled with impetigo of the scalp for several years, which had baffled the medical men in her city. Under the use of this remedy, the skin disease soon began to mend, and then yielded speedily and permanently to local remedies. This led me to use it in cachectic or scrofulous cases of various skin diseases, with great benefit in many instances. Its use in habitual costiveness is well known to the profession, and need not be dilated on.

Reflecting on the therapeutic action of nux vomica, I came to the conclusion that it exerts its action on the ganglionic system of nerves, of

different kinds of functions, and that especial benefit is to be derived from its tonic or exciting influence over the nerves of nutrition; and I would remark, that wherever strychnine does good, nux vomica does better. Taking this view of its physiological action, I have tried it with satisfaction in dyspepsia dependent on defective innervation, strumous ophthalmia, &c., but my observations have not been continued long enough to make them of value to the profession. I have been induced to put my observations before my brethren, in the hope of inducing some to prosecute enquiries in the same direction, for I am sanguine enough to believe that we have here a most valuable remedy in a host of chronic diseases. In making the observations, it is most necessary to avoid that stumbling-block to all therapeutic enquiries *polypharmacy*. *Fas est et hoste doceri*. I came first to use nux vomica in this way. More than twenty years ago, Dr. Fisher, of Montreal, was eulogizing homœopathy to me, and instanced a case of inveterate styte that he had treated rapidly, successfully, and permanently by infinitesimal doses of nux vomica. When Miss M., case No. 1, presented herself, I said to myself, here is a case that has baffled some of the most eminent practitioners of New York and elsewhere for years, what can I do? While pondering on the subject, my conversation with Dr. Fisher, so many years before, flashed across my mind, and I instantly resolved to try it, as detailed. The success astonished me, and led me into a train of experiments (as I trust it will others) that promises great results for therapeutics. A word more and I have done. As a general rule, alterative medicines should not be given in large doses, but well diluted.

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*Cases of Paraplegia*, from the Prize Essay, session 1863-4, McGill University. By W. WOOD SQUIRE, A.M., M.D.

#### TRAUMATIC PARAPLEGIA.

James Clancey, ætat. 24, a laborer, was working in a new building, as a hod carrier, on Nov. 27th, 1863, when the beam on which he was standing gave way, and he was precipitated from the third story to the cellar, hitting the ground in a sitting posture, and with his back thrown roughly against the side wall. He did not become unconscious. After he had been placed on an *ex-tempore* litter by his fellow-laborers, he was able to turn on his left side, raising the right leg over the left. Dr. F. W. Campbell was speedily in attendance, and I am indebted to his courtesy for an introduction to the case, while under his care.

When I saw the patient for the first time, about a week after the acci-

dent, I discovered no contusion or wounds on the head, neck, trunk or extremities, except the relic of an abrasion on the right temple, and a cicatrix left by a lacerated wound of the upper lip. There was no complaint of pain over the spine; no tenderness on pressure or percussion. The spinous processes of the eleventh and twelfth dorsal vertebræ are protruded several lines from their normal position, due to the fracture and probable impaction of their bodies. There is no lateral displacement and no apparent, or, *at least*, reducible dislocation. There is no feeling of ligation round the body at the site of injury. The right foot is slightly everted, but this distortion is attributed to a former accident.

Motion in both legs is completely lost, and sensation is seriously impaired. Immediately after the accident, anæsthesia was more marked in the left than in the right leg, but in four days the left leg rapidly improved, distancing its mate. The patient can now (Dec. 3rd, 1863,) distinguish readily

2	points	at	$2\frac{1}{2}$	inches	distance	on	the	left	anterior	thigh.
"	"	"	$4\frac{1}{2}$	"	"	"	"	right	"	"
"	"	"	$2\frac{1}{2}$	"	"	"	"	left	fibular	region.
"	"	"	$6\frac{1}{4}$	"	"	"	"	right	"	"

The temperature in both popliteal regions is  $98^{\circ}$  F.—in the plantar aspects of both feet it is  $92^{\circ}$  F. No reflex motion can be induced in either extremity. There are no perversions of sensation; no spasm or rigidity of the affected muscles, nor any priapism. Constipation was very obstinate at first, but in eight days the dejections became involuntary. The bladder is completely paralysed, requiring the daily use of the catheter.

The pulse is 118, somewhat full and soft. The tongue is moist, coated with a brownish fur in the centre, but red at the tip and edges.

*Urine.* The urine of twenty-four hours is about thirty-six ounces and of specific gravity —1011. It is pale and opaline, of highly ammoniacal odor, strongly alkaline reaction, and thickened with ropy mucus. A filmy pellicle of uric acid forms upon its surface, giving an iridescent play of colors at different angles of reflected light. It is affected very slightly by heat—the urates disappearing over the spirit lamp,—but nitric acid rapidly clears it.

A heavy sediment is deposited on standing a few hours, composed of phosphates with entangled mucus and epithelium. A portion of this deposit exhibited under the microscope, amorphous phosphate of lime, and beautiful transparent triangular prisms of the neutral triple phos-

phate, with their terminal edges bevelled off into facets. Mucus corpuscles were in abundance. A solution of pernitrate of iron produced a heavy precipitate of the phosphates. I am aware of the seeming contradiction of uric acid being precipitated in urine with these characters, especially when its natural solvents, the alkaline phosphates, are in such excess; but the chlorhydric acid test corroborated an anomaly which I do not pretend to explain.

Clancey was ordered, by Dr. F. W. Campbell, to have oxide of zinc ointment applied to the parts irritated by the dribbling of the acrid urine; and to take the  $\frac{1}{20}$ th of a grain of strychnine, and three grains of iodide of potassium three times a day.

December 12th. To-day the patient was admitted to the Montreal General Hospital at the request of Dr. Campbell, and placed under the care of Dr. McCallum.

The flexor muscles of the thigh have regained much of their power, and the vastus internus in the right thigh has quite recovered its integrity; but the muscles of the legs and feet are still completely paralysed. Bed-sores have formed over the sacrum, but they are yielding to lead-plaster and the Edinburgh red wash.

Sensation is improving, *pari passu*, in both legs. Evacuations can be procured, only at long intervals, by soap enemata aided by croton oil. The urine remains unaltered up to date. The strychnia has been reduced to grain  $\frac{1}{30}$ th three times a day. There has been a great deal of pain in the left leg, which is more wasted than the right; both ankles are oedematous, and very painful spasms in the paralysed muscles are now of frequent occurrence. General health has suffered but little.

Feb. 1st., 1864. Motion has *slightly* and sensation *decidedly* improved, but there is no power over any of the muscles below the knee in either leg. Patient can detect the pressure of

2	points	at	3	inches	distance	on	the	right	fibular	region.	
"	"	"	$2\frac{1}{2}$	"	"	"	"	"	left	"	
"	"	"	3	"	"	"	"	"	right	outer	thigh.
"	"	"	$1\frac{1}{2}$	"	"	"	"	"	"	inner	"
"	"	"	$1\frac{1}{2}$	"	"	"	"	"	left	thigh	} both sides the same.

Electric contractility and excito-motor action, are annihilated in both legs. Patient is slowly emaciating, and both legs are wasting. The patient was removed in May to his residence, where he continues in much the same state.

*Cause.* The injury may be ascribed to the probable rupture of some

of the small blood vessels of the cord at the seat of fracture. The extravasated blood has gravitated to the lower part of the spinal cord, pressing upon it near the cauda equina, and thus destroying all reflex mobility in the parts supplied by nerves which arise from the spinal cord below this point; and thus too, a low form of myelitis has been set up, perpetuating the mischief.

#### HYSTERICAL PARAPLEGIA.

Eliza Duff, *ætat.* 35, married, was admitted into the Montreal General Hospital, June 9th, 1863, under the care of Dr. Reddy.—Family health was good; but one of her sisters, after the birth of her last child, was very subject to hysteria. This sister had always been troubled with strongly-marked anomalous symptoms of it, but she now remained bed-ridden, imagining she could not walk, and died in ten weeks after delivery. The strong hysterical diathesis of our patient was not controlled even by her invigorating employment of farm laborer, and it was intensified by marriage. Temperate, and with excellent general powers, she has yet been habituated to the use of quack medicines for many imaginary disorders. Her catamenia appeared at 14, and there has been no evidence of any irregularity; she has had six children, four were births at full term, two were miscarriages. The first premature birth was at five months—the last at three months, and occurred in June 1862. Her first and third living children were delivered by the forceps; there was great soreness after each operation, but no evidence could be discovered of laceration, or of any lesion of the nerves from pressure of the head.

Five weeks after the birth of her first child, twelve years ago, patient suffered from mammary abscess, followed speedily by trembling and great weakness of the legs when she attempted to stand. She recovered in a few months, but two weeks after the birth of her second child, she was seized with lumbar pains, and her right foot dragged. The disease gradually advanced; but, from the badness of her memory, I could not obtain the sequence or progress of the symptoms. Three years ago she could walk with a chair; but in a few months it failed to afford her any assistance. Three months since, a burning sensation began in both calves, and passed down to the soles of the feet, where it seemed to concentrate. It was accompanied by various anomalous sensations: thus, the patient would sometimes take off her shoes to see if her feet were burned. At the same time too, she found it difficult to micturate; but did not require the use of the catheter till after her admission. There is no pain on pressing or percussing the spinous process, nor on any dorsal

movements. The application of the hot sponge and ice conclusively proved the absence of any inflammatory lesion of the cord. No bulging or undue prominence of any of the vertebræ can be distinguished. Both legs have completely lost the power of motion, but there is no anæsthesia. Tickling the soles of her feet with a feather, and the insertion of the galvanic needles in the dorsa of the feet, produced considerable excitomotor action; but not more than her temperament or diathesis would naturally account for. There is paralysis of the sphincters of the bladder and rectum. She knows when she requires to defecate, but not when the act is accomplished. Her intellectual faculties are impaired, particularly memory. The woman is strongly built and plump; her heart and lungs in healthy play; skin harsh and dry; general nutrition good; of hopeful spirit. Pulse 104:—respiration 32. Saliva acid.

*Urine.* Her urine is strongly acid, and of very high specific gravity. She passes about 24 oz. in 18 hours,—pale, clear, very little deposit on standing;—becomes turbid in a few hours. Suspecting sugar, I applied the excellent tests of Horsley, Maumene, and Botager, but without detecting a trace. The urates are in large excess. Quantities of acicular crystals of nitrate of urea are readily obtained by the addition of nitric acid, but I failed to obtain uric acid. On evaporation, granular urates of soda and ammonia in irregular spherical masses were seen under the microscope.

*Treatment.* The patient was placed by Dr. Reddy on strychnia, and then on the tincture of the muriate of iron without benefit. *Galvanism* succeeded, more rapidly than is its wont, in winning back volitional power to the legs, and the firm and judicious management of the house-surgeon, Dr. Drake, secured the improvement. Up to June 20, 1863, I had passed the catheter daily; but now, simultaneously with the return of motion to the legs, micturition became free, quite suddenly. She left the hospital the same day, and in a few days had perfectly and rapidly recovered.

*Remarks.* These two cases have been thrown together to contrast the striking differences between hysterical paraplegia and paraplegia from myelitis. The former is described by Brown-Séquard, as a Reflex paralysis; and doubtless in many cases, possibly in the one now before us, it has had its origin in some irritation of the uterus or its appendages. Séquard however, admits the possibility of a purely hysterical paralysis, ascribing it, with Sir. B. Brodie, to a paralysis of volition, rather than to any true loss of mobility. There are two modes, then, in which hysterical paraplegia may arise: I. The emotional dominating the intellectual faculties, and producing a suspension of will. II. Reflex irritation of the uterine system. Analysing the illustrative cases before us, we find

the following diagnostic marks of hysterical paraplegia:—I. The family history. II. The well marked hysterical diathesis. III. The absence of important paraplegic symptoms,—as wasting, alterations of the urine and of nutrition, and other signs of an irritative lesion of the cord. IV. The anomalies presented: such as the incompleteness of the paralysis, and the fact in the case of our patient, that more than once she has freely moved her limbs when her will was stimulated to action. Again, muscular resistance was distinctly encountered when her legs were roughly handled;—the electric excitability of her muscles was natural;—and lastly, her recovery was sudden, perfect and spontaneous.

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## HOSPITAL REPORTS.

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*Œdema of the Glottis: Operation of Laryngotomy at the Montreal General Hospital. Reported by Mr. HAYES.*

John Foley, aged 30, laborer, was admitted into the Montreal General Hospital late in the evening of 6th July, 1864, in a state of suffocation. He was unable to speak more than two or three words at a time, as the effort increased the difficulty. Any attempt at swallowing provoked a violent paroxysm of choking, and the fluid was instantly returned through the nostrils. His pulse was rapid and weak, surface cold, covered with sweat, and the lips livid. He was extremely restless, throwing his arms and body about in such a manner as to make it necessary to restrain him by gentle force. On examination, the soft palate and uvula were found to be slightly reddened and very œdematous,—the latter the size of a man's thumb. The tonsils also appeared considerably enlarged. The epiglottis could just be seen very red, but the man's struggling prevented a good view being obtained of the back of the pharynx. The tonsils and surrounding parts were at once freely scarified and the enlarged uvula removed by a pair of scissors. The bleeding, which was very free, was encouraged by warm fomentations of water. For a few minutes some relief seemed to have been derived, and an unsuccessful attempt was made to administer an emetic of *vin ipecac*. In a very short time, however, the symptoms of dyspnoea returned with increased violence, the poor fellow clutching wildly at his throat, and fell back on the bed, making convulsive struggles to breathe. As the symptoms plainly admitted of no delay or trifling, an opening was made through the integument, between the lower border of the thyroid cartilage and the ring of the cricoid. The membrane was pierced, and

a tube inserted. The usual alarming symptoms followed the introduction of the tube, but in a few seconds a quantity of mucus was expelled by coughing, and the man breathed freely through the new opening. No bleeding followed the incision. A sponge moistened constantly with warm water was retained by a muslin handkerchief over the orifice of the tube all night. About two hours after the operation, the upper part of the larynx was brushed with a 30 gr. solution of nitrate of silver. He was very weak during the night, and quite unable to swallow, every attempt being attended with a violent fit of coughing.

*July 7th.* Has slept a little, and can swallow much better. He expresses himself so much relieved, that at noon the attending physician deemed it unnecessary to keep the tube in longer. It was accordingly removed, and the wound closed by a piece of plaster. Nourishing liquid diet and an astringent gargle were ordered. From this date the man rapidly improved, and in three days after was allowed to rise. He made a complete recovery.

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## REVIEWS AND NOTICES OF BOOKS.

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*Treatment of Diseases of the Skin.* By WILLIAM FRAZER, M.D.,  
Lecturer on Materia Medica at the Carmichael School. Dublin;  
Fannin & Co., 1864. Pp. 174.

We have to thank our friend Dr. Frazer for forwarding to us a copy of the above very interesting practical little work from his pen. We have perused it with much pleasure, and we can faithfully add, much profit. Not pretentious either in the style of the writing or in its appearance, our author conveys in short and concise language all that is of real value for the practitioner to know concerning the pathology and treatment of skin diseases. It is a thoroughly therapeutical work, the various remedies used in the management of cutaneous diseases being divided into fourteen chapters, and the diseases in which each are employed, faithfully considered. Thus we have a chapter on Fowler's solution, on mercurials, on the preparation of arsenic, on cod liver oil, and many others.

With reference to sarsaparilla, Dr. Frazer entertains the opinion, which is now becoming very general, and of which the foremost advocate is Mr. Syme, that it is thoroughly inert. At page 24 he says, "I certainly never saw any decided results from it, as usually given. In former times, when this decoction was taken warm and in large quantity, and



continued diaphoresis promoted by various means, it may have been more serviceable than at present, when I believe its medical value is about equal to a cup of cold tea."

Dr. Frazer shows conclusively he has devoted great care and study to the subject of skin diseases, and we can cordially recommend his little work to the notice of our readers.

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*The University Medical and Surgical Journal of Philadelphia, July, 1864.*

We have received the first number of the above Journal edited, by Drs. Longshore, Lukens, and Murphy. It seems to stand a good deal upon its professions of independence, and advocates the admission of females as medical practitioners; this number containing an article on "a case of lingering labor by Sarah Caldwell, M.D.," which case gives the strongest possible evidence against their being so employed. The female whose case is related was seized with labor pains (*primipara*) at 5 o'clock in the evening of Monday; her regular attendant being called in on Tuesday morning. The pains at first appear to have been slight, and 24 hours from the commencement of labor she had made little progress. She was then informed that instruments would have to be employed, but the time for using them had not arrived. He then left, leaving instructions to send for him should the pains increase in severity. Annoyed at being thus left, her medical attendant was dismissed, and early in the morning of Wednesday this female physician was called in. According to her statement the pains were very strong and regular, and on examining "she found the head engaging the superior strait." She appears however to have allowed this unfortunate female to continue in this condition, doing nothing for her relief till Thursday morning, when "the pains still continuing strong and regular, and the head not advancing," she sent for a physician. By his directions, belladonna was smeared over the os, which was found in a rigid and unyielding condition, and it very soon completely dilated, but owing to the woman's exhaustion, the pains died away. Ergot was given, with some slight evidence of increase of power, and "the inner side of the os uteri," was titillated, and about five o'clock the child was born, without the aid of instruments. The child was apparently lifeless, but constant efforts at resuscitation being continued, they proved successful. The duration of labor was seventy-two hours. We never read a case more illustrative of the utter impossibility of females becoming thorough physicians and accoucheurs. Had the woman's original medical attendant been left in charge of the

case, labor would doubtless have been brought safely through in thirty-six or forty-eight hours at farthest; but to allow a female in labor, who after being a day and a half in that condition with a rigid os uteri, and strong pains, to remain for twenty-eight hours more without employing any means to attempt relief, is, to say the least, saying little for the professional forethought of Sarah Caldwell, M.D. What did she do to relieve this rigid os uteri? Absolutely nothing. Where was her tartar emetic or her lancet? Did it never strike her it was her duty to employ either of the above, in the attempt to relieve the obstacle to delivery? We are loathe to criticise so severely a case published in a new journal, but the question of female physicians is one of such great importance that such treatment by a female M.D. is, we think, deserving of severe condemnation. Woman appears to advantage in the sick room as the nurse and counsellor, but she is not fitted by nature to combat with the innumerable difficulties which constantly crowd before the medical man in his practice either as a physician, surgeon, or accoucheur. As a rule she can never command the self-possession which of right belongs to the sterner sex, and where, would we ask, is self-possession more often demanded, than in conducting the accouchments of *primipara*? We hope our new contemporary will be pecuniarily successful, but we cannot wish it success in its attempt to advocate the cause of female physicians, a movement which we think is founded in error, and which experience is daily proving the sex are incapable of honorably filling.

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*The Natural Laws of Husbandry.* By JUSTUS VON LIEBIG. Edited by JOHN BLYTH, M.D., Professor of Chemistry in Queen's College, Cork. New York: D. Appleton & Co., 443 and 445 Broadway. 1863. 8vo. pp. 388.

The science of agriculture is one of all-absorbing interest. In studying the laws which govern the growth and healthy development of the plant, we cannot separate therefrom the due consideration of the means of restoring the exhausted powers of the earth. Baron Liebig has given in this work his views on the subject, after a series of experiments extending over years of research. He says:

"Under the dominion of tradition and of slavish submission to authority, the practical man has lost the faculty of forming a right conception of the facts which daily pass before his eyes, and in the end can no longer distinguish facts from opinions. Hence, when science rejects *his explanations of any particular facts*, it is asserted that *the facts are themselves denied*. If science declares that we have made progress in

substituting for deficient farm-yard manure its active ingredients, or that superphosphate of lime is no special manure for turnips nor ammonia for corn, it is imagined that the utility of these substances is contested."

In the first chapter is considered the formation of the roots of plants, and of their power in selecting food by absorption of the mineral matters of the earth. The second chapter takes up the consideration of the nature of the soil and sub-soil, and of the best method of restoring the chemical constituents of the food necessary for succeeding crops, as by mechanical means and the use of manures, rotation of crops, its influence on the quality of the soil, beneficial results of drainage, &c. In the third chapter is considered the action of the soil and subsoil in effecting certain chemical changes, a system of preparation, so to speak, of the plant-food, on the abundant or scanty supply of which will depend the fertility or sterility of the soil. The remainder of the work is devoted to the consideration of manures, and the agricultural value of various chemical compounds, such as earthy phosphates, wood-ash, ammonia and nitric acid, salts of soda, ammonia, and lime. In concluding the notice of this eminently practical work, we cannot forego the suggestion to our various agricultural societies, of causing to be delivered, in a plain homely way, a series of lectures on the subject of practical husbandry, which we think would do more to benefit our young country and lessen the statements so frequently put forth of farms worn out and valueless. Soon would the benefit become apparent in increased crops and wealth to the farmer. Illustrating by public lectures the benefit of allowing to live our warbler and insectivora tribes of birds, would do more to attain the desired end, than the most stringent legislative enactments. The general impression with the farming community is, that the feathered tribes are a curse, feeding on the growing crops. Such anecdotes as the one lately published of some 1800 weevils being found in the stomach of one of these little birds, with three damaged wheat grains, would add to the interest and vary the monotony of a dry agricultural lecture.

Many facts of this nature could be brought out, and much benefit, we have no doubt, accrue therefrom.

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## CORRESPONDENCE.

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*To the Editors of the Canada Medical Journal.*

MM. EDITORS.—Be pleased to allow me a short space in your *Medical Journal* for a few remarks on the bearing of two operations for the cure

of aneurism, decided upon, the one by Dr. Campbell and the other by Dr. Hingston.

With regard to the first operation (ligature of the external iliac artery) by Dr. Campbell, I feel pleased to acknowledge—in accordance with his concise and methodical teaching—the practical ability of the oldest professor of surgery in Montreal. Thanks to his reporter, it would be difficult to find any thing to modify in the *procédé* to be followed in such delicate capital operations.

Of the second (ligature of the femoral artery, by Dr. Hingston), the report shows that it has been well performed, *secundum artem et seriatim*.

Both cases have terminated fatally, in a few weeks, principally on account of absorption of pus.

Such unsuccessful *capital* operations, faithfully recorded, should have even more credit with the profession than favorable ones, in as much as they call for serious reflection, to arrive at more precise *data* with regard to their value in the cure of diseases, or accidents, more or less at present or to be, under our control.

If your time is not too much tasked, I will ask you for an answer to a few queries in your next number.

1. Am I wrong in my belief that ligatures upon large arteries for aneurism will be successful but once in five cases, even at the present time; putting out of the question, that of the aorta, internal iliac, innominate and common carotid?

2. Has pyæmia been less frequently observed formerly than it is now; and is an epidemic of pyæmia possible, from deleterious influence of the air?

3. Could we account, at a certain rate, for nonsuccess in operations, by the conjuncture that, for two years at least, eczema of all types, and this year, scarlatina, small-pox, rubeola, typhoid fever, &c., have been the prevalent diseases, and have clearly shown an epidemic constitution of the atmosphere?

4. Will not epidemics, of all kinds transform and fuse themselves, in a protean way, so as to put patients for and after operations (specially in hospitals), in a precarious position, *ceteris paribus*?

5. Notwithstanding the unavoidable interference of the practical surgeon in these two cases, are not the consequences such as to forcibly direct the mind of all sincere lovers of medical and surgical science and art, to work in the path of the great men who have so much contributed lately to the success of *conservative surgery*?

Before leaving you, let me say to my friend Dr. Hingston, that he is

not correct in entitling himself physician to *l'Hôpital Ste. Famille*, nor to *The St. Patrick's Hospital*.

The oldest hospital in this country, *l'Hotel-Dieu*, will never change its name, but it is now situate at *Mont Ste. Famille*.

With my best wishes for the success, of your journal,

I am truly your confrère,

J. G. BIBAUD, M.D.

*Pres. and Prof. Anatomy, Sch. M. and S. M.,*

*One of the Physicians of the Hôtel-Dieu.*

In reply to the queries put us by Dr. Bibaud, we would state, that ligature of large arteries is by no means so fatal an operation as the Doctor supposes. According to Crisp, who has tabulated 256 cases, the mortality was about 22 per cent. Porter gives the result of 600 cases, the mortality being 27 per cent. Pyæmia has been recognized for centuries as a cause of want of success in surgical operations, probably not under the above designation, but still it was the same disease. To read the history of aneurism by the older surgeons, when they invariably used to cut into the sac and ligature the artery above and below the aneurism, after passing a probe up and down the vessel, to serve as a guide to its situation, we cannot wonder that the cases were almost invariably fatal. To the third and fourth questions much difference of opinion obtains. We are, however, inclined to the belief that, during the prevalence of epidemics, operative interference is very liable to be followed by many accidents, unquestionably due to a vitiated state of the atmosphere. And here we might remark, *en passant*, that the system of general hospitals is by no means a good one. Surgical cases, we think, should be placed in a building, separate and distinct, where there is no chance of their coming in contact with patients suffering from erysipelas, fever, gangrene, *et id genus omnes*.

There can be no question about the absolute necessity of all true lovers of the surgical art following the footsteps of their predecessors in the way of conservative surgery. The cases, however, which are here referred to were of that nature that no other thing could be done but to operate, unless indeed they had been left to nature, when we need not have expected a spontaneous cure, except by special miracle.

We must correct the impression that Dr. Hingston is in any way responsible for having changed the name of the Hôtel Dieu in the heading of the article in question. We ourselves made the alteration, as well as styled the doctor, "physician to the," &c. It is not customary with British physicians to prefix "one of the," as it is understood that all hospitals possess a staff of medical men who are all on an equal footing.—EDS.

## PERISCOPIC DEPARTMENT.

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Surgery.ON A CASE OF FEMORAL ANEURISM SUCCESSFULLY TREATED BY  
LIGATURE OF THE EXTERNAL ILIAC.

By W. H. FOLKER, Esq., F.R.C.S.

Sampson I—, a laborer aged sixty-five, residing at Tunstall, was admitted into the North Staffordshire Infirmary, under my care, on the 18th of December, 1863, with femoral aneurism of the left side. According to the patient's own account his general health has always been good, except that during the last two years he has had occasional attacks of rheumatism. A little more than two months before his admission he perceived a small swelling about the size of a marble just below the left groin, which soon began to increase rapidly. He showed it to a surgeon, who ordered cold applications and rest. After that he went into the workhouse, and the surgeon there ordered confinement to bed and cold applications, from which time it ceased to increase so rapidly; still, however, it kept enlarging. Although accustomed to hard work and lifting heavy weights, he never remembers having strained or hurt himself in any way.

The patient, who is a tall and well-proportioned man, appeared on admission to be in good health; his tongue was clean, his bowels regular, pulse 76, and appetite good. On the left side he had a pulsating tumor, almost round in shape, extending from Poupart's ligament to about four inches down the thigh. The bruit characteristic of an aneurism was distinctly heard with the stethoscope; and the pulsation, which was strong and corresponded to the pulse, was easily controlled by pressing the artery above the tumor. There was no tenderness over the tumor, but an occasional aching pain was felt down the thigh.

As the treatment that had been adopted had only retarded the growth of the tumor, but had not stopped it, and as there was no possibility of applying continued pressure, it was determined to apply a ligature to the external iliac artery. Accordingly on Dec. 19th the operation was performed in the following manner: The patient being brought under the influence of chloroform, a semilunar incision about three or four inches long was made, commencing about an inch in front of the anterior superior spinous process of the ilium, and running nearly parallel to Poupart's ligament, dividing the skin and superficial fascia, and bringing into view the aponeurosis of the external oblique; this was cut through, the sper-

matic cord pushed aside, and the fascia transversalis divided on a director. The peritoneum was gently pressed up, and the sheath of the vessels exposed; this was very carefully opened with a silver scalpel, and a strong hemp ligature was passed with an aneurism needle from within outwards. The parts were now carefully examined to ascertain that nothing was included in the ligature which ought not to be tied; pressure also was made on the artery to see if it perfectly controlled pulsation in the tumor: and finding everything as it should be, the artery was then firmly tied. The wound was closed with three silver wire sutures, the patient taken to bed, and the limb enveloped in cotton wool. The operation was performed between twelve and one o'clock.—Three p.m.: The thigh warm, but the leg cold from the knee downwards; the wound smarts, but otherwise is not uncomfortable. To take milk, barley-water tea, or gruel, as he fancies—Half-past ten p.m.: The leg somewhat warmer, but feel numbed to the patient; he nevertheless is pretty comfortable, and thinks he shall be able to sleep without an opiate.

Dec. 20th.—Has passed a good night without any opiate, and is free from pain; the feeling of numbness has gone, and sensation is now quite natural. Pulse 80; tongue clean; skin moist; warmth in the limb about the same. The limb not to be disturbed; hot bottles, in addition to the cotton wool, to be applied if necessary. To have low diet and no medicine.

21st.—Has slept well. Pulse 80; tongue clean; lips dry; skin moist. Does not complain of thirst. Leg warmer. Says he feels much more comfortable than before the operation. No change in diet or dressings.

22nd.—Going on well in every respect. To have an egg and some beef-tea added to his diet.

24th.—Progressing very favorably; the wound looks healthy, and is healing rapidly. Tongue moist and clean; skin natural; countenance cheerful. Complains of being very hungry, but no alteration was made in his diet.

Daily reports contain nothing worthy of note till Jan. 7th, when the ligature came away. This is the nineteenth day from the operation. The wound has healed, excepting just round the exit of the ligature. To be lightly dressed with water dressing. The patient was directed to maintain the most perfect quiet, not even turning in bed more than he was absolutely obliged.

Jan. 8th.—Complains of being very thirsty; tongue rather dry; bowels not open. The tumor feels uneasy. To have a draught of the house mixture.

10th.—Very feverish and restless; tumor feels painful, and has a blush upon it. He has had a shivering fit. Tongue furred and dry.

Ordered to take effervescing saline mixture every four hours; to have a poultice applied over the tumor; and to take ten grains of Dover's powder at bedtime.

11th.—Tumor looks more inflamed and swollen. He is very feverish; tongue dry: bowels not open. To repeat the mixture and powder, and have an aperient draught.

12th.—Slept rather better for his powder last night, and feels easier this morning—not nearly so feverish. Bowels open; tongue more moist. Suppuration has taken place in the tumor. To repeat the mixture and powder at bedtime.

13th.—Passed a good night, and looks much better. Tongue moist, but white; skin natural; fluctuation very distinct in the tumor.

14th.—Better: tongue moist, though still a little white; skin natural; bowels open; urine scanty, high-colored, and thick; has a slight cough; appetite much better. To continue a poultice to the tumor. Ordered a draught containing bicarbonate of potash and infusion of orange-peel, three times a day, and six grains of Dover's powder and four grains of mercury with chalk at night. Another egg and a mutton chop to be added to his diet.

23rd.—The tumor, which had been pointing for the last day or two, broke this morning, and discharged some very offensive matter. To poultice the tumor and take five grains of Dover's powder every night, and continue the mixture for a few days.

Feb. 16th.—Has progressed steadily, and the discharge is much less; feels very weak. A small sinus which had formed, was laid open. To have quinine mixture and a pint of porter. Has not taken his powders for some nights.

March 12th.—Still very weak; tongue clean and moist; bowels regular and appetite good. The wound has filled up nicely with granulations, but still does not heal. No sinus discovered on examination with a probe. Ordered to sit up. Wound to be dressed with tincture of benzoin. Cod liver oil to be taken twice a day.

16th.—He has a slight attack of rheumatism. To discontinue the oil, tonic, and porter, and take instead the following draught every four hours—Nitrate of potash, ten grains; iodide of potassium, four grains; colchicum wine, ten minims; camphor water, one ounce. To keep in bed.

18th.—Much better in every respect. To get up; leave off his medicine, and take cod-liver oil again. Full diet and porter.

From this time he improved rapidly. He walked out in the infirmary grounds on the following day, and on the 24th was discharged cured.

Ligature of the external iliac is an operation that has now been performed



many times with rather a large proportion of successful cases; still however, it is an operation of considerable importance, and cases as they occur deserve to be placed on record. In this case suppuration took place in the sac. This is a dangerous symptom, and in several of the fatal cases that have occurred has been the immediate cause of death. If suppuration is diffused, or shows any tendency to burrow amongst the surrounding muscles or cellular tissue, free incisions would be necessary; but where it is circumscribed I think it is decidedly preferable to allow it to take its course—point and break; of course carefully watching the progress of the case.—*Lancet*.

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CASE OF ANEURISM OF THE ABDOMINAL AORTA, CURED BY COMPRESSION OF THE ARTERY IMMEDIATELY ABOVE THE TUMOR.

By D. W. MURRAY, of Newcastle.

The patient is a spare man, aged 26 years. His occupation as a pavior has required him to use a large wooden rammer for driving paving stones into the ground. Often in making strenuous exertions he has overreached himself, and subjected the trunk of his body to severe straining. Eleven months ago, after hard work, he was seized with severe pain in the back. Two months later the same pain began to be felt in the abdomen, catching his breath, and was very severe. About two months ago he began to feel a beating in his belly, and shortly afterwards became a patient at the Newcastle-on-Tyne Dispensary under Dr. Wm. Murray, who after a few examinations became convinced that he had an aneurism of the abdominal aorta. This opinion was shared by the medical officer of the dispensary. The following is the condition of the patient previous to the treatment:—His abdomen is somewhat spare, so that a distinct pulsation can be seen opposite the umbilicus. On applying the hand, a hard and somewhat movable tumor, of a distinctly globular form, is to be felt. It pulsates very strongly, and the pulsations impinge upon the hand with a sudden stroke; and the expansion of the tumor very distinctly separates the hands when applied to it. The tumor is of about the size of a large orange; when "the pressure" is made on the aorta above it, all pulsation ceases, and when it is removed a distinct thrill is felt to accompany the rush of blood into the tumor. A slight bruit is heard over the tumor. (A line drawn across the abdomen over the umbilicus touches at either end the margin of the last rib, and encloses between the free borders of the ribs a triangular space—the epigastric region. Over the left half of this space there is just room enough above the tumor to compress the aorta against the spine.) The aorta below

the tumor can be felt, and its pulsations seem in no way to depart from their normal characters. Bowels slightly constipated. Pulse good and normal. General health good; but he is worn out with pain and consequent loss of sleep. No evidence of degeneration of arterial system. "All palliative treatment having failed to relieve him, I proposed to apply a tourniquet (an ordinary horseshoe tourniquet) above the aneurism, and thus attempt to cure by compression. It happened, as I have before shown, that the aorta could be compressed above the tumour; and this was most completely accomplished by the tourniquet, one blade of which was applied over the spine and the other over the spot above indicated. Having taken my patient to the Northumberland and Durham Medical Society, I obtained there, from the President (Dr. Heath), and others, ample confirmation of my diagnosis; at the same time I proposed my plan of treatment. On Saturday, April 16th, the patient was put under the influence of chloroform, and pressure, by means of the tourniquet, kept up for two hours. On removing the pressure, no apparent effect had been produced. The pressure completely commanded pulsation in the tumor, except during occasional momentary displacement of the instrument. After an urgent entreaty on my part, the patient again submitted to the treatment on Tuesday, April 19th. After careful re-examination by Dr. Heath and myself, it was concluded once more that there could be no reasonable doubt of the nature of the disease. The pressure was again used and maintained, with but momentary intermission when the instrument became displaced, but even these were avoided during the last hour, as I carefully held the instrument in its place, and had the patient very fully under the influence of chloroform. After about five hours the pressure was removed, and its removal showed that now very little pulsation existed in the tumor. Beyond a little shivering and numbness, with coldness of the feet and legs, nothing of an untoward nature followed. In the evening, after a most careful examination, I failed to detect the slightest pulsation in the tumor or in the aorta below it."

On the 20th of April the patient was restless and sore; the legs feel numb, with a sensation of pins-and-needles in the feet. In consultation with Dr. Heath, the following observations were made and confirmed by that gentleman: "There is no pulsation in the tumor, which is now perfectly stationary, hard, resistant, and lessened in size; nor are any pulsations to be felt in the aorta below the tumor, in the iliacs, or femoral arteries." 21st: The patient is much better. He says "he is more free from pain than he has been for several months." No pulsation in the tumor or femoral. The pulses can be felt at one or two points

in the abdominal walls. 22nd: With Mr. Lightfoot, who carefully examined the case, the following points were made out, and verified by that gentleman:—"A solid hard tumor, of about the size of an apple, lying to the left of the umbilicus, can be felt, and, during deep expiration, can be seen. It is motionless to the eye, and, by the hand, the slightest possible forward movement can be distinguished at its upper border, as if communicated from the aorta pulsating above." No expansile movement, thrill, or bruit can be made out. All numbness is gone from the legs, and the patient declares he is quite well. 25th: Still improving; is moving about freely. No pain since the treatment. The tumor is now much diminished in size, and no pulsation can be distinguished in it. The patient has been out this morning, and walked about a quarter of a mile. His legs failed him once or twice during his walk, owing, he says, to a sensation of numbness in them. When his exercise terminated, he felt a numbness from the umbilicus downwards for several minutes. Several medical gentlemen examined him at this period, and their unanimous conclusion was that all pulsation had ceased in the aorta and the large arteries below the tumor. Amongst these were Dr. Gibb, Messrs. Fips and Armstrong, Mr. Rayne, &c.

May 1st: The patient still improving, and walking in the open air daily. No pain or pulsation. 5th: The man is still improving. He has been out for three hours, and walked a considerable distance without other discomfort than slight weakness and numbness in the legs. The most careful examination, in the presence of several medical gentlemen, fails to detect any movement in the tumor, which is now hard and further diminished in size. 9th: Everything in a most satisfactory state.

*Remarks.*—We may note, in the first place, that here we have a complete triumph for the advocates of compression in the treatment of aneurism, for a hitherto fatal disease has yielded to treatment lasting but for a few hours, and requiring the use of a very simple expedient; secondly, here is proof that the aorta can be blocked without violent symptoms or great inconvenience ensuing; and, lastly, it adds another instance of the value of chloroform, without which the tremendous pressure here used could never have been borne, even though it were to save the patient's life.

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#### ANEURISM OF THE SCIATIC ARTERY: INJECTION WITH PERCHLORIDE OF IRON.

On March 18th, Mr. Nélaton treated, by means of injection of perchloride of iron, an aneurism of the terminal part of the sciatic artery;

which was of the size of a thumb and projected in the natis. The case was an interesting one, inasmuch as the patient had already had sciatic aneurism in the same region, for which M. Sappey had in 1850 tied the sciatic artery above the tumor—the operation being for a time successful. This is said to be the first case in which the operation was performed. After one injection of the perchloride of iron, the pulsation completely ceased; the tumor subsequently gradually diminished; there was no inflammation; and, at the end of a month, the patient was making favorable progress towards recovery.—*Gaz. des Hôpitaux*, 19 Mars and 16 Avril, 1864.

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## LIGATURE OF THE COMMON CAROTID.

Prof. C. A. Pope, of St. Louis, records the following interesting case of this:—

The late General Bayard, who was killed at the battle of Fredericksburg, received an arrow-shot wound in the left upper jaw, on the 11th July, 1860, whilst a lieutenant in New Mexico, in a skirmish with the Indians. The iron point, spear shaped, and two and a half inches long, with a small neck for the attachment of the wooden shaft, was driven with force, entering a little below the middle of the orbit, and with a slight obliquity backward. The Surgeon of the post immediately endeavored to extract the foreign body. At first it was hoped that this might be accomplished by traction upon the arrow itself, but this was thereby only separated from the iron point, which remained firmly impacted in the bone. Different forceps were resorted to, and after a short trial the effort was abandoned.

The absence of suitable instruments, the slight hold which could be obtained on the offending body, as the small neck was all that could be seized, and above all the firm impaction, sufficiently account for the failure of extraction. Slight hemorrhages from the corresponding nostrils followed within the subsequent four weeks, and on arriving at St. Joseph, a more serious one occurred.

The patient reached St. Louis, five weeks after the reception of his wound. There was some tumefaction of the left side of his face. The wound at the time had skinned over, so that no foreign substance could be seen, but on gentle pressure with the finger a hard point was perceptible beneath the integument. There was a muco-purulent discharge still issuing from the nostril, proceeding doubtless from the antrum. On incising the imperfect cicatrix, I felt the projecting neck, and supposing that the arrow point, after so long a time, might be somewhat loosened

by the efforts of the organism, I attempted its extraction with the dressing forceps of the pocket case, but found them wholly inadequate. I at once supplied myself with instruments of various kinds, and with a powerful forceps succeeded in one or two efforts in extracting the offending body. This was followed by a troublesome bleeding, both from the nostril and the external wound. By rest, opium, cold plugging and pressure, this was duly arrested, Several slighter hemorrhages subsequently occurred, but they gave rise to no uneasiness.

The case now progressed favorably, and the patient was able to get about the streets. He walked to my office and complained of some inability to separate the jaws, a difficulty, by the way, which had existed all along; I directed him to use gentle and gradual efforts at opening the mouth. In less than an hour his troubles recommenced. The whole cheek and jaw became hot, swollen, and painful. Fever, with renewed hemorrhage, set in, and caused me much anxiety. The same means of arrest first tried did not avail. Extensive extravasation of blood took place; and in order to relieve the pain, tension, and possible sloughing, I deemed it proper to make free counter openings, both in the mouth and on the cheek and neck. From these, large grumous clots were turned out, and through the inner opening the finger's point could be carried round the almost denuded bone, and lodged high up in the pterygoid fossa. The hemorrhage continuing with various and delusive intermissions, the case became critical. Finally for three successive nights, these came on regularly at midnight and were copious and exhaustive. From such repeated losses of blood, the patient had now become reduced to the lowest degree, when the further issue of a few ounces more might have turned the scale against him. I then determined to tie the carotid. This was done on the night of the 16th of September, more than two months after the reception of the wound. Such was the extreme condition of the patient that he fainted during the operation, although in a recumbent position. The operation was a delicate and difficult one, as the parts were very much swollen and altered by sanguineous extravasation and inflammatory effusion, and the incision being correspondingly deep, the effect of artificial light in such cases, at all times bad, was only the worse—for whilst the surface of the wound was well lighted, the sharp, deep shadow rendered its depth almost invisible. The touch, therefore, superseded sight. There was no more hemorrhage. Opium and nutritious ingesta were freely given, and the patient continued to do well. From the thoroughly anæmic state, and the effects of interruption of the cerebral circulation, caused by the ligature, the patient's mind was somewhat impaired, and I feared some altered nutrition or softening of the

brain. These symptoms, however, gradually yielded, and after several weeks he was again up and about. Being rather impatient and self-willed, he went out before I deemed it prudent for him to do so. The ligature was slow in coming away, and for some weeks after its fall, a small fistulous opening remained. The lieutenant now left St. Louis for West Point, to which place he was assigned for duty. When on a visit to his family in New Jersey, and travelling by railroad at night between New York and Philadelphia, after much bodily fatigue, a further hemorrhage occurred from the still unclosed fistula of the cervical wound. By rest and moderate pressure this was relieved. This bleeding was the last—the wound healed and the patient recovered his usual health. There always remained, however, an unpleasant fulness of the affected cheek and masseteric portion of the face.—*St. Louis Medical and Surgical Journal.*

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#### A NEW MODE OF TREATING CASES OF VESICO-VAGINAL FISTULA.

By ALFRED MEADOWS, M.D.

A paper on this subject was read before the the Obstetrical Society of London, on the 4th of May. It was contended in this paper, that the usual practice of keeping the patient in bed for two or three weeks after operation for the cure of vesico-vaginal fistula is unnecessary, and that, on the contrary, she may be allowed with perfect safety to go about as usual immediately after the operation. The author showed that the reason given for the former practice—viz., that the parts should be kept quiet, as is fully attended to in the plan suggested as in that usually followed, because the movements of the body do not interfere with the quietude of that particular portion of the floor of the bladder where the fistula existed, there being no muscles in this region which can by their attachments prejudicially affect the part in question. With regard to the second consideration,—that the urine should be kept from the surface of the fistula, either by the constant employment of the catheter or by its frequent use,—the author exposed the fallacy of this argument by briefly reviewing the circumstances which exist after every operation of this kind. At first the bladder is quite empty, but, as urine gradually flows into it, the organ becomes slowly distended; and the very fact of this distension taking place by the uniform pressure of the urine, proves that contact of that fluid with every part of the bladder-wall cannot be avoided: no position of the patient can prevent it, and consequently the recumbent posture is not needed on this account, nor is the use of the catheter of any service. Two cases were detailed in which the plan here

suggested by the author had been carried out with perfect success. In one, where chloroform was not administered, the patient went about immediately after the operation, and followed her usual avocations. In the other case, the patient had chloroform, and on this account chiefly, she kept in bed that day; but the next day she was allowed to go out, and her cure was equally complete. In both cases the opening was large enough to admit the finger easily; and in one of them it was situate far in the vagina. The author recommended the use of many sutures, merely twisting them, and without either clamp or shot; he also advised that they should be allowed to remain some time to secure firm union, their presence occasioning no inconvenience. One of the cases cited was further remarkable, inasmuch as by the process of sloughing which had previously taken place, no trace of the uterus could anywhere be discovered, and the patient has continued for some time past to menstruate through the bladder.

Dr. Oldham thought it a great point to save patients from the irksomeness of wearing apparatus; and by showing that the confinement hitherto considered necessary was not required, Dr. Meadows had done good service.

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#### TARTARISED ANTIMONY AS A REMEDY IN STRUMOUS OPHTHALMIA.

BY EDWIN CHESHIRE, F.R.C.S., Senior Surgeon to the Birmingham and Midland Eye Hospital.

I have so frequently prescribed tartar emetic, generally in combination with opium (but often alone,) in strumous ophthalmia, as well as in acute corneal and conjunctival inflammations, and with such marked success, that I have no hesitation in suggesting to my professional brethren a more extensive use of the remedy in the treatment of those obstinate, and frequently protracted, affections of the eye.

In cases of strumous ophthalmia, where there was excessive photophobia, I have found the internal administration of tartarised antimony, in doses varying from one-twentieth to one-twelfth of a grain, according to the age of the patient, to be attended with the most decided benefit; and its efficacy has been singularly marked, where quinine, steel, arsenic, and cod-liver oil, had each, in its turn, been tried and failed. No remedy that I know of so completely or so permanently removes the photophobia, which is such a distressing symptom in strumous affections of the eye.

In phlyctenular ophthalmia, and in vascular cornea or pannus, uncomplicated with a granular condition of the palpebral conjunctiva, or with inversion of the cilia (trichiasis), a continued course of tartar emetic, in

small doses, arrests the progress of the affection most effectually, and with it may be combined the early use of local stimulants, a combination which may be continued, if necessary, for a lengthened period without injury to the general health; in fact, the patients who have taken tartarised antimony under my care, both at the Eye Hospital and in private practice (and I have prescribed it very extensively), have almost invariably told me how much stronger and more energetic they felt during the time they were taking the remedy. I am aware it has long been the practice of ophthalmologists to administer a single emetic dose of tartarised antimony, as a beginning to the treatment of strumous ophthalmia; and that it has occasionally been given in combination with bark and quinine; but it does not appear to have been resorted to as a remedy, *per se*, for the cure of strumous affections of the eye. It is quite true, in the case of the little strumous patients, while under treatment, that they were usually placed on milk diet; and when the photophobia was severe, attention was paid to the exclusion of light, which would probably assist in promoting a favorable result; but the same diet was generally resorted to, and the same care to exclude light was taken, when the treatment had consisted of cod-liver oil, quinine, etc., and yet often with an unsatisfactory result.—*British Medical Journal*.

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## CAUTERISATION OF MALIGNANT PUSTULE.

The Drs. Maurezin have published in the *Archives de Médecine* for March, 1864, a memoir on the treatment of malignant pustule, in which they relate fourteen cases shewing the efficiency of the actual cautery. The success of this application was complete, even in one case where the disease was of six days' duration. In a case of pustule seated in the fold of the elbow, in front of the tracheal artery, the application of the cautery was unattended by any dangerous result, and was followed by success. This mode of treatment is suitable in the first and second stages of the disease, while only an inflamed areola and vesicles are present. The whole disease may be removed without leaving a large wound; but a cicatrix is left, which on the face is more or less unsightly. This treatment is not new. Malignant pustule, when it was seen by Duhamel in 1737 and described by Morand in 1766, was treated in the provinces by extirpation, Maret of Dijon and Fournier extirpated malignant pustule and applied red-hot iron. There is reason to believe that this practice, which Thomassin opposed, had then become common; since Enaux and Chaussier have described in several pages the inconveniences of the proceeding, preferring to it a combination of scarification



with cauterisation. The treatment of malignant pustule affords an instance of the danger of laying down therapeutic formulæ as absolute. Maret succeeded in some cases in curing the disease by extirpation; but he failed in others—and the operation was condemned. In some of his unsuccessful cases, cited by Thomassin, however, the disease had arrived at the gangrenous stage and was very extensive; and in this instance the want of success is no argument against the operation, which failed because it was performed too late. At the present day, it seems that, at the commencement of the disease, extirpation or the actual cautery are the most powerful agents; and if the cicatrix left after simple extirpation be equally healthy with that left after cauterisation, the former operation is to be preferred. When the disease has extended, scarification, and the application of caustic solutions, such as butter of antimony and corrosive sublimate, or with caustic potass, are the best means of treatment.—*Gaz. des Hôpitaux.*

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#### INGUINAL ANEURISM TREATED BY COMPRESSION.

An officer came under the care of M. Rizzoli, with an aneurism of the left groin, the result of a fall. As the tumor reached into the pelvis, compression could only be applied below it. At the end of three days, in spite of interruptions of the treatment, fibrine had been deposited, and the aneurism so far hardened and reduced in size that it became possible to apply pressure above it. This was at first done by means of the finger; but, although Valsalva's method of treatment was also followed, only an imperfect effect was produced. Electro-puncture also produced merely an incomplete and temporary result. As the aneurism, although diminished in size, continued to pulsate at the end of forty days, M. Rizzoli had an instrument used, by which pressure could be more easily and exactly applied to the artery where it passed over the bone. At the end of two days, this pressure, which had been maintained sometimes by the patient himself, sometimes by an assistant, had caused pulsation to cease, not only in the aneurism, but in all the arteries of the limb; the temperature of which, however, remained normal. The pulsation gradually returned in the arteries of the foot and leg. The aneurism remained hard and free from pulsation; and at the end of thirty-five days the patient left the hospital cured.—*Acad. delle Scienze dell' Institut. di Bologna, and Bull. Génér. de Ther., 30 Avril, 1864.*

## Medicine.

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### DISEASE OF THE SUPRA-RENAL CAPSULES—DISCOLORATION OF THE SKIN—PELVIC ABSCESS.

(Under the care of DR. GREENHOW.)

W. B., aged 24, married, engineer's laborer, admitted April 12th, 1864. A slight man, under middle height, naturally of rather dark complexion, and with black hair. Stated that, with the exception of an attack of fever eight years ago, he had enjoyed good health until between eight and nine months previous to his admission, when an abscess formed in the left hypochondriac region. The abscess did not prevent his following his usual employment. In October last, a month or six weeks after the healing of the abscess, he had been seized with severe pain in the left hip, shooting downwards in the course of the sciatic nerve towards the knee. This pain had never since left him, though it had varied in intensity from time to time. Had been gradually getting weaker during these months, and had very rapidly declined in strength during the last ten days. Had had for some weeks nausea and occasional retching, with, for the last few days, vomiting of food. Appetite much impaired during the last fortnight. Bowels habitually costive, had become more so during his illness. Had suffered much from flatulence and gastralgia. Had lately suffered from attacks of breathlessness and faintness on exertion, and actually fainted while under examination in the waiting room. These symptoms led Dr. Greenhow to suspect the case to be one of Addison's disease before he had observed any discoloration of skin; and the patient's wife and mother, on being questioned, said that they had observed his complexion becoming darker about three months ago. Capt. hst. potass. citrat. effervesc.; am. cu. ferri, gr. v. ter die; port wine, 6 oz.

April 13.—Skin cool; tongue flabby, moist, coated on dorsum with a yellow fur; urine somewhat dark colored, highly acid, copious, free from albumen, sp. gr. 1022; pulse from 94 to 100, variable, extremely feeble, small and compressible; heart's impulse feeble, and sounds exceedingly faint; resonance normal on percussion over both sides of chest; breathing sonorous, with very slight rhonchus; slight cough with scanty, tenacious, nearly transparent expectoration. Patient could scarcely be raised up in bed on account of tendency to faintness. General hue of skin a dusky brown, face somewhat darker, closely resembling that of a person of color. Sides and back of neck, from hair downwards to shoulders, darker than face. Hands much darker than arms, and all the knuckles sensibly darker than surrounding surface, as were likewise several spots where the skin had form-

erly been abraded. Here and there, on the neck, were one or two well defined darker specks resembling moles. The skin over the spine, for about nine inches downwards from the eighth dorsal vertebra, was much darker than the rest of the back. Over the left hip, where a blister had been applied four months before, was an oblong surface, nearly four inches by five, much darker than any other part of the body, and on it were several spots, where apparently there had been superficial ulceration, which were almost as black as the skin of a negro. Nipples and areola very dark, almost black. Axillæ scarcely appreciably darker than the rest of surface, but groins sensibly so. Penis extremely dark. Thighs and legs less dark than body. The lips had a dark, almost black, stripe of varying breadth extending along their whole length. The buccal mucous membrane, with the exception of a few intervening paler spots, was also of a dark, almost black color; and there were several well-defined dark patches on the gums of the lower jaw. The conjunctivæ were clear and perfectly white. The skin was everywhere soft and free from eruption. Body somewhat wasted, but not emaciated. Pergat. Pil. coloc. c. hyosc., gr. x., horâ somni.

14th.—Has had much sickness during the night, vomiting almost everything he has taken. Bowels have acted once loosely. Pulse 108, exceedingly small and feeble. Is very languid, and feels more faint to-day than he has hitherto done. Complains much of pain in the chest, which is worse after food and before sickness. Urine copious, high colored, sp. gr. 1019, no albumen. Hst. acid nit. mur.,  $\zeta$  j. ter die; port wine  $\zeta$  viii.; brandy,  $\zeta$  j.

15th.—Much the same as yesterday with regard to pain in chest and vomiting of food, but is evidently weaker. Pain in hip persistent. Pt.

16th.—Has slept fairly. No pain in chest at present, but constant vomiting after taking food. Pulse 120, very small and feeble. Constant feeling of faintness. Surface cold and pale. Speaks slowly, as if unwilling to be disturbed. 8 p.m.—Looks anxious and exhausted. Pulse 144, almost imperceptible. Intellect unimpaired. Enemac. suc. bov.,  $\zeta$  iij.; spt. vn. gal.,  $\zeta$  ij., statim et 4tis horis.

17th.—Vomiting still continues, faintness most intense, pulse scarcely perceptible, and heart sounds only audible on very close examination. Extremities cold and sight dim. He sank and died about 1 p.m., his intellect remaining unimpaired to the last.

*Post mortem examination twenty-six hours after death.*—Rigor mortis well pronounced. Body spare, but not emaciated. General hue of skin dusky, but so much paler than it had been during life that if then seen for the first time, it might have been regarded as the natural color.

of a rather dark person. Face and neck were somewhat darker than the greater part of the rest of the body. Thighs and legs apparently of normal color. Skin of axillæ and of hip, where the blister had been applied, decidedly darker than the surrounding surface. Penis and scrotum much darker than any other part of the body. Dark stains on lips and on buccal mucous membrane remained almost as during life. Muscles of normal red color. Heart had much fat on its outer surface; muscular tissue somewhat pale; valves normal. Right auricle and ventricle were nearly filled with a large firm, yellow clot, entangled in the cords of the tricuspid valve, and sending a process into the appendix auriculæ. Both lungs firmly adherent to ribs; lung tissue here and there slightly congested, but free from all traces of tubercle. Many of the mesenteric glands were enlarged, some being of the size of beans. Their surfaces were pale and yellow, and on section they appeared of a yellow color, and had a dry, somewhat cheesy texture. Microscopical examination showed these glands to be infiltrated with a finely granular substance, in which were numerous granular cells and nuclei, and many cells containing oil-globules. Vessels of small intestine much congested; Peyer's patches enlarged, prominent, of yellowish white color, and remarkably opaque; the solitary glands scattered throughout the ileum also enlarged; no appearance of ulceration. Supra-renal capsules were both closely invested with very dense connective tissue, containing a good deal of fat. The left capsule was one-third larger than the right, its weight was six drachms, and it measured longitudinally two inches and three-quarters, and transversely one inch and a quarter; it was of very firm consistence, and on section no distinction was visible between cortex and medulla, the whole organ being converted into a mass of firm, yellowish-white tissue, in parts semi-transparent. Scattered through this mass were numerous opaque yellow deposits, varying in size from a hemp-seed to a pea, of cheesy consistence, mixed with gritty matter. On microscopical examination these cheesy deposits were found to consist of opaque, amorphous granular material, mixed with granular shrunken cells and nuclei, and some oily matter. The intervening portions, in addition to similar granulous material, consisted of fibrous tissue. The right capsule weighed four drachms, and measured longitudinally rather less than two inches, and vertically one and a half inches. In structure, it closely resembled the left capsule; but one of the cheesy masses was of the size of a small bean. On laying open the pelvic fascia at upper edge of true pelvis on left side, about half an ounce of thick creamy-looking pus escaped; the abscess communicated with carious bone at the left sacro-iliac synchondrosis. Blood much thicker and darker than usual, presenting under the microscope a great excess of red corpuscles.

*The British and Foreign Medico-Chirurgical Review* for the quarter ending July 1st, in its half yearly report on "Materia Medica and Therapeutics," mentions Prof. Courty's (of Montpellier) treatment of facial paralysis by injections of a few drops of a solution of strychnia along the course of the facial nerve, between its exit by the stylo-mastoid foramen and its passage to the neck of the condyle of the lower jaw.

The injection was repeated every two or three days; and three injections at the least, and six at the most, sufficed to remove entirely, in the space of from ten to fifteen days, every trace of paralysis in all the muscles of the face. The patients were, a man of fifty-six years, a lady of twenty-five, and a young woman of twenty-two. In all cases the cure was complete.

The same author also gives a case of paralysis of a year's duration, which after the failure of various other lines of treatment, was cured by a few injections of strychnia performed over the inferior extremity of the spinal cord.

M. Luton (of Rheims) also has successfully practised local injection of various remedies, having cured twelve cases of sciatic neuralgia, two of intercostal neuralgia, three of coxal neuralgia, &c., by the use in the same manner of a more or less concentrated solution of nitrate of silver. He found three injections of salt water remove sub-orbital neuralgia in one case.

One case of parenchymatous goitre he cured by injection of tincture of iodine. Two similar cases were still under treatment at date of the report. The applications of which this new plan are susceptible, it is observed, are very numerous, and may include the use of bichloride of mercury, arsenious acid, sulphate of copper, sulphate of zinc, and any other irritating substance which acts in the interior of the tissues in the same manner as one which is applied on their surface.

It is only right to observe that the treatment of sciatica, &c., by local injections, is not at all new, as we have seen a solution of morphia used in this way in sciatica many years ago in Dublin.

The dried stem of the *Laminaria Digitalis*, or Sea tangle, is much recommended by Dr. Sloan of Ayr, as a substitute for ordinary tents in surgical practice, from its property of expansion on absorbing moisture after having been introduced in the dried state.

Dr. Wilson, Lecturer on Midwifery, Glasgow, advises the use of this substance for dilating the os and cervix uteri, the mucous discharges being sufficient moisture to cause the expansion of the tent. We have heard of the use of the same substance in the form of bougies in stricture of the male urethra in one of our Dublin hospitals. It is capable of being applied in a variety of ways. Dr. Wilson has found the young

tangle expands more readily and more largely in proportion to its size; however, the older tangle exerts a more powerful dilating effect. They possess any advantages over sponge tents.

*Sarracenia purpurea*, which our readers will remember was so much lauded for the cure of small-pox, has proved useless in Mr. Marson's hands, (see *Lancet*, 1863, vol. ii., p. 6), every case, fifteen in number, having proved fatal.

The value of the Calabar bean is now established. Mr. Thomas Nunneley in England, and other observers, have recorded their experience of its value in preternatural dilatation of the pupil in prolapsed iris from wounds, operations, &c., as well as in cases of prolapse from sloughed cornea. It has been applied in the form of solution saturating\* paper, which was placed between the lids; but a less objectionable form seems to be a tincture prepared now by Mr. Squire, and diluted in the proportion of one drop of the tincture to ten of water, which will prove sufficiently strong for many cases.

Mr. Nunneley relates the case of an infant, three weeks old, with much of both corneæ in a state of slough, the result of acute purulent ophthalmia, in which he found a solution of the spirit extract of the Calabar bean placed in the eyes night and morning had caused much the largely protruded irides to recede; the case was still in progress at the date of Mr. Nunneley's last paper.—*Dublin Evening Press*.

#### REPORT OF THE COMMITTEE ON CHLOROFORM.

The report of the Committee of the Medico-Chirurgical Society on Chloroform has been produced this week, and an abstract of it was read at a special meeting of the Society held on Tuesday last. The labors of the Committee have been very protracted; upwards of seventy meetings having been held, and a very large number of experiments performed. The report is of so great length that we shall find it difficult even to present it in abstract. We may however mention some of the leading facts.

The Committee have especially investigated the important question of the influence of chloroform on the heart and on the respiration. Here are their most important conclusions on this point. They say that "the first effect of the chloroform vapor is to increase the force of the heart's action, but this effect is slight and transient, for when complete anæsthesia is produced the heart in all cases acts with less than its natural

\* Gelatine paper saturated with the solution has been used with advantage since Mr. Nunneley wrote.—*Brit. and For. Med. Chir. Review*.

force. The strongest doses of chloroform vapor, when admitted freely into the lungs, destroy animal life by arresting the action of the heart; whilst by moderate doses the heart's action is much weakened for some time before death ensues; respiration generally, but not invariably, ceasing before the action of the heart, death being due both to the failure of the heart's action and to that of the respiratory function. The danger attending the use of chloroform increases with the degree of stupor it induces; the apparent irregularities in the action of the anæsthetic mainly depending on the varying strength of the vapor employed, or the quality of the chloroform, and on the constitution of the patient. In order that it may be administered with comparative safety, it is necessary that the percentage of vapor should not exceed three and a half per cent, that its effects should be carefully watched, and the inhalation suspended when the required anæsthesia is induced. In many respects the action of ether is similar to that of dilute chloroform. At first its vapor increases the force of the heart's action, an effect which is both greater and of longer duration than that observed with chloroform. The stimulation is followed by a depression of the force of the heart's action, but, at the same degree of insensibility, ether does not depress the action of the heart to the same extent as chloroform; eventually, ether kills partly by enfeebling the action of the heart, but chiefly by arresting the movements of respiration. Thus the energy with which chloroform acts, and the extent to which it depresses the force of the heart's action, render it necessary to exercise great caution in its administration and suggest the expediency of searching for other less objectionable anæsthetics. Ether is slow and uncertain in its action, though it is capable of producing the requisite insensibility, and is less dangerous in its operation than chloroform. On the whole however, the Committee concur in the general opinion which in this country has led to the disuse of ether as an inconvenient anæsthetic. A mixture of ether and chloroform is as effective as pure chloroform, and a safer agent when deep and prolonged anæsthesia is to be induced; though slow in its action, it is sufficiently rapid in its operation to be convenient for general use. A mixture composed of ether three parts, chloroform two parts, alcohol one part (by measure), is to be preferred on account of the uniform blending of the ether and chloroform when combined with alcohol, and the equable escape of the constituents in vapor, and the Committee suggest that it should be more extensively tried than it has hitherto been in this country." As to resuscitation, they find that "the most certain means of restoring life after poisoning with anæsthetics is by artificial respiration." By this means resuscitation may generally be accomplished after natural respiration has ceased, provided the heart con-

time to act; and it may sometimes be effected even after the cessation of the heart's action, but this result is exceptional. Galvanism resuscitates within the same limits as artificial respiration; it is, however, far less to be relied on than artificial respiration in equal cases. With either remedy it is found that animals quickly rendered insensible by a strong dose are more easily recovered than those which have been gradually narcotized even by a small percentage of the anæsthetic.

In their rules for the administration of chloroform, they state that an apparatus is not essential to safety if due care be taken in giving the chloroform. Free admission of air with the anæsthetic is the one thing necessary, and guaranteeing this, any apparatus may be used. Three and a half per cent. is the average amount, and four and a half the maximum proportion of chloroform to atmospheric air which is either needful or safe. In case of accident in the more threatening conditions, artificial respiration is advised to be commenced instantly, and this equally in all cases, whether the respiration has failed alone, or the pulse and respiration together. Galvanism may be used concurrently; but artificial respiration is on no account to be delayed or suspended in order that galvanism may be applied. The uses of chloroform in natural and abnormal labor are very carefully discussed. There are considerable appendices, giving lists of selected experiments, an analysis of accidents with chloroform, statistics of surgical operations, selected experiments on resuscitation, and an obstetrical report. The whole document is one which will be read with great interest, and gives evidence of industry and ability such as committees rarely lavish on their joint-stock productions.—*Lancet*.

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#### EVIDENCE AGAINST THE INTERNAL USE OF MERCURY IN SYPHILIS AND OTHER DISEASES.

In a paper read at the Harveian Society of London, Dr. Drysdale has collected a great mass of evidence against the internal administration of mercury, and his statistics and conclusions are brought forward to support the assertion that this metal does more harm than good to the patients for whom it is prescribed. By quotations from Skey, Desruelles, Copeland, and others, he shows that mercury possesses the physiological property, when given to dogs, of producing caries of bones and complete degradation of the animal frame. Dr. Drysdale contends that the only property which mercury is proved to possess is its power as a purge, but that it is a bad purge; and although it is called a cholagogue, recent experiments have shown that it actually diminishes the secretion of bile. In iritis, mercury has been shown to be useless and probably injurious



by Carmichael, Dr. Hughes Bennett, and others. Dr. H. Bennett also condemns the use of mercury in inflammatory diseases of the lungs, and Dr. Walshe entertains the same views. With regard to syphilis, in which mercury has long been considered a specific, Dr. Drysdale quotes Dr. Wm. Fergusson, who showed, in his experience from 1812 to 1846, how many thousands of the British army had recovered from primary and secondary syphilis without a particle of mercury; and on the other hand, how the British army suffered in the Peninsula from the mercurial treatment. Mr. Guthrie had declared that all sores on the penis, whether indurated or not, will recover perfectly under rest, diet, and cleanliness, without mercury. Out of 407 cases treated by Hennen, iritis occurred only in one; in 1818, Dr. John Thomson had treated a large number of troops in Edinburgh for venereal disease without mercury, and they all recovered; Dr. Desruelles mentions that in 1841 300,000 cases of venereal disease, treated without mercury, had been recorded. Dr. Fricke had treated in the Hamburg Hospital, from 1824 to 1844, 15,000 cases of venereal disease, and his experience is strongly against the use of mercury. The experience of the Swedish government from 1822 to 1836, during which time 46,687 cases were treated, has shown that the non-mercurial treatment is infinitely the more successful. The French Council of Health have shown that of 5271 cases treated without mercury, no case of caries occurred, and only two of exostosis. Mr. Syme considers that syphilis consists of the primary ulcer, sometimes followed by sore-throat and slight, though sometimes tedious eruptions, but never by bone disease or any very bad symptoms when mercury is not used. Dr. Hughes Bennett says that the idea of mercury being an antidote for the syphilitic poison, and the incalculable mischief it has caused, will constitute a curious episode in the history of medicine at some future day. With regard to infantile syphilis, Dr. Drysdale observes—1. That he believes this condition in infants is frequently caused by the poisoning of the parents by mercurio-syphilitic disease; and 2. That infantile syphilis is far more successfully treated without mercury than with it.

It must be observed that in the discussion which followed the reading of Dr. Drysdale's paper, several speakers supported the sentiments he had expressed, but others agreed with him only to a limited extent. More recently, many distinguished physicians and surgeons have combated Dr. Drysdale's views.—*Med. Circular.*

# Canada Medical Journal.

MONTREAL, SEPTEMBER, 1864.

## REPORT OF INSPECTORS OF ASYLUMS AND PRISONS, 1863.

The Report of the board of Inspectors of Asylums, Prisons, &c., for the year 1863, has been furnished us through the courtesy of the Editor of the Montreal Transcript. So far as we are concerned as members of an important body of the community, we must reiterate the opinion passed by the board, of the great need there exists for the establishment in the vicinity of our city of a lunatic asylum of sufficient size to fulfil the requirements for the whole district. That people mentally deranged should be a charge on the public, except in very rare instances, need not be the case; but that the government should either provide a public building specially designed for the accommodation of those thus afflicted, or permit it to be done by private enterprise, seems to us a positive duty.

We do not wish to go upon the principle that because Upper Canada—or rather, in parliamentary terms, that part of the province of Canada, heretofore called Upper Canada, possesses five lunatic asylums. The lower province, or that section known as Lower Canada, should possess five also. We are perfectly willing to see a hundred such institutions in the West if they are necessary, and but one amongst us, if sufficient for all our wants; but when on all sides is acknowledged the great need of an institution with the above objects, why delay? Such an asylum, even though it were a private institution, could be made to pay expenses. How is it at Beauport,—a private enterprise by a few stock holders, originally we believe, confined to three, and which has been a mine of wealth to those gentlemen?

Will the government entertain the idea here in Montreal? If so, we will guarantee to have an establishment sufficiently large to accommodate all the lunatics in the district of Montreal—(this, by the way, is offering a great deal)—within twelve months from date, provided the government give us the like terms as those passed between the Government of the day and Drs. Morin, Douglas, and Fremont in 1844. We have heard that it is in contemplation to enlarge the Beauport Asylum, to double its

present capacity, and that the Government are in treaty with the proprietors of that institution with the above object. There are many objections to be offered to this suggestion. In the district of Montreal there is no asylum, if we except that at St. Johns, which is a disgrace as a Government enterprise; the building is in every way unfit, and there is wretched accommodation for about fifty-seven patients. In the words of the Inspectors: "The building is entirely unfit for the purpose to which it is at present applied. The lunatics are piled one upon another, and the several classes are separated from each other nearly everywhere by wooden partitions only." Such is the so-called asylum at St. Johns, for all practical use a dead letter. The Medical Superintendent, "Dr. Howard, is deserving of all praise (to continue the words of the report) for having done so much with the wretched means placed at his disposal." Surely the occurrences of the past few weeks should strike terror into all thinking minds. We have had two catastrophes! with loss of life in the destruction by fire of two of our public buildings. Were a third to occur at the St. Johns Asylum, the probability is we would have to chronicle a much larger loss of life, where sixty insane persons are huddled together in a wretched building constructed principally of wood. In this section of the Province a large number of insane persons are annually presented for care and treatment. Many of these, for the want of a proper institution, are constantly being sent to private asylums in the neighboring republic; the balance are temporarily placed in the district jail where they remain until a sufficient number are gathered for disposal by two medical men, and two judges of the Queen's Bench. We have known cases of acute mania which were amenable to treatment, and who, had they been promptly attended to, would have unquestionably recovered, allowed to remain in the cells of our common jail for months, thus doing them a positive injustice, depriving them of all chance of recovery. Again, if the idea of enlarging the Beauport Asylum is entertained and carried into effect, giving Montreal the go by, many insane persons would have to remain either under the care of their friends or in the jail accommodation during the inclement season of winter, or run the serious risk of removal, in some instances over 200 miles, which would hazard their lives, and lessen their chance of ultimate recovery. On this point we may beg to refer to the report of Dr. Howard, who mentions two cases, one, that of an old woman, who was sent to the Asylum from the Quebec jail, and who died a few minutes after her admission. Surely she was not in a dying state when sent from Quebec, as this would suggest the idea of most ruthless barbarity on the part of the jail authorities of Quebec; but the fatigue of the journey contributed to the fatal result. In every way, therefore, laying aside all

question of monopoly, we deem it exceedingly inexpedient the establishment of one large asylum for the entire Lower Section of Canada.

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## THE LUNGS OF CITIES.

The pride of London is its noble parks and equally magnificent squares. To the weary and toil-worn artizan living in the back lanes and overcrowded tenements of that wonderful city, no words can picture the pleasure and the benefit which they afford him during his leisure hours. Pure air is a blessing, which none can so fully appreciate as those who have but little of it; and it is as essential that every city should have its squares and parks for breathing places, as that attention should be paid to drainage and other sanitary conditions. Amply as the metropolis of our empire is supplied with these necessary adjuncts to health, its rapidly increasing population is now demanding more. The registrar-general of Great Britain in commenting upon the result of the census of 1861, says: "When a family increases in its narrow lodging, in circumstances of dirt and squalor, that increase, which should be its blessing, becomes its bane. And in a city or state the growth of its population is not a strength to be trusted, but a weakness to be feared, if improvement in its physical and moral condition is not commensurate with the growing urgency of its wants." The *Lancet* tells us that London is the least unhealthy of the great European cities, but for all that it is not by any means healthy, and that one third of the lives within its bounds are annually wasted, owing to the overcrowding of its population. This massing of the population is a frightful source from which disease emanates, and a still more frightful source of its propagation. To counterbalance this growing evil, well-ventilated dwellings for the poor, and more open squares are being loudly demanded. Our own city has seen its weekly bills of mortality rise to a very high rate within the past years. An epidemic of small-pox and of scarlatina has helped to swell the list; and if we seek for the cause we find that overcrowding of our population is at the foundation of it. No one but he whom duty calls into those portions of our city occupied by the laboring classes, can form any idea of the mass of human beings that are to be found huddled together in places where but little of heaven's light is to be seen and where none of God's pure air is breathed. We point with pride to the rapid growth of our city, but that growth is bringing upon us many of its terrible consequences: while palatial mansions surround us on many sides, we look in vain for a better class of houses for our working population; thousands of them still live—still eat and sleep in an atmosphere, filled not only with the carbonic acid exhaled by expira-

tion, but with innumerable other impurities engendered by a defective drainage; and as our growth goes on, this massing of the poor is becoming greater. This is an evil which exists in every large city; it is perhaps almost vain to look for a remedy; but while we cannot remove it, there is much we can do to alleviate it. In a word, supply breathing places for our population; give our city—lungs. Unfortunately for us, our ancestors seem to have had but a faint idea of Montreal becoming the great city it is even now. Our streets—many of the old ones, are very narrow, and are costing us no small amount to widen them, and until lately we were entirely destitute of public squares; but within a few years, thanks to the energy of our city council, our city has been redeemed from this slur, and we now have several handsome squares, and others are rapidly increasing in beauty, but their limited capacity render them unfit for any large number to take advantage of them. It is therefore with no little pleasure we note the action of our council with reference to the matter of a public park. It is a most important one in a sanitary point of view; and to the gentlemen who are actively working in this matter we most heartily say, "God speed." A word or two more and we have done. Let no thought of cost deter them from having a large and well planned park; one not only large enough now, but capacious even a hundred years hence. The site of the old race course and mountain, visited some weeks ago, seems a noble one; it would give a splendid pair of lungs to our beautiful city; it would give pure invigorating air to our population, and do not a little to keep down our now apparently increasing mortality. This is no mere local question: our remarks apply to every city in the province; let the council of each see that its population has ample breathing space. Those who have taken the initiative in our own city deserve much credit, and if they carry it faithfully through, we envy the pleasant fame which awaits them in the history of Montreal.

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#### YELLOW FEVER.

We have been much pained to learn of the serious outbreak of yellow fever at Bermuda, intelligence of which reached this city about the 14th August. The British troops have suffered severely, and the disease at last accounts was making sad havoc among them. A number of army medical men were at once ordered to proceed to the scene of the epidemic to assist their brethren; and on the 17th the following left our city for Portland, *en route* for Halifax, where they will take steamer for Bermuda:—Dr. Taylor, Surgeon Major, from the Kingston garrison; Drs. Barrow, Surgeon Major; Moffatt, Surgeon; Milroy, Assistant Surgeon,

30th Regiment; Ferguson, Assistant Surgeon, 30th Regiment; Harrison, Assistant Surgeon, R.A., from Montreal; Dr. Clarke, Surgeon, from Quebec; Dr. Mills, Surgeon, from Hamilton; Dr. O'Brien, Assistant Surgeon, Sandwich; Dr. Hinde, Assistant Surgeon, Niagara; Dr. Killery, Assistant Surgeon, St. Johns; and Dr. Meadows, Assistant Surgeon, R.C.R. May God protect them while performing the duties of their noble calling, surrounded as they will be by dangers, more imminent even than those which surround the soldier on the field of battle.

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## MEDICAL NEWS.

EDINBURGH.—We gather from our English and Scotch exchanges the following items of medical news from Edinburgh:

The candidates for the chair of Surgery in the University, vacant by the death of Professor Miller, are Mr. Spence, Dr. H. P. Watson (a son-in-law of Prof. Miller), and Mr. Lister (son-in-law of Mr. Syme), Prof. of Surgery in the Glasgow University. The contest promises to be a very warm one.

The July number of the Edinburgh Medical Journal contains a case of successful primary amputation at the hip-joint (the first in Scotland that has been successful), by Mr. Spence. The subject was a young boy twelve years of age, over the upper part of whose thigh, just below the pelvis, the two wheels of a truck passed obliquely. The accident happened at Melrose station, and the boy was conveyed to his home a mile distant, under the direction of a medical man. On examination, a large flesh wound was found at the upper and inner part of the thigh, exposing the muscles, which were much torn and bruised, allowing the finger to pass deeply into the tissues of the limb. The femur, at and below the trochanters, was much shattered. The foot was cold, and pulsation at the popliteal and tibial arteries very weak, but there was but little blood lost. The boy's only chance of life appearing to be in amputation of the hip-joint, Mr. Spence was telegraphed for to Edinburgh, and reached the patient at 9 p.m., and at once coincided with the conclusion as to the course to be pursued. We give the account of the operation in Mr. Spence's own words:

“The room was small, and the only light procurable was from a small lamp on the mantelpiece, and two small candles held by a non-professional assistant; a wax taper I had brought with me was kept in reserve for exigencies. Dr. Smith took charge of compressing the common femoral on the brim of the pelvis, and I instructed one of the patient's

friends how to command the bleeding from the posterior flap, by grasping it with one hand pressing a large sponge upon its surface. Dr. Brown took charge of the movements of the limb, whilst Dr. Clarkson administered the chloroform. When the boy was brought under its influence, I entered my knife between the trochanter major and the anterior superior spine of the ilium, and carrying it obliquely across the thigh, brought the point out a little above the tuberosity of the ischium, cutting a short anterior flap. Dr. Brown then rotated and depressed the limb, with the view of facilitating disarticulation; but owing to the shattered state of the femur, this movement did not produce the desired effect. Fortunately, however, this caused no great delay, for my knife had opened the joint in passing across the limb; and by grasping the upper broken fragment of the bone, so as to project the head, I completed the disarticulation, and cut as large a posterior flap as I could obtain from the uninjured parts. Some vessels on the posterior flap were first secured, and then the great vessels in the anterior flap,—the vein being included in a ligature. I then removed some contused and doubtful-looking portions of muscle. After all bleeding had been arrested, the flaps were brought together with sutures; and considering the nature of the parts from which the flaps were formed, they fitted tolerably well. The stump was then dressed, and the patient placed in bed, hot bottles applied, and some stimulus given, as he was very weak. He lost very little blood during the operation, as I ascertained by carefully collecting the blood from the stone floor, when it was found to amount to less than half a small teacupful; and altogether, with what was in the sponges, to about five ounces at most. After waiting till the little patient had completely rallied from the chloroform, and had got an opiate administered, I left him in the charge of Dr. Smith, who remained with him all night.

*Examination of Limb after Removal*—On examination of the limb after removal, the femur, from the large trochanter downwards for about two inches, was found to be broken into numerous fragments, the ragged edges of which were embedded in the surrounding soft parts. The muscles and other structures were much bruised and torn, but there was no direct injury to the large vessels or nerves."

The night after the operation was passed by the patient in a restless manner, and there was slight delirium. Pulse 134. The treatment was stimulating, consisting of opium, tincture of the muriate of iron, brandy, beef-tea, milk, &c. From this date (Sept. 4) the pulse gradually fell, and the patient improved until the 8th, when it was 90. On the 9th, the stitches were removed, and the pulse was slightly increased,

and the patient had an attack of diarrhœa. The pulse was 120 on the 21st, and the delirium had returned. The same treatment was continued, and on Oct. 4th the pulse was down again to 102. From this time the recovery was tedious, but uninterrupted, the patient's strength increasing, under tonics, wine, &c. The femoral ligature did not come away until the 4th November. By the 1st of January, 1864, the wound had entirely closed, and he was able to move about with the aid of crutches. Mr. Spence makes some most interesting remarks, on the case, but we have only room for the following :

“The age of the patient may seem to explain the favorable result. It has been said that in young patients, from the greater remedial powers of nature, and the smaller surface caused by the operation in them, the operation is likely to be more successful ; but this is very questionable. The remedial powers in young persons are no doubt great, when once a certain point has been passed ; but the first effects of shock either from accident or operation, and especially the loss of blood, are not well borne by such patients, and these, together with the irritability of constitution, which is often marked, in a great measure, I think, counterbalance the remedial powers observed in them. Then, as to the less amount of cut surface, though less absolutely, it is quite as great comparatively to the size and vital powers of the patient. The amount of mutilation, the consequent derangement of the circulation, and all the risks depending on these conditions, are at least as great relatively in the boy as in the adult. From what I have observed in the case of primary amputations in young children, the patients sometimes sink rapidly and without any very apparent cause, whilst even the successful cases are often attended at first with as urgent constitutional disturbance as in adults, Indeed, the state of the patient whose case I have recorded, shows how great was the constitutional shock during the first four days, and how slowly full reaction set in. The true causes of success will, I think, be found in the nature of the injury, the small amount of blood lost, and the comparatively little shock he was subjected to after the occurrence of the accident.”

Mr. Spence still continues to advise amputation by a long anterior flap. It prevents the possibility of the occurrence of those ulcers which often appear on stumps, owing to long continued pressure on the cicatrix. We have seen Mr. Spence operate in this way, and certainly his stumps are everything that a surgeon could desire.

Dr. Fraser, writing from Dublin, gives us the following items of medical news:

“ Surgeon Butcher is, I understand, preparing a new work on surgi-



cal practice, with numerous illustrations, to appear during the next session."

"Dr. Cullen, of the Meath Hospital, is working at an illustrated volume on tumors, particularly those of a cancerous character; a subject to which he has devoted himself with success."

It would seem that our American confrères have succeeded in detaining the celebrated Physiologist, Dr. E. Brown-Séquard, on this side of the Atlantic. The *Boston Medical Journal* informs us that the trustees of Harvard University have established a chair of Physiology and Pathology of the Nervous System, to which Dr. Sèquard has been appointed. We congratulate the University upon this distinguished addition to their Medical Faculty.

There are now twice as many lunatics in England as there were fifteen years ago, there being now no fewer than 44,695. — It is a somewhat singular fact, that while Montreal was visited last winter with a severe epidemic of scarlet fever, which still continues to some slight extent, so also has London, England. An epidemic of this disease, more severe than has been known in London for twenty years, has prevailed there for the past eight months. — The British Pharmacopœia cost a little over £6000 sterling. The returns from sales have been a little over £5000. To meet the deficiency, there are in stock pharmacopœias to the value of £2800. — The Bengal government has issued an order that no more bodies are to be thrown into the river Ganges from the prisons and hospitals. — There is an old German proverb which says, "Physicians purge the body; theologians, the conscience; and lawyers, the purse." — Professor Goodsir, of Edinburgh, is in a very delicate state of health. — Dr. Bennett, Professor of Clinical Medicine at Edinburgh, who was obliged to cease his lectures last winter owing to ill health, has returned improved with his five months spent in the south of Italy. — Small pox is raging in Berlin, and the medical institutions of the city are crowded every morning with adults seeking re-vaccination.

The following somewhat singular resolution was adopted at the late annual meeting of the Ohio State Medical Society, amidst much applause: *Resolved*, That the thanks of this Society, as well as the good wishes of all the good citizens of the land, are eminently due to our venerable fellow-member, J. G. Rogers, M.D., of New Richmond, Ohio, for the skilful manner in which, on the morning of the 22d of April, 1822, he assisted into this world Ulysses Simpson Grant, the Commander of the American armies, the hero of Vicksburg, and the predestined destroyer of the great rebellion.

MORTALITY OF THE CITY OF MONTREAL IN MAY, 1864.

Compiled from the Cemetery Returns, by G. E. Fenwick, M.D.

MOUNT ROYAL CEMETERY.

Disease.	Male.	Female.	Total.	Still-born.	Under 2 years.	From 2 to 10.	From 10 to 20.	From 20 to 30.	From 30 to 40.	From 40 to 50.	From 50 to 60.	From 60 to 70.	From 70 to 80.	From 80 to 90.	From 90 to 100.	Over 100 years.	Centre Ward.	West Ward.	St. Antoine.	St. Ann.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	Not of Montreal.	Native Born.	Foreign.
Still-born.....	2	2	4	2																					1	2	3
Senile Debility.....	1	1	2																						1	1	2
Infantile Debility.....	3	3	6																						4	4	8
Small Pox.....	1	1	2																						1	1	2
Scarlet Fever.....	7	6	13																						12	10	22
Fever.....	1	1	2																						1	1	2
Inflammation of Brain.....	3	4	7																						1	1	2
Apoplexy.....	3	3	6																						2	5	7
Paralysis.....	1	1	2																						1	1	2
Croup.....	1	2	3																						1	3	4
Whooping Cough.....	2	2	4																						1	3	4
Inflammation of Lungs.....	1	2	3																						1	2	3
Consumption.....	4	6	10																						9	11	20
Disease of Heart.....	1	1	2																						1	1	2
Asthma.....	1	1	2																						1	1	2
Diphtheria.....	1	1	2																						1	1	2
Dentition.....	1	1	2																						1	1	2
Inflam. of Bowels.....	1	1	2																						1	1	2
Diarrhœa.....	1	1	2																						1	1	2
Disease of Liver.....	1	1	2																						1	1	2
Dropsy.....	3	1	4																						2	1	3
Erysipelas.....	1	1	2																						1	1	2
Accidental.....	2	1	3																						1	1	2
Total.....	37	31	68	2	21	13	6	7	5	4	2	1	5	2	1	1	2	1	19	12	4	14	3	4	9	41	57

ROMAN CATHOLIC CEMETERY.

Disease.	Male.	Female.	Total.	Still-born.	Under 2 years.	From 2 to 10.	From 10 to 20.	From 20 to 30.	From 30 to 40.	From 40 to 50.	From 50 to 60.	From 60 to 70.	From 70 to 80.	From 80 to 90.	From 90 to 100.	Over 100 years.	Centre Ward.	West Ward.	East Ward.	St. Antoine.	St. Ann.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	St. Ursula.	St. Gries.	Not of Montreal.	Native Born.	Foreign.	
Still-born.....	7	5	12	12																											
Senile Debility.....	6	6	12																												
Infant Debility.....	33	22	55																												
Small Pox.....	23	24	47																												
Scarlet Fever.....	44	46	90																												
Fever.....	2	1	3																												
Inflam. Brain.....	2	2	4																												
Apoplexy.....	1	1	2																												
Paralysis.....	2	3	5																												
Croup.....	1	2	3																												
Whooping Cough.....	1	1	2																												
Inflam. Lungs.....	5	2	7																												
Consumption.....	10	10	20																												
Disease Heart.....	2	2	4																												
Aneurism.....	2	2	4																												
Asthma.....	1	1	2																												
Dentition.....	10	8	18																												
Inflam. Bowels.....	1	1	2																												
Disease Liver.....	1	1	2																												
Dropsy.....	3	5	8																												
Erysipelas.....	2	2	4																												
Charbon.....	1	1	2																												
Cancer.....	1	1	2																												
Childbirth.....	2	2	4																												
Accidental.....	3	1	4																												
Total.....	163	145	308	12	120	96	9	17	13	8	9	13	4	11	1	1	2	1	3	42	44	34	43	49	39	19	33	231	77		

MORTALITY OF THE CITY OF MONTREAL IN JUNE, 1864.

Compiled from the Cemetery Returns, by G. E. Fenwick, M.D.

MOUNT ROYAL CEMETERY.

Disease.	Male.	Female.	Total.	Still-born.	Under 2 years.	From 2 to 10.	From 10 to 20.	From 20 to 30.	From 30 to 40.	From 40 to 50.	From 50 to 60.	From 60 to 70.	From 70 to 80.	From 80 to 90.	From 90 to 100.	Over 100 years.	Centre Ward.	West Ward.	East Ward.	St. Antoine.	St. Ann.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	Not of Montreal.	Native Born.	Foreign.
	Still-born.....	1	1	2	1														1								1	1
Senile Debility.....		2	2																							1	1	1
Infantile Debility.....	3	4	7	3	3																2					3	3	3
Small Pox.....	1	4	5	1	1																1					1	1	1
Scarlet Fever.....	3	6	9	3	3	6															1	5				1	1	2
Fever.....	1	1	2	1	1																					1	1	1
Inflammation of Brain.....	5	4	9	2	2					1										1		5				1	6	1
Apoplexy.....	1	1	2																	1							1	1
Paralysis.....	1	1	2										1														1	1
Convulsions.....	1	3	4	4	4																		2				4	1
Croup.....	1	1	2		1																						1	1
Whooping Cough.....	2	1	3	2	2																1						3	3
Inflammation of Lungs.....	1	1	2		2																						1	1
Consumption.....	5	5	10						3	1			1						1							1	2	5
Disease of Heart.....	2	1	3		1				1	1														2		1	1	2
Diphtheria.....		2	2																								1	1
Inflam. of Bowels.....	3	2	5	4	4	1															2					1	5	3
Diarrhoea.....		2	2	2	2																						1	1
Cholera.....		2	2	1	1																						1	1
Dropsy.....	1	1	2	1	1																						1	1
Erysipelas.....		1	1																								1	1
Cancer.....		1	1		1																						1	1
Abscess.....		1	1																								1	1
Accidental.....	2	1	3		2																						1	2
Total.....	30	39	69	1	23	26	7	2	2	2	2	2	3	3	1	1	1	2	3	13	15	7	17	3	3	5	49	20

ROMAN CATHOLIC CEMETERY.

Disease.	Male.	Female.	Total.	Still-born.	Under 2 years.	From 2 to 10.	From 10 to 20.	From 20 to 30.	From 30 to 40.	From 40 to 50.	From 50 to 60.	From 60 to 70.	From 70 to 80.	From 80 to 90.	From 90 to 100.	Over 100 years.	Centre Ward.	West Ward.	East Ward.	St. Antoine.	St. Ann.	St. Lawrence.	St. Louis.	St. James.	St. Mary.	Securs Gricks.	Not of Montreal.	Native Born.	Foreign.	
	Still-born.....	5	2	7	7																									
Senile Debility.....	13	4	17																									12	5	5
Infant. Debility.....	109	77	186		186																						18	179	15	
Small Pox.....	35	31	66		19	42		3	3																		8	51	15	
Scarlet Fever.....	21	22	43		13	25		3	3																		6	20	23	
Fever.....	2	4	6		1	1		1	1																		1	5	1	
Inflam. Brain.....	5	5	10		2	9		1																			3	9	4	
Apoplexy.....	1	1	2																									1	1	
Paralysis.....	1	1	2																									1	1	
Croup.....	6	6	12		2	4																					3	3	3	
Whooping Cough.....	1	1	2																									1	1	
Inflam. Lungs.....	14	17	31			1																					3	13	13	
Consumption.....	4	2	6																								1	1	1	
Disease Heart.....	1	2	3																								1	1	1	
Asthma.....	18	10	28		28																						3	20	1	
Dentition.....	1	1	2																									1	1	
Inflam. Bowels.....	3	1	4		3																							2	1	
Diarrhoea.....	3	1	4		3																							2	1	
Disease Liver.....																														
Dropsy.....	4	3	7																									1	1	
Childbirth.....	3	3	6																									3	3	
Cancer.....		1	1		1																							1	1	
Abscess.....		1	1																									1	1	
Accidental.....	4	2	6		1	1																					3	5	1	
Total.....	249	188	437	7	254	84	12	16	17	11	8	11	6	10	1	1	4	1	5	45	75	32	50	49	37	88	51	332	14	

ABSTRACT OF METEOROLOGICAL OBSERVATIONS,

Taken at the Montreal Observatory, Latitude 45° 31' N. Longitude, 4h. 54m. 11s. W. of Greenwich. Height above level of the Sea 182 feet. For the month of May, 1864.

BY CHARLES SMALLWOOD, M.D., LL.D., D.C.L.

Day of Month.	Reading of the Barometer, corrected, and reduced to 32° F.		Reading of Thermometer.			Mean Tension of Vapor.	Mean Humidity of the Atmosphere.	General direction of Wind.	Horizontal movement in miles.	Mean extent of Clouds in 10ths.	Depth of Rain in inches.	Depth of Snow in inches.	Ozone in 10ths.	Weather, &c.	Remarks for the Month.
	Highest.	Lowest.	Max.	Min.	Mean.										
1	29.642	29.574	51.0	43.0	48.8	.826	.910	N	118.00	6.6	0.063	.....	2.8	Rain.	Barometer .. { Highest, the 14th day, 29.971 inches. Lowest, the 27th day, 29.354 " " Monthly Mean, 29.703 " " Thermometer { Highest, the 15th day 85° 4. Lowest, the 4th day, 34° 3. Monthly Mean, 61.76. Greatest intensity of the Sun's rays, 113° 0. Mean of Humidity, 879. Rain fell on 24 days, amounting to 4.823 inches, it was accompanied by Thunder on 1 day and Hail on 1 day. Most prevalent wind, N. E. Least windy day the 4th day, mean miles per hour, 11.88. Least windy day, the 21st day, mean miles per hour, 1.77. Aurora Borealis visible on 2 nights. Lunar Halo visible on 1 night. Amount of Evaporation 1.51 inches.
2	.671	.606	67.8	44.1	55.4	.414	.803	S W	100.40	3.0	0.472	.....	1.6	Rain.	
3	.568	.530	67.4	40.2	44.6	.279	.801	N E	176.96	10.0	0.686	.....	3.3	Rain.	
4	.810	.867	69.2	31.3	49.8	.279	.844	N W	285.20	6.6	Inapp	.....	3.0	Rain.	
5	81.2	80.0	84.8	41.7	53.8	.432	.853	W	100.98	6.3	Inapp	.....	3.0	Rain.	
6	.842	.621	.721	40.4	48.5	.310	.851	N E	186.05	10.0	0.221	.....	3.2	Rain.	
7	.699	.799	.811	59.9	37.0	50.7	.840	N E	220.66	9.6	0.220	.....	3.0	Rain.	
8	.697	.612	.666	54.3	48.9	.814	.882	N E	70.41	10.0	0.163	.....	2.0	Rain.	
9	.679	.469	.522	48.1	61.5	.484	.873	S by W	81.30	6.6	0.030	.....	3.0	Rain.	
10	.600	.603	.505	71.4	47.2	59.6	.482	N E	250.64	8.0	0.104	.....	3.0	Rain.	
11	.784	.764	.773	53.7	35.0	42.7	.281	N E	143.65	10.0	0.202	.....	2.0	Rain.	
12	.750	.598	.687	50.2	46.2	31.1	.912	N E	143.65	10.0	0.792	.....	2.2	Rain.	
13	.806	.721	.768	71.2	46.0	60.9	.516	N E	143.65	6.0	0.014	.....	1.3	Rain.	
14	.971	.817	.970	80.2	69.2	69.4	.660	N W	131.00	4.0	Inapp	.....	1.3	Rain.	
15	.930	.919	.926	85.4	60.9	72.1	.706	N E	147.10	3.3	.....	.....	1.0	Rain.	
16	.867	.802	.847	84.7	68.1	71.3	.675	N E	198.61	4.0	Inapp	.....	1.0	Rain.	
17	.645	.637	.641	81.1	70.0	66.8	.501	N E	142.84	8.3	.....	.....	1.0	Rain.	
18	.726	.717	.730	79.2	51.0	66.8	.601	N E	131.00	10.0	.....	.....	1.0	Rain.	
19	.805	.797	.800	74.7	64.4	69.4	.495	N E	180.40	6.0	.....	.....	1.6	Rain.	
20	.688	.619	.627	64.2	60.4	61.0	.452	N E	192.00	10.0	.....	.....	1.6	Rain.	
21	.383	.378	.380	70.1	62.3	62.3	.495	N E	62.69	8.3	0.251	.....	1.3	Rain.	
22	.737	.622	.679	72.2	50.0	61.0	.405	N E	106.40	2.0	Inapp	.....	1.6	Rain.	
23	.608	.647	.659	63.0	43.0	56.8	.395	N E	180.40	6.0	0.442	.....	1.6	Rain.	
24	.608	.634	.634	59.9	48.8	48.8	.838	W	159.36	10.0	0.242	.....	2.3	Rain.	
25	.707	.680	.646	58.2	43.4	55.8	.419	N E	220.78	6.0	0.240	.....	3.6	Rain.	
26	.587	.602	.640	78.6	49.0	69.4	.669	N E	117.41	10.0	.....	.....	3.6	Rain.	
27	.600	.384	.418	80.1	63.0	69.3	.631	N W	104.19	6.6	0.420	.....	1.3	Rain.	
28	.700	.627	.673	69.5	50.9	59.2	.460	N W	189.28	2.0	Inapp	.....	1.0	Rain.	
29	.822	.659	.747	74.0	49.6	60.5	.482	S by W	108.00	4.6	.....	.....	2.0	Rain.	
30	.662	.572	.625	65.2	43.4	60.1	.480	N E	120.00	6.6	0.170	.....	2.0	Rain.	
31	.571	.449	.512	72.3	50.1	63.9	.641	W	72.70	10.0	0.051	.....	2.0	Rain.	