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THE

MEDICAL CHRONICLE

OR

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OF

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VOL. VI.

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THE

MEDICAL CHRONICLE.

VOL. VI.] JUNE, 1858. [No. 1.

ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Case of Cancer of the Tongue removed by the Ecraseur.* By JOHN REDDY, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c.

Catherine Legget, aged 30, a thin but rather healthy looking woman, five months pregnant, was admitted under my care into the Montreal General Hospital on the 5th May. States that on the 1st April last she was taking a walk on the Railroad from St. Johns, after proceeding a considerable distance she became thirsty and drank water from a swampy pool on the side of the road, which had a bad sickening taste. Shortly afterwards she was seized with an inclination to vomit, which continued for about an hour and a half; she did not feel any further inconvenience till a few hours after retiring to bed when she was affected with pain in the tongue, accompanied by a very small hard swelling beneath the tip on right side, the following morning she noticed a slight abrasion to the inner side of the tumor. From the moment she perceived the swelling she suffered greatly from a sharp lancinating pain, very troublesome by day, and still more severe by night so that she lost her rest, and was obliged to walk about her room for hours. For the first few days she could not swallow food as usual, and at the end of a fortnight the tumor had increased to such a size that she could with difficulty swallow liquids, the pain at this period was very excruciating, not confined to the part affected, but shooting back to the base of the tongue, and into the throat; touching or moving the tongue caused pain, and speaking had the same

effect; her voice became thick and almost unintelligible; she was greatly annoyed by the saliva constantly flowing from the mouth, but no discharge had ever appeared from the tumor. For about a week its growth seemed to be suspended, but at the end of that time it commenced to enlarge again, till it gained its present size. Her family history is good.

The appearance of the tumor at present is as follows:—it is of a dusky red color, irregular in shape, about the size of an ordinary walnut, occupying the right lateral half of the tongue to tip, a small superficial abrasion being near its centre, it has a nodulated uneven feel, presenting considerable resistance on pressure, and is most painful to the touch. None of the glands about the throat or neck are affected. On the 7th, assisted by my colleague, Dr. Fraser, I explored the tumor, and by the aid of the microscope discovered well-marked cancer cells in the juice, and in a very minute portion of it that came away in the groove of the needle. Several of the physicians of the Hospital who saw the case agreed with me as to the nature of the disease.

On the 10th the patient being chloroformed, a ligature was passed through the centre of tumor, and the chain of the ecraseur being made to include all the diseased part, I commenced the operation, a minute being allowed to elapse between each movement, at the expiration of 34½ minutes the part was divided and bloodless; a few minutes after she was able to speak indistinctly, but was free from pain. Visited her at 9 o'clock, p.m., was free from pain, no signs of hemorrhage, tongue a little swelled, feels inclined to sleep.

11th.—Slept well all night, no fever, tongue still slightly swelled, can swallow liquids without pain, progressing favorably.

12th.—Slept well last night, swelling nearly gone, the part appears healing kindly, can swallow very well, is not confined to bed: has had chicken broth.

13th.—Still progressing favorably, wound is contracting rapidly, was able to swallow a little bread and milk to-day. Feels anxious to get home to her children.

15th.—Wound greatly diminished, healing rapidly, can swallow food with very little difficulty: is going home to-day, but will return in a few days for examination.

19th.—Saw her to-day, wound closing quickly, and looking well and healthy. I think it will be completely closed in a few days, and with less disfigurement than I at first anticipated.

It is a remarkable as well as a singular fact that this makes the third case of a similar character that has occurred within a period of twelve months in the neighborhood (L'Acadie) where this woman resides. She

informed me that she was acquainted with the individuals, a man and woman, both of whom died; and they neglected to apply for relief till the disease had proceeded so far that nothing could be done.

Many object to the use of the ecraseur on account, as they say, of its not making a very surgical looking operation, but in such cases as the above I consider it has decided advantages over other means, and its chief value consists in its not incurring any risk of the free hemorrhage which often attends the use of the knife, while compared with the ligature it entails little or no suppuration, and you obtain your object at once. When operating, the person should be kept as steady as possible, since any sudden movement might cause the chain to tear the part, and thus give rise to bleeding, at least a full minute is necessary between each movement of the instrument. The ligature that isolates or that may pass through the tumor must be kept free of the chain, as at the close of the operation it may cause delay by preventing the divided part dropping off. Dr. McCallum has given a full description of the instrument, accompanied by a wood-cut, in the December number, Vol. V., of the *Chronicle*. He was, I believe, the first to operate with it in Canada, and I am indebted to his kindness for its use on this occasion,

Montreal, May, 1858.

ART. II.—*Treatment of Varicose Veins by means of Needles and Ligatures*, by J. C. BUTLER, M.D., Waterloo, Shefford Co., C. E.

The first of January last, Mr. Frederick Chambers, of the Township of Stanbridge, C. E., having Scrofulous diathesis, consulted me in reference to varicose veins of the left leg. Mr. C—— is about 28 years of age; he is a tall man of phlegmatic appearance.

The saphena veins, from the foot to a point near the saphenous opening, were completely obliterated by means of an operation made by me, August 2, 1852, and reported in the February number of the "Canada Medical Journal 1853."

The remains of the saphena vein could be distinctly traced from the ankle to the saphenous opening, which fact was evidence of the complete and successful obliteration of the original trunk and its branches. A collateral venous circulation had been established, which, at the time when last consulted, exhibited a very diseased condition. I advised an operation upon it similar to the one referred to above; which operation I performed the 7th January past, assisted by one of my students, by introducing *five* common brass pins behind the veins, and applying strong silk ligatures, waxed, and drawing them tightly around the en-

tremities of the pins, so as to include a portion of the skin and a fold of the vein, and also, to arrest the circulation and induce speedy ulceration of the cinctured parts. Four ligatures were applied at different points below the knee joint and one about four inches above it.

The patient suffered much pain at the points ligatured for a few days, and complained of a hot uneasy sensation and some tenderness, from the lowest point ligatured—the junction of the lower and middle third of the leg, to the saphenous opening, which produced considerable constitutional disturbance, saline cathartics were exhibited daily, and pulvis doveri as indicated—a blister was applied along the track of the principal vessel to the highest point ligatured; it was ordered that the leg be kept elevated, and absolute rest, and a low diet were enjoined. The constitutional disturbance having subsided, new ligatures were applied, lightly as before. The 25th day after the operation, the strangulated portion was removed with the knife, and healthy granulation followed. The patient was dismissed the 15th February, there being considerable atrophy and debility of the limb.

I have lately been informed that Mr. C—— is gradually recovering the use of his leg, and that otherwise, he is in good health.

Waterloo, May, 1858.

REVIEWS.

ART. I.—*Silver Sutures in Surgery.* The Anniversary Discourse before the New York Academy of Medicine. Delivered on the 18th Nov., 1857. By J. Marion Sims, M. D., Surgeon to the Woman's Hospital. pp. 69. New York: Samuel S. and William Wood.

In this discourse, Dr. Sims asserts strenuously and proves conclusively his claim to the honor of having first employed silver sutures in Surgery. Some time ago we noticed favourably a pamphlet received from Dr. Bozeman of Alabama, entitled, "Remarks on vesico-vaginal fistula, with an account of a new mode of suture, and seven successful operations." In doing so we stated that our profession was indebted to American Surgeons for the two best and most successful modes of operating in vesico-vaginal fistula; that one mode had been originated by Dr. Marion Sims of Boston, (for which slip we were rapped over the knuckles by our respected exchange, the "Boston Medical and Surgical Journal"; the Marion mistake, however, was made by the printer,) the other by Dr. Bozeman. It turns out that the latter gentleman has merely modified the operation introduced by the former, announcing it as entirely original. "The city

of Montgomery," says Dr. Sims, "was the theatre of my early operations. Bad health compelled me to leave there in 1853. I then gave Dr. Bozeman of that place a partnership in business and indoctrinated him in my peculiar method of operating for vesico-vaginal fistula, instructing him in my various modes of using silver wire as a suture, not only in this class of affections, but in general surgery; not understanding its principle of action, and therefore failing in its practical application, he was quite disheartened with his ill-success, when by mere accident he fell upon a plan of fastening the wire, and so modifying my method, that in awkward or inexperienced hands it became easier of application. Instead of passing the wires through the leaden bars on each side of the fistula, he passed them through a concave disk or "button" which rests upon the surface of the parts to be united." Now while we consider Dr. Bozeman's conduct in this matter deserving of censure, we cannot approve of the way in which Dr. Sims endeavours to make it appear that his former partner is a stupid, inexperienced surgeon who stumbles on a plan, by which his operations become successful notwithstanding his awkwardness, and then calls it an improvement. From what we have read of Dr. B's writings we would certainly award him a more than average amount of ability—more, indeed, than is requisite to understand thoroughly the "principle of action" of Dr. S's. "peculiar method of operating for vesico-vaginal fistula."

Like many other men of talent, Dr. Sims is a thorough-paced egotist, and his egotism takes the hero complexion. He is *called* to the great work of discovering and making known to the world "Silver Sutures in Surgery." In the early part of his career he ignores entirely the treatment of diseases peculiar to women, the class of diseases which is destined to lead him to the fulfilment of his *mission*. This accords beautifully with the experiences of other heroes, whose youth almost invariably gives little or no promise of the subsequent career of *the man*. Surgery is his ambition, and he does not fail to inform his hearers and readers, "it was gratified, for my head and heart and hands were full." Short-sighted and unfortunate young man! he is blindly and vainly endeavoring to run counter to the decrees of fate. His destiny is to treat diseases of women and discover "Silver Sutures in Surgery": but he *will* persist in treating diseases indiscriminately. Man, woman and child experience the benefits of his care, and he stitches their gaping and bloody wounds with saddlers' silk. For ten long years he pursues his course, reckless of the bright and glowing future that awaits him. At length however the time arrives which is to mark the commencement of a series of doubts and fears, of restless nights and anxious days,

of heart flutterings and mental throes—a season, in short, of darkness and trouble, to be succeeded by a glorious burst of light and a great calm. A case of vesico-vaginal fistula is sent to him in July 1845. How important it is to treasure the dates of incidents that determine the career of distinguished men. This case is discharged as being incurable. It is followed by a second, and, like Banquo's ghosts, "by another and another still." Much exercised in mind is he concerning the relief "of the loveliest of all God's creation" from this loathsome malady. Just at this juncture occurred what he is pleased to term *par excellence* the "Providential Incident." A lady is thrown from her pony and suffers from a sudden retroversion of the uterus. He introduces his middle and index fingers into the vagina for the purpose of reducing it. The fingers do not touch the uterus, nor, in a few seconds, the walls of the vagina. They are "swept round, as it were, in empty nothingness." This is at first a "puzzling mystery," but the sudden escape of air from the vagina as the patient places herself on her side reveals to him that the reduction of the dislocated uterus is effected by atmospheric pressure, and he says to himself, "If by this position the atmospheric air can be made to dilate the vagina to such an extent, even with a force strong enough to reduce a dislocated uterus, why will not the same principle allow me to explore this region, and examine accurately any injury or disease to which it may be liable?" Full of this thought he hurries home, places a patient with vesico-vaginal fistula on her knees, with her pelvis elevated and her thorax depressed, and an assistant at each side to elevate and retract the nates. Thrilling moment! "I cannot," says he, "nor is it needful to describe my emotions, when the air rushed in and dilated the vagina to its greatest capacity, whereby its whole surface was seen at one view, for the first time by any mortal man. With this sudden flash of light, with the fistulous opening seen in its proper relations, seemingly without any appreciable process of ratiocination, all the principles of the operation were presented to my mind as clearly as at this time. And thus in a moment, in the twinkling of an eye, new hopes and new aspirations filled my soul, for a flood of dazzling light had suddenly burst upon my enraptured vision, and I saw in the distance the great and glorious triumph that awaited determined and persevering effort." Let us here pause for a few moments to admiringly contemplate this great event and the profound effect which it had on the mind of Dr. Sims. * * * * * * * * * * *

The emotions of Columbus as he stood on the deck of his vessel and looked for the first time on the land of the western hemisphere, rising out of the western waters, must have been indescribable; so, we are told,

were those of the "first mortal man" who saw the whole surface of the vagina at one view. A sudden flash of light reveals the fistulous opening to the eye of the "mortal man," and in a moment, in the twinkling of a bed-post—we beg pardon, of an eye—his soul is filled brimful with those cheap delights commonly called hopes and aspirations. Then a flood of dazzling light having burst suddenly upon his enraptured vision, by its means the hidden things of the future become illumined, and with the eye of a Seer he beholds glorious triumphs looming largely in the distance. Fortunate "mortal man!" After this he embarks fully in his "mission," and, overflowing with sympathy and enthusiasm, he finds himself "running headlong after the very class of sufferers that he had during his former professional life most studiously avoided." His first operations are unsuccessful; his friends desert him; "but," he says, "I was not alone, for I felt that I had a mission *if not of a Divine character, at least but little short of it, of Divine origin.* I felt that the God who had called me to this good work and inspired me with new views for its accomplishment was with me and would not desert me. I could not have ceased my labours if I had tried, for something told me that the fulness of time had arrived, that the work had to be done, and that if I should fall, God in his wisdom would raise up some one as an instrument to carry it forward to a glorious consummation." Despair is out of the question. One so favoured of Heaven, as to be singled out and set apart for the express object of discovering "Silver Sutures in Surgery" and the proper method of treating vesico-vaginal fistula cannot fail. So he continues his operations until he arrives at that state of perfection which can be seen at any time, during proper hours, at the "Woman's Hospital," New York.

We have been led to pen the above remarks, not through any desire to make light of Dr. Sim's discoveries and operations, but solely from an unconquerable antipathy to everything savoring of *cant*. We yield to no one in a profound feeling of reverence for the "Creator of all things;" indeed, this very feeling causes us to regard with a sensation something akin to disgust, every attempt made by vain and presumptuous men to associate their names and their petty doings with the High and Incomprehensible One. It is a failing with the modern as well as the ancient Pharisee to look up to heaven with a self-satisfied countenance and thank his Maker that he is not as other men—or to cry out in self-exultation and self-exaltation "the temple of the Lord, the temple of the Lord am I."

Man, we believe, is, in this world, surrounded by various malign influences which, by the induction of different diseases, tend to bring about

his dissolution. His Creator has not, however, exposed him helplessly to the operation of these influences and their effects. By the gift of reason and the capacity for acquiring knowledge, man is fully furnished with the power necessary to guide him unscathed through this world, until he arrives at the period appointed from the beginning, when a "sickness unto death" removes him from his probationary state. This is, strictly the "Providence of God." It is the duty of man, therefore, to study thoroughly his own delicate organization,—the causes of derangements in the proper and efficient working of that organization, and the means to be employed to restore the body to a healthy and normal state, when invaded by disease. Should he, in the prosecution of his investigations, discover something not before known, it can scarcely be considered that he was specially appointed to make that particular discovery. The most that can be said is—that he honestly and successfully employed the talents confided to his care.

Dr. Sims is a gentleman of undoubted capacity, and this is coupled with an energy and perseverance which few of his fellows possess. In the discharge of the duties of the profession of his choice, he has originated a treatment for vesico-vaginal fistula (well known to our readers) which has been more successful than any hitherto tried. Indeed, we may say, until his admirable and scientific operation was published, surgeons despaired of curing this formidable condition. For this, and for the introduction of Silver wire as a Suture in Surgery he is now distinguished, and his name will receive favorable mention and be handed down with that of other earnest men, who, by the mere force of their genius, and the proper employment of their intellects, without supernatural interference, have made discoveries which have benefitted their race.

ART. II.—*Elements of Inorganic Chemistry*, including the applications of the Science to the Arts. By THOMAS GRAHAM, F.R.S.L. AND E, Late Professor of Chemistry in University College, London. Edited by Henry Watts, B.A.F.C.S. and Robert Bridges, M.D. Second American from the second revised and enlarged London Edition. With 238 illustrations on wood. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1858, p.p. 852.

We have always regarded Graham's Chemistry as one of the best standard works upon the important department of science, to which it is directed, and its merits we believe are so generally admitted that any lengthened commendation from us becomes unnecessary. Suffice it then to observe that we know of no more reliable authority to which reference

can be made than the text of this valuable work, nor of any better adapted to the general purposes of the student in search of sound and profitable intelligence.

The contents are comprised within six chapters which are devoted to the consideration of heat, light, chemical principles, affinity, metalloids and metallics. To the body of the work has been appended a supplement, in which the subjects narrated in the antecedent edition of the former "are brought down to the present time." The determination of the most important Physical constants, viz: the Mechanical Equivalent of heat; the relations between the Chemical and Magnetic effects of the Electric Current and the reduction of its force to absolute Mechanical Measure; also the measurement of the Chemical action of light. The polarization of light is treated in sufficient detail for the wants of the Chemical Student, attention being especially directed to the methods of optical saccharimetory, and to the very remarkable relations between crystaline form and molecular rotatory power discovered by Pasteur."

With these remarks we close this notice feeling that the wide extent of the volume's scope embracing so many diverse subjects prohibits the signalization of any one in particular for critical observation—since none that might be chosen would represent the others and could only speak for itself—and for a similar reason the extraction for the sake of example of a selected portion to shew the usual style and method would also seem precluded. Of the totality it may be curtly observed—it is everywhere good, and the descriptions are as intelligible as they are comprehensive.

ART. III.—*Transactions of the Medical Society of King's College, London.* Vol. I. Winter Session, 1856-7. Edited by ALFRED MEADOWS, House Physician, and late Physician Accoucheur's Assistant to King's College Hospital. pp. 247. London: R. Barn.

The members of the Society of King's College, in sending out to the world this volume of Transactions, state that, "however feeble their efforts may seem, or fruitless their results, they have this great cause for satisfaction—that the spirit which prompts them is that which is the moving spring of their Society—the cultivation of medicine and the auxiliary sciences by the propagation of a spirit of original observation and research, and of a feeling of friendship and co-operation among those engaged in the pursuit of these sciences." The papers are highly creditable to the different authors, and we would particularly notice those "On Syphilitic Paralysis," by F. C. Anstie; "On the Medical Treatment of Surgical Affections," by Christopher Heath; and "Obser-

vations of Some Functional Diseases of the Uterus," by Alfred Meadows, as exhibiting much painstaking and original observations. The first volume is, in every respect, so creditable to the Society, they ought by all means to continue the publication.

CLINICAL LECTURE.

On Ready Diagnosis. By Prof. Forget of Strasbourgh.

(Concluded.)

Suppose now, we have finished with the negative diagnosis, and have got at the seat of trouble. It remains to ascertain the precise character of the disease. A primary condition, which is quite indispensible in this research, is a knowledge of the affections of which the organ is susceptible. Despite all simplifications of the art of diagnosis, it can never be taught to the ignorant. Another essential condition of ready diagnosis, neglected by the classical method, is a knowledge of the relative value of the different elements, and especially of the different symptoms of diseases, in order that the most significant may be first sought. Hence ready diagnoses will never give good results except to practitioners endowed with sagacity and learning.

Digestive apparatus.—We pass by the diseases of the region above the diaphragm, as being commonly of easy diagnosis, and come at once to the stomach. The principal diseases of this viscus are, among acute disorders, dyspepsia (*embarras gastique*), gastritis, gastrorrhagia; among chronic affections, chronic gastritis, simple ulcer, cancer, neuroses.

The most significant symptoms of these affections are the following:

Embarras gastrique.—Furred tongue, anorexia, no epigastric tenderness, no fever.

Gastritis.—Coated and red tongue, nausea and vomiting, epigastric sensibility, often fever.

Gastrorrhagia.—Vomiting of black coagulated blood, antecedent gastric symptoms.

Chronic gastritis.—Protracted gastric derangement, epigastric tenderness, often hectic fever.

Simple ulcer.—Signs of chronic gastritis, proper signs obscure.

Gastric neuroses.—Varied gastric symptoms, tongue clean, no tenderness on pressure, no fever.

These data are common place, yet they are disengaged from insignificant accessories, and I have arranged the most expressive symptoms in the order of their importance as signs. Thus, no *embarras gastrique*

without a furred tongue; add to these pain and fever, have gastritis. Protract these symptoms, and the gastritis is chronic. If simple ulcer has no peculiar positive sign, that is the fault of the science. If cancer itself is often doubtful, it is because it is indicated by symptoms which are equivocal when considered separately, but which interpret each other when grouped. The gastric neuroses are distinguished by the absence of organic symptoms.

The principal diseases of the intestines are simple enteritices, diarrhœa, dysentery, follicular enteritis, different organic lesions, and nervous colic.

Simple enteritis has for its chief sign, diarrhœa with abdominal pain, and sometimes fever.

Dysentery.—Frequent excretion of sanguinolent mucus, tenesmus, gripes.

Follicular enteritis.—Abdominal tenderness, gurgling, dullness in the right iliac fossa, often fever, often typhoid state.

Organic lesions.—(Ulcers, tubercles, cancer,) Chronic intestinal disorders (pain, diarrhœa), often hectic fever, cachexy.

Nervous colic.—Spontaneous pain not increased by pressure, no fever.

Same general considerations as for gastric affections. Painful diarrhœa is the most significant sign of enteritis; no dysentery without sanguinolent discharges, etc.

Respiratory apparatus.—The chief diseases of this system are: bronchitis, pleurisy, pneumonia, phthisis, emphysema, gangrene and idiopathic asthma.

Bronchitis.—Every one knows its signs: cough, mucous sputa, various rhonchi, no dullness.

Pleurisy.—Absence of thoracic vibration (in the chest voice), egophony, dullness, stitch in the side, fever or not. Subsequently dilatation, costal immobility.

Pneumonia.—Rusty sputum (not constant), crepitant rhonchus, tubal respiration, bronchophony, dullness, often fever.

Phthisis.—Dullness, sub-clavicular râles, special sputa; subsequently, cavernous râles, pectoriloquy.

Emphysema.—Prominence, sub-clavicular resonancy, sibilus, feebleness of respiratory murmur, chronic dyspnœa (often complicated with bronchitis).

Œdema.—Diffused sub-crepitant râles, coincident anasarca.

Gangrene.—Odor *sui generis* of the breath and sputa, various pectoral symptoms.

Idiopathic, essential, nervous asthma (rare).—Intermittent paroxysms of dyspnœa.

Although commonly better marked than the diseases of other years, pulmonary affections are often obscure, and readily confounded with one another, for they have few pathognomonic signs. The signs of bronchitis are simple enough, but obscure complications often coexist with it. Pleurisy has its distinctive marks, the absence of the thoracic vibration being one of the best, say what they will; but this sign is wanting in women and children, and men with falsette voices. So with egophony, which may be confounded with bronchophony. The other signs are common to various disorders, as dullness, which is even occasionally absent, according to some revolutionists; dilatation of the chest strikingly characterizes, not pleurisy, but chronic and extensive effusion. Apart from the stitch and fever, the signs are the same as those of effusion, a point not sufficiently regarded. Pneumonia has its rusty sputa as a pathognomonic sign, but this is often absent. Fine, dry, crepitant, râle is very characteristic; the bronchial souffle and tubal respiration are more equivocal. The signs of phthisis are obscure and doubtful at first; we gather hints from the constitutional state and the antecedent history (bronchitis, hæmoptysis). We have given only the signs of the confirmed disease, and even these are not absolute, though dullness and râles at the apex leave little doubt. Hæmoptysis is less decisive than is generally supposed. Cavernous respiration and pectoriloquy leave little room for error. The microscope has hitherto only furnished mystification. Emphysema often eludes diagnosis, but its signs have some value; some of the signs of bronchitis have been confounded with them. Œdema of the lungs may be easily mistaken, if only the local symptoms are considered; but the antecedents, and concomitant effusions will clear up the case. Gangrene has its own sign, the odor; which may yet be mistaken. Asthma is characterised by its paroxysmal nature. It will be seen that we openly announce the liabilities of error, and are simply aiming to arrange a schedule of probabilities. We have not spoken of hydrothorax, for its signs are the same as those of other varieties of pleural effusion; we have likewise omitted hydro-pneumothorax, a rare and complex affection, of which hippocratic succussion is the best sign.

Circulatory apparatus.—The principal diseases of the heart are: Pericarditis, endocarditis, organic valvular lesions, and the form of aneurism which is their ordinary result, nervous palpitations, not to speak of fever, of which the heart is the seat, or rather the instrument.

Pericarditis.—Friction sound, derangement of circulation, dullness, præcordial prominence.

Endocarditis.—Bellows murmur (equivocal), derangement of circulation, concomitant rheumatism or other phlegmasia.

Valvular lesions.—Rude bellows murmur, disorders of circulation, œdema, cyanosis, secondary cardiac affections.

Aneurism.—(Dilatation, hypertrophy): Signs of disease of valves, dullness, præcordial fullness, disorders of circulation, respiration, etc.

Nervous palpitations.—Absence of material lesions.

The diagnosis of heart diseases, the great stumbling block of ordinary practitioners, is comprised in a few signs; but these signs are sometimes difficult to appreciate, or require, at any rate, delicate perception. The friction murmur is an expressive sign of pericarditis where it exists, and is not confounded with modifications of the bruit de soufflé. The differential diagnosis of valvular lesions would take us to great lengths. We shall not undertake to classify the signs of diseases of the blood, though they are reducible to a certain order, in which some have greater and others less significance; thus chlorosis has its characteristic pallor and vascular murmurs, scurvy its sanguineous effusions and special cachexy, etc. The subject is too vast and too much disputed for our present purpose.

Cerebro-spinal apparatus.—This chapter is the most perplexing of all, for though morbid anatomy distinguishes accurately the material lesions of the nervous system, diagnosis encounters difficulties hitherto insurmountable. Anatomically, we admit meningitis, encephalitis, sanguineous and serous apoplexy, ramollissement, diverse organic lesions, and the great class of neuroses. To these the following symptoms alleged to be characteristic, may be assigned:

Meningitis—Delirium, convulsions, then coma and paralysis.

Encephalitis.—The antecedent signs, plus contraction.

Sanguineous apoplexy.—Sudden abolition of sensation and motion, and generally of intelligence.

Serous apoplexy.—various cerebral disorders (delirium, convulsions), promptly followed by coma and paralysis, often antecedent dropsies.

Ramollissement.—Signs of encephalitis, or else more or less prompt invasion of paralysis and contraction, or else simulation of sanguineous apoplexy.

Organic lesions (tubercles, cancer, tumors).—Slow course, progressive paralysis; sometimes obstinate headache; delirium, convulsions; ultimately coma.

Neuroses (of sensation, of motion, of the perceptive organs, or complex).—Numerous and varied; usually chronic, apyrexic; not continued.

It is thus seen that the most of these affections have many signs in common, and that not one of them has an individual characteristic symptom. Yet probabilities may be educed from the grouping of symp-

toms we have arranged. Thus delirium and convulsions, followed by coma and relaxation of the limbs, indicate meningitis. To these symptoms add contraction of the flexors, and encephalitis will be the disorder probably. The sudden invasion of paralysis pertains particularly to apoplexy. Convulsions and coma supervening during dropsy, suggests serous apoplexy, Ramolissement rarely comes on with the suddeness of apoplexy, and contraction of the flexors belongs more particularly to the former. Unhappily this contraction is often absent, and is moreover observed in other cerebral affections. Tumors and other organic affections commonly progress slowly, insiduously, and then give rise to sudden alarming symptoms, analagous to those of ramolissement. The neuroses comprise a vast history which cannot be developed here. But practitioners rarely mistake chorea, tetanus, or epilepsy; hysteria is more obscure, and the diagnosis of mental alienation is oftentimes unattainable by the ready method.

Organs of special senses.—The diseases of these organs are, for the most part, to be detected by inspection, and appertain, *ipso facto*, to the ready method. Thus, for the organ of olfaction: coryza, epistaxis, ozena; for the organ of taste: all the inflammations and organic lesions of the mouth; for the eye: all the external ophthalmia and the deep-seated lesions observable by the ophthalmoscope. As to the ear, it is different; the auditory canal alone admits of direct inspection; exploration by the Eustachian tube gives some information respecting diseases of the middle ear; the diseases of the internal ear are enveloped in great obscurity. We have noted already that skin diseases are to be determined *de visu*; though an appreciation of their nature often demands great sagacity on the part of the practitioner.

With regard to those diseases of the organs of special sense, which elude direct exploration, we have already intimated that a scrutiny of the functional condition afforded the means of ascertaining their existence, if not their nature.

Apparatus of locomotion.—The diseases of the organs of locomotion, though revealed by external manipulations, involve grave questions of pathogeny. But we do not now purpose to enquire here in what simple arthritis differs from articular rheumatism or gout. We seek simply to determine the individuality of the malady, characterized here by obvious phenomena.

Secretory apparatus.—We shall mention only the most important. As to the *liver*, icterus or ascites may put us on the track; to arrive at precise notions, we have recourse first to palpation, which informs us of the size (hypertrophy), form (cancerous degeneration), sensibility (hepa-

titis). Biliary colic almost invariably indicates the presence of calculi. The kidney suggests analagous considerations; disorder of the urinary secretions, these symptoms elicited by careful palpation; nephritic colic results especially from renal calculi. In regard to the calculous concretions of all sorts, the only irrefragable proof of their existence is their exhibition. We know that surgeons often diagnosticate vesical concretions when none are present, and overlook them when they exist. Quite recently an error of this sort has given me great perplexity: A woman duly convicted of cancer of the liver (nodose liver, cachectic tint, etc.) presented, in the region corresponding to the fundus of the gall-bladder, a tumefaction, in which palpation detected distinctly a rumpling (*froissement*) which all the attendants attributed to a collection of gall stones. At the autopsy, no swelling was found, and the gall bladder contained no calculus. Be wary then in your diagnosis, even when it is founded on physical examination! Verily our science admits only of probabilities!

Genital apparatus.—Most of the diseases of the genital organs of the male belong to surgery. So, likewise, do those of the external organs of the female. The uterus is disputed territory. I cannot here enter into the details of uterine pathology. I will simply say that inspection and palpation will inform us in regard to most of these diseases, and that a host of deplorable errors would be avoided, if practitioners would have the firmness to have recourse at once to direct examination.

General affections.—There are two great classes of diseases, which are considered insusceptible of primary localization, the *fevers* and the *cachexies*. In the first category, we have the so called essential fevers, the eruptive fevers, and intermittent fevers.

The essential fevers, among us, may be reduced, now-a-days, to the single affection known as typhoid fever, and thought to be constituted by three capital elements: fever, typhoid state, and follicular enteritis. Singular, that of these three elements, the most palpable and constant is also the most contested! For those who are not blinded by their passions or prejudices, the intestinal lesion being the anatomical character of the disease, the diagnosis of the typhoid fever should consist essentially in the determination of the follicular enteritis; for the febrile state and the typhoid state may both be wanting. Our attention should be first directed to this point; but it is often an obscure one, for the intestinal lesion has no pathognomonic sign. We must often rely on the group of phenomena, without thinking less of the value of the local signs, or failing to look for them carefully. Thus will be avoided a host of errors, such as are daily committed by practitioners who class under the

rubric of typhoid fever a multitude of affections which deserve very different names.

True typhus is distinguished by the absence of the follicular enteritis, by the initial stupor, and the petechial eruption.

Eruptive fevers are obscure only at the outset. Variola has its rachialgia and vomiting, scarlatina its angina, measles, coryza and epiphora; these, with the aid of a knowledge of the prevalent epidemic, will enable us to predict the form of the eruption.

Intermittent or better, *paludal* fevers, exhibit no symptoms during the interval, unless there is swelling of the spleen, or indication of paludal cachexy. Paroxysms of intermittent are recognised at once by the characteristics of their three stages, cold, hot, and sweating. But the remittent, or pseudo-continued fevers of hot climates have deceived many observers, and probably will often deceive hereafter, notwithstanding the admirable researches of our physicians in Algeria on "quinine fevers"—*fièvres a quinquina*.

As to the cachexies, apart from profound organic lesions, their signs are external. We mention only the diaphanous pallor of chlorosis, the lividity of scurvy, the ecchymoses of purpura, the doughy puffiness of scrofula, the yellowish-green hue of the cancerous cachexy, the tawny yellow of the miasmatic infection, the sallow leaden hue of constitutional syphilis.

The reader who has followed attentively this rapid and imperfect review of the principles and means of ready diagnosis, will be convinced that those cases are rare in which a long interrogatory is requisite in order to arrive at a correct notion of a disease. We should rely as little as possible on the frequently fallacious data elicited by simple interrogation, in my opinion, and my whole secret consists in proceeding straightway to a knowledge of the seat and duration of a disease, and at once examining, by physical exploration, the diseased organ or organs, so as to bring into relief the most striking and characteristic symptoms.

A few examples from everyday practice will complete the demonstration of my thesis.

A patient complains of a stitch in the side of several days' standing. I place him on his seat, and, my ear to the chest, bid him count aloud—well marked egophony—*pleurisy* then. A moment has sufficed to elicit the diagnosis, which is presently corroborated by other means of investigation.

A patient has stitch in the side, fever, cough without sputa, postero-inferior dullness on percussion, slight tubal breathing; the vocal resonance is equivocal. Some of the attendants say *pleurisy*, others *pneumonia*.

I place my hand on the chest, and tell the patient to count: absence of thoracic vibration on the affected side—therefore *pleurisy*. A few seconds have sufficed to elucidate this obscure point.

Another patient has rational signs analagous to the last; the ear detects the fine crepitation, bronchial souffle, and vocal resonance of *pneumonia*.

In each of these cases, almost without asking a question, by making directly for the most expressive signs, we arrive at a diagnosis, which is almost infalliably confirmed by ulterior investigation.

Another less common example: I see a patient with turgid countenance and livid lips, and at once think of the likelihood of cardiac disease. I place my hand under the left nipple, and feel a strong impulse and purring tremor. I at once pronounce *ossification with contraction of the aortic orifice, dilatation with hypertrophy of the left ventricle.* Duration of examination, five seconds. Wonderful, impossible! say the attendants. Nothing more simple, however; the purring tremor indicates surely valvular induration, the strong heaving impulse enlargement of the left heart. All cases, unfortunately, are not so clear.

Let us turn to other organs. A patient has an enlarged abdomen; is it ascites, tympanitis, hypertrophied liver, or spleen, ovarian cyst, pregnancy, or what is it? I uncover the belly, and say at first sight that it is ascites. And why? because the umbilicus forms a smooth transparent prominence, and of all abdominal tumefactions, ascites alone produces this effect. A second has only been occupied in clearing up this case.

Another enlarged abdomen—dullness in the middle, resonance on the sides: it is an ovarian cyst. No? You think it is a pregnency? I introduce my finger into the vagina, and find the cervix low down and deflected; you see it is not a pregnancy.

A woman of fifty years, pale and sallow, says that her menses, which stopped years ago, have lately reappeared. She probably has uterine cancer, Touch and decide.

A young girl tells you that she has flowed copiously, the catamenia having been previously suspended for several months. Distrust metrorrhagia in young girls. Like enough this is a case of abortion, and you may find an ovum of three months in the vagina.

A sickly looking man has alternate diarrhœa and constipation; he has pain and passes blood with his stools; his doctor has told him that he has piles. Take care! he probably has a cancer of the rectum. Introduce your finger and judge.

We should never have done with illustrations borrowed from the practice of every day. I have selected a few of those about which

fatal errors are often committed, errors which may readily be avoided by seeking the most significant symptoms by the most direct modes of investigation, without yielding to personal repugnances on the opposition of mistaken or simulated modesty.

But this quick method has its perils, and we should always seek to corroborate and confirm its results.

A girl of 18 years, of feeble habit, says that her catamenia have been absent for several months; the hand detects a circumscribed globular tumor in the hypogastrium. We say that the girl is enceinte. An hour afterwards, a copious discharge of urine, and the pregnancy has vanished! Chlorosis alone remains. *This is one of the humiliating errors* that may be incurred in following the ready method, without looking for confirmatory evidence of the diagnosis. The touch would have betrayed the distended bladder.

Notwithstanding these restrictions, cautions, and illustrations, the pedants will be sure to criticise these essays towards simplification. I already hear the accusations of prestidigitation, of a desire to dazzle our public, etc. I reply that there are two ways of throwing dust in the eyes of the vulgar. One consists in being always ready with an infallible diagnosis. Our readers must judge whether my plan appertains to this juggling system. The other way is to pump a poor patient completely dry, to dissect him to his ultimate fibre, *apropos* of a whitlow or a sore throat, in order to assume the airs of scrupulous, profound, exact science. Chemistry and the microscope have lent a new impulse to this industrial method, which experience and common sense will some time reduce to its true value. *The indolence of ordinary practitioners is incompatible with* all this paraphernalia; as the majority of physicians will only employ simple weapons, we should try at least to furnish them with those that are well tempered.

I fear that I shall share in the abuse showered on those poor *manuals*, which have at least the merit of teaching something to those who would otherwise know nothing. I shall be accused of wishing to "lower the standard of acquirement," the time-honored phrase, and of compromising the dignity of our art in placing it within reach of the indolent, the stupid, and even the outsiders, etc. I shall care little for such reproaches. My attempt at simplification of diagnosis is the result of extended practical observation, of investigations carefully and laboriously matured, combined, and arranged, so as to offer to practitioners the quintessence of the mass of materials heaped up in verbose and voluminous treatises, which embarrass the student and practitioner almost as much as they help him. I seek to substitute positive medicine for exact medicine.

Lastly, what is the use of analysis, if not to lead to synthesis? These two processes reciprocally support each other; for if it is true that to comprehend is to simplify, before we can simplify we must understand. Hence, however simple it may be made, medicine can never enter the head of a numskull.

THERAPEUTICAL RECORD.

Chlorine Fumigations in Cholera.—M. Nonat draws attention to the remarkable effects which, during the epidemic of 1854, the extrication of chlorine seemed to exert in preventing the propagation of cholera by patients admitted with that disease into his ward in La Pitié. He contrasts this result with what was observed in the same wards in 1849, and in those of his colleagues, in which chlorine was not employed. He employs the chloride of lime, distributing it in several smallish vessels through the ward, in preference to one or two large ones. Some of these vessels should be especially placed near the patients who are emitting the cholera miasmata in abundance. The fumes should not be disengaged in quantity sufficient to be perceived.—*Moniteur des Hôpitaux.*

Modification of the Uterine Douche.—M. Derilliers relates a case in exemplification of the modification he has introduced in Kiwisch's mode of employing the uterine douche for the induction of premature labor. In this case the ordinary douche had been employed several times in vain, when the author induced labor pains rapidly by propelling the water with some force between the membranes and the uterine parietes by means of an injection pump, to which a long curved metallic canula was attached.—*Ib.*

Injection of Carbonic Acid Gas into the Bladder.—M. Paul Broca has endeavored to extend the anæsthetic application of this substance to painful affections of the bladder, introducing and letting it remain in contact with the organ. As a means of palliating pain, and relieving vesical tenesmus, some very remarkable results have been obtained. The bladder is distended with the gas, which becomes so slowly absorbed, that some still remains at the next miction, though this may not take place for three or four hours. The anæsthetic effect produced lasts for many hours.—*Ib.*

Malva Moschata in Idiopathic Constipation.—This substance, employed as a laxative by the Greeks and Romans, according to the investigations of M. Duvignac, forms the best substitute for castor oil, being as mild and as certain in its operation, without possessing its nauseous qualities. He administers it in the form of a bon-bon.—*Ib.*

Artificial Rose Water.—M. Rudolf Wagner has given us a pretty little prescription for obtaining artificial rose water. The products of the spontaneous decomposition of salicylate of potash are generally characterized by a strong perfume of roses. This salt is quickly obtained by decomposing salicylate of methylen (which can be bought under the name of essence of gaulteria,) by caustic potash. In this manner a mass of crystals, consisting of salicylate of potash, are precipitated, and the supernatant solution has a strong odor of roses. This liquid gives by distillation an eau de roses of a very fine quality which constitutes a delicious perfume.—*Illustrated Inventor.*

PERISCOPE.

Nouvelles recherches sur l'importance des fonctions des capsules surrénales. Par le Dr. E. Brown-Séquard.

(*Suite*)

Dix jours après la publication de la deuxième partie du mémoire que je viens d'analiser, un travail de M. Philipeaux fut présenté à l'Académie des sciences (1), travail dans lequel ce physiologiste annonce qu'il a vu quatre rats albinos survivre à l'ablation des capsules. Il déclare en outre que lorsque la mort a lieu après cette opération, elle dépend d'une péritonite, d'une hépatite ou d'une hernie intestinale.

Dans une seconde note le même expérimentateur (2) annonce que trois des quatre rats albinos, mentionnés dans son précédent travail, étaient morts, l'un 9 jours, le second 23 jours, et le troisième 34 jour, après l'ablation de la capsule gauche, la droite ayant été enlevée quelques semaines auparavant. M. Philipeaux attribue au froid la mort de ces animaux. Nous montrerons plus loin qu'il n'est pas possible d'admettre que la mort de ces animaux soit due uniquement à cette cause.

N'étant pas en France lors de la publication du premier travail de M. Philipeaux, je ne répondis à ce qu'il avait conclu de ses expériences que six semaines après (3). *J'insistai sur ce fait que si on lèse le péritoine*, le foie, les reins, les veines rénales et la veine cave, on voit des survies très longues (de 20 heures à 3 semaines), tandis que si on enlève les capsules surrénales, en irritant beaucoup moins que dans l'expérience précédente le péritoine et les organes voisins des capsules, on voit la mort survenir de 7 à 14 heures après l'opération. J'ajoutai que, très probablement, d'autres glandes avaient la puissance de remplir le rôle fonctionnel des capsules lorsque celles-ci manquent, et j'indiquai le thymus comme étant peut-être, avec la glande thyroïde, l'organe remplaçant les capsules chez les animaux qui survivent à la perte de leurs capsules surrénales.

M. Philipeaux répliqua bientôt, affirmant qu'il avait des rats albinos, dont deux vivaient quoique privés des deux capsules depuis 67 jours, de la rate depuis 26 jours, et des corps thyroïdes depuis 7 jours. Il persistait dans sa conclusion que le rôle fonctionnel des capsules est sans importance (1).

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(1) *Comptes rendus de l'Acad. des sciences*, 1856, vol. XLIII, p. 904.
(2) *Ibid.*, 1856, vol. XLIII, p. 1155.
(3) *Ibid.*, 1857, vol. XLIV, p. 246.
(1) *Comptes rendus de l'Acad. des sciences*, 1857, vol. XLIV, p. 396.

Mon excellent maître et ami M. Martin-Magron a fait quelques expériences concernant les effets de l'ablation des capsules surrénales, et il a été le premier, je crois, qui ait trouvé que des animaux non albinos peuvent survivre un temps assez long à la perte des deux capsules surrénales. Il a vu un chat survivre 10 jours et il en a tué un autre 7 semaines après l'ablation d'une des capsules, l'autre ayant été enlevée quelques semaines auparavant.

Le Dr. Harley, de Londres, a aussi fait quelques ablations de capsules surrénales : malheureusement nous ne connaissons de ses recherches que ce qu'il nous en a dit dans une courte conversation et ce qui se trouve dans un exposé des résultats de trois expériences dont mention a été faite à la *Pathological Society* de Londres (2). M. Harley incline à penser que les fonctions des capsules surrénales sont sans aucune importance.

Nous allons essayer de démontrer que M. Philipeaux et M. Harley ont interprété leurs expériences autrement qu'ils n'auraient dû le faire (3). Mais tout en niant que leurs conclusions soient justes, nous reconnaissons qu'avec M. Martin-Magron, ils ont bien établi que la mort *dans certains cas*, n'est pas la conséquence inévitablement rapide de l'ablation des capsules surrénales.

Les expériences de M. Philipeaux, de M. Martin-Magron et de M. Harley ont bien établi que la mort n'est pas une conséquence inévitable de l'ablation des capsules surrénales. Quelle conclusion tirer du rapprochement des résultats si différents en apparence que ces expérimentateurs et moi avons obtenus ? Faut-il admettre que la mort chez mes animaux n'est pas la conséquence de l'absence des capsules surrénales, mais qu'elle dépend de circonstances accidentelles ? Faut-il tirer des faits où l'on a vu des animaux survivre à l'absence des capsules surrénales, que le rôle fonctionnel de ces organes est loin d'être essentiel à la vie ? Assurément on arrive à ces conclusions si l'on ne tient pas compte des circonstances des expériences ; mais lorsqu'on les étudie avec soin, on est conduit, ainsi que je vais le faire voir, à des conclusions tout autres.

En premier lieu, tous les physiologistes qui ont répété mes expériences ont trouvé, comme moi, que la mort a lieu constamment, quelle que soit l'espèce d'animal, après l'ablation *simultanée* des deux capsules surrénales. Il semble que même les albinos, dans ces conditions, meurent

(2) *Medical Times and Gazette*, 28 nov. 1857, p. 564.

(3) Nous venons de présenter à l'Académie des sciences (voyez *Comptes rendus*, 1857, vol. XLV, p. 1036) un exposé succinct des faits et des raisonnements rapportés dans ce mémoire.

peu de temps après l'opération, comme les lapins, les chats, les chiens, les cochons d'Inde, les souris et les rats non albinos, les pigeons, etc.

En second lieu, même lorsque l'on fait l'ablation d'une capsule, un certain nombre de jours après que l'on a enlevé l'autre, on n'a jusqu'ici observé de survie, *en apparence définitive*, que sur des animaux albinos c'est-à-dire sur des animaux sans pigment. Or j'ai signalé, comme une des causes de mort après l'ablation des capsules surrénales sur les animaux non albinos, la présence dans le sang de plaques de pigment trop larges pour passer par les très petits capillaires de l'encéphale, et déterminant dans cet organe ou des hémorrhagies ou une insuffisance de circulation. D'un autre côté, si je me suis trompé en admettant l'existence de cette cause de mort, après l'ablation simultanée des glandes capsulaires, néanmoins il est certain que ces petits organes ont quelques relations avec la production du pigment noir, car, dans plus de 65 cas, recueillis en un petit nombre d'années, on a trouvé chez l'homme la co-existence d'un dépôt de pigment dans la peau et d'une altération profonde des deux capsules surrénales. Il y a donc une relation de causalité quelconque entre ces deux faits : absence des fonctions des capsules surrénales et augmentation de pigment noir. Si les animaux sans pigment noir, tels que sont les rats albinos, ne meurent pas après l'ablation des deux capsules surrénales, cela semble donc être une preuve importante à ajouter à celles que j'ai données, que c'est en partie à une accumulation de pigment que la mort est due chez les animaux non albinos, dépouillés des glandes surrénales.

Il importe d'ajouter que la survie, bien que très longue quelquefois chez des rats albinos, n'est peut-être qu'une survie temporaire très prolongée, et que la mort de ces animaux, pour être tardive, n'en est pas moins la conséquence de l'absence des capsules. En effet, M. Philipeaux a vu mourir trois de ses opérés sur quatre, après quelques semaines de survie (1). Nous ferons remarquer que l'un de ces rats est mort deux jours après le 10 novembre, jours où M. Philipeaux annonçait qu'il était parfaitement guéri. Il est probable, d'après cela, que le 10 novembre cet animal paraissait en bonne santé et que rien n'annonçait qu'il mourrait deux jours après. Ce fait est important ; il montre, avec nombre d'autres, observés par M. Philipeaux, par M. Harley, par M. Martin-Magron et par moi-même, sur des animaux d'espèces diverses, que la mort, après l'ablation des capsules surrénales, arrive souvent à l'improviste, ainsi que cela a lieu fréquemment chez l'homme dans les cas de maladie de ces petites glandes. M. Martin-Magron m'a dit avoir vu

(1) *Comptes rendus*, 1856, vol. XLIII, p. 1156.

mourrir un chat dix jours après l'extirpation d'une des capsules (l'autre ayant été enlevée quelque temps auparavant), sans qu'il ait pu, par l'autopsie, se rendre compte des causes de la mort. La veille, cet animal paraissait être en très bonne santé. M. Harley (2) raconte qu'un rat albinos, sur lequel il avait extirpé une des capsules depuis six semaines, et l'autre depuis quinze jours, avait paru en très bonne santé jusqu'à la nuit de sa mort. M. Harley semble croire, en conséquence, que cet animal a dû être tué par un autre rat. Mais il ne donne aucune raison l'appui de cette opinion, et il y a lieu de croire que cette mort inattendue, a été due à la même cause qui fait mourrir aussi d'une manière inattendue et l'homme et les animaux chez lesquels manquent les fonctions des capsules surrénales.

M. Philipeaux attribue la mort des trois rats qu'il a perdus, sur quatre, au froid assez intense, dit-il, auquel ces animaux ont été exposés. Il est probable que, si en rédigeant sa note du 22 décembre 1856, dans laquelle il émet cette opinion, il avait cherché quelle était la température des journées ou des nuits où ces animaux sont morts, il n'aurait pas annoncé une chose aussi complètement impossible que celle-là. Ses rats sont morts : le premier le 12 novembre, le second le 26 du même mois, et le troisième le 7 décembre 1856. En consultant les tables des observations météorologiques faites à l'Observatoire de Paris, on trouve que la température *à l'air libre, à midi* et *à minuit* a été, le 12 novembre, de 6°,8 et de 3°7 ; le 26 novembre, de 4°,9 et de 8°,4, et le 7 décembre, de 13°,7 et de 10°,6.

Ces températures, évidemment, n'étaient pas assez basses pour causer la mort de rats en bonne santé. Si donc le froid a contribué à faire mourrir ces animaux, c'est qu'ils étaient malades.

De plus, même chez les rats albinos les capsules surrénales ont des fonctions importantes, car si on les enlève simultanément, la mort survient en deux ou trois jours comme chez les animaux non albinos.

Nous ferons encore remarquer que, si l'on enlève les deux capsules surrénales, l'une huit ou dix jours, ou plus longtemps, après l'autre, on peut voir quelques animaux (les chats surtout) survivre un ou deux mois, ou peut-être plus longtemps ; mais tous cependant, après cette longue survie, se sont affaiblis et sont mort presque subitement, sans qu'il semble possible d'expliquer cette mort autrement que par l'absence des fonctions des capsules surrénales. Quand on étudie les circonstances des expériences où l'on a observé ces longues survies, et surtout les phénomènes qui précèdent la mort, on voit qu'au lieu d'être contraires à l'opinion que les fonctions des capsules surrénales, au moins chez les ani-

(2) *Med. Times and Gazette*, nov. 28 1857, p. 564.

maux non albinos, sont essentielles à la vie, ce sont là autant de faits positifs à l'appui de cette opinion.

Il y a des différences très grandes, dépendant de l'âge et de l'espèce des animaux après l'ablation des capsules surrénales. Ainsi, les chats survivent bien plus longtemps que les chiens, les lapins et les cochons d'Inde. Quant à l'âge, les très jeunes animaux survivent notablement plus longtemps que les adultes. Sur les animaux adultes, la plus longue survie que j'aie encore observée, après l'extirpation simultanée des deux capsules surrénales, a été de quinze heures chez les chiens, de quarante et une heures chez les chats, de quatorze heures et demie chez les lapins non albinos, de dix-sept heures et demie chez les lapins albinos, de vingt-trois heures chez les cochons d'Inde, de trente-deux heures chez les rats non albinos, de soixante-quatre heures chez les rats albinos. En faisant l'opération à huit ou dix jours d'intervalle pour les deux capsules, je n'ai trouvé de survie dépassant deux ou trois jours, que chez les chats et les rats albinos.

C'est chez les lapins surtout que les résultats de l'ablation des capsules surrénales montrent l'importance des fonctions de ces petits organes. J'ai fait l'expérience maintenant sur plus de 200 lapins de variétés diverses, et la plus longue survie que j'aie constatée jusqu'ici n'a été que de dix-sept heures et demie, et la moyenne seulement de neuf heures et quelques minutes. Sur les lapins sauvages, si vigoureux, des Etats-Unis, lapins sur lesquels j'ai constaté, à mon grand étonnement, qu'ils sont capables de survivre à l'écrasement de la moelle lombaire dans toute son étendue, j'ai trouvé que l'ablation simultanée des deux glandes surrénales est suivie de la mort aussi vite à bien peu près que sur les lapins, souvent si faibles, que l'on trouve dans les marchés de Paris. Chez les lapins, la mort est si rapide, en général (il en est ainsi souvent aussi chez les chiens et les cochons d'Inde), que la péritonite, l'épatite, la néphrite, inflammations qui ont des chances plus ou moins grandes de se produire après l'ablation des capsules, n'ont pas le temps de se développer assez pour causer la mort. Il faut donc admettre que la mort dépend d'autres causes. Je crois avoir suffisamment démontré ailleurs que ce n'est pas non plus à aucune des autres circonstances accidentelles ou inévitables qui accompagnent l'opération de l'ablation des capsules, qu'il faut attribuer la mort. J'ai dû conclure de là que la mort, dans le cas de l'ablation simultanée des deux capsules, est due surtout à l'absence des fonctions de ces organes.

Les expériences comparatives suivantes, que j'ai déjà publiée (1), méritent d'être reproduites ici.

(1) Voy. *Comptes rendus de l'Acad. des sciences*, vol. XLIV, 1857, p. 246.

Exp. I.—Sur quinze lapins adultes et vigoureux, j'ouvre l'abdomen à gauche et à droite, comme lorsque je me propose d'extirper les capsules surrénales, je comprime ensuite entre les mors d'une pince les veines rénales et la veine cave inférieure; puis je couds les plaies de l'abdomen assez mal pour que les intestins fassent hernie sur quelques-uns de ces animaux.—De ces quinze lapins, un a survécu plus de trois semaines, un autre dix-huit jours, trois de deux à huit jours, sept de vingt-quatre à quarante-huit heures, et enfin les trois autres dix-sept, dix-neuf et vingt heures.

Exp. II.—Sur six lapins adultes et vigoureux, j'extirpe les deux reins, je dilacère le péritoine et je comprime la face inférieure du foie. Cinq de ces animaux survivent de vingt-quatre à soixante heures, et le sixième seize heures seulement.

Exp. III.—Sur dix lapins adultes et vigoureux, j'extirpe les capsules surrénales, en ayant soin de léser aussi peu que possible les parties environnantes et en évitant par des sutures bien faites la formation de hernies. Six de ces animaux sont morts entre la septième et la dixième heure, et quatre entre la dixième et la quatorzième heure, après l'opération.

Pas un seul des lapins sur lesquels les capsules surrénales ont été enlevées, n'a survécu aussi longtemps que celui des lapins des deux expériences précédentes qui a survécu le moins.

Le tableau suivant montre quelles ont été les différences de survie des animaux soumis aux trois expériences que nous venons de rapporter.

LESIONS.	SURVIE MOYENNE.
Lésions du péritoine, du foie, des reins, etc.....	environ 72 heures.
Ablation des reins.....	" 35 heures.
— des capsules surrénales.....	" 9½ heures.

J'ai fait, dans ces derniers temps, de nouvelles expériences pour comparer les effets de l'ablation des reins à ceux de l'ablation des capsules, et j'ai constaté que, sur les chiens et les cochons d'Inde, il en est de même que chez les lapins, c'est-à-dire que la survie est bien plus longue après l'ablation des reins qu'après celle des capsules. Et ce résultat n'est pas dû à ce que l'opération pour enlever les reins occasionne moins de lésions du péritoine ou du foie, etc., que l'ablation des capsules, car, lorsque j'ai extirpé les reins, j'ai eu soin de comprimer le foie et de léser le péritoine aux environs des capsules surrénales.

Les symptômes que l'on observe, dans les dernières heures de la vie, après l'ablation simultanée des deux capsules surrénales, sont les mêmes chez les animaux d'espèces différentes. Ils diffèrent notablement de symptômes de péritonite, d'épatite, de néphrite; je les ai décrits ail

leurs (1). Je ne parlerai pas non plus des vestiges et des convulsions qui sont très fréquents chez les lapins, les chiens et les chats, me réservant de traiter, dans un travail spécial, des relations d'influence qui existent entre les centres nerveux et les capsules surrénales.

M. Gratiolet et M. Philipeaux m'ont attribué d'avoir signalé l'existence de vestiges et de convulsions *au moment même* de l'ablation des capsules, ou quelques instants après. Ces physiologistes ont commis là une erreur que je ne puis comprendre, car j'ai déclaré positivement, au contraire, que ces phénomènes nerveux ne se montrent que dans les dernières heures de la vie, après cette opération, de même que les cas d'altération organique profonde de ces organes.

Des faits qui ont été observés par les physiologistes qui ont combattu les conclusions de mes précédentes recherches sur les capsules surrénales, tout autant que des faits que j'ai constatés, je crois pouvoir conclure :

1° Que les fonctions des capsules surrénales semblent être essentielles à la vie chez les animaux non albinos ;

2° Que la suppression *immédiate* et *complète* de ces fonctions amène la mort très rapidement ;

3° Que la suppression *graduelle* de ces fonctions amène la mort au plus tard après un petit nombre de mois, et chez certaines espèces d'animaux, en quelques jours ;

4° Que l'ablation simultanée des deux capsules surrénales amène la mort, en général, notablement plus vite que l'ablation des deux reins ;

5° Que si certains animaux albinos semblent capables de survivre définitivement à l'ablation des capsules surrénales, ce fait vient à l'appui de l'opinion que j'ai émise que l'une des causes principales de mort chez les animaux non albinos, après la perte de ces petites glandes, consiste dans une accumulation de pigment.

Remarks on the Use of Compressed Sponge. (Communicated in a letter from Dr. Wm. C. Roberts to Dr. J. P. Batchelder, and published in the *N. Y. Journal of Medicine.*)—The first case in which I employed the compressed sponge, as prepared and recommended by you, was that of a young seamstress, which you saw with me. The disease was "a chronic mammary tumor," in the left breast, the size of a hen's egg. You were so kind as to apply the sponge for me the first time, and I had no difficulty afterwards. A few applications sufficed to remove the disease entirely. In the case of a strumous unmarried mulatto woman, of about forty years of age, in whom the glandular structure of both

(1) Voy. *Arch. de méd.*, oct. et nov. 1856.

breasts was in a state of irregular hypertrophy, and much enlarged, a very great reduction in the size and extent of the engorgement resulted from a similar application, and it has not returned.

In no case have I derived more satisfaction in the use of compressed sponge than in that of Master B. S., of this city, who had several large and deep sinuses in the right thigh, running up towards the hip joint, and probably communicating with the bone. The joint was anchylosed from long preceding morbus coxarius. Each in succession closed, under the daily introduction of sponge tents (sponge dipped in a weak solution of gum arabic, and wound tightly with thread, which can thus be made of any requisite size, to enter the fistula, and which the patient, in this case, amused his captivity by making in great variety, and with great neatness), and he is now in fine health and spirits, and with a whole and sound limb. A period of several months was required for the cure. I have used flat disks of sponge, compressed in the copying-press, as applications to foul and fungous ulcers, and I have found from them great benefit in cutting down fungous granulations, causing an uniform and healthy-looking surface, with a good tendency to subsequent cicatrization. I have healed several unpromising and ill-conditioned ulcers by this treatment alone. I have no doubt of the efficacy of compressed sponge in the treatment of mammary abscess, as employed and recommended by Drs. Foster and Johnson, in the September No. of the *New York Journal of Medicine*, edited by Dr. Stephen Smith. I regret that these gentlemen did not apply the treatment to the sinuses formed after suppuration. I can remember two or three in which the fistula rapidly healed when treated in the manner alluded to in the case of Master B. S. I should be very loath to incise a sinus until I had tried the effect of a compressed sponge tent introduced to the bottom. By its equal expansion in every direction, stimulating by its pressure the bottom of the sinus, and laterally destroying the pus secreting false membrane, with which it is lined, and inducing in its walls a new and healthy action, the sinus speedily diminishes in depth, and progresses rapidly toward granulation and cicatrization. I much regret not being allowed to make use of the method in a case of suppurated scrofulous abscess in the neck of a pretty little girl, which I think could have been readily absorbed, but which, under the knife of a rather conspicuous member of the surgical profession, has been attended with some deformity. A prejudice of the parents and friends lest the absorbed fluid should be deposited elsewere, and some indocility on the part of the young lady herself, defeated my intentions. I was about to apply the sponges in the case of a large collection of pus above the rectus femoris, the result,

doubtless, of scrofulous caries of the bone. I hope for its temporary absorption at least, and you shall know the result.

An amiable, but unfortunate girl, once presented herself to me, at a house in my neighborhood which I was visiting for professional purposes, who had been brutally assaulted, the preceding evening, by some ruffians who had forced themselves in. The conjunctiva and eyelids were swollen and extensively ecchymosed. I proposed to her the application of the compressed sponge, warning her, however, that it would be necessary for her to endure a few days of darkness. She consented, and in two or three days I had the pleasure to find the swelling gone, the blackness nearly removed, the patient much pleased and more than ordinarily cognizant. I changed the disks night and morning, and the rapidity of the effect exceeded my most sanguine expectations. I respectfully throw out this hint to such of my brethren as may be called upon to treat this unseemly, annoying, and suggestive infirmity. I once cured a loss of substance of some extent in the scalp, the result of a ragged and irregular wound, caused by a fall, descending quite to the pericranium, by merely putting into it bits of compressed sponge, the size and shape of the opening, and binding them down with a roller. They expanded equally from the absorption of the pus, and with the best effects on the granulatory process: one which would not, I think, have resulted as speedily from the use of lint alone.

I have several times satisfactorily and easily dilated with sponge the meatus auditorius externus, when threatened with contraction, after abscess; have succeeded in removing suppurative inflammation of its walls, and obtained an easy access for injections, and an opportunity for observing the tympanum; once thereby cauterizing an ulcerated spot, and once succeeding in the removal of a small polypus, attended with pain, deafness, and profuse, fetid, purulent discharge. The great dilatation of the meatus, which resulted from the introduction of the compressed sponge, afterwards wetted, enabled me to excise it at its pedicle, to the great joy of the patient, and afterwards to effect a complete cessation of the discharge. There are affections of the urethra and lachrymal sac in which, were it applicable, the sponge might be useful. You have, I know, devised an instrument for inserting it into strictures of the urethra, with which I hope you will some day be successful. In the nose, in polypi, benign or malignant thickening and ulceration of the Schneiderian membrane, ozæna, and especially in epistaxis, its use could not fail to be beneficial. The width and dilatability of the rectum is an objection to its use, though in ulcerations, excrescences, and contractions, its judicious employment might be rendered available. The same

remarks apply, though happily with less force, to the vagina. As a tampon, in threatened or actually existing hemorrhage, in cases of warty vegetations, and ulcerations of intractable character, I have successfully employed it.

Many years ago, I was consulted by a lady, now of wealth and eminence in the far West, for a contraction of the vagina, with fungous disease of the neck of the uterus. The patient was much depressed in mind and health; the connubial act had never been perfected; the vagina admitted with difficulty the forefinger for a couple of inches; its walls were hard and gristly. For a period of two months, almost daily, I distended it gradually, by means of a screw, bilaminated, flattened, rectum speculum (of the old fashion). It creaked, tore, and bled, and the patient, a woman of high intellectual acquirements, amiable temper, and great fortitude (it was before the days of chloroform), and determined, if possible, to be cured, could scarcely endure the anguish. The advantage I gained I secured and augmented by introducing between the expanded blades of the speculum, flattened, conical pieces of wood, increasing them in size, which I left, *à demeure*, as long as they could be borne. Thus I succeeded at length, in introducing a somewhat pointed four-blade speculum uteri, with which I dilated the vagina fully, cauterized the neck, removed its fungosities and ulceration, diminished its volume by iodine, the prolapsus spontaneously ceased, and in about five months' time, my grateful friend returned to her husband's arms, and has since become the mother of three children, two sons and a daughter: destined, I hope, to be promoters of western commerce, social, intellectual, and moral advancement, and population. Had I but known then, as I do now, the utility of compressed sponge tents in the dilating of contracted cavities, how much time and trouble to myself, and suffering to poor Mrs. N., might have been avoided!

I was consulted, not long ago, by Dr. C. Dunbar, of this city, in the case of a young, unmarried lady, who had a fistula, very small, and not easily detected, about an inch without the vulva, and opening into the rectum, though apparently the thickness of the sphincter ani. It was approachable only when the patient was under the fullest influence of chloroform, and for many days we dilated it gradually with compressed sponge tents of augmenting size. When the layer of parts between the orifices was thus reduced by expansion to a mere film, we incised it, and dressed from the bottom. It healed rapidly. This will appear to my surgical brethren who love the flourish of the knife, and are not deterred by depth or importance of parts, thickness of substance or discharge of blood, an unnecessarily slow and timid process. Possibly

it was so, but it suited my temperament, who think that "discretion is the better part of valor;" who prefer the "*suaviter in modo*" to the *fortiter in re;* the easier, if slower operation of nature, to the violence of art, and consider that no safe and successful plan is the less deserving of esteem because it is slow and gentle.

During my association, in the Department of the Diseases of Women and Children, at the Northern Dispensary, in 1844, with my friend Dr. Crane, now of Brooklyn, we many times employed the gum elastic bougie in dilating the internal os uteri, for the cure of dysmenorrhœa, after the manner of Mackintosh, and often with good effect. Every one knows that the introduction of a bougie is no easy matter in every case; in some, it is impossible, and even when most easy, it is slow work to dilate the os uteri internum by a succession of bougies, compared with the use of tents of compressed sponge, which are generally easily passed, and dilating rapidly will do in a few days what the others would require weeks to effect. Dilatation of the mouths and cavity of the womb, also furnishes facilities for cauterizing the lining membrane in cases of long standing leucorrhœa, which often relieves otherwise incurable cases. A piece of fine sponge, between two and three inches long, and as thick as the forefinger, dipped in a thin solution of gum arabic, dried and compressed, by being wound with fine twine, may be fashioned into a conical form, not much exceeding the size of an ordinary bougie, and passed usually in the grasp of a long bullet forceps with ease into the os, and up into the cavity of the womb. In preparing the sponge tent, which, of course, must be made of varying sizes, you advise that a string be passed through its centre before the compression is made, and not merely tied round its base. This must be strictly observed, for the latter may become detached by the softening of the sponge, in the fluids of the uterus, and the sponge break off with the os uteri, may not be easy to extract it.* Also, I advise that on no account a sponge be passed into the os without a string attached, as it happened to me on two or three occasions, to have the tent caught up into the

* Dr. Batchelder's method of preparing tents for this purpose, is as follows: Pass a long needle armed with a strong thread into the base, and through the whole length of the tent, and out at its point; then reverse it; entering it at the point of the tent, and passing it again through the whole length of the tent, and out at it base. This leaves two threads running the whole length of the tent, doubling at its apex, and passing out at its base, where the two threads, pendent from the tent, may be twisted together, and form a strong cord, by which the instrument may be withdrawn. He seldom allows the tent to remain longer than eighteen or twenty hours.

uterus by a species of spasmodic suction out of the grasp of the forceps, and retained there beyond the possibility of immediate reach. It is true, that in a few days, it is thrown off spontaneously, but, in the mean time, it causes pain, a febrile movement, an offensive discharge, and some little anxiety to both patient and physician, which, by suitable precaution, can always be avoided. The great extent to which the os and cavity of the uterus can thus be easily dilated in the course of two or three applications of the sponge, will much gratify those who have not yet employed it in this way; and, by following its removal with a little button of fused lunar caustic on the end of a silver probe, the whole cavity can generally be cauterized with rapidity and ease, or if a suitable syringe, a silver one, long and thin pointed, were at hand, as easily injected. I have seen as yet no syringe accurately adapted to this purpose. The stem of the long glass one in use, even when slenderest, is much too large for the purpose of general introduction into the uterine cavity.

I have not the slightest doubt that the safest, simplest, surest, speediest way of inducing premature labor, will be found to consist in the introduction of compressed sponge tents into the os uteri. I do not see how, if repeated sufficiently often, dilatation of the os, followed by active contractions of the uterus, and the expulsion of its contents, can fail to be induced by them. The following passage from Churchill's *Mid.*, third Am. ed., Phila., 1848, p. 290, indorses these sentiments: "M. Bruninghausen and Klugè have proposed and practised with great success the dilatation of the os uteri, by means of a piece of sponge placed within it and maintained there by a plug in the vagina." Speaking of it, Velpeau says, in comparison with "rupturing" and "separating" the membranes, "it is much more certain. The irritation which results is permanent, progressive, and regular, and *sustained* by the plug which is maintained in the vagina. Under the influence of such an excitement, uterine action is soon brought on, and it rarely fails to acquire sufficient energy." Hayn, of Conigsberg, further says Churchill, adopted this plan with success.

I do not see further, why, in early stages of labor with rigid, undilated, and undilatable os uteri and inefficient pains, a sponge tent of suitable size might not be introduced within the os uteri, the membranes being either ruptured *or not*, and maintained there for a time by the tampon in the vagina, until such an amount of dilatation occurred as to cause its ejection, and no longer to necessitate its presence. In this way it has occurred to me, in certain cases, the protraction often met with in the earlier periods of the first stage of labor might be overcome as safely

as by belladonna, or manual dilatation, and with less trouble than by the system of long continued irrigation, recently proposed as a means of effecting this object, by Dr. Geo. T. Elliot, Jr., of this city (vide *N. Y. Journ. of Med.*, 1857). That this plan does not always succeed, is evident from cases on page 197 of his able article on puerperal convulsions, in the September number of that Journal (Lee, Draper). Sponges are oftener at hand and easier obtained than syringes, and it appears to me more easy and speedier to introduce a sponge into the os, than to inject at intervals several gallons of water.

Permit me to say in this connection, that I am happy to observe that this rising obstetrician has recognized and boldly sanctioned a "more frequent resort" than is customary, "to the harmless measure of manual dilatation in paturient women," on which I have elsewhere, *in extenso*, published my own sentiments (see *Med. Gaz.*, Oct., 1857). He mentions three illustrative cases, and observes justly, I think, that "the non-recognition of this principle has probably cost many lives." May we not hope that ere long the introduction of the sponge tent into the os uteri in early labor, as a means of dilating it, overcoming its rigidity and lessening the protraction of the first stage, may become a recognizedly admissible rule of practice?

I have thus, my dear sir, agreeably to your request long since preferred, given you hastily, yet in a longer letter than I could have wished o write, my experience in the employment of compressed sponges, a knowledge of the use of which I derived first and wholly from you. For this, and every other valuable result of your long and close observation and extensive practice, which you have so often, so kindly, and many times so serviceably placed at my disposal, accept my grateful acknowledgments. None who use the compressed sponge can fail to be pleased with the safety, ease, and certainty of its action; nor otherwise than indebted to you for teaching them, or at least, most strongly directing them to its uses.

A New Principle of Diagnosis in Dislocations of the Shoulder-joint. By L. A. Dugas, M.D., Professor of Surgery, in the Medical College of Georgia.*

Having for a number of years inculcated in my lectures the principles contained in this paper, I was requested to reduce my views to writing, for the benefit of our classes, and accordingly published an article on the subject in the March number, for 1856, of the *Southern Medical and*

* The above Report was read before the American Medical Association, and printed in the 10th Volume of the Transactions.

Surgical Journal, p. 131. The object of this communication is to present the American Medical Association with a brief exposé of this interesting subject, and to accompany my remarks with pictorial illustrations, calculated to impress the eye as well as the understanding of the reader.

The principle of diagnosis to which I refer may be enunciated in the following language: If the fingers of the injured limb can be placed by the patient or by the surgeon upon the sound shoulder, while the elbow touches the thorax, *there can be no dislocation;* and if this cannot be done, there *must* be a dislocation. In other words, it is *physically impossible* to bring the elbow in contact with the sternum or front of the thorax if there be a dislocation; and the inability to do this is *proof positive* of the existance of dislocation, inasmuch as no other injury of the shoulder-joint can induce this inability.

In order to make these propositions apparent, I beg leave to present drawings taken from the skeleton, showing the relative position of the bones in the natural state, and in the several dislocations of the shoulder. The evidence thus obtained in support of my principal, would be still stronger if the bones were invested with their normal coverings and attachments.

Let us then look at the skeleton, and we may observe, that while the head of the humerus occupies the glenoid cavity, and the fingers rest upon the other shoulder, the elbow and lower end of the humerus lie upon the thorax without difficulty, because of the circumstance that the head of the humerus, when in its natural position, is removed several inches from the ribs. In consequence of the rotundity of the thoracic walls it is physically impossible that both ends of the humerus should at the same time come in contact with the chest. We see, therefore, that in the absence of any dislocation, the *upper half* of the bone does not touch the thorax, and that the *lower half* does so without the least difficulty.

By now referring to a figure which represents a dislocation into the axilla, we find that, the fingers being placed upon the opposite shoulder, the elbow is forced so far forward that it *cannot* touch the thorax. In this state of things, the upper end of the humerus alone touches the ribs, while the lower end is proportionately removed from the chest. Any attempt to force the elbow against the thorax must be fruitless, unless at the expense of a disruption of all the soft parts by which the head of the humerus is held down for, as I have already stated, it is *physically impossible* for both ends of the humerus to touch the thoracic walls at the same time.

In a dislocation forwards or below the cavicle; again we find the *upper*

end of the humerus resting upon the ribs—the elbow being consequently removed from the chest. The *upper* half of the humerus touches the thorax, and so long as this is the case, it is physically impossible for the *lower* portion of the humerus also to do it. In dislocations of this kind, it is very difficult to carry the fingers upon the opposite shoulder, even though the elbow be allowed to project forward, because of the resistance offered by the strong muscles which pull back the humerus. I have, however, represented the bones of the skeleton in this position, for the purpose of showing the effect, in case it could be assumed in the living subject.

Dislocations of the humerus upon the dorsum of the scapula, although very rare, should still be carefully studied; but still the same principles are applicable also to it. Here, as well as in other instances, it is only the *upper end* of the humerus that touches the thorax, and the elbow projects strongly forwards. In this dislocation, it might be possible to bring the elbow against the side of the trunk, by carrying the humerus down parallel with the axis of the body; but any contact of the elbow with the chest is impossible, if the fingers be directed towards, or placed upon the sound shoulder, for then the form of the thorax would offer an insuperable obstacle.

Having now, I trust, sufficiently demonstrated the truth of the proposition that it is *physically impossible* to bring the elbow against the front of the thorax in dislocation of the shoulder, I would simply add, that it is equally true, that no other injury of the shoulder-joint than a dislocation can induce this physical impossibility. It is obvious, that a mere contusion of the soft parts may render motion of the joints so painful as to deter the patient from the effort necessary to carry the fingers upon the other shoulder. But there can be no difficulty on the part of the surgeon in placing the limb in this position, and an anæsthetic might be used if desirable, so as to render manipulation painless. The same may be said of fractures of the upper end of the humerus, of the acromion, of the coracoid process, and of the neck of the scapula. In neither of these accidents can there be any physical impediment in the way of bringing the elbow in contact with the front of the chest, for in neither of them can the *upper end* of the humerus be so fixed against the ribs as to make it impossible for the *lower end* to touch the chest. Nothing, therefore, but a dislocation can prevent the limb from being placed in the position indicated.

If it be justly esteemed a matter of great importance to be in possession of correct principles of diagnosis in occult diseases, it is certainly not the less so with regard to surgical accidents, especially when these demand

prompt interference. Our professional records unfortunately establish too conclusively the imperfection of our diagnostic resources in injuries of the joints, to permit any indifference on the subject. If, therefore, the views here presented may facilitate, in the least degree, the detection of injuries confessedly more or less obscure, my object will have been attained.

Poisoning by Digitalis. By I. L. Crawford, M.D., F.S.A., Professor of Chemistry and Medical Jurisprudence, New Orleans School of Medicine.

Poisoning by digitalis is so extremely rare, that the following account of an attempt at suicide by means of digitaline is interesting, not only from the great clearness with which the symptoms are detailed, as from the large quantity ingested, and which failed to produce death.

Madame X., a native of Paris, aged twenty-three years, and a strong, robust habit of body, resolved to commit suicide, and on the 26th of June, at 7 A. M., swallowed six granules of digitaline; immediately after, she drank a cup of coffee, and then throwing herself upon a couch, waited the result. In two hours she was seized with a violent chill, accompanied by vertigo and incapability of moving. During the whole day these symptoms were present, and alternated with singular hallucinations. About six o'clock in the evening she concealed her indisposition, and forced herself to swallow nourishment offered to her, and among other things she drank another cup of coffee. Immediately after this, she was again seized with fresh chills, cold sweats and dispnœa; warmth gradually returned, but there was great restlessness, insomnia and dyspnœa. About 1, A. M., being almost incapable of respiring, she rose, was seized with vertigo, and dragged herself with difficulty to an open window, where she remained until 3 o'clock. She then retired to bed; soon all the symptoms ceased, and she slept. She did not awake until 7 o'clock; was then free from any indisposition. Seeing that she had failed, she resolved to make another attempt at self-destruction, and swallowed forty more granules, and again laid down on the bed. In an hour the following symptoms supervened: hallucinations, vertigo, constant chills, cold perspirations, nausea, and frequent vomiting and colics. She became more and more feeble, and felt in vain for any pulsation at the wrist. In the evening the vomitings were more frequent, and intense debility succeeded them; she was unable to pass urine or stool; she was totally incapable of motion, or of uttering the slightest sound; it seemed to her

as if her eyes were becoming too large, and were about to start from their sockets. This condition lasted all night and during the whole of the next day (the 28th) until 5 o'clock in the evening: about this time the vomitings ceased, and she was unable to speak above a whisper. During the night the debility increased; the chills, the halucinations and the cold sweats still continued; every minute she experienced a deathly sickness, and expected to die: she was incapable of the slightest movement; with all this she did not lose consciousness, suffered a burning thirst, and was still incapable of passing water or of going to stool. The night passed in this manner; in the morning she experienced a desire to live, and when a friend came to see her, sent for a physician. Dr. Heer saw her on Monday the 29th. He found her stretched at full length on the bed, and almost motionless. The face was very pale, the eyes projecting enormously, the eyelids wide open, the complexion of a lemon-yellow color, and the pupil much dilated. The voice was almost extinct, the skin was cold and covered with perspiration, the pulse small, feeble, intermittent, ranging from 46 to 48 in the minute, and at times was unappreciable. The tongue was dry, white in the centre, red at the apex; much thirst and nausea and no appetite. The epigastric region was very painful, especially on pressure. For two days she had passed neither stools nor urine; the bladder was not distended. Dr. H. prescribed two laxative enemata, sinapisms to the extremeties, frictions with camphor liniment and lemonade. In the evening the pulse was the same, the skin less cold, she was still incapable of moving, hallucinations constantly present, thirst intense, neither urine nor stools, the injections having been passed alone. Ordered to continue the frictions, the sinapisms, and every half hour pills, containing 3 grains each of calomel, jalap and aloes, and weak coffee for a drink. The next day the pulse was a little more frequent; she had been in a state of extreme agitation all night; complete insomnia and pain in the epigastrium. She had four stools in the morning. For three days no urine had passed, and the bladder did not seem distended. From this time she gradually improved, and in four days was completely recovered, still suffering, however, from slight debility.

This case is one of great interest, inasmuch as it gives a clear insight into the phenomena produced by excessive doses of digitalis, and also as showing us that recovery may take place even from enormous quantities, provided treatment is perseveringly kept up. Assuming that the granules were those usually dispensed, and which contain 1-50 of a grain of digitaline in each, this woman took, in the fifty-six she swallowed, over one grain of digitaline, equal in amount to about 130 grains of the powder of the fresh leaves. I believe there is no instance on record in which re-

covery has taken place after such a large dose. Taylor relates instances where much smaller quantities produced death, and we learn in our every-day experience how rapidly depression of the heart's action follows even a moderate dose of the drug. The dilatation of the pupils and the pain in the epigastrium is a constant sign. The suppression of the urine is remarkable as continuing so long without producing poisoning, although Christison relates a similar instance, where a woman swallowed by mistake ten ounces of a decoction made by infusing a handful of leaves in a quart of water. In this case also there was suppression of urine for three days. Salivation, which is a very usual symptom, does not appear to have been present in this case of Dr. Heer's.—*New Orleans Medical News and Hospital Gazette.*

On the Treatment of Phagedœnic Ulcers by Irrigation. By Dr. J. Sutherland, Surgeon to the 8th Regiment of Native Infantry.

When Dr. Sutherland was putting this mode of treatment in practice in the regimental hospital at Dinapore he was not aware that a similar mode of treatment had been adopted by Mr. Cock at Guy's Hospital (*v.* "Abstract," XXIV. p. 120). Dr. Sutherland was led to adopt this plan of treatment by an observation of the case first in order.

Case.—A young soldier, a Seikh, had been under treatment for intermittent fever with enlarged spleen, and was taking iodide of iron and quinine; at this time a slight sore situated over the spleen took on a phagedœnic character, spread rapidly, and threatened to involve a large portion of the abdominal parietes; the usual treatment, constitutional and local, was adopted, with little effect in arresting the spread of the ulceration; there was considerable fever and great pain in the dark and inflamed ring around the sore, nitric acid had been applied without effect, and the patient was very importunate for relief; morphia was given at bed-time to allay pain and procure sleep; under these circumstances it occurred to me that benefit might be derived from a continous washing away of the morbid discharge as it was formed, and that water made slightly warm, would be a bland application to the extremely irritable sore; accordingly I decided on having a continued dripping of tepid water over the foul ulcerated surface; this was effected by allowing the water to flow along a skein of thread, one end being placed in a vessel of water above the level of the bed, another end of the thread (or, what answers the purpose nearly as well, a strip of calico) being placed over the sore.

Tue result of this treatment surprised me; an almost immediate arrest of the phagedænic ulceration took place, and pain and irritative fever quickly abated; from this time the cure was rapid, the sore granulated kindly, and in about ten days a large ulcerated space was filled up with healthy granulations.

The second case in which the remedy was used was equally satisfactory; the patient, a weak young man of a scrumc:s diathesis and a constitution tainted with syphilis, had a bubo in the left groin, extensive sinuses (in the groin), had been laid open and the sore was healing favorably when it suddenly took on a phagedænic character and spread in all directions, forming an extensive sore, which, extending upwards, threatened to penetrate the abdomen, ; having observed the satisfactory result of a continuous dripping of water over an ulcerated surface in the case above detailed, I was led to subject this patient to the same treatment; the result was equally gratifying, an immediate arrest to the spread of the ulceration took place and the sore healed rapidly; quinine, ammonia, with tinctura opii, which had been given some days previous, were continued for a short time, but no other local remedy was used to complete the cure.

The third case was that of a sepoy of the——N. I.; this man was admitted into the station hospital with an extensive ulcer on the right hip of eighteen months' standing; according to the statement of the patient, he had been fourteen months under treatment in his regimental hospital, and, all applications having failed to heal the sore, he got leave to visit his home that change of air might do him good; the sore becoming worse, he applied for admission into the station hospital in this place; the ulcer was superficial, with jagged edges and unhealthy flabby granulations: there were several small, deep, foul ulcers around the large ulcer, at distances varying from one to five inches; the patient was, at first, very unwilling to submit to the treatment (as it required him to lie in a constrained position), asserting, with much appearence of truth, that he had not benifited by all that had been done for him before; he has been under treatment since the third instant, and the large sore has completely heal under the irrigating system, all the smaller ulcers have also healed, with the exception of two that could not be subjected to the treatment, owing to there position.

I think it probable, from the nature of the ulcers, that the addition of sulphas zinci or nitras argenti to the water would have expedited the cure, but I was unwilling to make the addition, as I wished to try the action of pure water alone on the sores.—[*Indian An. of Med. Science, and Ranking's Abstract.*

On the Escharotic Treatment of Cancer. By Professor Syme

After some sour comments upon Dr. Fell's mode of treating cancer, and upon the conduct of the surgeons of the Middlesex Hospital, in allowing so irregular an experiment to take place under their auspices, Mr. Syme proceeds to state his own opinion upon the escharotic treatment of cancer and to offer certain practical rules upon the treatment of cancer generally.

"If," he says, "caustic is ever used for destroying malignant textures, it should, therefore, be of such power and employed as to strike at once at the root of the evil, and I am able to suggest efficient means for this purpose.

"Mons. Velpeau, in speaking of the caustic made by mixing sulphuric acid with saffron, expresses his persuasion that it would be the best of all escharotics except for its expense and the difficulty of confining its action within certain limits. It occurred to me that sawdust would supply the place of saffron, and my assistants at the hospital ingeniously devised the following effectual means of restraining the extent of action. A solution of gutta percha in chloroform is applied to the skin for some distance around the part to be attacked; then a thick piece of the same material, with an aperture cut in it of the requisite size, and softened by exposure to heat, is pressed firmly so as to adhere everywhere to the surface thus prepared; a thin piece is next glued round the edge of the opening, so that, when supported by a stuffing of lint, it may form a wall enclosing the diseased part. Concentrated sulphuric acid, with about an equal weight of sawdust stirred into it, until the admixture assumes homogeneous consistence equal to that of thin porridge, is lastly applied, in quantity proportioned to the extent of thickness concerned. In the first instance, as the pain is acute, opiates or chloroform may be used; but after a short while, so little uneasiness is felt that the patient can easily allow the caustic to remain for ten or twelve hours, when it will be found that the whole diseased mass, though covered with skin and several inches in depth, has been reduced to a cinder, presenting the appearance of strongly compressed tow. Under poultices, the slough seperates in the course of days or weeks, according to its depth, and the sore then heals without any trouble. If, therefore, patients from an unconquerable dread of cutting, should prefer the escharotic treatment, or if the circumstances, on any other account should seem to render this method eligible, the procedure just described may be found useful.

"In conclusion, I beg to offer the following principles or practical rules for the treatment of cancer:—

"1. The treatment of cancer may be divided into curative and palliative.

"2. The curative treatment should not be undertaken when the local disease is so seated or connected as to prevent its complete removal; when the lymphatic glands are affected; and when the patient's general health is deranged.

"3. Removal may be accomplished by means of the knife, escharotics, and ligatures.

"4. Of these means, in general, the knife is best, and ligatures the worst.

"4. Escharotics may be used with the most advantage when the disease is superficial.

"6. Escharotics, employed with a curative view, should always destroy the whole morbid part by one application.

"7. The palliative treatment is generally best accomplished by means of soothing applications and attention to the general health.

"8. When the local disease is very troublesome, it may sometimes be relieved for a time by destruction of the morbid growth.

"9. The best agent for this purpose, and also with a curative view, is concentrated sulphuric acid properly applied."—[*Edinburgh Med. Jour., and Ranking's Abstract.*

New test for Manganese.—Bottger has given us a new re-agent for manganese. He states that the minutest quantity may be detected by the chlorate of potash. In order to detect it, throw a small quantity of the material suspected to contain manganese into a test tube, which already contains the chlorate of potash in a state of fusion. After the combustion has entirely ceased and the tube is cold, a peach blossom residue will be left if there has existed the smallest quantity of manganese. By means of this re-action Bottger has discovered manganese in box-wood, beech, cork, in the iodine of commerce, tea leaves, and several articles of food.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI.

PRIZES, McGILL COLLEGE, 1857-58.—The following University Prizes were awarded by the Medical Faculty on the day of convocation:

For Theses.—Mr. Timothy F. English, Mr. William H. Taylor.
For Examination, Final.—Mr. Wm. Harkin.
" *Primary.*—Mr. Jas. J. O'Dea.

The following Class Prizes were presented by the respective Professors at the termination of the past course of lectures:

MATERIA MEDICA.—*Prize Essay.* Mr. A. A. Duhamel.
CLINICAL MEDICINE.—*Reports of Cases*—Mr. Wm. Harkin.
CLINICAL SURGERY.—*Written examination.*—Mr. L. T. Robitaille.
" *Reports of Cases.*—Mr. W. P. O. Whitwell.

GRADUATES IN MEDICINE, McGILL COLLEGE, 1858.—With the names of these gentlemen, which we subjoin, we also append their several places of residence and the subjects of their theses:

James Kerr, London, C. W., Pneumonia.
T. F. English, London, C. W., Tuberculosis.
James McGarry, Niagara Falls, C. W., Cirrhosis.
William Harkin, Hawkesbury, C. E., Spontaneous Human Combustion.
George Pattee, St. Johns, C. E., Albumen in Urine.
L. T. Robitaille, Varennes, C. E., Bleeding at the Bend of the Arm and its Accidents.
W. H. Taylor, Montreal, C. E., Cardiac Dropsy.
C. W. E. Glenn, Chambly, C. E., Leucorrhea.

Dr. Robitaille delivered the valedictory on behalf of the Graduates in Medicine. The Graduates were then severally presented by the Dean of the Faculty and received their degrees, and were addressed by Professor Hall, M. D.

PRIMARY EXAMINATION, McGILL COLLEGE, 1858.—This Examination was successfully passed by the following gentlemen:

Samuel S. Macklem,
E. W. Smith,
James Stephenson,
William Rumsey,
Thomas Keeler,
Andrew Hamilton,
Gilbert Provost,
William A. Duckett,
Robert W. Carroll,
Philippe Giroux,
James Macintosh,
Samuel A. Carter,
James J. O'Dea,
—— Marr.

Walker H.

HONOR TO DR. HINGSTON.—We are much gratified to learn that Dr. Wm. Hales Hingston of this city has been elected a member of the Imperial Leopold Academy of Germany, one of the most distinguished of Foreign Societies. It consists of the eminent Physicians and Naturalists of that country, and also enrols on its list a few of those of other parts. It is presided over by the celebrated Nees Von Esenbeck, who has been its chief officer for many years. Its motto is "nunquam otiosus," and its transactions, regularly published, in ponderous tomes bear testimony to the propriety of the words. We sincerely congratulate our esteemed *collaborateur* upon having attained so high an honor, of which we believe he is so far the sole recipient in Canada.

New York State Inebriate Asylum.—The suggestions of recent writers on Dipsomania seem to be about to be realised in New York State. An important Board has been chosen from among the subscribers for the purpose of determining the locality of the asylum. The amount subscribed at a short notice amounts to 50,000 dollars. Among the subscribers are more than 800 physicians, 90 judges, 400 clergymen, and 1,500 merchants. The largest Medical petition that has ever been sent to any Legislature for an appropriation has been sent to the New York Legislature on behalf of this object. More than 1,300 physicians have memorialised that body in regard to the importance and necessity of the Institution.

Bréant Cholera Prize.—This premium will be of the value of 100,000 francs. It will be adjudged to the most successful competitor by the Academy of Sciences. It is requisite that the *concurrents* shall fulfil one or more of the following conditions, viz:—*Find* a treatment which will cure Asiatic Cholera in an immense majority of cases; or indicate in an incontestable manner its causes in such a way as to lead to their removal, thereby extinguishing epidemics; or they must discover a prophylactic as evident as that of vaccination in preventing small pox.

Notice.—The thirteenth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held in the City of Quebec, C. E., to commence on the second Tuesday in June, at 10 o'clock, A. M.

Errata.—In our last number at page 559, instead of "in a letter which will be found immediately following this notice," read—*in a letter which will be found at page* 570.

To Correspondents.—Dr. P. Galt. Communication will be received.

ANNUAL MEETING OF THE BOARD OF GOVERNORS OF THE COLLEGE OF PHYSICIANS AND SURGEONS, C. E.

Montreal, 11*th May*, 1858.

The General Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada was held this day, at the Mechanic's Institute.

The following governors were present:

Drs. Frémout, Chamberlin, Morrin, Von Iffland, Sewell, Bibaud, Glines, Johnson, Russell, Munro, Turcot, Badeau, Boyer, Fowler, Weilbrenner, Jones, Sutherland, Foster, Sabourin, Hall, Marsden, Smallwood, Fraser, Landry, Brigham, Peltier.

Drs. Boudreau and Marmette sent in excuses for non-attendance.

A gentleman, pupil of Laval University, wished to pass his examination for License, but as his four years curriculum was not completed, his demand was rejected.

Mr. McKenzie, bearer of a diploma from the University of New York, and whose curriculum was also incomplete, was not allowed to come up for examination.

The Board, before giving attention to private business, proceeded at once with the examinations.

The following gentlemen, with diplomas from McGill University, received their license:

Messrs. Wm. Harkin, W. H. Taylor, Ch. W. E. Glen, Alex. P. Reid, James McGarry, L. Robitaille, George Pattee.

Dr. A. J. Androuszenier, with a diploma from the University of Paris, received his license after examination.

Dr. F. Reynolds, with diplomas as licentiate and as fellow of the Royal College of Surgeons of Ireland, received his license, also after examination.

The following gentlemen, after satisfactory examination, received their license, to practice:

Messrs. Jos. Renaud, L. A. Fortier, Ad. Dagenais, Eust. Lemire, D. D. Marsil, Ed. Chévrefils, G. Fleury, Onés. Pelletier, Pierre Beaudouin, W. Foster.

Mr. Roderick McLeod, after the usual examination, received his license as druggist.

The following were admitted to the study of medicine:

Messrs. J. B. Chagnon, H. Fontaine, Alf. Migualt, Alf. Vilbon, Th. Larue, F. Paré, Th. Lacasse, U. Rochon, H. Préfontaine, O. Bouin, N. Coderre, S. St. Cyr, L. A. Nadeau, E. Prévost, M. Lapointe, X. Beaudry, Alph. Barbean, Léon Vermet, Y. B. Paradis, Yicks Labelle, Y. Lathier, A. Fortier, Ch. Quevillon, O. Dagenais, A. V. Valois, Cyrille Bochet, G. Lamontangue, Y. Aheon, Colin Sewell.

The examination being over, the Memorial of the College of Physicians and Surgeons, C. E., to be submitted to his Excellency the Governor-General, and which has already been published in the May number of the Medical Chronicle, was discussed fully and approved.

The same Committee also submitted a bill to be presented, regarding Physicians convicted of felony. It was approved and passed.

Drs. Chamberlin and Smallwood examined the Treasurer's Accounts and reported favorably. The meeting then adjourned.

HECTOR PELTIER, M.D.

Secretary for the District of Montreal.

OBITUARY.

DEATH OF SIR JAMES M'GRIGOR, BART., K. C. B.—We regret to announce the death of Sir James M'Grigor, Bart., M.D., K.C.B., late Director-General of the Army Medical Department, which mournful event occurred at 3 Harley street, Cavendish square, London, on Friday 2nd April, 1858, in the eighty-seventh year of his age.

Sir James was born at Cromdale, Strathspey, Invernesshire, and was educated at Marischal College, Aberdeen, of which college he was elected Rector in 1822, and again in 1823, when he was opposed by Mr. Hume, M.P. Having concluded his course of study at Marischal College, he proceeded to Edinburgh, where he had the advantage of the able tuition of Black, Monro, and Gregory. Sir James held successively in the field and at home the highest offices in the Medical Department. He was chief of the Medical Department during the disastrous Walcheren campaign; after this he was appointed Inspector of Hospitals for Portsmouth, Severn, and the south-west districts. He was then appointed chief of the Medical Department under the Duke of Wellington in the Peninsula, and so ably discharged his duties, that the Duke wrote of him: "I consider him one of the most industrious, able, and successful public servants I have ever met with." His long tenure of the office of Director-General must be fresh in the recollection of our readers. His scientific productions are not numerous; being chiefly "Medical Sketches of the Expeditions to Egypt and India," and some observations on "Fevers."

Sir James gained the esteem and affection of all the members of the Service whilst he presided over the Medical Department, as was evinced by the collection of subscriptions to the amount of £1,000, for a service of plate and a portrait of him, which was presented to Lady M'Grigor. For some years before his decease he lived in retirement, and until within a short time maintained an appearaance of healthy vigour. We append a summary of the principal events of his life:—Sir James entered the Service in September, 1793, as Surgeon of the 88th Regiment; he served in Holland and Flanders in 1794-5; in the West Indies in 1796; in the East Indies in 1798; in Egypt as Superintending Surgeon of the Anglo-Indian Army in 1801; with the Army at Walcheren in 1809; and in the Peninsula from 1811 to the end of the war. His commissions bear date as follows: Surgeon, September 13, 1793; Deputy Inspector-General, June 27, 1805; Inspector-General, August 25, 1809; and Director-General, June 13, 1815. Sir James, for his services had received the war medal with five clasps, for Egypt, Badajoz, Vittoria, Pyrenese and Toulouse.

DEATH OF DR. WIDMER.—Dr. Widmer, a physician well known to every person who has ever resided in Toronto, for many years a Legislative Councillor, and one of the oldest medical practitioners in the Province, died lately. He had been in the Legislative Council during several of the recent debates there, apparently in his usual health. But it seems that the loss of an only son, some time ago, had very much preyed upon the mind of the father. He had had a very handsome vault built for the body of the young man, and he had gone to visit the place. On arriving at the steps going down to the door of the vault, he was overcome by some sudden emotion, mental or physical, and fell down the stairs. There he lay for some hours, and was at last found by a passer-by. The day was cold, and a person of Dr. Widmer's age must have suffered greatly from the lowness of the temperature, if from no other cause. But it is presumed that the attack was one, in itself, of a mortal tendency, and though the doctor was alive when he was found, and conveyed home, he only lived a very few hours."—*Correspondent Montreal Herald.*

BUREAU OF AGRICULTURE AND STATISTICS.

Toronto, April 30, 1858.

PATENTS OF INVENTIONS.

His Excellency the Governor General has been pleased to grant Letters Patent of Inventions for a period of *fourteen years*, from the dates thereof to the following persons, viz:—

William George Oliver, of the City of Toronto, County of York, Dentist, for "A new and useful method of applying and using *electricity* as an *anesthetic agent in extracting teeth* and in other surgical operations."—Dated 16th March, 1858.

Dalrymple Crawford, of the city of Toronto, county of York, merchant, for "An improvement in the manufacture of Soap."—Dated 16th March, 1858.

Walter James Fitzarthur Toulmin, of Old Yonge Street, near Toronto, county of York, Professor of Music, for "A self-generating Gas Burner and Lamp."—Dated 16th March, 1858.

Daniel Coombs, of the City of Montreal, trader, for "A combined Churn and Cream Freezer."—Dated 31st March, 1858.

Thomas Maxwell Bryson, of the city of Montreal, Custom House Broker, for "A new and improved method of protecting the toes of Boots or Shoes."—Dated 31st March, 1858.

SIXTH BATALION, HUNTINGDON.

To be Surgeon:—Edouard Laberge, Esquire.

MONTREAL LIGHT INFANTRY.

To be Surgeon:—Assistant Surgeon Robert Godfrey, M.D., vice Fisher, who retires, retaining his rank.

HOSPITAL RETURNS.

MONTREAL DISPENSARY.—ANNUAL REPORT FROM 1ST MAY, 1857, TO 1ST MAY, 1858.

Patients admitted, 437; attended at home, 27.

AGES.—Under 2, 47; from 2 to 8, 54; from 8 to 20, 68; from 20 to 40, 128; from 40 to 60, 106; 60 and over, 26; unknown, 8.

SEXES.—Males, 161; Females, 276.

DISEASES AND ACCIDENTS.

Febris com. cont.,	2	Neuralgia,	6
" remitt.,	1	Neurosis,	3
Scarlatina simp.,	1	Odontalgia,	1
Variola	5	Sciatica,	7
Rheumatismus,	10	Sol. Ictus,	1
" acut,	1	Vertigo,	1
" chronic,	3	Acne,	1
Lumbago,	3	Aphtha,	1
Pleurodynia,	1	Crusta lactea,	4
Debilitas,	7	Eczema,	3
Struma,	2	Erythema,	1
Chlorosis,	1	" lichen,	1
Incognita,	4	Erysipelas,	1
Irritatio,	7	Favosa tinea,	1
Phlogosis,	2	Furunculus,	3
Hæmorrhagia,	1	Herpes,	3
Morbus cordis,	1	Intertrigo,	1
Palpitatio,	1	Lepra chron.,	1
Aphonia,	1	Psoriasis,	1
Asthma,	4	" syphil.,	1
Bronchitis,	26	Prurigo senil.,	1
" chron.,	11	Rubeola,	1
Catarrhus,	28	Scabies,	1
" acut,	2	Urticaria,	1
" chronic,	6	Amaurosis,	1
" senilis,	3	Cataract,	2
Coryza chron.,	1	Conjunctivitis,	1
Emphysem pulm.,	1	" phlycten,	1
Hœmoptysis,	1	Cornea corp. inusit.,	1
Influenza,	1	" ulcus,	1
Pertussis,	6	Ophthalmia,	1
Phthisis pulm.,	25	" Tarsi,	1
Pleuritis,	1	Pterygium,	1
Pneumonia,	1	Sclerotitis,	1
Tracheitis,	1	Otorrhœa ch.,	1
Cholera Canadens.,	1	Adenitis,	1
Colica,	1	" chronic,	1
Constipatio,	24	Gland Lingl. Hypert.,	1
Cynanch Tonsil acut,	4	Phlegmas dolens,	1
" " chron.,	1	Abscessus,	1
Dentitio,	10	Ambustio,	1
Diarrhœa,	23	Contusio,	1
" chronic,	7	Vulnera,	1
Dysenteria,	4	Ulcera,	1
Dyspepsia,	19	Ulcus Pharyng.,	1

DISEASES AND ACCIDENTS.

Ulcus Pharyng. chronic,	1	Bursitis,	1
Helminthiasis,	24	Morbus Coxæ.,	1
Hepatis torpor,	1	" talor,	1
Hepatitis chron.,	1	Periostitis,	1
Hypochondriasis,	6	Synovit chron.,	1
Icterus,	1	Invertio unguis,	1
Muco-enteritis,	1	Blenorrhagia,	1
Prolapsus ani,	1	Gonorrhœa,	1
Tœnia,	2	Syphilis,	1
Cephalalgia,	4	" consecut.,	8
Delirium Tremens,	1	Spermatorrhœa,	1
Eclampsia,	2	Amenorrhœa,	1
Hemiplegia,	1	Lactorrhœa,	1
Hysteria,	1	Leucorrhœa,	1
Insanitas,	1	Menorrhagia,	3
Monomania,	1	Prolapsus uteri,	2

ATTENDING PHYSICIANS.—January, April, July, and October: DRS. BOYER and WRIGHT. February, May, August, and November: DRS. JONES and PELTIER. March, June, September, and December: DRS. FENWICK and R. P. HOWARD.

RETOUR DES MALADES ADMIS À L'HOPITAL DES URSULINES DE TROIS RIVIÈRES, DEPUIS LE 1ER JANVIER, JUSQU'AU 31 DÉCEMBRE, 1857.

Malades restant le 1er Janvier, 1857,	9
Admis jusqu'au 31 Décembre dernier,	120
	129

MALADIES.		MALADIES.	
Anasarca,	1	Ophthalmia,	6
Pneumonia,	9	Phthisis,	4
Scorbutus,	4	Rheumatismus,	6
Hepatitis,	4	Fracture of the Fore-arm,	1
Amenorrhœa,	3	Ischuria,	1
Pleurodynia,	2	Hysteria,	2
Paronychia,	4	Fevers,	6
Peripneumonia Notha,	1	Dyspepsia,	6
Paralysis,	1	Ulcers of the Leg,	5
Burns,	2	Gluteal Abscess,	1
Intermittent Fever,	1	Scrofula,	1
Influenza,	7	Dysmenorrhœa,	1
Pleuritis,	8	Hematemesis,	1
Hydrothorax,	2	Asthma,	3
White Swelling,	1	Diseased Prostate,	1
Gastritis Chronic,	2	Furunculus,	1
Fracture of Tibia,	1	Erysipelas,	1
Ascites,	3	Varices,	1
Anorexia,	15	Gangrene of the Toes,	1

Déchargés guéris ou Soulagés,	119
Morts,	2
Restant a l'Hopital, sous traitement,	8

G. BADEAUX, M. D.

MEDICAL NEWS.

Wm. Lawrence, Esq., F.R.S., London, has been appointed one of the Queen's Sergeant Surgeons in ordinary, in the room of the late Benjamin Travers, Esq.—Edward Stanley, Esq., and James Paget, Esq., have been appointed Surgeons extraordinary to the Queen.—Quacks are said to bear the same relation to the medical profession, with that of the pediculus to the human body on which it preys.—Mrs. ——, the mother of several children, was lately delivered of a female child having six fingers on each hand and the same number of toes on each foot.—Among the assigned causes of death in "The Curiosities of Registration" occur the following amusing blunders:—Imperfect closure of the *foreman*." "*Turner* on the right arm." "Disease of the *lever*."—Dr. Sanford B. Hunt having retired from the practice of medicine, has resigned his connection with the "Buffalo Medical Journal," which will be conducted by Dr. Austin Flint, Jr.—It is computed that in a single parish in England, judging from a single druggists' weekly return of retail sales, that the working classes (though they are by no means the sole consumers) spend not less than £700 or £800 a year in laudanum and opium.—The Academy of Sciences, at Paris, at its session on the 8th February, 1858, awarded to M. Brown-Séquard, a prize for his persevering researches into the properties of the arterial and venous blood.—The same Academy has awarded a prize of 2,500 francs to M. Broca, for his treatise on aneurisms—the same sum to M. Morel, for his treatise on degeneration—the same to Messrs. Delafond and Bourguignon, for their researches on the itch among animals.—It is said Russia lost in the late war 382 army surgeons. In the French service 1 in 6 7-10 military surgeons died in conquences of disease contracted in the Crimea.—In a chemical lecture room in the Pesth University, a compound of cyanid mercury and hydro-chloric acid exploded, wounding the professor and his assistant in the eyes. The pupils seized with a panic, rushed to the door and some jumped out of the window. In leaping out they broke a vessel placed beneath the window containing the hydro-chloric acid, and several were injured.—The celebrated Chomel of France died recently at his country house, after a long and painful illness, which had for the last few years prevented him from attending to practice.—300 sick and wounded soldiers were on their way from India in the ships Hotspur and Emily.—The Lord Lieutenant of Ireland has been pleased to appoint Dr. Law, King's Professor of the Institutes of Medicine, and Dr. Banks, King's Professor of the Practice of Physic, to be physicians in ordinary to his Excellency.—In the same Intelligencer we also learn the same potentate has furthermore graciously appointed Mr. John McKenna, of Dawson st., Dublin, to be breeches-maker to his Excellency.—The Jacksonian prize has been awarded to Alfred Poland, Esq., of Guy's Hospital, for his essay on gunshot wounds and their treatment.—The celebrated Prof. Robert Harrison, of Dublin, author of the popular "Dublin Dissector," died last St. George's day of an apoplectic seizure.