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THE MEDICAL CHRONICLE.

VOL III.]

JANUARY, 1856.

[No. 8.

ORIGINAL COMMUNICATIONS.

ART. XXII.—*Case of Fatal Jaundice, with remarks.* By A. F. HOLMES, M.D., Professor of Medicine, McGill College.

Jaundice in its ordinary acute form, is generally recognized as a disease devoid of danger, running a course which terminates after an uncertain time in the gradual disappearance of the characteristic symptoms, and the return of health. Yet, it has been long known, that exceptions to this general rule are occasionally met with*, and recent observations seem to show that they are of more frequent occurrence, than they have hitherto been thought to be. Cases of this kind have been noticed by Hippocrates, who says, "stupor with delirium in jaundice is a fatal symptom;" by Morgagni, and more recently by Kiernan, Bright, Alison, &c. Dr. Budd, in his recent work on the liver, has collected a number of such described by former authors, and has added to them several which he has had the opportunity of seeing. He characterizes them as "this terrible disease," and the cases which he enumerates will go far to change the category in which jaundice is to be classed, and produce anxiety relative to cases, which we might otherwise have regarded as of little importance.†

In corroboration of the fact that cases of fatal jaundice are by no means infrequent, I refer to one, the account of which is given by Dr. Wright, in the November No. of this Journal, and to the one which I now submit.

CASE.

November 8, 1855 (Thursday.)—I was requested to visit Mrs. C—,

* In the very meagre article on jaundice, in "the Cyclopædia of Practical Medicine," by Dr. Burder, scarcely an allusion is made to its being fatal.

† That accurate author, Abercrombie, was, however, fully aware of the danger of this disease, for, he says, "jaundice, however, even when arising from causes apparently transient, is never to be look upon as free from danger."—On Dis. of Stom. Ed. 1828. P. 373.

aged 30, tall and of moderate fulness; is in the sixth month of second pregnancy; has usually enjoyed good health; but three years ago had a very severe attack of small pox, though she had undergone vaccination. I obtained the following history:—

On Friday, 2nd.—She felt indisposed; indisposition continued through Saturday and Sunday, but she was well enough to go to church on the evening of the latter day. On returning, however, she felt much worse, and went to bed early. On Monday, she lay all day, took a dose of salts which operated. On Tuesday, it was noticed that she was yellow; one of her friends observing that she looked as if she had the jaundice. She commenced vomiting, which continued until I saw her, when the irritability of stomach was extreme. Her bowels had not been open since Tuesday; countenance distressed, skin and eyes of a deep yellow (so deep as to induce her friend to ask if she had not the *black* jaundice), urine deep brownish red and scanty; complains when pressure is made at scrob. cordis, and along edge of right ribs. Pulse of natural frequency and soft, skin of natural temperature, tongue clean, *no headache*, quite calm and intelligent, describes her feelings perfectly, and says she could sleep all the time; she sat up in bed to allow of better inspection; vomits drink immediately, but says it does not return bitter.

Ordered effervescing drink from time to time; also a few drops of laudanum and sp. ammon. arom. after each vomiting; also a pill of colocynth and gamboge at night.

Friday, 9th, 10, A.M.—Early in the last evening, became irritable; refused to take the medicines; finally became delirious; wishing to get out of bed; is now lying drowsy; disinclined to move, or to be disturbed; pulse scarcely more than natural, soft and compressible; no heat of head; vomiting ceased about midnight; no stool; passed no water; does not seem to be conscious of tenderness along the ribs; can be roused with some difficulty. I administered the pill, and gave her a drink of water after it; she said she had swallowed it. Ordered enema.

12, Noon.—Saw her with Dr. Hall; nearly comatose; seemed irritated when moved, and resisted; turned herself suddenly in the bed; got her to put out her tongue, which appeared clean, except that the semi-liquified pill—not having been swallowed—formed a coating on one side, shewing her insensibility; head no warmer than natural; pupils contracted; face not flushed, and carotids not hard; pulse 112, of moderate fulness, but very compressible; surface generally warm; no vomiting; no stool, or urine.

About 18 oz. of blood were taken; hair cut close; head to be wetted

with alcohol for evaporation; blister to nape, and between shoulders; calomel ℞i. statim, et post horas duas, ol. tig. gtt. ij.

6, P.M.—Complete coma; pupils still small; pulse 112; no buffiness on blood; no vomiting; no stool; no convulsive movement; apply sinapisins to feet and legs, which are not cold; blister over liver; calomel grx. om. bihor, ol. tig. gtt. ij. at 9, P.M.

Died at 5½, A.M., of 10th, (Saturday), 41½ hours after my first visit.

Autopsy 50 hours after death; decomposition had commenced.

Abdomen—Intestines inflated, without any appearance of inflammation, but reddened here and there with congested vessels, and effused blood in maculæ of different sizes. The mesentery, in like manner, was spotted with specks of blood. No fluid in abdomen. Stomach presented nothing important; nor spleen, which was natural in size. Kidneys large, ochre-yellow on surface; within congested, and tubuli ecchymosed; weighing 7½ and 8 oz. Liver much diminished, especially left lobe, which was very thin, and of ochre-yellow throughout, with scarcely any congestion. The right lobe was proportionally less reduced in size, and of a dark red colour, especially towards depending portion. When upper part was cut into, the yellow appearance was very distinct, small central dark points being surrounded by yellow-coloured substance. The whole was very soft, breaking down under the finger. The weight was 2 lbs. 4 oz. The biliary ducts were pervious. The gall bladder contained some fluid, probably bile, but reddened by transudation of blood. Thorax not examined.

Head.—Dura mater, on both sides, of a generally yellow aspect, but color very distinct in some spots, and scarcely seen in others. Spinal arteries full of blood. Brain nearly natural in consistence, with many red points on section; scarcely any fluid under arachnoid, or in ventricles, and very little at base.

REMARKS.

How do the instances of this "terrible disease" differ from ordinary cases of icterus? One important difference is, that the bile ducts are in almost all the cases patent; and another, that there is a deficiency of bile in the small biliary vessels. If we suppose with Cullen, that "bile cannot produce jaundice from any interruption of its secretion, but, after it has been secreted, must be taken into the blood-vessels," how are we to explain these facts? The icterus *spasmodicus*, which he supposed, might, indeed, account for the sudden evolution of jaundice *post pathemata mentis*, but would not explain the two conditions above stated. That strong mental emotions have frequently been followed by sudden jaundice is certain, for, as Dr. Watson says, "there are scores of in-

stances to the same effect," and, that these cases are of a nature similar to those narrated in this paper appears from his continuation, "they are often fatal with head symptoms—convulsions, delirium, or coma—supervening upon the jaundice." That they are not always of this grave character, however, appears from the cases quoted by Abercrombie, and especially of the medical man, who invariably became jaundiced whenever he had a case causing him much anxiety. We must, then, give up Cullen's explanation, and join those who see in such cases not only a retention, but a suppression of the biliary secretion. Darwin long ago spoke of a "paralysis" of the liver, though his cases, illustrative of it, are not at all similar to those I am now writing of. Copland notices a variety of jaundice caused by "suspension or arrest of the secretive functions," calling it pseudo-jaundice, "in which bile is not secreted, or formed from its elements in the blood, owing either to a paralysed or suspended state of the vital action of the liver, or to disorganization of it to an extent quite subversive of its functions. In either case the elements, from which the bile is formed, accumulate in the blood."

Now, assuming the correctness of this statement, we shall have such an explanation as will meet the two circumstances noted above; and we use it in concluding that the jaundice in these cases has not arisen from obstruction to the flow of bile from the liver to the duodenum, but in the partial or total failure of its secretion, and in its retention—or, at least, of its pigment—in the blood.*

But, we inquire again, why do such cases differ in their rapid fatal terminations from ordinary cases of jaundice? Is it the retention of the bile which poisons the blood, and, as in the analogous case of uræmia, † impairs the functions of the brain? We might say so *a priori*, but there seems to be sufficient reason to regard this as insufficient and unsatisfactory.

In all cases of jaundice, a large quantity of bile must always be circulating in the blood; the secretions, even the humours of the eye, being

*I am aware that this reasoning is not in accordance with the conclusion of the most recent chemico-physiologist [Lehmann] that the bile is not formed in the blood. His words are, "It may be regarded as an established fact, that the essential constituents of the bile are primarily formed in the liver.—Am. Ed., p. 476." Notwithstanding, bile-pigment and the biliary acids are found in morbid blood.

†Here again Lehmann is at variance with most authorities, who assert that urea retained in the blood causes the head-symptoms following suppression of the secretion of the kidneys. He refers these to the ammonia arising from the decomposition of urea, and referring to the experiments of Stannius, says that he "has adduced the most certain proof that, at all events, the phenomena of uræmia cannot be dependent on the mere retention of urea."—p. 625.

often deeply stained. The obstruction sometimes lasts for a considerable time, but, with the exception of mere drowsiness, no head-symptoms are developed. This is still more strikingly evidenced in cases in which the ductus choledochus has been permanently closed. This has been brought about sometimes by the impaction of gall-stones; at other times, by the entire closure of the duct itself. In such cases the ducts, nearer the liver than the obstruction, are observed to be enormously dilated, and gorged with bile, which also fills the minute branches within the liver. Here the bile, if formed, must be re-absorbed, or the biliary congestion may so interfere with the secretion as to produce a species of suppression. In either case the blood will have been for a long period subject to the noxious influence of the bile mingled with it.

If, then, the mere residence of bilious matter, often to a large extent, within the blood cannot explain the different results of the cases, to what are we to attribute them? It is evident from their history that the noxious influence was sudden in its production, for the head-symptoms usually supervened when no previous idea of danger existed.

Dr. Budd has offered two speculations on the subject:—"The first is, that these symptoms are caused by the *direct* action of the poison which caused the jaundice. A difficulty is the sudden and unexpected occurrence of the head symptoms after the jaundice had lasted some time. It is clear that some deadly agency came then suddenly to act on the nervous system. If this were the poison which had before arrested the secretion of the liver, it must have been retained in the liver, like globules of pus or mercury, and, from some cause or other, have been suddenly liberated to exert its action on the nervous system. An other supposition that offers a better explanation is, that in consequence of *decomposition* of the retained principles of the bile, or of the broken up hepatic cells, some peculiar noxious agent is involved, which is the real cause of the malignant symptoms."—p. 261. 2nd Ed.

Not agreeing with the pathology here given, I shall first refer to the remarkable anatomical condition of the liver, and then offer an explanation deduced from it, and quite sufficient to account for the formidable symptoms occasionally met with. The liver is found always greatly disorganized, and generally much reduced in size, a circumstance which has led the celebrated Rokitansky—though I think improperly—to give this condition the name of "yellow atrophy." This term implies an alteration of the nutrient function, and is usually understood as denoting action in a gradual manner, while, in those cases of fatal jaundice, the change is rapid and disorganising. In the case of Mrs. C., the liver weighed but 2 lb. 4 oz., while a healthy liver weighs about 4 lbs.: and its substance was so soft as readily to break down under the fingers into

a thick fluid. Similar changes are spoken of in the cases of Dr. Budd, who, by microscopical examination, has found the secreting cells entirely destroyed, or greatly diminished, their place being occupied only by granular matter, resulting from their change. Rokitansky, and more recently, Wedl, describe the appearances quite similarly. The latter thus speaks:—"The most remarkable histological character of the affection is seen in the merely rudimentary condition, or entire dissolution of the hepatic cells. For in the softened parts, merely rounded nuclei are observable, sometimes quite free, sometimes surrounded by a group of dark yellow, brownish yellow, or reddish brown pigment molecules. Parenchymatous cells in a better state of preservation, and retaining their polygonal outline, are extremely rare, and exist, in any considerable quantity, only when the softening is less advanced. Ultimately, the nuclei of the hepatic cells also disappear, nothing being visible but a fine molecular substance with aggregated and solitary, larger or smaller fat-globules."—Path. Hist. p. 254. Syd. Ed.

Now, when we look to the size and importance of the liver, and to the extensive—sometimes almost total—structural disintegration which it has undergone; can it be surprising that the whole system should sympathize with it, and that the *shock* thereby given to the nervous system should manifest itself by the usual phenomena indicative of irritation or failure of the organ of innervation. There is nothing strange in it, for we see the same occurrence in cases where there can be no suspicion of toxæmia, as, for instance, in fatal cases of pericarditis. Dr. Latham, speaking of the difficulties of the diagnosis of that disease, has mentioned cases where the symptoms during life were those of affection of the brain, while, after death, no trace of disease could be found in that organ, but the pericardium manifested unequivocal signs of recent inflammation. Dr. Watson urges the necessity of attention to head-symptoms occurring in acute rheumatism, as indicating, generally, latent affection of the pericardium, stating that such cases might be mistaken for meningitis.† To this same purport we find Andral‡, after giving a case of "pericardite aigue sans aucun symptôme caractéristique," and in which the characters were those of "meningite," remarking:—"Il n'est pas d'organe, dont la lésion ne puisse déterminer les symptômes nerveux les plus variés," &c. Again, the appearance of delirium and other nervous symptoms is well known as not uncommon, and as giving rise to an unfavourable prognosis in the latter stages of pneumonia, &c., &c.

* Essay V. London Medical Gazette, vol. iii. p. 209.

† Lectures. Am. Ed., 1848. p. 490.

‡ Clinique Médicale, tom 3. p. 32.

I think, therefore, that we need not seek for any contamination of the blood to explain the sudden intervention of the nervous symptoms, inasmuch as we have a ready explanation in the sympathy of the brain with the rapid disorganization of an essential organ.

The great practical question in reference to these severe forms of jaundice is, what is the morbid action, or morbid influence, upon which the disease depends? Is it inflammatory, or is it not?

The opinion of Dr. Budd has been already given. He is clear against the inflammatory nature of the complaint, and refers it to a poisoned condition of the blood, producing suppression of the biliary secretion, and resulting in the disintegration and destruction of the secreting cells of the liver, while the toxic influence of the contaminated blood on the brain gives rise to the severe and fatal head-symptoms. Rokitansky, the highest authority on pathological anatomy, ranks the disease among atrophies, or diseases of nutrition, but,—rather inconsistently as appears to me,—describes it as marked by symptoms very different from those of ordinary atrophy. Thus, he says: "This affection is characterized by extreme rapidity in the reduction of size. It is remarkable for the rapid course it runs, for extreme tenderness of the liver, nervous attacks and jaundice; it terminates fatally with febrile symptoms of a disorganized state of the blood, irritation of the brain and its membranes, and with symptoms of *exudation and suppuration generally*, and especially of the mucous membrane, pneumonia, &c." Would not one suppose he was describing a case of pyæmia? A later investigator—Wedl—of the same school distinctly contradicts the opinion of the great Viennese pathologist. He says: "The condition termed by Rokitansky 'yellow hepatic atrophy' must be regarded as a diffuse hepatitis in which the parenchyma of the organ is softened in consequence of the albuminous exudation, &c., &c."

I shall conclude this paper, which has extended much beyond what I at first intended, by quoting from that excellent but, unfortunately, unfinished work, "The Elements of the Practice of Medicine," by Drs. Bright and Addison, published in 1839. It will be found to contain the description of a disease identical with that of which we have been speaking, and referring especially to its occasional fatal termination, without, however, attributing any especial peculiarity, and agreeing completely in the view of Wedl as to its pathology. The identification of the "yellow atrophy" of Rokitansky, and of the "fatal jaundice" of Budd, with the "sub-acute hepatitis" of Bright and Addison, will be of im-

portance practically, relieving our minds from the dread of having to combat an unknown obscure disease; while on the other hand, it impresses the need of a more careful investigation of cases of jaundice than they are usually thought to require, and directs us to a rational and successful *methodus medendi*:—

“SUB-ACUTE INFLAMMATION OF THE LIVER.

“The liver is subject to another form of inflammation, which pervades the whole organ more generally than in acute hepatitis, but is not marked by such severe symptoms. It frequently comes on very insidiously, &c. In a day or two the conjunctiva becomes tinged, and in a few days more, there is universal bright bilious suffusion of the skin—frequently some degree of tenderness about the region of the liver. Cases of the less acute kind generally yield readily to treatment if adopted early, and they form a large proportion of the cases of simple jaundice which present themselves in practice. In other cases, the inflammatory action is attended with much more severe symptoms, with considerable pyrexia, &c., while a jaundice of the most intense colour is diffused over the whole surface. When the disease assumes a more active and febrile form, symptoms referable to the brain and nervous system, and which appear partly to depend on the deleterious effects of bile circulating with the blood, are very strongly marked, &c.

“*Morbid appearances.*—The condition of the liver differs according to the period at which the disease has proved fatal, but, in general, the size of that organ is not materially increased, though, on the contrary, it is not unfrequently perceptibly diminished. There is no accumulation of bile in the minute ducts, &c. On examining the gall-bladder it is found to contain little bile, and sometimes scarcely a trace, &c. When the disease has terminated early, the whole liver feels soft and flaccid, the whole surface appears variegated of a light yellow, and dark red, or purple in patches,—certain portions even undergoing a process of change or disorganization,—through the whole substance of liver. If the disease has not proved fatal at an early period, we find the structure extensively altered, &c. Any decided marks of suppuration are rare, &c. Treatment recommended decidedly antiphlogistic, though generally not severe—general bleeding if febrile symptoms considerable, but usually only local—purgatives and mercury.”

ART. XXIII.—*Medical Education at the McGill University, Montreal.*
By W. HENRY Esq., M.D., Inspector General of Hospitals, H.P.
&c.

The writer has been for many years an attentive observer of the courses of instruction in this institution; but during the last four, he has more especially regarded the working of the Faculty of medicine, in which his eldest son was, and continues a pupil. Another boy of his is a student in arts, and a third attending the High school, connected with the university. So that the writer, otherwise entirely disinterested, feels a personal and paternal interest in the establishment, and the teaching it affords.

Under the impression that the benefits arising from this munificent bequest to the city of Montreal, are underrated from only partial acquaintance with them, a few remarks are placed at the disposal of the editors. It is, doubtless, presumptuous to assume the character of a critic, and to offer publicly an opinion, either favourable or unfavourable, of such a body; yet, conceiving, however inadequate his abilities may be to do justice to the subject, that the writer possesses certain advantages, enabling him to form a correct judgment in the case, he hesitates not to express it, though at the risk of censure.

After matriculation in Trinity college Dublin, and passing two years there in medical and miscellaneous study, the writer spent a season at a Scotch University, and then completed his professional education by a year's residence in London, when he entered the army as a medical officer. Since that time he has acquainted himself with the teaching of the Paris and Vienna medical schools; whilst, during 44½ years service, in war and peace, through various climates and countries, from a low to a high grade of rank, the writer has enjoyed the benefit of very large practice. These personal explanations are disagreeable, and not in the best taste, yet, perhaps, necessary, to show the qualifications, the writer ought to possess, and lessen his presumption in making the present communication.

The remark ascribed to Lord Brougham, "the school-master is abroad," has lost nothing of truth by its triteness. On the contrary, it now possesses the force and respectability of a proverb. And the children and youth of the present age, cannot be sufficiently grateful for the increased facilities they possess of storing and saturating their minds with multifarious knowledge, nor should this feeling be confined to the younger classes. We all see, and many of us comprehend, phenomena every day, which would have appeared incomprehensible and incredible, or absolute miracles to our ancestors. Whilst enough of the mysterious and inscrutable is left to keep the highest human intellect humble, and

in profound veneration of the great First Cause and Upholder of all things.

In all educational institutions of character and respectability the professors and teachers, must not only be masters in their respective branches, according to the highest authorities, but also generally well acquainted with science and literature, so that they may be able to keep themselves *au courant de jour*, and to acquire and impart every thing new and important that may be any where discovered. The writer has good reason to believe, that in the faculties of arts and law, the teachers are thus qualified and disposed. With regard to his own profession he is sure that the medical faculty in this manner habitually arrest old Chronos by the forelock, and rob him of his treasure.

Within the last twenty, or twenty-five years, one important item has been added to the regular course of instruction in medical schools; namely, stated weekly examinations of the students in the classes; and this is carefully and regularly practised by the medical professors. It is needless to point out the numerous benefits, both to the teachers and the taught from these examinations. In them the professors sound the capacities and requirements of the students, and adapt their instruction accordingly; and the pupils are furnished with a strong additional motive for study in the necessity of answering creditably in those weekly examinations.

The writer has attended all the introductory medical lectures of the present session; and here begs to acknowledge, with thanks, the kindness and courtesy he has received. It would be invidious, and most improper to mention any as deserving of special commendation, where all were praise-worthy, though, as could not be otherwise, some in a higher degree than others. The writer believes, that, on the whole they will bear well a comparison, not only with the lectures of similar

*An extract from a book, published in Quebec, in 1839 is here respectfully submitted to medical students in Canada, "although it is a right and lawful thing, after fatigue, to indulge in the luxury of a good cigar or two, with a temperate accompaniment of diluted stimulus, vinous or alcoholic; or, what is far better, out of the restorative cup that

“———cheers, but not inebriates.”

still, I must here enter my strong and solemn protest against the pernicious abuse of immoderate smoking, now so general—morning, noon, midnight, eternal smoking. It is impossible but that this vile adoption of a vulgar, foreign sensuality, and incessant stimulation of brain and heart, must weaken nervous power, clog the secretions, impair the digestion, disturb the understanding, stunt the growth of the young, and shorten the days both of young and old. Already are the national stamina enervated by this emasculating habit; and in another generation the manly, moral, and physical attributes of the higher

institutions on this Continent, but also in Great Britain and Ireland. The students were quiet and attentive.)

The writer has also often attended the practice of the general hospital during the last four years. Here he may be allowed to be a judge, and he hesitates not to say that he never witnessed more scientific or successful practice, than in this establishment. Several of the capital surgical operations would be applauded in London, Dublin, or Edinburgh.

There is a select medical library for the students, and a small, but growing museum of Morbid preparations; and much care is devoted to their instruction in practical anatomy, for which adequate facilities are afforded at a reasonable rate. This year a class in Natural History has been established by the Principal of the university, to which the medical students have free admission.

Such is the weakness of human nature that when there are rival interests in any corporation, there will be at least a tinge of envy, and its disreputable accompaniments. The writer has great pleasure in stating that he has not seen any manifestation of this feeling among the McGill Professors. On the contrary, they are liberal and harmonious; and, on the occasion of a late fatal accident to one of the number, his brethren watched over and administered to him with the greatest tenderness.

The character of the medical education attainable here appears to be now more justly appreciated than it used to be, and the number of students of late years has doubled or trebled. But the faculties of arts and law still have few pupils; although there are some indications of improvement in this respect. A gentleman of great ability, high character, and diversified attainments, has lately been appointed Principal, and purposes to reside in the college, on the side of the beautiful and guardian mountain. Here several improvements and repairs, in the buildings and grounds, are to be commenced in spring; including a direct avenue from Sherbrooke street. The people of this great city are directly interested in this matter, for the expenditure of a little money, under the guidance of taste, might make these grounds a most agreeable and salutary resort for them and their families; and a very beautiful semi-circular road, for riding or driving, might be constructed from the con-

classes of Englishmen, will be smoked and shrivelled into the dimensions of the Spanish and Portuguese."

{The writer has heard the director general of the army medical department, express his approval of the system of medical education here, and say; more than once, the young men trained in the McGill College, were amongst the most promising of the medical officers under his superintendance.

templated avenue in Sherbrooke street, round the college and reservoir, and pass out of the grounds by the present northern gate, at a trifling expense; and umbrageous trees should be planted on both sides of it, and elsewhere in the grounds. The site of the building is fine; commanding a noble view of the city and the magnificent St. Lawrence, and the surrounding grounds, consisting of picturesque undulations, possess great facilities of ornamental improvement.

The neglect which the McGill University has met, is not creditable to this city. It is true that the writer has heard this accounted for by the character of its municipal regulations, which were at one time less liberal than they are at present. But it is to be feared that the good people here follow more the habits of their southern neighbours than of the two great lands from which they spring, and prefer the forcing of precocious attainments in childhood and early youth, to the slower education of France and England. The prospects of the university were never so good as at present, and a large increase of the number of students may be reasonably anticipated. A gentleman of varied talent and the highest character has lately been appointed Principal, as already mentioned, and intends to reside in the college. He purposes lecturing during the present season (and perhaps during the next summer) on natural history, including botany, and thus accomplishing a *desideratum* of the institution.

There is nothing at present in the character of the regulations of the University which can form an assumed or valid reason for neglect. This great and growing city possesses a university of high character, qualified to impart an education in the higher branches of science and literature, at a moderate expense to the youth of Canada, under the invaluable *surveillance* of the parents of those who reside in Montreal. There is no obstruction of any kind. The doors are open to all; and the instruction and honours of the institution are obtainable by pupils of all classes and religious denominations. Without a more serious imputation on the character of a city that aspires in every respect to the high position of the Canadian metropolis, than the writer wishes to make, he cannot doubt of the future popularity of this meritorious institution.

Montreal, Dec. 20, 1855.

ART. XXIV.—*Medical Depreciation.* By E. B. SPARHAM, M. D.,
Brockville.

The science of medicine is noble, though some may be unworthy and many may ridicule. Apart from private interest, the debasing source of science, we fear that those actuated by a due sense of its importance, intellectually and morally, are comparatively few. These are noble exceptions, but can they stem the torrent? This is an age of self-advancement; a republican "*vox populi, vox dei*," reduced to individualism. We may feel how much we are indebted to the struggles of our predecessors, yet while we admire and appreciate, we are not blind adherents. The experience of the past is a lamp to our feet and a guide to our path. Still hosts of earnest unwearied forms are pressing forward, "upward and onward." Some keeping up in the full panoply of light, some self-satisfied lazy ones, lagging behind; many advancing as far as a ray is discernible; others, too eager for discoveries, rushing into obscurity and groping about in order to find something on which to start a theory—often more fanciful than plausible. All, however, who are not engaged exclusively in scientific researches, and who are satisfied with arms tried and proved, are jealous of their cotemporaries, knowing that those must borrow, and that they too should be as perfect.

The mysterious mechanism of man; his complex arrangement; the beauty and perfection of all his developments, chemically and mechanically, so constituted as to elicit even the involuntary admiration of the medical philosopher, while it escapes his subtlest scrutiny; the change from death to disease, involving points deeply investigated and earnestly contested by the most eminent and indefatigable of the age, past or present; the vital principles, wherein generation, growth, nutrition, secretion, motion and sensation, are exhibited; the influence of mind on matter, aiding, resisting and controlling our best directed efforts; all tend to prove that our remedial agents must be adapted to the entire man, physical, chemical, and intellectual. While medicine, therefore, levies her contributions from every branch of science, should not her votaries be characterized by a spirit elevating and disinterested, and exhibit a due sense of their important responsibilities by an earnest and faithful desire for her advancement? Should they not be modest in their public assertions? Science never receives advantage, nor one's own high hopes and aims accomplishment, where selfishness and egotism have the ascendancy. Look at the unlimited and fast increasing growth of patent medicines, got up by selfish doctors. Can they themselves have faith in their unfailing efficacy? They have studied human gullibility and got rich by pampering it. What to them whether the boasted

of cures are in cases diametrically opposed. Innumerable sovereign panaceas are constantly holding out false hopes to poor deluded victims. Not a newspaper, and scarcely an almanac, or wrapper, comes to our houses without being filled with these artful falsehoods. The very walls stare at us, and tell us that "every body takes Hobensack's Liver Pills and Worm Syrup," &c., &c. Now who keeps up this long array of medical suicide? Men who see how faith and curiosity are roused by mystery, and kept up by boasts—selfish doctors, who have not the moral courage to resist the downward tendency when they see that others get rich by it.

Independently of patent medicines and quackery in general, let us look at medical depreciation in another light. Popular opinion is always wavering, and the merest trifle may make or mar a doctor's fortune. This is proverbially the case in large cities. From some advantage in getting hold of cases, any well qualified doctor may soon get his name up as very successful. At first they say "he is good for fits," "good for children," "capital for liver complaints," &c., until at last he obtains a general practice. Are they always deserving of that name? and do they, numerically speaking, cure more hard cases? Or, waiving natural abilities as common, thorough qualifications, equally attainable, and chimerical secrets as degrading, do they always treat more scientifically? I do not wish to detract, but merely to trace the causes and effects of jealousy on the unprincipled ambitions. Here comes the favourite Dr. Watch-him. How pleased are the inmates of the sick chamber—with what smiling confidence they greet him, and with joyful alacrity perform all his little requests! Does he examine the patient with more than ordinary shrewdness? The pulse is delicately fingered, the tongue protruded, with a poke here and a tap there, suggestive questions are asked, the replies received with marked significance. Without apparently tracing cause to effect, he intuitively comprehends all, sits down and writes his prescription. Skillfully elaborate with chemical antidotes! Altogether likely a perfectly simple composition. With all due reverence, the mandates are obeyed, and the patient, wonderfully recovering, rises and sticks another feather in the doctor's cap. His influence gains others. Ditto, ditto. The doctor has earned his position fairly and honorably, perhaps, and it would be wrong for a zealous follower of Esculapius to envy him, and say to himself, "How easily I, too, could do that!" Honor, as well as youth, hushes his opinions, prevents any chance for contrasts, and keeps down the least exhibition of rivalry. He instinctively shrinks from egotistical displays. In time he may be appreciated. The long years of indefatigable research and patient endurance may at length meet with its reward. Others, how-

ever, are on the same road, or rather, instead of being ambitious for honorable distinction and disinterested usefulness, may be attending only to private interests, and not be over scrupulous.

They, too, see that the "name up" gets practice, and forthwith take measures to "get it up," even if, in so doing, they ride over the shoulders of their fraternity. Scheming and selfishness degrade an honorable profession, and a few cast a stigma on all. One that I know can never perform an operation, even as simple as the excision of a tonsil, without having recourse to an editor's puff (very unexpectedly) for the wonderful performance. Another, seeing mammon smiling around those monomaniacs who get up specifics, will try some speciality. Dr. Green is doing wonders, and why cannot some other green? The probang, inhalation, and injection worshippers, are each striving for the mastery. Boasts of "modern modes of practice" prove that one is up with the enlightenment of the times, and, skilfully managed, will make the public fancy you are in advance of others. Does it follow that an adventurer can give better information than a college—that a private practitioner can afford more practical teaching than an hospital with its accompanying professors? Then that college and that public institution are defective. Yet several who hailed from McGill College during its infancy pretend to know more than its present professors. Turning from their Alma Mater, they have sought anatomical precision from Dr Green of N. Y.; and worse than all, schoolboy fashion, have given the public to understand that "others cannot do what they can!" To be better up on any one branch, one should pay exclusive attention to it, or give some satisfactory proof that he has had greater facilities in acquiring information and experience—not the observation of an hour, a day, or a week. Even then the honorable man would let facts speak for themselves. There are many graduates who attend only to one branch—the oculist and aurist for example. That is as it should be. But a man who continues practicing on every branch, yet without possessing any superior qualifications, mental, theoretical or practical, claims superiority on one, and that a very common and very important one, openly attempts to better himself to the prejudice of his brethren.

Waiving the preparatory, as too insignificant to deserve notice, let me give an example of the obtrusive. ———, Esq., M.D., practising in ———, Canada West, has lately published the following in the newspapers of the town.

"Diseases of the Throat and Chest."—Dr. ———, having devoted special attention to this troublesome class of diseases, and the modern modes of treatment, has for the convenience of parties desirous of con-

sulting him, arranged that he may be found at his office, on ——— Street, daily at 12 o'clock.

"Dr. ——— has a vacancy (*vide* Pecksniff's in Martin Chuzzlewit) for a student who can give satisfactory references as to education, &c.

"November 1st, 1855."

Is the above professional? Or is there no barrier between your degree and the "renowned" and "sovereignest" nostrum venders? He may be capable; should he publish it? Then others, who are also prepared, who have devoted years of untiring energies in the pursuit of knowledge, must be injured by the above, or compete in the same way; and if they cannot obtain the same facilities of publication, then the almanac and wrapper system must come to the rescue. Any man who has *not* "devoted special attention" to disease of the throat and chest, "and the modern modes of treatment," and yet dares to practice in this era of science, deserves the ridicule of the profession and the contempt of an intelligent public. If advertisements are requisite to prove our capabilities on one branch, equally so on others. The eyes of the public must be opened, and the quack's paper is better than parchment! Why degrade the profession? Already she has to bear undeserved and almost universal ridicule. We should aim high, feeling our responsibilities, discountenance the increasing laxity of morals, and keep up with the standard; and yet, surrounded as we are by natural difficulties, be modest in our assertions. Are not specialities objectionable? We look to the *Medical Chronicle*, to uphold the rights of science, a beacon, ever ready to guide, while it warns that shoals are near. In my humble opinion, any assumed superiority on some important branch, unbased by exclusive investigation or original discoveries, emanates from a selfish, egotistical and pecuniary motive, is an *ad captandum vulgus*, and a detraction to the fraternity.

XXV.—A Christmas Riddle.—(To the Editors of the Medical Chronicle.)

GENTLEMEN,—Curiosity-mongers of our craft have often joyfully revelled over some of the wonderful displays of the resources of men of physis, that now and then turn up in the shape of prescriptions; as the old *mithridatum*, of which Celsus admiringly said, "*nobilissimum autem est mithridatis*," in view of its superiority over other antidotes, and which was a farrago of 35 different remedies, besides the wine with which it was to be washed down; and again, the hotch-potch called *thériaque* of the French Codex of our time, which even far transcends the former, for it is a grouping together of more than 70 ingredients,

including roots, seeds, herbs, unmentionables, and one ounce and a half of dried vipers. Now, although the example I am going to adduce is not altogether as comprehensive as these, yet it falls very little short of the first mentioned, and I believe as an instance of deplorable nonsense fully equals the second. A short time ago I was consulted by a gentleman from the Upper Province, and in describing his case, he, with the view of enlightening me as to the *ideas* of the doctors he had previously consulted, placed in my hand the following prescription which he had been ordered, and which was accompanied by an account of his case, written in language brought down to the patient's understanding, and as if this were not clear enough and terse, a sheet was occupied with definitions yeapt *en haut* "glossary." I pledge myself to its correctness should any reader think myself believe that such an *elopodia* could not emanate from any regular practitioner. I would in addition observe that its author bears diplomas from some of the first colleges in Great Britain. The prescription is this:—

No. 1.

3 oz secotrine aloes; $\frac{1}{2}$ oz gum myrrh, in powder; 2 oz Spanish juice, commonly termed black sugar. Put the above ingredients into a covered pan, with a pint and a half of boiling water, and boil down to one half over a slow fire, then strain it, and put the strained liquor into a half-gallon jar or bottle that will hold it, and the following Nos. 2, 3, 4, and 5, when all are mixed together.

No. 2.

2 oz calumba root, cut in small pieces, and well bruised; 2 oz gentian root; 1 oz cinnamon bark; 2 oz snake root; 1 oz dried orange peel; 1 oz dried lemon peel, each in small pieces, &c.; $\frac{1}{2}$ oz quassia wood, in small chips; $\frac{1}{2}$ oz scum leaves; $\frac{1}{2}$ oz cardamom seeds, well bruised; $\frac{1}{2}$ oz cloves, well bruised; 2 oz Peruvian bark, bruised or ground. Mix the above eleven ingredients together, and infuse them for about three hours in about four pints of boiling water, in the same manner as common tea is made in a covered vessel, then strain and mix the clear liquor with No. 1; No. 2 is not to be boiled like No. 1, but while straining press the liquor well out.

No. 3.

2 drs compound extract of colocynth; 2 do extract camomile, (*Anthemidis*); 2 do extract henbane, (*Hyoscyamus*); 4 do extract dandelion. Boil the above four extracts in a small pan, with about half a pint of boiling water, constantly rubbing and stirring them with a spatula or table-spoon, until they are well dissolved and incorporated with the water, then add No. 3 (without straining it) to Nos. 2 & 1 already mixed.

No. 4.

2 oz loaf sugar; $\frac{1}{2}$ oz gum camphor. Rub both well together in a mortar until well powdered, then dissolve the sugar and the camphor by gradually adding 2 ounces tincture of myrrh, at the same time continuing the friction until the three are well incorporated and in quite a liquid state. Should the 2 oz tincture myrrh not be sufficient to solve the camphor and sugar perfectly, add enough of the mixture already formed of Nos. 1, 2, and 3 until they become in a fluid state, then mix the whole of Nos. 4, 3, 2, and 1 together, and shake them well together frequently.

No. 5.

6 grains emetic tartar, (antim. tart.); $2\frac{1}{2}$ drs French sulphate of quinine; $7\frac{1}{2}$ oz sulphuric ether. Dissolve the emetic tartar and quinine by rubbing them well together, and gradually adding the ether, and when well dissolved and mixed, add thereto the following, viz:—4 oz squill vinegar, (Acet Scillæ); 5 drs tincture digitalis, (Foxglove); 5 drs tincture lobelia; 1 oz tincture colchicum seeds; 8 oz sweet spirit of nitre. Mix all well together, that is, mix No. 5 with the mixture already formed of Nos. 1, 2, 3, and 4, shake the whole well together frequently during a period of 3 or 4 hours, then measure the whole mixture by means of a graduated glass measure, and carefully ascertain the number of ounces contained in the whole, then calculate the sixtieth part thereof, which is the dose; thus, should the whole mixture measure 105 oz, the doze would be exactly $1\frac{1}{2}$ oz; should the mixture not measure 105 oz, but water enough may be added to make the dose $1\frac{1}{2}$ oz, or the 60th part of the whole can easily be ascertained no matter what the mixture may measure. Label the bottle with the dose thereon."

Now, gentlemen, the riddle I propose is to ascertain what would be the nature of the compound formed by this *feu de joie* of 29 articles, and what would be its probable effect on the human economy. The patient did not tax the industry of any druggist by having the vile stuff concocted, since for private reasons he felt his own misgivings as to the *compos scientiæ* of its projector.

Yours truly,

SANTA CLAUS.

Christmas Eve, 1855.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXIV.—*Physiological Chemistry*. By Professor C. G. LEHMANN. Translated from the second edition by GEORGE E. DAY, M.D., F.R.S.; Fellow of the Royal College of Physicians, and Professor of Medicine in the University of St. Andrews. Edited by R. E. ROGERS, M.D., Professor of Chemistry in University of Pennsylvania. With illustrations, selected from Funks' Atlas of Physiological Chemistry, and an appendix of Plates. Complete in two volumes. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Pp. of text, 1180. Pp. of Plates, 29.

The present volumes belong to the small class of medical literature which comprises elaborate works of the highest order of merit—the productions of talented and indefatigable investigators who have expanded the special subjects, to the elucidation of which they have bent their energies for years and years. In justice to Professor L., we would that we were able to record the many advances he has made in his particular sphere of inquiry, but our limits prescribe for us a more humble task. Perhaps we will be best discharging our obligations by an examination of the state of science concerning one or two of the more interesting topics, as thereby we can the more prominently introduce the addenda he has contributed to their knowledge.

Istly, Of the zoochemical relations of fat. A remarkable difference of opinion has existed as to the formation of fat in the body. Liebig believed that fat was formed in the body by the conversion of certain substances, as starch, gum, sugar, alcohol, &c., used as food; the change consisting in the loss of oxygen or carbonic acid, or both. Thus an equivalent of starch became one of fat, by yielding up 1 of carbonic acid and 7 of oxygen. Dumas, on the contrary, denied the truth of this theory of transformation, and contended that all fat pre-existed as such in food, and was merely subtracted from its associate principles by the system. Experiments were adduced on both sides, and each one appeared to its adversary to be fallacious. Liebig fed geese on maize, and as they fattened, he considered this fact corroborative of his theory, because he had found maize to contain no fat. Dumas, however, declared that maize did contain fat, and appealed to his own analyses in proof. The fact now appeared that these great men did not agree as to what was fat. L. considered that only those matters were fats which possessed all the properties of fats; while D. regarded any substance to be fat which possessed one single property of fats, viz., solubility of the substance in ether. Left in this uncertainty, let us hear what Lehmann

says. He states that there can be no doubt of the formation of fat by transformation ; but he asks, " Does the animal's body continue to exercise its power of generating fat when a sufficient supply has been conveyed to it by food," thereby also admitting the truth of the other view that fat is derived by subtraction ; and in answering the question he inclines to the affirmative, cautiously premising that the extent of generation may vary at different times, and thus accounting for those cases of morbid fattening, either general or local, when the function is excessive. We believe this two-fold statement is the correct one ; fat, if already formed, can obviously be readily appropriated or assimilated, and proper materials may be converted into fat. Of these the latter is that alone which needs proof. And this, it seems to us, has been latterly afforded by pathological observations exclusively of facts of a different kind. Virchow satisfied himself that local polysarcia was a common event of inflammation, in consequence of a transformation of albuminous deposits previously exuded. Quain explained the production of adipocere by simple alteration of muscular substances. Wagner, again, found that testicles introduced within the abdomens of hens were, after being detained there sufficiently long, converted into fat. Lehmann, however, does not attach to these considerations the same importance as we are inclined to do. He observes, the endeavor to explain the metamorphosis of protein compounds into fat " is purely chimerical, and unsupported by the slightest proof," vol. 1, p. 227. But such a strong expression in the negative as this is not justifiable, and of its impropriety the author seems to be afterwards aware ; for almost in direct self-contradiction, he admits in the 2nd volume, p. 343, that the central fat found in Wagner's experiments " may derive its origin from the decomposition of the protein body," and mentions certain investigations conducted by Burdich, tending to the same conclusion. This physiologist having found a considerable increase of fat during the development of the embryo by incubation.

Fat, thus provided, performs important uses. It is generally admitted, that it subserves various physical purposes, as giving rotundity to the frame, serving as an elastic cushion to lessen the effects of shocks, and to diffuse uniformly external pressure ; filling up interstices that otherwise would exist between muscles, bones, vessels, and nerves ; facilitating the mobility of organs ; protecting the body from the pernicious effects of excessive heat or cold, and of rapid changes of temperature ; affording buoyancy to parts of greater specific gravity ; rendering other bodies supple, and lessening the brittleness of parts naturally fragile. In ascribing to fat these offices, Lehmann agrees with numerous

authors, but here he stops; his opinions of its further uses are peculiar to himself. He disbelieves that fat is stored up nutriment, and rejects the notion that it is prepared in times of plenty for a season of scarcity,—without, however, as far as we can see, sufficient reason. Fat, upon his own admission, disappears under circumstances of starvation, and if, as he claims, it discharges an essential operation in nutrition, we cannot discover any discordancy in ascribing to it the sustenance of the body when the supply of other nutriment is withheld; the chief obstacle in his way to receiving the fact is the difficulty of understanding how a vesicular membrane like adipose tissue can be amplified or resorbed, but whatever may be the mode by which this happens, there can be no question that it does happen, and it is equally certain that variations in the amplitude occur synchronously with excessive and defective feeding. Liebig entertained the idea that fat is intended to be burned in respiration, and to sustain the animal heat by its combustible elements uniting with oxygen. Lehmann, however, inclines to think that fat conduces to other ends in the living economy. And, now, follow the opinions which are emphatically his own. He remarks:—"I was long since led, from theoretical grounds, to regard fat as one of the *most active agents in the metamorphosis of animal matter*, and this subjective conviction has since been converted into objective proof by numerous experiments and observations." He has thus been assured that fat is essential to the perfect accomplishment of chymification, is indispensable to the reduction of nitrogenous articles, and contributes to the complete solution of the other varieties of food. He surmises that the pancreatic fluid owes a portion of its utility in promoting chyfication to the fat it contains, and that after this is absorbed by the intestinal villi, he believes it influences the metamorphosis of the albuminous constituents of the chyle, and performs some undefined use in the blood and nervous system, where it is an abiding constituent. Furthermore, "fat takes a highly important share in the most important, and at the same time the most mysterious, processes in the formation of cells and tissues." In other words, it is regarded as the *fabric from which the various structures of the body are constructed*. It renders essential aid in the process of converting nitrogenous food into cells and fibres. This theory, however, is not Lehmann's own; it is only his by adoption. Acherson is properly its author, he having discovered some years ago that a fat globule placed in an albuminous fluid always obtains from the latter a capsule of coagulated albumen. The connexion between fat and cells generally has been still further shewn by other inquirers who have demonstrated that nucleoli always consist of fat; that exudations indiscriminately are fatty;

and that newly secreted plasma contains more free fat than after the development in it of nuclei and cells. The utility of fat in nutrition, however, consists in its deposition in appropriate cells previously prepared, as those of adipose and medullary membrane; those of milk, &c. And lastly, fat would appear to be useful in elaborating various secretions, of these the bile is a conspicuous one. Lehmann remarks that "the hypothesis that *a portion of the fat takes part in the formation of bile* is further confirmed by numerous physiological and pathological experiments." These he proceeds to detail, but our space does not allow our transcribing them. From the preceding considerations it is evident that fats undergo no material chemical transformations when used as food, for they appear to be extravasated after circulation in the same state as when swallowed. After ingestion they pass unaltered into the duodenum, where they are chiefly absorbed, and partly discharged into the lower bowels. The absorbed part is found in the blood saponified, and the evacuated in the fæces unaltered. In the blood, fat is saponified, and this change is accomplished in the duodenum by the alkali of either the pancreatic juice or biliary fluid. The latter secretion is commonly believed to be the chief agent, but Bernard has conclusively shewn that the former is the active cause. After separation from the capillaries, the saponaceous compound is again resolved into oil and alkali. The only digestion of fats by the stomach is in the case of adipose tissue, and rancid greasy matters. When the tissue is swallowed, the areolar membrane connecting the vesicles, as well as the simple membrane that encloses them, is dissolved, for they are albuminous compounds, and the liberated fat flows into the duodenum. Rancid substances are decomposed, and fatty acids of an exceedingly acid nature are separated. Thus rancid mutton evolves hircic acid; bad butter butyric, capric, and caproic acids, and so on with analogoid articles.

2ndly, Of the zoo-chemical relations of sugar. Sugar, as glucose, is an abundant constituent of living bodies; it has been met with in the *primæ viæ*, in chyle, in blood, in lymph, and in albuminous matters; less constantly it is found in the urine, in saliva and various transudations. It is a regular component of certain organs, as the liver, &c. Its origin is due to the direct intromission of food containing it, to the transformation of starch and other carbohydrates through the influence of the saliva and pancreatic juice; and, according to Lehmann, "to the decomposition of albuminates, and more especially of fibrin." The manufacture of sugar from *raw materials* occurs, according to Bernard, in the liver, and our author concurs in his views, but however justified this conclusion was at the time of writing his work, since that period it is less warranted;

for Figuier has published some researches which go to establish that the liver does not make sugar, and that the sugar it contains comes from the blood that fills its tissue, and that this sugar has been carried in the vessels by the digestion of substances convertible into sugar. Our readers will find a fuller account of F's contribution in the first number of our *Chronicle* for the present year. The uses accomplished by sugar are not definitely settled. During its formation as well as during its decomposition, heat is generated. Liebig believed it belonged to the food for respiration, and that it underwent combustion by combining with inspired oxygen, and thus in an especial manner maintained the animal temperature. There are various objections to a view limited to restricting the use of sugar to the purposes of calorification. Among these Lehmann observes "if the sugar served solely to generate heat we can scarcely explain why the quantity should increase in the egg during incubation, whereas we should expect that it would wholly disappear during the oxidation which accompanies this process of development." Additional uses are therefore to be sought for. Lehmann supposes that sugar or rather the acid products of its metamorphosis control some important function in the intestinal canal, as the promotion of the resorption of its contents. Again it is possible sugar takes some part in the formation of bile; at pages 120 and 240, vol 1, L endeavours to show the probability that the bile is in part formed from fat, and that choleic acid should be regarded as oleic acid, plus $\frac{C H O}{12 6 5}$. After which he asks "can this adjunct take its origin from sugar." The sugar of the blood is beneficial in promoting the solubility of certain salts, as the carbonate and phosphate of lime as is well illustrated during incubation. And lastly sugar is admitted by our author to be serviceable, by becoming changed into fat, and in conjunction with other nitrogenous matters, by being transformed into protein. In conclusion we would remark that sugar is also advantageous as an analeptic, by restoring to the blood and its secretions the homologous constituent which is worn away in the hourly decomposition of the body. The above observations refer to glucose, and in explanation we may state that when cane sugar is used dietetically it is dissolved by the acids of the gastric juice, and the agency of the living membrane into glucose and lactic acid. M. Fremy has demonstrated that a similar alteration is invariably produced, whenever saccharine substances are placed in contact with animal membranes. In the case of assimilation we have been led to conclude that the acid is directly absorbed from the stomach, and distributed through the system to be eliminated by the skin, &c., but that the glucose descends into the

duodenum, from which bowel the larger portion is absorbed unchanged; while the less is propelled into the larger intestines, and is there transformed into lactic acid. Of this descent of glucose, however, we admit there is no positive proof, but it seems to be probable from what is known of the disposal and management of other aliments as the amyloaceous.

XXXV.—*The Microscope; its History, Construction, and Applications.*

Being a familiar introduction to the use of the instrument, and the study of microscopical science. By JABEZ HOGG, M.R.C.S., Assistant Surgeon to the Royal Ophthalmic Hospital, Charing Cross; Fellow of the Medical Society of London; Member of the Microscopical and Pathological Societies of London; Author of *Elements of Natural Philosophy, &c.* Illustrated with upwards of 500 engravings. Second edition. London: Herbert, Ingram & Co., 1855. pp. 457. From the author.

To those desirous of obtaining a practical knowledge of microscopy, the above work will prove a valuable directory. It is written in so simple and plain a style as to be intelligible to readers of every class. And it contains, in a familiar way, a description of the various objects of histological research, as well as easy rules for preparing and preserving them. Its contents are distributed over two parts. The first is taken up with a history of the microscope, and an account of its principles, parts, and actions. The second embraces the detail of the chief features of interest connected with the various genera and species of Animalcules, entozoa and ectozoa, and concludes with a brief notice of the principal varieties of animal and of vegetable structure. Aware of these advantages we have been much prepossessed with this interesting production, and a further examination of it has only tended to enhance its worth in our eyes. We have, therefore, much pleasure in introducing it to the notice of American microscopists, who will find it to be all they can desire from a work of the kind. Its popularity in Britain is well evidenced by the fact that in the short space of twelve months, a large edition of five thousand copies has been sold, and a demand made for a second. The illustrations are very ornamental, and well calculated to facilitate the student in his pursuits.

XXXVI.—*The Book of Prescriptions*, containing 2,900 prescriptions collected from the practice of the most eminent Physicians and Surgeons, English and Foreign; comprising also a compendious history of the Materia Medica of all countries, alphabetically arranged, and lists of the doses of all officinal or established preparations. By HENRY BEASLEY. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. pp. 369.

The system of retailing prescriptions is a bad one; because it leads to various evils. Thus it induces habits of treating disease according to a name, and of trusting to the blind chance of routine. The only requirement for the practice of physic upon such principles is to assign to the disease a local habitation, with a title, and then to administer the mixture or pill compounded after the formula of some bygone or present celebrity, who has used it in an apparently familiar case. A course such as this is only quackery under a new guise. It precludes from investigation the varying conditions and circumstances that may give special character to different instances of the same class or order of disease, and, therefore, does not aim at the proper adaptation of suitable means to meet particular ends. In our opinion the desire of the physician should be to know the actions of a medicine in health, and their modifications by pathological states of the organism, to learn the effects of combination upon the therapeutical virtues of remedies, and to have a correct perception of the indications and contra-indications that may or may not call for their employment. He who has this knowledge will readily be able to *dress* his doses in a proper way when required for administration, and his mind will be stored with far more useful facts than those that accumulate under the pressure of a number of highly recommended recipes. To those, however, who hold a different opinion of the worth of prescriptions, the present volume will be found to be quite a *thesaurus* of valuables, and to contain, of purely therapeutical formulæ, a larger collection, we believe, than any other conspectus that has ever been comprised in the same amount of space. "The compendious history of the Materia Medica of all countries" is remarkably trite and terse, and scarcely deserving of so imposing a character.

XXXVII.—*Deafness practically illustrated as to Cause, Nature and Treatment*. By JAMES YEARSLEY, M.R.C.S., Eng., Aural Surgeon to her late Majesty the Queen Dowager, Surgeon to the Metropolitan Ear Infirmary, Sackville Street; Surgeon to the Royal

Society of Musicians; to the Royal Society of Female Musicians; to the Choral Fund; and to the Choir Benevolent Fund, &c. Fourth edition. Pp. 266. London: J. Churchill. From the Author.

A new method of treatment of Otorrhœa. By JAMES YEARSLEY, M.R.C.S., Eng., &c. &c. Pp. 23. From the Author.

The artificial Tympanum. By JAMES YEARSLEY, M.R.C.S., &c., &c., Eng. Pp. 29. From the Author.

These three productions are from the pen of an aural surgeon practising in London, who is also favourably known as the author of a treatise on diseases of the throat, and the writer of a few original articles in the local periodicals. The two pamphlets last particularized are taken up with the description of the advantages of cotton wool, as a local agent worn in the meatus auditorius externus for the alleviation of otorrhœa, and as a substitute for the natural tympanum when deficient from disease or other destructive cause. The experience of the author is very much in favor of it, and contrasted with other modes of treatment it compares very well; the great advantage it has over many is in its not diminishing, but decidedly, and in many cases, immensely improving hearing. The production at the head of the list, is chiefly occupied with the pathological connexions that exist between the throat and the ear; under which there is an extended reference to the morbid condition of the mucous membrane of the throat and ear, that produces the variety of deafness called guttural, and also to obstruction of the nose in reference, to deafness, or to naso-guttural deafness, as it is termed. In addition smaller chapters are allotted to other subjects of interest connected with aural surgery, as the anatomy and pathology of the ear; catheterism of the eustachian passages; deafness from derangement of the stomach; statistics of deafness; ear trumpet, &c.

XXXVIII.—*The Diseases of the Fœtus in Utero* (not including malformations) with an outline of fetal development. By HENRY MADGE, M.D., Member of the Royal College of Surgeons; Licentiate of Apothecaries' Society; late Vice President of the Parisian Medical Society, &c. London: Henry Renshaw. Pp. 200. From the Author.

Dr. Madge's work, of which the above is the title, contains a short description of the various ills to which the embryo is heir, and, as such, will fill an important void that has long been felt in obstetric pathology. It is true the same matter may be elsewhere found, but we believe there

is no instance in English literature of its being collected together in one continuous form; it, hitherto, could only be obtained by wading through very many large tomes in which piecemeal it is to be found. Dr. M., therefore, deserves praise for the industry and labour he has displayed, in making out of so many disjointed portions of information, a useful and interesting compilation. The description of the various disorders is prefaced by a laconic sketch of the phases through which the fœtus passes in its uterine development; the principal facts it portrays are drawn from the article, *Œuf*, by Ollivier, in the *Dictionnaire de Médecine*, a work to which very few English readers have access, but which is well known for the profundity of its learning. Any information borrowed from it will be both valuable and reliable, and properly appreciated by those for whom its production has been designed. We should be glad to see Dr. M.'s publication reprinted on this continent, and think the "bringing it out" would be a profitable "spec" for our Philadelphia or New York publishers.

CLINICAL LECTURE.

Clinical Lecture on Fever. By R. B. Todd, M.D., F.R.S., King's College Hospital, London.

(Reported for the *Medical Chronicle* by James McG. Stevenson, M.D., L.R.C.S.E., &c.)

It is impossible in one lecture to enter upon all the different points connected with fever, my object is to bring before you some of the cases in the hospital and to direct your attention to the principal points, which should be watched in those cases which come under your observation, and to lay down a few rules to guide you in the treatment. By fever I mean, the continued form in contradistinction to the intermittent or remittent. It is usually of a low form and tends greatly to prostrate the powers of the patient. By some writers this has been divided into two forms which are considered quite distinct. In the one there is a tendency to diarrhœa and bowel complication, whilst in the other the bowels tend to be constipated. The former has received the name of Typhoid fever, and from the presence of the bowel complication requires closer watching. The latter has been called typhus fever, I do not mean to say that the two fevers are as distinct in their origin and nature as are scarlet fever and measles, but still the symptoms mark the distinction sufficiently plain for us to recognize them as two separate

diseases. There is one great objection to it, and this is that it may lead persons to suppose that they require different modes of treatment, whereas on the contrary they require the very same, and may in the treatment be looked upon as only one disease.

Fever consists in a disturbance of the general nutrition of the whole system, and is not specially confined to any one locality, but sometimes shows a tendency, to exert a greater force upon some particular part or organs when ulceration of the bowels or congestion of the lungs occur. Some change is produced between the blood and the tissues, which has the effect of producing an active combustion in the system, resulting in the generation of a greater quantity of heat as is shown by the rise in temperature which we notice in febrile cases. What are the causes of fever? It was at one time supposed to be only symptomatic of some local affection. Broussais and his school, taught that typhoid fever depended upon the ulceration of the bowels, and hence called it enteric fever. While Clutterbuck, at one time supposed that fever depended upon and was symptomatic of inflammation of the brain, but on examining cases after death, it was observed that there was no constant pathological change present, that in fact in the great majority of cases, there were no morbid appearances detected; of course this necessitated, the adoption of new views, and now all sound pathologists, are agreed in considering it an essential disease, produced by certain changes which take place in the blood. What sets this change a going? It is an animal poison of a specific nature which gets introduced into the system, and is absorbed by the blood. This is true from analogy, we find the virus of small pox, producing specific eruption and generating a peculiar fever, the same is true of scarlet fever, and also when pus, or any other animal putrescent substance finds its way into the blood, a peculiar characteristic fever is produced which is very destructive to life. The poison of typhus is generated in the human system, and by being communicated from person to person, is capable of reproducing the disease. Can this poison be generated out of the system? I do not know of any proof that would tend to show that that of typhus can be, but I believe that typhoid fever, can be excited by the poison generated in drains and cess pools. A few years ago, an old drain was opened which ran through Westminster Abbey yard, near the houses occupied by the officials, and the result was that a large number of cases of fever occurred, resembling the typhoid met with in hospitals.

The first phenomena of fever noticed are of a nervous character. The poison exerting a primary action on the nervous centres. The first symptom usually noticed is a rigor, which is produced by a disturbance of the cerebrospinal centre, and this is generally accompanied by severe

nervous depression, the patient feels weak, and out of spirits, unable to exercise his mental powers, has a severe headache &c. The rigor in some cases is replaced by a sensation of cold, usually felt down the back and in some cases even this passes without being noticed. The patient walks about for a considerable time not knowing from what he is suffering. I have frequently been consulted by patients who have come up from the country &c., whose disease had escaped detection, while the whole time they had been suffering from fever, and I have always noticed that those cases which come on gradually, at last become the most severe, as the nervous powers are exhausted before treatment is commenced. Now the next stage soon sets in, and may be recognised by hot skin, quick pulse, tongue dry and covered with a dark fur, sordes appear on the teeth, and the strength is very much depressed, now in the typhoid form the bowels become relaxed, whereas in the typhus they are constipated, from the 5th to 7th day and in some cases even later, an eruption may be noticed on the skin, this in some rare cases may be absent, but if carefully looked for will be detected in the great majority. There are two forms of this eruption, first, called rose coloured spots, second rubeoloid or mulberry. The first consists of minute circular red spots slightly elevated, seen chiefly on the abdomen, back, chest, and sometimes on the extremities, they disappear on light pressure and again reappear, they are produced by hyperemia of the capillary vessels, and not by extravasation of blood. They are peculiar to typhoid and are quite diagnostic. The rubeoloid consists of a number of points of a dusky red hue, and the colour is more marked in those cases where the vital powers are very much depressed. It appears over the whole body. Two other forms of eruption are noticed, viz., petechiæ and sudamina. The first consists of minute points of extravasated blood, differing in this respect from all other forms of eruption. And they are not affected by pressure. The second consists of vesicles, and occur most frequently near the joints or where the perspiration is confined, being produced by a perspiring condition of the skin, they are met with in other diseases as rheumatic fever, phthisis. The discharge from the bowels which occurs in typhoid fever is sometimes mixed with blood, and this should excite in our minds considerable fear of ulceration of Peyer's glands. The abdomen may become generally tympanitic or this may be chiefly over the ileum or cæcum. This is also noticed in some cases of low typhus, independantly of any ulceration of the bowels. Head symptoms appear very early in the disease, and are shown by either coma or delirium. The patient is stupid and dull, cannot answer questions, forgets the history of his case, lies listless and must be spoken to loudly

ere he can be aroused, deafness is usually present and sometimes to a very great degree, these soon pass into perfectly formed coma, proving very embarrassing to the young practitioner, and requires a great amount of firmness, decision and presence of mind on his part before he can treat it successfully, and this can only be attained by careful clinical observation whilst a student. This train of symptoms may be absent and then delirium takes their place. It may be wild and wakeful, the patient acquiring fresh strength, so that he is able to exert himself to such an extent as to require a number of persons to hold him in his bed, and this exertion tends greatly to exhaust his nervous energy. In addition to these symptoms arising from the head, we have those of the respiratory organs especially in the typhus form. The bronchial membrane becomes congested, and by many this is termed bronchitis. But in reality no inflammation exists, the congestion being due to the action of the poison. The blood sometimes becomes infected with putrescent matter, and this causes great congestion of the pulmonary capillaries, and also an œdematous condition of the lung tissue, producing rhonchi which may be heard all through this organ, but especially in the most dependant parts. Another complication arises and one which must not be overlooked viz., that the patient loses the power of expelling his urine, which may collect to an enormous extent, considerably increasing the nervous phenomena. There are a number of cases which have recently been under your notice, which illustrate the disease very well. (The learned lecturer then read from the hospital case-book the history of several cases showing that the symptoms come on as related and also that typhus fever usually ends gradually, whereas the typhoid form usually ends by a critical discharge.) These cases were all treated on the plan of giving stimulants, at the very commencement of the disease. I usually order $\frac{1}{2}$ oz of brandy, to be given every two hours, and the following draught every three hours, R spt. ammon. arom. ʒ ss. æther chloric ʒ ss. mist camph $\frac{1}{2}$ ss. For the first day or two the pulse remains stationary and I am quite satisfied if it does not show any tendency to increase, but if this should occur, it shows an increase in the debility and calls for an increase in the quantities of stimulants given and not their reduction as many suppose. In the treatment of fevers the first question which occurs to yourself, and one which you are frequently asked is, can you cut the disease short? This has been attempted by many various kinds of practice, but I must say that I do not think it can be arrested by any known remedy. There are cases recorded where the disease has terminated in an unusually short time; but no doubt these patients suffered before they came under the observation of the medical men, and hence

the mistake. The treatment which I invariably adopt (as I said before) is the early administration of stimulants, and I have never had occasion to regret the pursuit of this method. When the patient is very much prostrated quinine may be given in the form of injections, with the very best results. Gr. x mixed with starch, to which may be added tinct. opii. gr. xx, or more if diarrhœa be present. This will be found to be retained by the bowels in nearly every instance. When any congestion of the lungs occurs, mustard or turpentine may be applied to the front and back of the chest; and should any tenderness of the bowels arise, turpentine may be applied also, to the abdomen. This local application arouses the capillary system, and co-operates beneficially with the stimulants given internally. Diarrhœa must in every case be at once restrained, and aperient medicines must not be given in the typhoid fever, and the bowels in the typhus fever had better be opened by an enema, or by some gentle purgative as rhubarb or castor oil. Should coma appear you must not withhold your stimulants, but at the same time the head may be shaved, and a blister applied to the back of the neck. The wakeful form of delirium is, in many instances, warded off by the opium given in the injection, and should it come on that is the better way to restrain it. Hemorrhage from the bowels often assumes a dangerous form, but fortunately in turpentine we possess a very efficacious remedy. This may be given as the stimulating mixture in doses of from gr. x to xxx, as often as it may be required, and, also, locally applied over the abdomen.

I shall now conclude this lecture, by giving you a few rules, the adoption of which will greatly assist you in the treatment of the disease.

1st, Never give your patient up, for by persevering you often succeed in the most hopeless cases. 2nd, Always secure the assistance of an experienced nurse, never trusting to the relations. 3rd, Don't be too anxious to visit your patient, once a day will generally suffice, but twice at most will be sufficient. 4th, Avoid any anxiety to explain new symptoms, for as a general rule symptoms should not be treated in fever. 5th, Watch the pulse carefully, remembering that increase in the frequency shows an increase in the debility. 6th, Examine the abdomen carefully every day, not so much for the sake of the bowels as to ascertain that urine is not accumulating in the bladder. 7th, Never give aperient medicine in typhoid, and in typhus it is the exception not the rule, and do not be over anxious about the secretions as they will reappear when the fever declines. 8th, Restrain diarrhœa. 9th, Support the patient's strength. 10th, Increase of the coma or delirium shows an increase in the debility, and calls for an increased quantity of

stimulants. 11th, Coma is usually benefitted by applying a blister to the back of the neck.

THERAPEUTICAL RECORD.

Epilepsy.—Trousseau considers that he has permanently cured twenty epileptics in one hundred and fifty cases, treated with belladonna. His mode of giving the remedy, as described in his clinical lectures at the Hotel Dieu, is to make the pills of the extract and the powdered root of belladonna, aa 1-7th grain. A pill to be taken every night for the first month; two pills during the second month; three on the third month, and four during the fourth month. If at the end of twelve months the register shews a diminution of the seizure, the remedy may be persisted in, with great hopes of a perfect recovery in from two to four years. The dose should not be increased, after the physiological action of the remedy is manifested.—*Ranking's Abstract, condensed from the Med. Times.*

Oxalate of Potassa in Puerperal Diseases.—Dr. Ritter von Brenner strongly recommends this substance in inflammation of the peritoneum, uterus, or ovary, and especially in the metro-peritonitis of puerperal women. The formula is,

R. Aq. dest. ʒvi. oxal. pot. gr. vi; sacch. ʒij. M. A spoonful every hour.—*Buchner's Reperit.*

Muriate of Morphia and Coffee in Neuralgia.—M. Boileau reports that he has derived great relief in the paroxysms of neuralgia from the administration of muriate of morphia in a very hot infusion of highly-roasted coffee. The dose is one centigramme (1-7 grain) for an adult, and less in other ages or in peculiar temperaments. This may be repeated when a violent paroxysm recurs, and if necessary it may be increased by fractions; but M. Boileau has never gone beyond two centigrammes.—*Gaz. des Hop.*

Opiate Inhalations in Neuralgic Pains.—Take two grains each of powdered opium and sugar, also gum benzoin if desired, which sprinkle upon a hot shovel held under the patient's nose. It will afford prompt relief in coryza, with pain in the frontal sinus, as also in the various neuralgic pains of the frontal, temporal and zygomatic regions, whether of an idiopathic or symptomatic nature.—*St. Louis Med. Journ.*

Chloroform in Colic.—M. Aran states that repeated experience convinces him of the great value of chloroform given internally, as a curative agent in colic, employing it also externally until the acuteness of the pain is somewhat subdued. No absolute dose can be laid down; for, while cases of medium intensity may require but 60 drops per diem, severe ones may require from 100 to 300 drops. A portion is given in water, suspended in mucilage, and about a third of the quantity in one

or two lavements. The entire quantity should be given in divided doses, as the effects are soon dissipated. From the second, or more rarely the fourth or fifth day, the colic is relieved, but a less quantity of chloroform must be continued until stools are re-established, which will usually be the case spontaneously when food is given. In 21 cases only 3 required the use of purgatives. Still, in severe cases, the duration of treatment is abridged, the relapse rendered less probable, if the first success of the chloroform be followed by a dose of castor oil or scidlitz water. In chronic colic, occurring in persons who have often had the disease, and where obstinate constipation is accompanied by moderate pain, chloroform is of no avail, active purging alone succeeding.—*Southern Journal of Medical and Physical Science.*

Iodine in Fibrous Tumors of the Uterus.—We observe that Dr. West almost invariably orders, for those of his patients at St. Bartholomew's, who are the subjects of fibrous tumors of the uterus, a long course of one or other of the preparations of iodine. The following is the prescription which was ordered for a middle-aged woman who applied with that disease on Saturday: Potassi iodidi, gr. j.; syrapi ferri iodidi, m. xx.; aquæ carui, ℥ss. Ter die sumend.

Dr. West remarked at the time, that were the patient one in the highest ranks of life, she would be just the one likely to be benefitted by being sent to drink the Kreuznach waters (which contain iodides, and also bromides.) In common with Dr. Rigby, and other physicians, Dr. West entertains a high opinion of the value of the iodides in procuring the diminution of these tumors.—*London Med. Times and Gaz. Boston Med. and Surg. Jour.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

Homœopathic Treatment in Cholera.—The homœopaths have long boasted of their success in the treatment of cholera. The published statistics of their hospitals in Germany and other countries exhibited a rate of mortality highly flattering to the efficacy of "infinitesimals," and well calculated to attract the attention not only of the public generally, but also of the public authorities. Fortunately for the cause of truth and honesty, and we may add, humanity, the authorities of Marseilles, in the south of France, determined, during the late severe epidemic of cholera in that city, to test fairly and openly the truth of what was so boldly asserted. With this object they placed a ward of the

Hotel Dieu at the disposal of the leading homœopathic practitioner of the place; and were doubtless prepared to entrust him with the entire management of the hospital, should the peculiar treatment by inconceivable quantities of remedial substances prove more successful than that adopted by the regular practitioner. Dr. Bonquet, writing to the "Gazette des Hôpitaux," says—"Homœopathy has just received a severe check in our town. You have perhaps heard of the noise it made last year with its pretended success in cholera. Dr. Chargé asserted that he had not lost one out of several hundred patients, and he published this statement in the political journals of Lyons and Bordeaux. When, during the present year, the scourge visited us anew, the authorities bestirred themselves, and thinking it was their duty to bring the truth to light, they entrusted one of the wards in the Hotel Dieu to Dr. Chargé. There, assisted by his colleagues in homœopathy, by pharmacians, and by some young people his adepts, who devoted themselves to tending the patients, (for he had found the ordinary staff insufficient and incompetent,) he obtained the result which might easily have been anticipated; the broad day-light did not display success. *Of 26 cholera patients admitted into this ward, 20 died, and M. Chargé withdrew.* To render the experiment conclusive, a ward had been set apart, in which the patients were treated by rational means, which did not profess to work wonders. *During the same period, of 25 patients admitted but 11 died. Each ward had its turn of reception.* I think that these facts are sufficiently decisive to render a renewal of such experiments needless, for if science profits by them, which is doubtful, humanity suffers not a little."

We confess to a strong feeling of affection for our kind. Human suffering ever commands our warmest sympathies. We grieve to see an intractable disease seize the strong and the lovely, and, in spite of medical art, hurry them to that country from whose bourne there is no returning. Often have we wished, during the course of the two epidemics of cholera through which we have passed, that some remedy or course of treatment could be discovered whereby the ravages of this fell disease might be stayed. When, therefore, the homœopaths exultingly proclaimed their extraordinary success, we certainly desired that their treatment might be subjected to a fair, impartial trial. This it has now received, and its signal failure will tend to throw discredit on all statements hereafter made by the globulists as to their success in the treatment of epidemic diseases.

Honor to Professor Fraser.—We have much pleasure in informing our readers that Dr. Fraser, Professor of the Institutes of Medicine in the University of McGill College, has been elected a corresponding Fellow of the Medical Society of London. The intelligence was received by the last English mail, in a communication from the secretary for foreign correspondence. We congratulate the worthy professor at having received such a deserving mark of honorable distinction, and are sure that to his numerous friends it will be as gratifying as to ourselves.

Honor to W. Marsden, Esq., M.D.—Since writing the above notice, we have learned that a similar distinction has been conferred upon Dr. Marsden, of Quebec. In a late number of the *Mercury* it is thus noticed:—"At a late meeting of the Medical Society, George Street, Hanover Square, on the 24th November, W. Marsden, M.D., of this city (Quebec,) was elected a Corresponding Fellow of the Society. We think the honor judiciously conferred and well deserved." We think so too, and hope ere long the talented Dr. will give an assurance in kind to the society, of the propriety of his friends' opinions.

Foreign honors have hitherto been few and far between in Canada and therefore two of the same sort, and at the same time, are the more remarkable. May we hope they may yet become

"Thick as autumnal leaves that strow the books,
In Vallombrosa."

Female Physicians.—The *Boston Med. and Surg. Journal* in an editorial on "Female Physicians," says:—"We have hitherto spoken of the difference in the mental capacities of the two sexes as a reason why women will never make good practitioners. In the physical condition of women, also, we find much in support of our views. The weakness of her bodily organization renders her less fit to undergo the incipient fatigue, the loss of sleep, the exposure to weather at all hours of the day and night, which are the lot of the active medical practitioner. We have heard of an instance which illustrated this fact in a somewhat ludicrous manner. A gentleman in New York had occasion, to summon a female physician, in the night time to a member of his family who was suddenly taken ill. The visit being terminated, he was about to retire to bed, when he was informed he was expected to escort the doctor home!"

Report of City Inspector of New York.—We have received from Mr. Downing, the annual report for the year ending Dec. 31, 1854, presented

by him to the Board of Councilmen of the City of New York. From this valuable document we learn that there occurred, during the year, 28,568 deaths within the limits of the City of New York. Of these 15,265 were males, and 13,303 were females. The months distinguished for the greatest mortality are July and August; the per centage being 14. The diseases which caused death, are arranged in the summary into classes and exhibit the following proportion per cent. :—Bones and joint, 0.57; brain and nerves, 18.64; generative organs, 1.13; heart and blood vessels, 1.96; lungs, throat, &c., 22.62; old age, 0.63; premature birth, 1.52; skin and eruptive fevers, 5.90; still born, 5.65; stomach, bowels, and other digestive organs, 33.71; uncertain seat, and general fevers, 6.92; unknown to the Jury, and not stated, 0.19; urinary organs, 0.35. There occurred 6 fatal cases of yellow fever during the year. The attention of the medical profession being, at present, strongly directed towards the determination of questions relating to the proclivity for certain diseases, which is exhibited by persons engaged in certain trades and occupations, we are pleased to find that Mr. Downing has introduced a table into his report shewing the disease, and occupation of as many male adults as he could obtain returns for. This table, if extended, will hereafter be of great value to the medical statistician.

CORRESPONDENCE.

LONDON, 7th December, 1855.

It is now upwards of nine months since the date of my last letter, and I have no news to communicate on the subject of medical reform. We are living in expectancy, with the idea that something may be done this forthcoming session, but the war, promising to become even of greater magnitude than heretofore, is likely to absorb everything else of a minor character. It is possible nothing will be done for another year in consequence.

To attempt a description of even a portion of the operations, I have witnessed for so many months, will be a hopeless task, I may in my next give an outline of several of the more important and the most remarkable. Latterly many of these, I witnessed in company with the Messrs. Stevenson, from Canada West, worthy graduates of McGill College, and two young men the college may justly feel proud of. They have seen every institution of note in London, and have picked up a vast amount of knowledge on practical surgery; they have seen and conversed with most of the leading men, were frequent guests at the different societies, and have left London with regret for Edinburgh, in

which city they distinguished themselves, by becoming licentiates of the college of surgeons on the 4th inst.

Last Tuesday evening was one of the most interesting meetings of the Pathological society, that has taken place since it has been in existence, from the remarkable number and character of the specimens exhibited, and the unusual fulness of the meeting itself, many of the fellows having to stand for want of seats. As to the variety of the specimens, it could not have been surpassed by the most *recherché* dinner. In the very centre of the long table, on each side of which were ranged the exhibitors, was a large, very large, centre dish, containing a truly monstrous ovarian tumour, which had been removed by our humble self 5 days previous from the body of a woman aged 31 years, the subject of ovarian disease for 7 years. It weighed 106 pounds, and was the largest specimen of any kind ever brought before the society, and justly excited considerable interest and astonishment at its dimensions. Scattered about the table were numerous other dishes, containing sections of an amputated leg, with large osteo-sarcomatous tumour round the tibia, exhibited by my kind friend, Professor Ferguson; a dissected leg, showing the disposition of the foot and tendons in a case of equino-valgus, exhibited by Dr. Murchison; aneurism of the femoral, where the external iliac was tied by Mr. Ferguson; cancerous tumors; diseased kidneys; lungs; bowels; poisoned stomachs; diseased bladders; prostate glands; crania, &c.; in fact there was scarcely space for a towel on the table, so much was it crowded with the choicest uncooked pathological viands. Men naturally get hungry at such sights; it is a feeling beyond their control. We were commonly afflicted in this way, when residing in the General Hospital in your city, after making several autopsies at the termination of the daily visits. As hunger must be satisfied under such circumstances, a plentiful amount of tea, coffee, and eatables, are supplied at the termination of these agreeable and most instructive meetings. I have only to refer your readers to any of the volumes of the Transactions of the Society, more particularly the two last, as to the character of its labors, and will be happy at all times, to take any Canadian friend to judge for himself.

Our London Medical Society is not behind the Pathological in interest, but its labors are of a different stamp. Those at a distance might suppose its proceedings cold and icy, from the nature of its presiding genius, (the chair being occupied by Snow,) but I can assure all, that the reverse is the fact, for although we are constantly in the presence of snow we do not feel the effects literally applied to it, as Dr. Snow is a warm hearted person, a good president, and an amount of warmth and good feeling is constantly manifested at the meetings under his presi-

gency. Some nights back he gave a dinner to a large number of the Fellows at the Thatched House Tavern, at which we were present, and where the tendency altogether was calorific. At the right of the president sat Dr. Clutterbuck, whom I had the pleasure of hearing speak. He is the present father of the Society, and upwards of 80 years of age in full possession of all his faculties. You might suppose that the duties of the president of the Medical Society are solely to preside at its meetings, but such is not the case, he has to preside at the annual dinner and give the toasts, and moreover one of his especial privileges is to give several dinners during the winter to the active and influential fellows of the Society. These bring the president and fellows into frequent and agreeable communication with one another, the office therefore is much sought after by the older fellows, and is looked upon as one of the greatest honours our profession can confer.

I must not omit to mention, that, at a recent meeting of the Medical Society, Dr. Fraser, of Montreal, and Dr. Marsden, of Quebec, were elected corresponding Fellows; an announcement, I am sure, which will be received with pleasure by their numerous friends. They make five Canadian physicians in all, who have been thus honoured; and the Society is very chary of electing any, unless persons of some standing and position in the profession, or who have distinguished themselves in medical science.

Of the solids and fluids consumed by all classes of her Majesty's subjects, none are in such demand as sugar; it is not only very scarce but very dear, and many of the lower orders can only purchase it in very small quantities. This scarcity is believed by many political economists as likely to continue some years. Now it is a question worth considering, whether the sugar of the maple might not be exported from Canada with advantage to the manufacturer; but in a granular or crushed form, and deprived of its colour, to some extent. I merely throw out the suggestion which some may think worthy of consideration. Looking at the point in a physiological sense, I believe the deprivation of sugar among the lower classes likely to be followed by general emaciation, and a tendency to many of the exhausting diseases, especially *chronic pulmonary complaints*.

I have endeavoured to show, elsewhere, and I think satisfactorily, that the great source of combustible fat in the economy is a proper supply of sugar, and although we may already have a good deal of inherent sweetness in our composition, a supply from without is a matter of necessity, and at the present time one of anxiety.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Hydrocele treated by Tapping, and application of Nit. Silver to interior of Sac.—(Reported by Mr. Alexander Kirkpatrick.)

William Whaley, *æt* 27, a healthy looking Irishman, was admitted into hospital, Sept. 14, 1855, for a scrotal swelling. He states that about three months ago, while in the act of getting on horse-back, his foot slipped, and, in falling against the pommel of the saddle, he injured his testicle. At the time he experienced great pain in this part, and in a day or so it commenced swelling. He sought relief of a practitioner, who gave him a lotion, but the swelling increasing impeded him greatly in work, and he applied for admission into hospital. The tumour, on admission, was found to be confined to right half of scrotum, and presented the following appearances: In shape it was pyriform, the broadest part inferiorly, it was compressible and elastic, and gave no pain on being handled. It communicated no impulse on coughing, and elicited a dull sound on percussion. It bore a strong resemblance to an inflated gall-bladder, in its outward shape, as well as in its size. The surface was smooth, and uniformly rounded. It was semi-transparent, and fluctuated obscurely. The swelling extended along the cord to the external ring.

Sept. 15.—Tumour much about the same, and continued so till 19th, when the following operation was performed by Dr. Wright:—The front surface of the swelling was tapped inferiorly with a small trocar, the stilet was withdrawn, and the canula allowed to remain in situ, immediately about $\frac{3}{4}$ iv of fluid escaped, having the characters of serum in being clear, straw-colored, transparent, limpid, and coagulating by tests for albumen. A camel's hair pencil loaded with strong solution nitrate of silver (*gr. xx. to ʒj.*) was then introduced through the canula, and freely brushed over the inner surface of the tunica vaginalis by moving the handle in various directions. This having been satisfactorily effected, the brush and canula were removed, and the patient put to bed.

Next day proof was observed of the occurrence of the action endeavoured to be excited; the scrotum was more largely swollen than it had ever been before; the right half was three times its original size; the investing skin was red, the tumour felt doughy, and pain was complained of, as well as some secondary fever. A lotion was directed to be applied containing laudanum and diacetate of lead.

Eighteen days afterwards he left the hospital perfectly cured. The inflammation internally provoked had gradually subsided, and after its entire disappearance, the right testicle was found equal in size to the left, and no trace of effusion discovered in the tunica vaginalis; while every reason existed for presuming a recurrence of the hydrocele to be, if not impossible, highly improbable.

MEDICAL NEWS.

Mr. Brodie, a son of Sir B. Brodie, has recently been elected Professor of Chemistry to Oxford University.—Dr. Stark, the superintendant of Medical Statistics to the Registrar General, under the new act for the registration of births, marriages, and deaths in Scotland, reports that forty-one out of every hundred people who die in Dundee, die without medical attendance.—The Society of Surgery, Paris, have decided absolutely from a large mass of facts, that syphilis is not capable of being transmitted with the vaccine virus.—The funeral of M. Majendie has just taken place, and is described in very touching terms by the French journals. The chief mourners were nephews of the deceased; the pall-bearers were M.M. Flourens and Serres, Stanislaus Julien of the literary department of the academy Vellenne Dubois, and Davenne. A funeral oration was pronounced by M. Andral, and a second for the College of France by M. Flourens. They manage these things better in France than in England. The last physiologist in London, the translator of Andral, poor Spittam, died in a work-house, and no member of the College of Surgeons in his official capacity attended the funeral of the late Barnsbay Cooper, while Aston Key also lies unwept, unhonored, and unknown.—Sixty-nine cases of Cholera are reported daily at Madrid, and fifty-nine deaths.—Cholera is on the increase at Naples, and has created such a sensation at Catania, in Sicily, that every one who could leave, including the medical practitioners, have fled the city in alarm. The consequence has been that the poor have suffered severely, and they are perishing daily in the most dreadful manner.—During the week ending October 27th, seven cases of Cholera occurred in London.—Dr. Letticey has been appointed officer of health to the city of London, in place of Mr. Simon.—Dr. Laycock has been elected to the chair of Theory and Practice in the University of Edinburgh, in place of Dr. Alison resigned; his chief competitor was Dr. A. Wood.—The *Moniteur des Hôpitaux* vouches for the authenticity of the following, and of their recent occurrence. The scene of the first is an examining hall in Paris. A candidate having been asked by his examiner to state the opinions held by Stoll respecting the employment of purgatives, made reply that in the *Cours de la Faculté* which he had attended, he had never been taught the answer to that question. "Par Dieu, Monsieur," exclaimed the Professor, "if you have learnt only what the faculty teaches, I can assure you you know no great things." The second is reported from Montpellier. A venerable examiner addressed a student thus, "you are aware, doubtless, that the spinal column consists of several pieces?" "Yes, sir, 70 or 80 I believe." "Not quite so many, but no matter. Do you know how the pieces are kept together?" "Yes, sir, . . . they are united. . . . by . . . by . . . by a band." "Good; but what do you call the band?" "Sir, the band is . . . is called . . . is . . . is the vital principle." "Quite right, sir; to be sure there are a few others, but they are quite secondary; and without the one you have mentioned all would be useless."

BOOKS RECEIVED FOR REVIEW.

Farrish's Practical Pharmacy, 1855; Sargent's Minor Surgery. From Messrs. Blanchard & Lea, Philadelphia.