

CANADA 178093

MEDICAL JOURNAL

AND

MONTHLY RECORD

OF

MEDICAL AND SURGICAL SCIENCE.

VOL. I.

118093

EDITED BY

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

} AND {

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

MONTREAL:
PRINTED FOR THE PROPRIETORS, BY JOHN LOVELL,
AT HIS STEAM-PRINTING ESTABLISHMENT, ST. NICHOLAS STREET.
1852.



CONTENTS.

	PAGE
Abdome, cas de blessure de l',	90
Abdominal Bandage, Inutility of, . . .	74
Abrahams—on Antidote to Anæsthetics,	667
Accouchements, premature,	46
Adams on Formation of Artificial Anus,	221
American Hellebore,	685
Analytical Compendium, Review of	276
Aneurism, False, by Dr. Stratford, .	641
Aneurism of the Arteria Innominata,	620
Anus, operation for Artificial,	221
Aortæ, transformation of two,	22
Appointments, Official, . . . 191, 126,	384
Arnoldi on the Inutility of Abdominal Bandage,	74
Arnoldi on Nitric Acid in Hooping Cough,	211
Aromatic Fluid extract of Senna, . .	445
Arteria Innominata, Aneurism of, . .	620
Artificial dilatation of os uteri, . . .	378
Asthma and Hooping Cough, Nitric Acid in,	211
Astragale, fracture de l',	71
Ayer on Inversion of Uterus,	293
Bandage, Inutility of Abdominal, . .	74
Barnes on relations of Menstruation, &c.,	671
Baker on Descending Colon,	224
Becks' Lectures on Materia Medica, Review of,	91
Bennet on Molecular origin of Tissues,	412
Bidwell on Eclampsia Nutans,	32
Bibaud sur la Péritonite Puerpérale,	453
Birket on Female Breast,	23
Birds, experiments on livers of, . . .	200
Blepharo-Plastic Operation,	1
Bleeding, rules for, in Pneumonia, .	185
Bond's Dental Medicine, Review of, .	545
Boyer, un cas d'infanticide,	133
Breast Pump, Atmospheric,	512
Brazilian method of treating Dysentery,	161
Bright's disease and its treatment, .	151
British American Medical and Physical Journal,	61
Butcher on Chloroform in Delirium Tremens,	559

	PAGE
Butcher on fractures near ankle joint,	149
Burnet on Tubercular Disease,	749
Butler on treatment of Varicose Veins by Needles,	728
Buxton, cas de blessure de l'abdomen,	90
Bytown General Hospital,	637
Calculi removed by Lithotomy, . . .	106
Canada Medical Journal, . . . 244, 699,	59
Cancerous degeneration of warty excrescences,	359
Cancer, Medullary, by Mr. Lloyd, . .	627
Cancer, Medullary, by Mr. Paget, . .	629
Cas de blessure de l'abdomen, par le Dr. Buxton,	90
Cas de fracture de l'astragale, par le Dr. Peltier,	71
Cases of Hernia, by Dr. Nelson, . . .	65
Cases in Practical Medicine, by Dr. David,	645, 526
Cataract, central pyramidal,	496
Catarrhal Pneumonia and Lobar Pneumonia,	489
Cauterization of Glottis in Whooping Cough,	492
Cæsarean Operation,	49
Cells, white, in the blood,	670
Certificates to practice,	576
Chart, statistical, of Canada,	126
Chemistry, outlines of review of, by Gregory,	658
Chemistry, Elements of review of, by Graham,	354
Chemicals, pure,	64
Chemistry, outlines of, by Dr. Gregory,	658
Chest, a treatise on diseases of, . . .	213
Chassaignac sur les hémorragies, . .	44
Christie on Rupture of the Uterus, .	712
Circular, Dr. Widmers,	319
Cardiac Disease, Clinical Lecture on, .	265
Cerebral Disease, by Dr. James Sewell,	257
Churchill on Pelvic Abscess,	110
Chloroform in Delirium Tremens, by Dr. Fenwick,	599
Cholera Asiatique, par le Dr. Chaperon,	513, 577
Chloroforme, procès intenté à un Médecin,	240

PAGE	PAGE
Chloroform in Delirium Tremens, . . .	559
Cholera, report, by Dr. Marsden, . . .	701
Cholagogue Medicines, action of, . . .	373
Clements on Artificial Anus,	221
Clinical Surgery, contributions to,	460, 533
Clubfoot, Varus,	425
Clavicle, dislocation, backwards, . . .	292
Clinical Lecture on Cardiac Disease, by Dr. R. P. Howard,	265
Cod Liver Oil, externally,	129
Cod Liver Oil, new method of taking,	640
Cod Liver Oil,	438
Cod Liver Oil and Fish Oil, comparative value of,	438
Cogswell on the Endosmotic action of Medicines,	117
Colon, descending, opened in left Loin,	224
Colon, Stricture of,	227
College of Physicians and Surgeons, . . .	248
Colloquia de Omnibus Rebus,	562
College, Trinity,	576
Comparative value of Cod Liver Oil and Fresh Oil,	122
Congenital and Hereditary Epicanthus,	495
Congenital Hernia, Strangulated, by Mr. Erichsen,	418
Congenital Hernia, Strangulated, by Mr. Erichsen,	420
Cook, Surgical operation for retention of Urine,	276
Contributors, notice to,	64
Convention, Medical, at Toronto,	381
Convulsions, Salaam, or Eclampsia Nutans,	32
Contributions to Clinical Surgery, by Dr. MacDonnell,	460, 533
Corpuscles, Pus development of,	377
Correspondents, notice to,	64, 317
Crough, successful case of Palurition, &c.,	47
Critchett on Fibrous Tumor in Orbit,	691
Curling on impassable stricture,	105
Crystalline Lens, dislocation of, by Dr. Howard,	602
Cytts, Ovarian,	300
Cyst, contents of, in Ranula,	430
Cystic disease of the Female Breast, . .	23
David, cases in Practical Medicine,	526, 645
David on Cod Liver Oil externally, . . .	129
David on Acute Pericarditis,	396
Defamation, trial for,	498
Déléry, Plaie Pénetrante du pouton,	669
Delirium Tremens, Chloroform in, by Dr. Fenwick,	599
Delirium Tremens, Chloroform in, by Mr. Butcher,	559
De Sola on the Sanatory Institutions of the Hebrews, 135, 203, 326, 464, 259, 589, 654, 728.	
Deux cas d'accouchements prématurés artificiels,	46
Devay et Desgranges, de la Transfusion du sang,	34, 161
Development of Pus Corpuscles,	377
Diagnosis of Cardiac Disease,	265
Dilatation of the os uteri,	378
Dilatation of Urethra,	151
Dislocation, spontaneous, of the Lens, by Dr. Howard,	647
Dislocation of Lens,	308
Dislocation of Lens through Choroid and Sclerotic Coats, by Dr. Howard,	602
Disease of the Chest, by Dr. Swett, . . .	213
Disease of the Hip Joint,	428
Doctors, news for the,	447
Dublin Hospitals,	251
Dubois on Cæsarean Operation,	49
Duncan on God in disease,	542
Dunglison, Human Physiology,	543
Dunglison's Medical Lexicon,	95
Dunham on Imperforate Anus,	101
Durand Fardel on spontaneous development of gas in the blood,	158
Dysentery, Brazelin a method of treating,	161
Ear, diseases of,	721
Eclampsia Nutans, or Salaam Convulsions,	32
Editorial Notices,	126, 127, 191,
Education, Medical,	184
Edible Earths,	435
Election of Professor Mott, &c.,	611
Elimination of Poisons,	183
Elements of Chemistry, review of, . . .	354
Endosmotic action of Medicines,	117
Erichsen on strangulated Hernia,	420, 421
Etude expérimentale sur la Suppuration Bleue, &c.,	107
Ehrenberg on Edible Earths,	435
Evans, case of expulsion of fœtus with membranes entire,	146
External use of Cod Liver Oil,	129
Eyes, displacement of,	631
Eye, Medullary Cancer of,	627, 629
Eye and Ear Institution Montreal, . . .	63
Fallacies of Homœopathy,	347
Felt and Chamois Leather Plaster, . . .	698
Fees, low,	445
Fenwick on Chloroform in Delirium Tremens,	599
Fenwick on Idiopathic Tetanus,	14
Fitch on Fracture of the Skull,	96
Fistula, Vesico-Vaginal operation for,	193

PAGE	PAGE		
Fibrous Tumour within the Orbit,	691	Howard, R. P., review of observations by Medicus,	407
Fibrinous deposits on the lining membrane of veins,	303	Howard, R. P., Clinical Lecture,	265
Fœtus, expulsion of, with membrane entire,	146	Howard's Lecture, observations on, by Medicus,	343
Forget on Ophthalmia,	497	Hospital, Bytown General,	637
France, Law and Literature,	447	Hospitals, Dublin,	251
Fracture of Skull, &c.,	147	Hospital, Montreal General,	63, 190
Fractures in the vicinity of the ankle joint, 128, 149, 192, 156, 320, 448		Hospital, Quebec Marine and Emigrant,	575, 510
Fracture de l'Astragale,	71	Hospital, St. Patrick's, 63, 138, 316, 576	
French measures and weights,	704	Humerus, excision of head,	423
Friction, application of, as a remedy	612	Hydatids, expulsion of, from Uterus	274
Gabb on large ovarian Cyst,	200	Idiopathic Tetanus,	14
German Society of Naturalists, proceedings of,	605	Illustrated Manual of Operative Surgery,	92
Gibb on the Livers of Birds,	200	Infinitesimal Doses, by Dr. McCullum,	81
Gibb on Hereditary Insanity,	648	Infanticide, observations upon,	340
Gibb on the presence of Sugar in Pus,	4	Imperforate Anus,	101
God in disease,	542	Insanity, Hereditary,	648
Gout, proximate cause and treatment, 478		Institutions, Sanatory, of the Hebrews, 135, 203, 325, 464, 529, 589, 654	
Graham, elements of Chemistry, 354		Institution, Montreal Eye and Ear,	63
Gregory's outlines of Chemistry,	658	Iodine rendered soluble,	122
Griger on Indian Hemp,	493	Iodide of Potassium in Syphilis,	432
Hall and MacDonnell on Latent Aneurism of the Thoracic Aorta with Oxaluria,	399	Jones on Pustular Ophthalmia,	50
Hamilton on destruction of lower jaw,	26	Journal, Canada Medical,	59, 244, 844
Hamilton on the symptoms resulting from an undescended testicle, 547		Journal, B. A. Medical and Physiological,	61
Hare Lip, by Quain,	475	Journal, New Medical,	318
Hawkins, on colin,	227	Internal administration of Chloroform,	559, 599
Hæmorrhage from inversion of Uterus,	247	Jones on Liver,	373
Hæmorrhage, internal, after parturition,	405	Internal Hemorrhage after Parturition,	405
Heart and Lungs, treatise on diseases of,	16	Inquiry of relations between Menstruation, Conception and the influence of Lactation,	
Heart, polypid growth in the,	747	Inquiry into proximate cause of Gout,	478
Hemiplégie traitée avec sucres par le Sulfate de Strychnine,	738	Indian Hemp as an Oxytotic,	493
Hemp, Indian, as an oxytotic,	493	Inversion of Uterus, by Dr. Von Iffland,	260
Hereditary Insanity,	640	Inversion of Uterus, by Dr. Ayer,	294
Hernia, cases of, by Dr. Nelson,	65	Jackson on Pleuritis and Gangrene of Lung,	449
Hill on Satyrine ptyalism,	342	Jarron on wounds of large joints,	705
Hingston on proceedings of German Society of Naturalists,	605	Keat on diseases of Hip joint,	423
Hæmorrhage from bleeding arteries	716	Kerr on the use of peres-qui-nitrate of iron in leprosy,	713
Howard, H., Blepharo-Plastic operation,	1	Kingdom on Hydatids of Uterus,	274
Howard, H., two cases of Ophthalmia,	539	Kinloch on Gun Shot Wounds,	603
Howard, H., on spontaneous dislocation of Lens,	647	Lachrymal Gland, inflammation of,	631
Howard, H., dislocation of Crystalline Lens,	602	Lacrymal Sac, obliteration de,	181
Howard, H., diseases of the ear,	721	Lafontaine, cas d'invagination,	456
Holland on Aneurisms of Arteria Innominata,	620	Latent Aneurism of Thoracic Aorta	399
		Laterrieres Medical Bill,	444
		Larynx, topical medication of,	377
		Law Reform with a vengeance!!,	638
		Law and Literature in France,	447

	PAGE		PAGE
Lecture, observations upon How- ard's,.....	343	Miscellaneous Editorial Notices...	191, 126, 127
Lectures on Materia Medica,.....	91	Montreal General Hospital,....	190, 63
Lens, dislocation of,.....	602, 308	Montreal Eye and Ear Institution,.	63
Leprosy in New Brunswick,.....	28	Monstre, Un,.....	697
Lee, analysis of one hundred cases of cancerous diseases of the uterus,.....	432	Molecular origin of Tissues,.....	412
Lepra and Scaly diseases, patholo- gy of,.....	306	Mount, Dr.,.....	512
Leucocythæmia,.....	409	Mott, Professor,.....	511
Liebig, removal of,.....	385	Morbus Cordis, post-mortem ap- pearances in,.....	459
Lloyd on Medullary Cancer,.....	627	Mysterious case,.....	633
Liver, structure formations and dis- eases of,.....	873	Nature and treatment of Pustular Ophthalmia,.....	52
Low on application of friction,...	612	Nelson on Hernia,.....	65
Local treatment of supurating joints	102	New Brunswick, Leprosy in,.....	28
Low Fees,.....	445	New Lebanon and its Physic Gar- dens,.....	50
Luke on intestinal obstruction,....	225	New operation for Stricture,.....	102
Lungs and Heart, diseases of,....	16	New mode of taking Cod Liver Oil,.....	640
Lung, Pleuritis and Gangrene of,...	449	News for the Doctors,.....	447
Lupus cured by Cod Liver Oil,....	492	New Medical Journal,.....	318
McClintock on sudden death in the puerperal state,.....	169, 232	Nitric Acid in Hooping Cough and Asthma,.....	211
MacCallum on Infinitesimal doses,	81	Notice, Canada Medical Journal,	699, 762
MacDonnell on operation for oclu- sion of Vagina,.....	193	Notice to French Canadian Subscri- bers,.....	512
MacDonnell, contributions to Clini- cal Surgery,.....	460, 5g3	Notice, obituary, .64, 576, 384, 126, 191,	255
MacDonnell on Vascular Tumour of Female Urethra,.....	385	Notice to contributors,.....	64
MacDonnell, successful removal of a Parotid Tumour,.....	321	Notice to subscribers, .64, 636, 384,	509
Manslaughter, a Surgeon commit- ted for,.....	383	Notice to correspondents,.....	64, 317
Marine Hospital Quebec,.....	510, 575	Obituary notice, .64, 384, 576, 126, 64, 191,	255
Materia Medica, lectures on,.....	91	Observations on Sanatory Institu- tions of the Hebrews, .135, 208	326, 464, 529, 538, 654, 728
Materia Medica, elements of,....	94	Observations on symptoms of an undescended testicle,.....	547
Measures and Weights, French, 320, 448,	128	Observations sur le Plessimètre et La Percussion,.....	77
Medical Education,.....	184	Official appointments,....	384, 126, 191
Medical Statistics of Prisons, by A. Von Iffland,.....	141	On the bouquet of wine,.....	760
Medical Convention at Toronto, 313,	381	Operative Surgery Illustrated,....	544
Medicus, reply to Dr. Howard's 'Review',.....	469	Operation for Stricture,.....	102
Medicus, observations on Dr. How- ard's Lecture,.....	343	Operations for impassable Stricture of Rectum,.....	105
Medical Bill, by Dr. Laterriere,...	444	Our prospects,.....	124
Medication of Larynx, topical,....	377	Outlines of Chemistry,.....	650
Medical Lexicon,.....	95	Oxygen Gas as an antidote to An- æsthetics,.....	667
Medicines, endosmotic action of,...	117	Parotid Tumour, successful removal of,.....	321
Medicine, St. Lawrence School of,...	64	Parturition after ovariectomy,....	47
Medical Journal, Canada,.....	59, 699	Pathology of Lepra and Scaly dis- eases,.....	306
Medical Journal, B. A. Medical and Physical,.....	61	Pathological cell development,....	413
Medical Jurisprudence of Gun Shot Wounds,.....	693	Peltier, cas de Fracture,.....	71
Medullary Cancer of the Eye, 627,	629	Pelvic Abscesses,.....	110
Merriman on artificial dilatation of os uteri,.....	378	Peresqui-nitrate of iron in leprosy..	713

PAGE	PAGE
Petch on internal hæmorrhage,	405
Pericarditis, acute,	396
Puerperal state, sudden death in, 232, 169	
Physicians and Surgeons, College of,	245
Physiological action of the fifth pair of nerves,	763
Plaie Pénetrante du poumon,	669
Plessimètre et la Percussion,	77
Polypi of the Ear, treatment of,	175
Points in Medical Jurisprudence,	693
Poisons, elimination of,	183
Poisoning with Oil of Tansy,	439
Post-mortem appearances in a case of Morbus Cardis,	459
Practical Medicine, cases in,	526, 645
Prevention of Salivation,	431
Prescriptions,	64
Pneumonia, rules for bleeding in,	185
Pneumonia, Catarrhal and Lobar of Children,	489
Prisons, Medical statistics of,	141
Procès intenté à un Médecin,	240
Protest, copy of,	248
Proceedings of meeting of German Naturalists,	605
Principles and Practice of Surgery,	359
Proximate cause of Gout,	478
Professor Mott, election of,	511
Ptyalism, saturnine,	342
Pure Chemicals,	64
Pus, sugar in,	4
Pus Corpuscles, development of,	377
Pustular Ophthalmia,	52
Pyramidal Cataract,	496
Quackery,	635
Quain on complicated Hare-lip,	475
Quain, white cells in the blood,	670
Quebec Marine Hospital,	575, 510
Quinine, Hospital Sulphate of,	759
Remarks on action against Dr. King,	245
Remarks on Dr. Nelson's Prison Re- port,	699
Remarks on Dr. Marsden's Cholera Report,	701
Removal of Liebeg,	384
Reminiscences of the Siamese Twins,	457
Roux on results of ligature of large arteries,	619
Royal Medical and Chirurgical So- ciety,	432
Rules for bleeding in Pneumonia,	188
REVIEWS.	
Analytical Compendium, by Neil and Smith,	276
On the Fallacy of Homeopathy,	347
Graham's Elements of Chemistry,	354
Pirries Principles of Surgery,	359
Gregory's Outlines of Chemistry,	658
God in disease, by Duncan,	542
Human Physiology, by Dunglison,	543
Operative Surgery illustrated,	544
Bond's Dental Medicine,	545
Lectures on Materia Medica by Beck,	91
Illustrated Manual of Operative Surgery,	94
Elements of Materia Medica, by Pereira,	95
Medical Lexicon,	95
Sweet on diseases of the Chest,	213
Walsh on diseases of the Lungs and Heart,	616
Principles of human physiology	741
Druggist's general Receipt Book,	744
Sanatory Institutions of the He- brews,	135, 206, 226, 464, 529, 589, 654, 728
Sang, transfusion du,	84
Sanguineous Uterine Tumour,	239
Saliva, the,	415
Saturine Ptyalism,	342
Salivation, prevention of,	431
Saunders, on contents of Cyst in Ra- nula,	430
Sewell, case of Cerebral Disease,	257
Sewell, case of Poisoning by Sul- phuric Acid,	131
Sheriff on an Anomalous Epidemic,	7
Sichel on Congenital Epicanthus,	495
Simpson, Dr.,	511
Physician's Pocket Dose and Symp- tom Book,	744
Staphylophorie chez les Enfants,	031
Stratford on False Aneurism,	641
Statistics of Prisons,	
Statistical Chart of Canada,	126
Strangulated Hernia,	418, 420, 421
Staenglmayr, cas des accouchements,	46
Stæber, de l'oblitération du Sac La- crymal,	181
Stethoscopic indication of separa- tion of Placenta,	296
St. Patrick's Hospital,	63, 188, 576, 316
St. Lawrence School of Medicine,	64
Shatford on the arrest of Hæmor- rhage from bleeding arteries,	716
Stricture, new operation for,	102
Structure and Functions of the Liver	373
Subscribers, notice to,	64, 636, 384, 509
Substitute for Mercury in Syphilis,	727
Sugar in the Urine of the aged,	491
Suppuration Bleue, etude experi- mentale sur,	107
Suppurating Joints, local treatment of,	102
Surgeon committed for manslaughter	383
Surgical operation for retention of Urine,	276
Syme, on club foot,	425
Syme, on wound of radial artery,	426
Syme, on excision of Superior Max- illary Bone,	427

	PAGE		PAGE
Syphilis, Iodide of Potassium in, . . .	431	Varus, Club-foot,	425
Sweet on the Chest, review of, . . .	213	Vascular Tumour of Female Urethra	385
Tannate of Alumina in Gonorrhœa, .	123	Veratum Viride,	685
Tavernier, sur le plessnôtre et la		Verity, case of fracture of Skull, . .	147
Percussion,	77	Von Ammon on central pyramidal	
Tendo Achillis in cases of fracture		cataract,	496
of the leg, division of the,	745	Von Iffland on Siamese Twins, . . .	456
Topical Medication of the Larynx, .	377	Von Iffland on post mortem appear-	
Toronto, Medical Convention at, 381,	313	ances,	457
Toronto, Trinity College,	576	Von Iffland on Inversion of the	
Transportation of two Aortæ,	22	Uterus,	026
Transfusion du Sang,	34	Von Iffland, observations on Infan-	
Transmissibility of Syphilis,	620	ticide,	340
Treatment of Polypus of Ear,	55, 175	Von Iffland, Medical Statistics on	
Treating Dysentery, Brazilian mode		Prisons,	141
of,	161	Walshe on the Lungs and Heart, re-	
Treatment of Vanien Veins, by		view of,	16
needler,	727	White Cells in the Blood,	670
Trial for Defamation,	498	White on proximate cause of Gout, .	478
Trinidad de Cuba, as a climate for		Whooping Cough, cauterization of	
invalids,	198	the Glottis in,	492
Trinity College, Toronto,	576	Widmer's Circular,	319
Tubercular Disease, relations of		Wine, Bouquet of,	760
climate to,	749	Wood on Leucocythœmia,	400
Tumour, parotid, successful remov-		Wonders of Mincin Lane,	503
al of,	321	Wound of the Radial Artery,	426
Uterus, Rupture of the,	712	Wounds of Large Joints,	705
Van Courtland on Abscesses of the		Yates on Trinidad de Cuba,	198
Uterus,	6		

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E. L. MACDONNELL, M. D.,
Surgeon to St. Patrick's Hospital,
and Lecturer on Surgery, St. Law-
rence School of Medicine, Mon-
treal, &c., &c.

} AND {

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

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1852.

Price Three Dollars per Annum—*In Advance.*

CONTENTS.

	PAGE	PAGE
ORIGINAL COMMUNICATIONS.		
<i>Art. 1.</i> —Case of Blepharo-Plastic Operation. By H. Howard, M.R.C.S.L., &c., &c.	1	Mémoire sur les hémorragies des cavités muqueuses, etc. Par M. Chassaingnac..... 44
2.—On the Presence of Sugar in Pus. By George D. Gibb, M.D., &c.....	4	MIDWIFERY. Deux cas d'accouchements prématurés artificiels, etc. Par le Docteur Staenglmayr..... 46
3.—Cases of Abscesses of the Uterus. By E. Van Courtland, M.D.....	6	A successful case of Parturition, after ovariectomy, &c. By John Crouch
4.—Anomalous Epidemic. F. Sheriff, M.D.....	7	Cæsarean Operation. By Mons. Paul Dubois..... 49
5.—Acute Idiopathic Tetanus, &c. G. E. Fenwick, M.D.	14	MATERIA MEDICA. New Lebanon and its Physic Gardens
REVIEWS AND BIBLIOGRAPHICAL NOTICES.		
A Practical Treatise on Diseases of the Lungs and Heart. By Walter Hayle Walshe, M.D., &c., &c.....	16	OPHTHALMIC AND AURAL SURGERY. On the Nature and Treatment of Pustular Ophthalmia. By T. Wharton Jones, F.R.S..... 52
SCIENTIFIC INTELLIGENCE.		
ANATOMY. —On the Transformation of two Aortæ.....	22	On the Treatment of Polypus of the Ear. By Joseph Toynbee, F.R.S.. 55
SURGERY. —Cystic Disease of the Female Breast. By Mr. Birkett..	23	EDITORIAL DEPARTMENT. The Canada Medical Journal..... 59
Case of Destruction of the Lower Jaw, &c. By Prof. F. Hamilton	26	The B. A. Medical & Physical Journal 61
PATHOLOGY AND PRACTICE OF MEDICINE.		
Leprosy in New Brunswick.....	28	St. Patrick's Hospital..... 63
Case of Eclampsia Nutans, or Salaam Convulsions. By E. C. Bidwell, M.D.....	32	Montreal Eye and Ear Institution... 63
De la Transfusion du Sang. Devay and Desgranges.....	34	Montreal General Hospital..... 63
		St. Lawrence School of Medicine... 64
		Obituary Notice..... 64
		Pure Chemicals..... 64
		Notice to Contributors..... 64
		Notice to Subscribers..... 64
		Prescriptions..... 64
		Notice to Correspondents..... 64

ST. PATRICK'S HOSPITAL.

THE SUMMER COURSE of CLINICAL INSTRUCTION and LECTURES, at the above Institution, will commence on the 1st MAY next, and be continued until the end of July.

Clinical Surgery,..... Dr. MACDONNELL

Clinical Medicine,..... Dr. DAVID.

Clinical Ophthalmic and Aural Surgery,..... Dr. H. HOWARD.

N. B.—The WINTER COURSES commence on the FIRST MONDAY in NOVEMBER.

Montreal, March, 1852.

1

TO PHYSICIANS RESIDING IN THE COUNTRY DISTRICTS.

SAP OF THE MAPLE TREE.

MEDICAL gentlemen residing in the country parts of Canada, particularly in the vicinity of manufactories of maple sugar, will confer a favour by forwarding, early this coming spring, a *bottle of the sap*, to the address of the undersigned in Montreal, with the description of the *tree* producing it, the age, locality, and any other useful information regarding it.

If time will permit, an *examination* of the sap itself would be preferred, with a statement of the specific gravity of different kinds, its colour, sweetness, and amount yielded by the trees. Also, the botanical characters of the *best trees*, with their habits; and any information as to the time and mode of budding and foliation, and the influences which these processes exert over the characters of the *sap*; and further, a description as to the best mode of propagation.

The information thus afforded will be duly acknowledged from each gentleman, in a paper to be afterwards published by the undersigned, on the subject of the maple tree and its products.

March, 1852.

GEORGE D. GIBB, M.D.,

67 Craig Street, Montreal.

CANADA MEDICAL JOURNAL.

Vol. I.

MONTREAL: MARCH, 1852.

No. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Ectropium of the second variety of the Upper Eye-lid, treated successfully by Plastic Operation, after the failure of the operation recommended by Mr. Wharton Jones and Mr. Wilde.*
By HENRY HOWARD, M.R. C.S.L., Ophthalmic and Aural Surgeon to St. Patrick's Hospital, Surgeon to the Montreal Eye and Ear Institution, Lecturer upon Ophthalmic and Aural Surgery, St. Lawrence School of Medicine, Montreal.

L. DE'M., aged 17, presented himself at the Montreal Eye and Ear Institution, on the 17th of November, 1851, with an affection of his right eye-lid, of thirteen years' duration.

The upper lid of the right eye was perfectly everted through its whole extent; the ciliæ were intermingled with the hairs of the eye-brow, in consequence of the close adhesion between the ciliary edge of the lid and the edge of the orbit. In addition to the cicatrix in this part, there was another dense cicatrix at the external canthus of the orbit, where a portion of the integuments and cellular tissue was firmly adherent to the external orbital angle of the os frontis. The upper edge of the tarsal cartilage, or that portion united to the ciliary ligament, occupied the place that the ciliary edge occupies when the lid is in its normal state. The conjunctival surface of the cartilage was thickened and villous, presenting a fungous appearance. The lid being in this state, he could not, as a matter of course, cover the eye-ball with the lids, and consequently the sclerotic and corneal conjunctiva was inflamed and thickened from exposure to atmospheric air, and particles of dust. The tears flowed frequently over the cheek. As this case was one of ectropium from cicatrix, and shortening of the lid, I endeavoured to remove the deformity by means of the operation recommended by Mr. Wharton Jones. The patient was advised to rub the lid constantly for a few days, for the purpose of loosening any cellular tissue that remained. After cutting off

the thickened conjunctiva, two incisions were made through the skin, one from each angle of the upper eye-lid, which incisions converged and met at a point on the forehead, about one inch above the eye-brow; the triangular flap, thus formed, was pressed down as much as possible, without detaching it from the subjacent parts, so as, if possible, to bring the lid to its natural position. The triangular wound left at the apex of the flap was brought together by means of a twisted suture, strips of adhesive plaster were then applied, reaching from this point, over the eye-lid, and down under the chin, after which I applied a compress and roller, using every mechanical means in my power to make the operation successful. On the third day, the twisted suture was removed, and the part was found to be united by the first intention. I continued the strips of plaster, compress, and bandage, for three weeks, changing them occasionally, and at the end of that time, not the slightest improvement was perceptible.

The case was in every respect similar to the one treated by Mr. Wilde, of Dublin, with the exception, that my patient was a boy, his a girl; and in my case, it was the upper eye-lid, whereas in his, it was the lower. From his extraordinary success, I determined to try his mode of treatment, and consequently introduced a small narrow-bladed and double-edged knife obliquely down to the bone, at a distance of about half an inch on the outer side of the cicatrix, I then pushed the knife forwards at the outer angle of attachment, at which period of the operation, the parts above and below the cicatrix were, according to Mr. Wilde's directions, made as tense as possible, and stretched forwards, while the point of the knife, its flat surface being laid upon the bone, was moved upwards, downwards, and pushed forwards, until all the adhesions on each side of it were fully detached from the bone. I then withdrew the knife, and at once covered the wound with a piece of adhesive plaster, to prevent any bleeding. Three ligatures were then passed through the ciliary edge of the tarsal cartilage, and fastened down under the chin, in order to bring the lid to its natural position. Cold water dressing was employed, and the inflammation was very slight, and the ligatures ulcerated out on the fourth day. The deformity was not removed, but, if possible, worse than ever. I then resolved to try a plastic operation, and the boy consenting to it, I admitted him into St. Patrick's Hospital on the 12th of January, 1852, and on the same day operated in the following manner, assisted by Doctors MacDonnell and David:—I first removed by excisions any thickened portion of conjunctiva that was upon the cartilage, then carefully cut down through the adhesions, till I had completely detached the lid from its unnatural position, and placed it in its normal one, bringing its ciliary edge in juxta-

position with the ciliary edge of the lower lid, and to secure it in this position, there were three ligatures passed through its ciliary edge, which ligatures were fastened under the chin with strips of adhesive plaster. The incision extended from the external to the internal angle of the orbit, so that when the lid was placed in the position just mentioned, there was a large wound of a semilunar shape, extending from the eye-brow to the ciliary edge of the tarsal cartilage, and from the external to the internal angles of the orbit. To fill up this gap, I made a straight incision through the integuments, which reached from the outer angle of the eye-brow, to within about an inch of the angle of the inferior maxillary bone. I then made a semilunar incision, which extended from the termination of the straight incision to within about the sixth of an inch to the lower part of the surface that was to receive the new portion. The semilunar portion of integuments situated between these wounds was dissected off the cheek, beginning at the outer portion of the flap, till I came to that point where the semilunar incision terminated. The flap was then twisted over the surface it was designed to fill, and secured in its new position by simple sutures, of which there were nine, the first at the internal angle of the orbit, then four at the upper edge of the flap, and four at its lower edge. As soon as this was done, the wound in the cheek was drawn together by sutures. Tepid water dressing was applied. The patient was then placed in bed, directed to be kept perfectly quiet, and on low diet, the water dressing to be renewed every half hour. He was also to take two ounces of the following mixture every two hours:—

Cream of Tartar, two drachms.

Tartar Emetic, two grains.

Water, sixteen ounces.

During the performance of the operation very little blood was lost. When more than one half the flap was raised, I cut through a small branch of an artery, then, at the suggestion of Dr. MacDonnell, I dissected much deeper than I was at first doing, for the purpose of keeping this artery in the flap, which, I consider, tended much to the successful result of the operation. I may here remark that, although I endeavored to leave as much integument as was possible to the ciliary edge of the lid when I was detaching it from the edge of the orbit, yet, so completely was it adherent, that it was with difficulty I could preserve as much as would hold the sutures. The night following the operation, the patient spent tolerably comfortably, and on the next day, the parts looked well and healthy, and it was quite evident that adhesion had set in: the temperature of the flap was the same as that of the integuments on any other portion of the face. The same treatment was continued. On the

second day it was quite evident that the whole of the flap, and the lower three-fourths of the wound on the cheek, had united by the first intention, but that suppuration had supervened, in that portion of the wound on the cheek next the orbit where I had dissected deep; for in this part, there was much throbbing, pain, swelling, and redness. I consequently cut out all the sutures from the wound in the cheek, when from this point pus was evacuated, which gave the patient immediate relief. The water dressing was continued, and he was put on second class diet. On the fourth day, the ligatures, which had fastened the lid down, ulcerated out; on the eighth day, I removed all the sutures, and had the satisfaction to find, that the whole flap had united by the first intention. From this time till he was discharged, there was nothing more done, the portion of the wound which had supplicated healed by granulation, it was dressed every day by drawing it together with strips of adhesive plaster, and touching the granulations occasionally with the nitrate of silver, the patient was allowed to leave his bed, and have full diet. Any disposition to the re-formation of thickened conjunctiva on the lid was kept down, by the application of the nitrate of silver. On the 9th of February, three days less than a month from the day he was received, all the wounds being perfectly healed, he was discharged with a remarkable good looking eye-lid, which he was able to close and open at will, and which covered the whole front of the eye. The part of the flap that was twisted, is still more full and prominent than the rest, but it is diminishing so gradually, and looking so much improved every day, that I doubt very much if it will be necessary to interfere with it again. The patient himself, and all his friends are perfectly satisfied. The right eye is now as healthy and as good as the left one. It is, perhaps, worthy of remark that, although the flap was nearly twice the size of the part it had to fill, yet, so great has been the absorption, that at present it is very little larger than the lid of the left eye.

St. François Xavier Street, Montreal, February 12, 1852.

ART. II.—*On the presence of Sugar in Pus.* By GEORGE D. GIBB, M. D., L. R. C. S. I., Lecturer on the Institutes of Medicine, St. Lawrence School of Medicine of Montreal. Physician to the Montreal Dispensary.

IN January, 1850, I opened a large abscess situated on the back below the right scapula, in a female aged 23, the subject of general external scrofula. The fluid withdrawn, was of a yellowish colour, spec: gr: 1028; inodorous, neutral, and of a creamy consistence. In the course of a chemical examination, I applied the different reagents for testing the presence of *sugar*; when, to my surprise, I found that Moore's test, and Trommer's tests gave positive proof of the presence of a considerable

quantity of that substance. Microscopical observation showed the usual characters of tuberculous matter, in the presence of cells filled with granular matter, free granules and fat globules, together with pus and lymph corpuscles. In February, this large abscess having become again filled, was opened, and exit given to a thick cream-like fluid of a dark drab colour. On examination for sugar, the results were again positive, and the microscope showed a larger number of pus corpuscles.

These experiments were not sufficient in themselves to prove that pus necessarily contained sugar; and to test the subject further, other kinds of pus were examined with the following results:—

Pus from *Chronic fistula* in left breast of a female in which Cyanuret of iron was found. (This case was published in the 6th volume of the *British American Medical and Physical Journal*). Moore's and Trommer's tests, quite satisfactory. Pus from sac of an abscess over the *right malar bone* in a girl, very fœtid: all the tests satisfactory.

Crude and softened Tubercles from left lung of a Phthisical patient, aged 40. Tests satisfactory, but sugar not large in quantity.

Fatty liver, same case, that variety described by Louis; sugar found in *large* quantity by the usual tests.

Pus from a *Bubo*. Tests satisfactory.

Large Mammary abscess. Healthy laudible pus, sugar in small quantity, by Moore's and Trommer's tests.

These results conclusively prove, that sugar is one of the normal constituents (so to speak) of pus, and it is to its presence that the sweetish taste is due.

Dr. Mason Good, in the second volume of his *Study of Medicine*, in describing pus, says "It has a sweetish, mawkish taste (apparently from its containing sugar,) very different from that of most other secretions."

He appears to have been the first author who has supposed its presence in this fluid. Its presence may possibly be due to the albumen found in pus, which, according to Dr. Wright,* contains 58 to 83 per cent. It has been shown elsewhere, that sugar exists largely in the serum of the blood,† which contains albumen principally, and also in the albumen of eggs.‡ Pus also contains fatty matters which may likewise account for its presence. In fact, the presence of either fat or albumen, both being proximate principles, is a sufficient proof of its elaboration from the body.

That fat may have some influence in the transformation, is supported by the evidence afforded in the amount of sugar contained in the fatty

* Ranking's Abstract; vol. 1, 1845.

† Bernard in *Archives Générales*, 1848.

‡ *Gazette Medicale*, 1849.

liver examined, which was very large. And in some experiments performed on the livers of Birds, (which will be described in a future number of this Journal) the amount of sugar was found to be large in those containing much fat, as, for example, in the liver of the goose.

Craig Street, February, 1852.

ART. III.—*Case of Abscess of the Muscular Tissue of the Body and Fundus of the Uterus ending favourably by External Opening.* By E. VANCOURTLAND, M. D., Bytown, C. W.

ON the 27th June, 1830, I was sent for a distance of 30 miles to see W. M., aged 24 years, who told me she had been delivered of a living child about a month previous, but had never left her bed, owing to a swelling in the lower part of her belly, and which began to show itself a few days after her confinement. The patient was emaciated to a most extreme degree, and was labouring under profuse and almost uninterrupted perspiration. The pulse was small and rapid. The countenance was indicative of serious disorganization. The secretion of milk was entirely suspended. The lochial discharge had left her a few days after parturition; and the spirits were painfully depressed. On examining the swelling, owing to the great emaciation, I readily discovered it to depend upon an abscess of the body of the uterus; adhesion between which and the abdominal parietes had taken place during the inflammatory state, and the abscess now in progress clearly indicated the plan of treatment to be adopted. I pointed out to the friends that the great distance from town precluded me from giving the case that attention which it required: but that I conceived the only possibility of recovery she had, was in getting her removed to Bytown, and despite of her extreme debility, I not only sanctioned, but advised the step to be taken. She was carried about 4 miles on a shutter, then placed in the bottom of a canoe, and reached me safely without apparently suffering in any way from the journey.

Large doses of diluted sulphuric acid were given without producing diarrhœa, warm fomentations and emollient poultices were applied to the tumor, and frequently renewed until the 8th July, when, by a free opening, I gave vent to about half a teacupful of matter. From this time, every thing went on well, and I find by my notes, that I applied hydriodate of potash ointment to the remaining induration on the 24th July: A few days after which, she returned home cured. I have heard of her occasionally since, and find her catamenia have come on regularly, but as yet, she has not again become pregnant.

In cases of this description, the discharge of matter almost invariably

takes place by openings, through the vagina, bladder, or rectum, especially the latter, consequently the peritoneum is not so likely to be affected as in the present instance.

CASE OF DISORGANIZATION OF THE UTERUS AND ITS APPENDAGES
ENDING IN EXTERNAL ABSCESS.

MRS. D., aged 30, lately confined of her second child, got out of bed on a cold night, late in November last, to void urine in a room without fire, and was suddenly seized with severe rigors and great pain in the region of the uterus. I saw her on the 26th, six days afterwards, and detected a large, hard, but not regular tumor, in the hypogastric region. The patient, like the former ones was exceedingly emaciated, with very scanty lochia, small running pulse, and great anxiety of countenance, together with great despondency. The treatment adopted was in all respects similar to that of the first patient, and I called in two of my colleagues, Dr. Robichaud and Dr. Beaubien, to see the case.

With a view to get as early as possible at the matter, I used an exploring needle on the 14th day, December 19, Dr. Beaubien being present, when I let out a full quart of healthy pus with every prospect of success, but most unfortunately, my patient counting too much on her strength, and contrary to all injunctions, got out of bed to have it made the second night after the operation, walking a few steps to a chair, when syncope supervened and she died without a sigh. The friends would not allow a Post Mortem examination of the body, but I feel satisfied, that both the uterus and its appendages were largely implicated in the disease. The opening in this case was made midway between the Umbilicus and the Ilium.

Cases of this latter kind, do not seem to be so rare as the former. Doctor Robert Lee states in his "Practice of Midwifery," that he has met with several of them, where perfect recovery took place.

ART. IV.—*Anomalous Epidemic prevailing in the Townships of Hinchinbrooke and Elgin.* By F. SHERRIFF, M. D., Huntingdon.

A disease of a singular and fatal character has been prevailing in the above Townships since the beginning of December. It has assumed the form of a congestive typhus, accompanied generally with an eruption on the extremities of a peculiar kind; and in five or six cases, has proved fatal within twenty-four hours. The first symptoms generally are a severe rigor lasting sometimes from four to five hours, nausea and vomiting of a bilious fluid, great and immediate prostration of strength, amounting sometimes to almost entire loss of voluntary power, counte-

nance very palid, and of a death-like hue. The rigor is generally followed by heat of skin, rending headache, pain being generally in front, delirium, convulsions, and insensibility. Face becomes of a dark purplish colour, as is frequently seen in typhus. Pulse exceedingly rapid. The patients frequently moan and groan, as if suffering much pain. Tongue generally covered with a thick yellow fur. There is also great thirst. During the hot stage, an eruption of a petechial character makes its appearance on the extremities, seldom on the trunk. The eruption is sometimes red, but very often of a livid or purplish black, like an ecchymosis. The spots are sometimes as large as a sixpence, at other times, like a flea bite; occasionally there are large patches of inflammation. When the disease continues over three days, the centre of the spots sometimes becomes elevated into a sort of a pustule, which, however, speedily forms itself into an elevated dark horny seal. Discoloration of the skin has continued a considerable time after recovery has taken place. The patients often complain of some pain in the epigastrium and right and left hypochondria, accompanied with difficulty of breathing, sore throat, and stiffness and pain in the muscles of the neck. They also often complain of pains in the joints, and in two cases, the knee joints have been much swelled, as in acute rheumatism. I have also seen the knuckles and joints of the fingers much inflamed, accompanied with a slight formation of matter.

The duration of the disease is uncertain, the hot stage generally terminates in a few hours in profuse perspiration, which sometimes finishes the disease favourably, in twenty-four hours. At other times, and more frequently, the perspiration merely causes a remission of the symptoms. A large majority of the cases have recovered within ten days, and several cases have run the usual course of common continued fever, with all its accompanying symptoms. Of the fatal cases, three have terminated within twenty-four hours, four within forty-eight hours, and two on the tenth day. Of these fatal cases, three, I did not see, and two, I only saw after death. I have two boys under my care at present, who have been sick for nearly five weeks: they are affected with general dropsy. One of these has effusion in his abdomen and pericardium, with general anasarca. The other has merely effusion in the abdomen with slight anasarca. In neither of these cases was the urine albuminous. The treatment I have generally followed is simple. Where I have seen the patient at an early period, I have given an emetic of ipecacuanha which generally operates within an hour. I have also given an emetic of mustard with good effect. I then give a few grains of calomel and antimonial powder, followed by a dose of castor oil, or senna and salts, where there is much heat of surface and great headache. Where there

is much insensibility, I have cupped from the nape of the neck and applied mustard poultices to the lower extremities and epigastrium. The free use of spirit: acet: ammon: is also very beneficial, being grateful to the patient by relieving thirst, and exceedingly useful in bringing on, and sustaining, free perspiration. During the hot stage, sponging with hot water is very agreeable to the patient. Hot fomentations and hot bricks wrapped in wet cloths relieve the pains in the back and extremities. During the first two or three days, the bowels are rather difficult to be acted on by medicine, owing to the great nervous prostration. It is, however, of great importance to secure as early as possible free evacuations from the bowels.

The region of country in which this disease has principally prevailed is a dry hard ridge, reckoned the healthiest part of the country. The inhabitants are not wealthy, but in comfortable circumstances. Their food is of good quality, being principally wheat, Indian corn, pork, and beef. The disease has been confined chiefly to two adjoining concessions. So far as my observations have extended at present I would not consider the disease infectious. In one family, six cases occurred; in another, three; and in several, two; and there are several families in which there has been only one case. The disease made its first appearance almost simultaneously in three families. No new case has occurred for several days, and I believe the epidemic has nearly come to a termination.

I have seen personally twenty-three cases, and I have heard of other eighteen cases, which I believe to have been the same disease.

In looking over the cases of which I have given details, it will be observed, that every person seized had been previously in good health, and such has been the case with three-fourths of the whole.

The first case to which I was called, was John McWilliams, a farmer, aged 56, in good circumstances, stout and remarkably healthy. Went on the morning of the 13th December to Durham, a distance of 12 miles, to attend the declaration of the election. The weather was exceedingly cold. He remained there until 3 P. M., being most of the time in the open air. When half way home he complained severely of the cold, and went into a tavern to warm himself. He took some warm whiskey and water, and remained there an hour and a half, but could not get heated. On getting into the sleigh, he was unable to maintain the sitting posture, and had to be supported. He expressed himself as being very ill, and said he would never recover. They drove rapidly home, and he had to be carried into the house. He was speedily undressed, his feet bathed, hot drinks given to him, and he was put to bed. During night, he was very restless and did not sleep. He did not get warm, and complained greatly of his head. In the morning he vomited freely, bilious fluid, and

complained of pains over his whole body. At 11 A. M., he vomited a second time, and almost immediately became insensible. I saw him for the first time at 2 P. M. He was very restless, moaning loudly, and twisting himself from side to side. Could not speak; eyes shut, pupils contracted; countenance very pale; pulse slow and weak; skin cold. I ordered hot applications to the body, and mustard poultices to his epigastrium and extremities, and for want of something better administered an enema of pepper infusion. He swallowed a small portion of it with brandy, with much difficulty, there being great difficulty of deglutition. During this time, he seemed to have several slight convulsions. In three or four hours, reaction took place, and I raised him up into a sitting posture and took away about twelve ounces of blood. It ran well with a full strong stream. No improvement taking place and the pulse becoming weak, I stopped the blood. I next administered two drops of Croton oil: which were repeated twice. During the night, I gave him an enema of senna, but his bowels were not opened until the morning, when he had a free involuntary motion. No improvement took place, his body perspired freely all day, and he died at 5 P. M., thirty hours after becoming insensible. I requested an examination of his body which was not granted. His case I considered at the time, as congestion of the brain, brought on by exposure to intense cold, but now, I am fully of opinion, that it was one of those anomalous cases which soon occurred in rapid succession.

CASE 2ND.

William Lumsden, aged 21, a blacksmith, was in good health, and attended the funeral of John McWilliams, on the 17th December, slept soundly all night, and rose at 5 A. M., 18th December, to commence his work. While sitting at the stove, soon after dressing himself, he was suddenly seized with violent shivering, great sinking and prostration. Went to bed immediately, but felt so weak as to be unable to undress. Rigors continued four hours, when great heat of skin and severe headache followed. Saw him at 12 noon. Skin very hot, face of a deep purplish red colour, pulse 140, tongue parched. Answers questions with much reluctance and apparent difficulty, and is unable to turn himself in bed. Said he had great pain in forehead and along the course of the saggittal suture, complained also of severe pain in his ankles and knees. Gave him Pulv: Ipecac: and left him powders of Mass: Hydrarg: Pulv: ant: ana gr. v. Sulph: Potass: gr. x. One every six hours.

19th.—Feels better, slept more, but has perspired freely, pain still severe in head, pulse 96, face still deeply suffused, strength still much

prostrated, thirst great. Emetic operated slightly as a vomit, but acted also as a purgative. Legs covered with blueish red blotches, as if he had been kicked. Ordered a dose of senna and salts to be given immediately; of Chlorid Hydrarg: Pulv: ant: ana gr. iv. Sulph: Potass: gr. x. ft. pulv. iii. One every eight hours. Effervescing draughts of carb: ammon: and vinegar to be taken ad libitum.

20th.—Saw him at 10 A. M. Bowels have been freely opened, feels much better, slept a little, headache gone, pulse 72, still weak. 5 P. M., received a message to visit him again, as the disease had returned. Did not go, but sent a lotion of mur: ammon: vinegar and alcohol, to be applied to his head and the following powder: of Sulph Beeberin, gr. ii Pulv: ant: Mass: Hydrarg: ana gr. v. Sulph Potass gr. v. sig. To be taken when perspiration commences.

21st.—Saw him at 9 A. M., states that at 2 P. M., yesterday, he was seized as before with rigors and rending headache. Perspiration came on about 7 P. M., which caused relief, thinks the lotion relieved his head. Feels now much better, face still flushed and tongue furred, pulse 72. On examining his legs, found an elevation in the centre of each spot like a small pustule. Ol: Ricini ℥i: stat. R: Pulv: ant: sulph: Potass: gr. v. Sulph: Beeberni gr. i. ft. tal: vi, one every eight hours.

22nd.—No return of symptoms, feels much better, the pustules are now hard tapering, slightly elevated scabs of a dark colour. He continued to recover rapidly, and was well by the end of the week, although the marks on his legs were still very apparent.

CASE 3RD.

Matilda McWilliams, a daughter of John McWilliams, whose case has already been related, aged 14, in good health, was seized while foddering the cattle at 10 A. M., the 10th December, with shivering and debility. Came into the house and went immediately to bed, saw her at 3 P. M. Her nervous energy seemed to be almost entirely prostrated, could not move herself in bed, answered questions with much reluctance and difficulty. Pulse very rapid and fluttering. Had a strange gasping manner of breathing, like a person dying. Complained of headache, stiffness in her neck, sore throat, difficulty of swallowing, and pains in her joints. On examining her throat, found it red, with uvula much relaxed. Gave her half a drachm of powdered Pulv: Ipecac: which acted feebly in an hour and a half; she seemed relieved by its operation and then became moist. Left the usual powders of Pulv: Ant: Hydrarg: and Sulph: Potass: one every six hours.

20th.—Slept little all night, was occasionally delirious. Feels better,

still gasps while breathing, pulse 96, weak. Still unable to move herself, a few red spots on her arms and legs, one large red spot on her temple. Effervescing draughts of carb: ammon: and vinegar ad libitum.

21st.—Slept well, pulse 80, strength returning, left eye surrounded by an erythematous ring, for which I gave her a lotion of mur: ammon: . Sulph: Beeberin gr. i. Pulv. ant gr. iii. Sulph: Potass: gr. x.ft. tal. vi. say one every eight hours.

22nd.—Still improving, powders continued. The health was entirely restored in a week.

CASE 4TH.

Mary Anderson, aged 5, a large healthy girl, seemed to be labouring under a slight cold on the evening of the 21st December. Towards morning was restless, and at 9 A. M. her father gave her an emetic of lobelia. Not operating well, he repeated the dose. She vomited, and almost immediately became insensible, and had slight convulsions in rapid succession. Saw her at 2 P. M. Convulsions had continued to recur every half hour. She was lying on her back perfectly motionless, her eyes open, and she was unable to articulate a word. Pulse at least 185 per minute, could scarcely be counted. Skin hot, face flushed, arms, legs, face, and neck covered with small red spots. On raising her from the bed, she moaned greatly, and eagerly clung to the clothes as if afraid of falling. Tart: ant: gr. ii. aq. ℥i a teaspoonful every ten minutes. She took the whole quantity without vomiting. I now gave her ℥i Pulv: Ipecac. In an hour afterwards, vomiting not having taken place, I dry-cupped her with a tumbler on the upper part of the shoulder, when almost immediately, on the application of the tumbler, she vomited a large quantity of bilious fluid. Pulv: Ant: Chlorid: Hydrarg: aa. gr. v. ft. tal. iv. sig. one every six hours until the bowels are opened.

23rd.—Her father called to state that it was unnecessary for me to visit her as she was much better. That at 10 P. M., last night, she began to speak. That she raved much all night, slept little, and had no return of the convulsions. Her bowels had been opened freely. Powders continued occasionally, and Bi-tart: Potass: for drink.

26th.—Saw her at 12 midnight. Arms and legs covered with black horny elevated tapering scabs. Pulse 120, face flushed; is frequently delirious. Gradually recovered in about ten days from this date.

CASE 5TH.

Agnes McFaul, aged eight, stout and healthy, complained on the evening of the 7th February, of nausea. During night, was uneasy and

vomited. In the morning did not rise, but her parents thought little was the matter. During the forenoon, she complained of her head, black spots came out all over her body, and at 1 P. M., she became insensible. Her whole body became of a livid colour, and she died at 4 P. M. I saw her three hours after death. The whole body was livid with black spots dotted all over. A sister of her's had an attack of the same disease on the 28th December, but recovered in a few days.

CASE 6TH.

Janet King, aged 8, a very large fine looking and healthy child, went to school on the morning of the 10th January, in perfect health, was suddenly seized at 12 noon, with nausea and vomiting, prostration of strength, and was observed to look very pale. Was taken home, and put to bed. She vomited freely. Her skin became very hot, and during the night, she was very restless and slept little. She complained of her head, and at 10 A. M., she became totally insensible, and her body became entirely powerless and limber. Saw her at 7 P. M. She was lying on her back, her eyes half shut, pupils widely dilated and insensible to light. When spoken to, made no answer, a few red spots, but very faint, on her arms. Cupped her on the nape of the neck: she seemed partially roused by the operation; I administered a purgative enema and left her several doses calomel, to be taken every six hours. Being unavoidably absent from home, did not see her again until the 18th. During the past week, she spoke but was almost constantly delirious, seemed to hear, but could not see. Her bowels had been freely opened, but of course her stools were passed involuntarily. Applied blisters to the nape of neck and top of head. Calomel powders continued. Pulse 120.

January 20th.—Saw her at 2 P. M. Still insensible, blisters have risen well, pupils sensible to light, contract slightly. On the 18th, I discovered that the left hip and part of the back was covered with an inflammatory patch, and at one side was a large pustule full of matter. She died at 5 P. M., on the 21st.

Examined her head at 2 P. M., next day. On removing the skull cap, I found all the veins of the dura mater tinged with blood. The surface of the brain also was covered with large veins. On cutting into the brain, I found it full of large bloody points, showing a remarkable degree of congestion in the whole organ. On cutting into the ventricles, a large quantity of water escaped, I should think about an ounce and a half. I found also a quantity of a semifluid yellow substance adhering to the base of the brain and cerebellum, like pus. Such an appearance, I never before observed in any previous dissection of the brain. I made no examination of the other viscera.

ART. V.—*Acute Idiopathic Tetanus occurring in a young child, with Post Mortem appearances.* By G. E. FENWICK, M. D., Lecturer on Materia Medica, St. Lawrence School of Medicine, Physician to the Montreal Dispensary.

ON Saturday afternoon, the 9th of August, 1851, I was requested to see Robert Simpson, a boy aged 5 years 6 months, who had been labouring since the previous Thursday morning under the following symptoms:— He was at first noticed to carry his head stiffly, and when he looked to either side, he would turn the whole body. Throughout the day, he was noticed to be dull, and excited, alternately; the skin was hot and dry, he refused his food, and he occasionally complained of his throat being sore, and also of pain in his belly. On Friday morning, he seemed better, but as his bowels had not been moved the previous day, his mother gave him a dose of castor oil. On Friday afternoon, while at play in the yard, he was seized with a convulsive spasm, which threw him on his back; the mother told me, that, being alarmed, she went out and desired him to get up, he said he could not. When she took him up, he appeared to be convulsed, and became stiff and rigid. These convulsive attacks recurred several times that afternoon, and became more frequent during the night. The following morning, (Saturday,) the parents determined to seek medical aid. The father noticed the peculiar expression of the features, and also that the jaws were closed; this alarmed him, and he requested me to see the child.

Upon entering the room, I was struck with the peculiar appearance of the features: every muscle was in "tonic spasm," this gave a hideous expression to the countenance, the teeth were partially exposed by the drawing of the mouth to each side. The *ala nasi* were distended and drawn upwards, the eye-lids were half closed, but the eyes were unaffected, he was enabled to roll them about with perfect ease; the jaws were partially closed, and any attempt to open them, would bring on a spasm, and the teeth would be brought together with a snapping noise. He lay on his back, the limbs extended. Upon my attempting to bend his legs, the muscles resisted, he could, however, perform flexion and extension with impunity. The breathing was short and hurried, pulse 160, weak and fluttering, the whole surface bathed in profuse perspiration. Deglutition was performed with comparative ease, he swallowed beef tea which his mother had been giving him at intervals since the morning. About every 10 minutes he would be seized with spasm of the muscles of the back, thighs, and legs, at such times he would rest on the occiput and heels. During the spasm, he complained much of pain at the præcordium, and would call out to his father to press on his belly, which seemed to give him ease. A blister was ordered to be applied to

the whole length of the spine, as his bowels had not been moved, although the castor oil had been repeated; four grains of calomel were given, to be repeated in four hours if necessary. Chloroform was also ordered to be given by inhalation, whenever the spasms recurred.

I returned in two hours, accompanied by my friend, Dr. Gibb; we examined the whole body carefully, but there was no sign of injury, nor had he received any blow; all the symptoms above described were as marked as before. He had had two inhalations of chloroform; after the first, the little fellow remained in a tranquil state, apparently sleeping for fully 15 minutes.

Visited patient again at 9½ P. M. There has been considerable abatement in the symptoms, the spasms recur at longer intervals, and are less severe; during the last half hour he has had no spasm. After the third or fourth inhalation of chloroform the trismus seemed to abate, the father said he opened his mouth wide enough to protrude his tongue. The calomel had operated twice, the stools were passed in bed. The breathing was less hurried, pulse 110, fuller. I ordered the chloroform to be continued, and also that he should receive nourishment at intervals in the shape of beef tea.

About midnight, the spasms came on with re-doubled violence, and he died at 2 A. M. Death occurred during a severe fit.

Post Mortem.—Assisted by my friends, Drs. R. P. Howard and Wright, I proceeded to make a post mortem examination, 30 hours after death. The muscles were perfectly relaxed, there was not the slightest "rigor mortis." The whole surface was covered with petechial spots. On carefully opening the spinal canal, a clot of blood was discovered lying upon, and completely surrounding, the meninges of the cord, the clot extended from the sixth cervical to about the tenth dorsal vertebræ. The meninges were much congested. On opening into the dura mater, a small quantity of serum exuded, not more than is usual in a state of health. There was no disease of the vertebræ.

Remarks.—This is a case of some interest, inasmuch as the symptoms during life did not indicate pressure on the spinal marrow. Cases of effusion of fluid blood between the dura and pia mater, are mentioned by Jescay: he found also, the vessels of the pia mater gorged with blood. He, however, considers these cases as the result of the rude use of the chisel and saw. The petechial spots, I have no doubt, existed early in the disease, but they escaped notice during life, the other symptoms were so striking as to fix my attention exclusively; however, they showed an evident hæmorrhagic tendency. It would have been interesting to search further, but I was prevented by the parents, from whom I obtained permission with difficulty, to examine even the state of the spinal cord.

73 Craig Street.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

A Practical Treatise on the Diseases of the Lungs and Heart, including the principles of Physical Diagnosis. By WALTER HAYLE WALSH, M. D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine, in University College, London. Physician to University College Hospital, &c.

THE recent brilliant discoveries that have rewarded the diligent student in the fields of Organic Chemistry and Histology, have had the effect of diverting from the subject of diseases of the Chest, much of the energy and zeal that otherwise would have been devoted to this interesting, and as yet, unexhausted branch of medicine. For this fact, many reasons may be assigned, amongst which, may be mentioned the possibility of junior practitioners acquiring distinction in the two former departments, without being attached to any large Hospital, or without possessing a wide range of private practice; whereas, it is necessary, that the practitioner should have materials derived from one or other of these sources, to make any advance either in the diagnosis or pathology of thoracic affections. Another reason that may be offered as explanatory of this neglect, is the *inherent difficulty of the subject*. How common to hear physicians declare, that they understand physical diagnosis sufficiently well for *practical purposes*, by which they mean, that when a cavity is the size of the fist, and the patient is being run down with hectic, they can diagnose phthisis, and peradventure indicate the lung affected. But the *truly practical* auscultator well knows how difficult it is to detect the first indication of tubercular deposition—how closely many diseases resemble one another in their physical signs, and how essential to correct diagnosis, that these signs, their modes of invasion, mutations, antecedents, combinations and terminations, should be carefully considered. It is not on the mere detection of physical signs that *diagnosis* is established, but on the *reasoning* based on these signs—the capability of detecting sounds and the faculty of reasoning accurately upon them, are not always possessed by the same individual, yet their coexistence is essential to accuracy of diagnosis. Dr. Walshe, though one of the first to master the difficulties of Histology, and to lay before his brethren, the investigations of Müller in malignant diseases, which his own valuable observations went to support and confirm, has ever kept in view, the advancement of thoracic pathology and diagnosis, and in the treatise before us, we have the result of his matured experience. The principal part of it, is a reprint, with little variation, of his work, on the *Physical Diagnosis of Diseases of the Lungs*, published many years ago, and

which has been very favourably received by the profession. But it is not to his Treatise we would refer for proof of his intimate knowledge of this subject, it is to his *published Clinical Lectures* we would direct our readers' attention. In them he will find evidences of the combination of accurate observation and correct reasoning—the true manifestations of the *Mens Medica*.

In the space allotted to us, we find it impossible to give more than a general and very brief notice of this valuable work, and to direct our readers' attention to some of the practical points brought forward by its author.

In the article on Expansion of the Chest, we remark that Dr. W. does not point out *bulging* as a sign of Incipient Phthisis, which he asserted it was, in the first edition, upon the verbal communication of Dr. Chambers of London*—and this statement was copied and repeated, in a hundred different forms, by subsequent writers, until refuted by Dr. MacDonnell of this City, in the pages of the *British American Medical Journal*.

In his chapter on Percussion, Dr. W. discusses the relative merits of Pleximeters, and Percuteurs, and notwithstanding that some modern Clinical teachers applaud their hammers and other instruments, we have ever inculcated upon students the necessity of using their fingers for this purpose. In practice, we must go about without our hammers, ivory and India rubber pleximeters, graduated callipers, lung stethoscopes, heart stethoscopes, and stethoscopes for arterial, and venous murmurs, spiro-

* "In a conversation upon this subject, which I recently had with Dr. Chambers, I learned that he has made the interesting observation that an *enlargement* of the antero-posterior diameter of the summit of the chest, (and consequently, I presume, some amount of visible bulging) is discoverable in the early stages of some cases of Phthisis:—*The Physical Diagnosis of Diseases of the Lungs*. p. 167.

The following are Dr. MacDonnell's observations on this subject:—

"I am well aware, that on the authority of a verbal statement of Dr. Chambers, of London, that some writers—amongst others, Professor Walshe—have alluded to an elevation or bulging forward of the infraclavicular region, as a sign of incipient phthisis; but as I have anxiously looked for this sign for several years, without in one single case observing it, I can only account for the discrepancy, by supposing, that in Dr. Chambers' cases, both sides were affected, and the atrophy being better marked on the side, where the least physical traces of incipient phthisis were observed, the opposite infra-clavicular region presented an appearance of comparative fulness or bulging, well calculated to deceive; for I have not unfrequently remarked [and had recently an opportunity of pointing out to my class at the Hospital] the fact, that in incipient phthisis, we may have marked atrophy of the infra and supra-clavicular spaces of one side, with comparative dulness and feebleness of respiratory murmur, whilst on the opposite, there may be no atrophy, scarcely any dulness, with a harsh respiration, gradually becoming accompanied by a "crumpling sound," dry crackling, and then (as in the case just alluded to) sibilant and muco-crepitating râles—yet the condition of the opposite lung may remain as when first examined. It is only in this way, that I can account for the striking anomaly said to have been observed by Dr. Chambers."

meters, &c. We must learn to percuss with our unaided fingers, and auscultate (frequently) with the naked ear, and as we have invariably instructed our pupils to dispense with all extraneous aid, we shall not now occupy our readers' time with a detail of arguments *pro* and *con*, for the use of these various instruments.

Our author devotes but one page to a sign which has recently attracted a good deal of attention, but which our own clinical researches have induced us to estimate as of little value; we allude to a *sense of resistance* upon percussion. We have carefully studied this sign, and consider it so useless for diagnosis that for some time past, we have ceased to note it, and indeed our author seems to solicit a study of it, apparently more out of deference to the opinions of others, than from his own experience of its importance.

In the chapters on "auscultation," "succussion," &c., we find proofs of the usual care, and research displayed by Dr. Walshe in the accumulation and arrangement of his facts, and to the work itself we must refer the reader for confirmation of this statement.

We pass over much valuable matter in the article on Pleurisy, merely remarking that our author quotes Dr. MacDonnell's observations on "Pulsating Empyema," to whom, he gives the credit of having first described this rare form of the disease, and directs to it the particular attention of auscultators.

He also notices a "peculiar crepitus" occurring in the lung after the absorption of pleuritic effusion, liable to be mistaken for a sign of pneumonia, likewise pointed out for the first time by Dr. MacDonnell, whose theory for its formation, Dr. Walshe adopts, in common with the best auscultators, including Dr. Blakiston. Indeed, the close resemblance between the views of this latter physician and those of the discoverer of the sign is almost sufficient to incur for him the charge of plagiarism, were it not, that the history of medical science, particularly in late years, daily furnishes instances of strange coincidence of opinion and discovery between observers widely separated. In the chapter on pneumonia, we notice that Dr. W. has modified some views advanced in the first edition of his treatise, amongst others, his explanation of Dr. Hudson's statement, that in some unusual forms of pneumonia the sound on percusion is of a *tympanitic* character, though the lung be *solid*. Dr. H. maintained that this anomaly was produced by an effusion of air into the pleural cavity; but our author then adopted the explanation given by Dr. C. B. Williams, that the sound was the result of percusion over the large bronchial tubes transmitted through solid lung. We now find Dr. Walshe adopting Dr. Hudson's opinions, the change being, no doubt, attributable to increased means of observation.

DR. WALSHE admits the extreme rarity of *chronic* pneumonia, an opinion we have frequently advanced, and we have no hesitation in stating, that many cases that have been considered as examples of this disease, were instances of tubercular deposition supervening upon a neglected or badly treated acute pneumonia. We do not recollect to have seen more than one case, accurately answering our pathological notions of the disease, and these coincide with Dr. Walshe's. "I mean by chronic pneumonia, that form of disease in which an impermeable tissue is infiltrated with *toughly-solid* exudation (in the state of induration matter) and where there is no tendency to a softening process, these are its *main* characters." Let all supposed cases of chronic pneumonia be tested by this description, and we shall hear less of the disease. It is quite clear, that much that has been written on this point by Blakiston, is applicable to tubercular deposition, and not to chronic pneumonia. But is it only in the pathological view of the matter that this subject is of importance? assuredly not—frequently have we had cases of sub-acute, latent, and chronic pleurisy, under our care, which other practitioners had pronounced to be instances of chronic pneumonia, and which, the well marked *succession* of physical signs unequivocally proved to have been examples of pleuritic effusion. In one case, more than ordinary difficulty surrounded the diagnosis, as the disease was situated in the anterior and upper part of the right side and was circumscribed, and the case had been treated in a Medical Hospital, and the patient's card labelled with the name of his supposed disease.

To the careful consideration of this question we earnestly invite our readers' attention—bad pathology must lead to bad diagnosis, and this to bad treatment. Let pathology and diagnosis be more carefully studied among us, and we shall have fewer patients to hand over to quacks.

Dr. W. does not add anything new to our acquaintance with that confessedly obscure disease *lobular pneumonia*, and we have also to complain of the very meagre description he has given of gangrene of the lung. One point of value in diagnosis, we must, however, extract, as our own experience corroborates its accuracy. "I have now seen some half-dozen cases of consumption, in which the special fœtor occurred incidentally, in connexion with tuberculous cavities already formed. In one of these instances the expectoration of a fœtid pea-like mass, distinctly possessing microscopically, and even to the naked eye, the characters of pulmonary tissue, put a term to the gangrenous discharge, a fact which I hold to be proof positive that a minute sphacelated spot may impress the characteristic fœtor upon the expectoration and breath, quite as effectually as gangrene of extensive area. "A tuberculous cavity, thus locally gangrenous, is very difficult to distinguish from true gangrene

of the lung, if the case be seen for the first time when that change has occurred, and if the history of the case be imperfect. The seat of the cavity at the apex, and the existing signs of induration at the other upper lobe, once guided me successfully to the diagnosis in a case of this kind." We had under our care, a case sent to us by Dr. Fowler of Melbourne, which fully confirmed what is above stated—the patient was labouring under phthisis, a cavity occupied the upper portion of one lung, whilst evidence of deposition was furnished by the other, and the fætor of the breath and expectoration was even greater than we have ever noticed in true gangrene of the lung.

We have room for only one extract more, and we select that which, we believe, will be found useful to our readers, the one containing Dr. Walshe's opinion of the value and proper mode of exhibiting cod-liver oil in phthisis, a remedy now so generally employed:—

"My task in examining the efficacy of various specific agents will be brief. Iodide of iron, chloride of sodium, liquor potassæ, chlorine and iodine inhalations, hydrocyanic acid, creasote, digitalis, are disposed of in the masterly analysis of their claims by M. Louis; and naphtha may be allowed to remain in the rather rough grasp of the *British and Foreign Medical Review*. But cod-liver oil cannot be so lightly dismissed.

"I began to employ the oil at the Consumption and University College Hospitals seven years ago, urged to the step by the strong advocacy of Doctor Hughes Bennett, and took an early opportunity of testifying to its remarkable powers in tuberculous and other scrofulous diseases. The conclusions at which I have arrived concerning its use in phthisis, are as follows:—1. That it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent. 2. That its power of curing the disease is undetermined; I mean here, by "curing" the disease, its power of causing, along with suspension of progress, such change in the organism generally, as shall render the lungs less prone to subsequent outbreaks of tubercles, than after suspension occurring under other agencies. 3. That the mean amount of permanency of the good effects of the oil is undetermined. 4. That it relatively produces more marked effects in the third, than in the previous stages. Opinions the most diverse have been held on this point. M. Lanfflied thought that it had little or no effect on phthisis, if at all advanced; M. Peregra reduced the size of cavities in a few weeks by its administration. 5. That it increases weight in favourable cases with singular speed, and out of all proportion with the actual quantity taken; that hence it must, in some unknown way, save waste, and render food more readily assimilable. 6. That it sometimes fails to increase weight. 7. That in the great majority of cases, when it fails to increase

weight, it does little good in other ways. 8. That it does not relieve dyspnœa out of proportion with other symptoms. 9. That the effects traceable to the oil in the most favourable cases are: increase of weight, suspension of colliquative sweats, improved appetite, diminished cough and expectoration, cessation of sickness with cough, and gradual disappearance of active physical signs. 10. That in some cases, it cannot be taken, either because it disagrees with the stomach, impairing the appetite, (without itself obviously nourishing,) and causing nausea, or because it produces diarrhœa. 11. That in the former case, it may be made palatable by association with a mineral acid; and in the latter, prevented from affecting the bowels, by combination with astringents. 12. The intra-thoracic inflammations and hæmoptysis are contra-indications to its use, but only temporarily so. I have repeatedly given the oil within a day or two of the cessation of hæmoptysis, without any return taking place. 13. Diarrhœa, if depending on chronic peritonitis or secretive change, or small ulcerations in the ileum, is no-contra indication to the use of the oil; even the profuse diarrhœa caused by extensive ulceration of the large bowel is not made worse by it. 14. That the good effects of the oil are *cæteris paribus*, directly as the youth of those using it,—a singular fact, which probably may one day, (when the textural peculiarities of youth and age are better understood,) aid in giving a clue to its mode of action.

“Of the three kinds of oil, the *brown, light brown, and pale*; the *brown* I believe, as matter of actual experience, to be the most efficacious. But, though taken greedily by infants, it is more distasteful than the pale to the adult palate, and hence, in grown-up persons I have been forced to use the latter, less active kind, (in fact, *gild the pill*), in order to ensure oil being swallowed at all. Chemists give no positive answer to the question, on what depends the efficacy of the drug? its influence on the composition of the blood, is yet undetermined. A single analysis by Simon, shows a state of hyperinosis, combined with a great excess of albumen, may follow on its use; the solid constituents were in large amount. The patient had been bled repeatedly for hæmoptysis.

“The iodine of the oil, its phosphorus, butyric acid, gaduine, biliary material, and its mere fatty matter, have been severally accorded the chief part in the beneficial results. The discussions on this point do little more than exhibit the existing poverty of our knowledge of the intimate action of remedies. On the other hand, the established efficacy of the oil—a substance of which, *a priori* views would scarcely have admitted the possible retention by the phthisical stomach, is another of the conquests of experimental therapeutics.

“The dose of oil at the outset should never exceed, (often fall short

of) a drachm twice daily : it may be taken in water, milk, orange wine, or any aromatic water agreeable to the patient. The dose may be gradually raised to half an ounce, twice, or at most three times, in the twenty-four hours. I have never seen any good, and often observed ill effects, follow the attempt to pour in large quantities."

We have avoided alluding to our author's strictures upon the peculiar opinions of Skoda, the eminent auscultator of Vienna, as we hope to place before our readers, in a future number, the views of that distinguished master, who has laid the foundation of the Vienna School of Medicine, and whose *clinic* is now attended by students from all parts of the world, amongst whom, one of Dr. Walshe's colleagues, Dr. West, holds a prominent position, and has recently published a valuable treatise on diseases of the chest.

In conclusion, we cheerfully recommend this treatise to our readers ; to those, who wish to master the difficulties of physical diagnosis, and acquire a familiarity with the *science* of their profession, it will serve as a sure and efficient guide : whilst those, who practise medicine, merely as an *art*, (and we regret that their number is so great,) will obtain from its perusal, many safe and judicious instructions for their management of thoracic disease ; and for the student, the work is the most complete, most accurate, and most explanatory, of all the treatises, that have been published for his use upon this special branch of medicine.

SCIENTIFIC INTELLIGENCE.

ANATOMY AND PHYSIOLOGY.

On the Transformation of the two Aortæ into one in Embryonic Vertebrata.

M. SERRES read a paper before the Academy of Sciences of Paris, on the 22nd of December, wherein he confirms the experiments of Dr. Allen Thompson and Mr. Milne Edwards, touching the time of embryonic life, when the originally double aorta is conjoined into one. M. Serres placed the embryo chicken with the omphalo-mesenteric membrane on a plate of glass ; as the action of the air and cold arrests the circulation, the blood becomes coagulated in the vessels, the transparency of which allows the sanguineous injection to be seen. By means of a series of preparations thus arranged, the above-mentioned union is seen to take place towards the middle of the dorsal region from the fiftieth to the sixtieth hour ; it then extends upwards from the sixty-fifth to the seventieth hour, and progresses downwards from this latter period. Thus, at the end of the third day, and, at the latest, of the eighty-fifth hour, the two arterial trunks are united, and form but one vessel.

SURGERY.

Cystic Disease of the Female Breast. By MR. BIRKETT of Guy's Hospital.

The case which this day is fixing our attention belongs to the class of cystic diseases of the breast; let us see Mr. Birkett's views on the subject. The author divides the cysts formed in the female breasts into two categories:—First. Cysts depending upon dilatation and morbid condition of the lactiferous ducts or acini. Second. Cysts produced by a peculiar action in the fibro-cellular envelope of the gland tissue, and the consequence of a morbid state of the function of nutrition. As to the first division, Mr. Birkett offers the following conclusions:—That the lactiferous ducts are liable to dilatations resembling cysts; that this morbid condition simulates more important diseases; hence this suspicion being excited, the excision of the tumour has been resorted to. 2. There is no evidence to prove, from minute examination, that the growth within the ducts enjoys any characters in common with either the cysto-sarcomatous or carcinomatous new formations. 3. That this morbid condition belongs to the class of non-contaminating diseases.

The case before us presented several cysts with very slight development of solid growths within their cavity. Of this kind of cysts, Mr. Birkett says, after treating of single cysts containing fluid—"These cysts may be divided into two classes; the contents of the one class differing from the contents of the other. In the first class the fluid is mucoid, turbid, of a greenish tint and slightly fœtid odour. In the second, the fluid is glairy and tenacious, clear serum, or of a reddish tint. The first I attribute to a morbid condition of the ducts, and I believe is characteristic of this affection. The second are the true sero-cysts." The following case will serve to illustrate this latter kind of cysts, with a rudimentary development of solid growths within them:—

Charlotte J.—, aged forty-four, applied to Mr. Birkett, as an out-patient, at Guy's Hospital, 31st March, 1851. She was a thin, excitable, and healthy-looking woman, and a resident in the neighbourhood. The patient is married, and has had two children, the last, nine years since. Both these children she suckled with the affected breast, as well as with the other, which is small and atrophied; the catamenia appeared with regularity. Eighteen months before her application to Mr. Birkett, this woman noticed a small nodule in the left mamma, which slowly increased, but did not then attain the size it now presents; before this, however, the breast had always been healthy.

The first time she applied there was a tumour in the left mamma, about five inches in diameter, rather on the sternal side of the nipple,

and projecting forwards in a remarkable manner. Fluctuation was clearly perceptible in the larger mass, for the whole was composed of a large cyst and two lesser ones. She suffered no pain, but a feeling of distention; the nipple, although small, was unaffected, and the axillary glands were healthy. The disease was attributed by the patient to a blow received in the mammary region, eighteen months since. Various remedies had been employed in the hope of removing the complaint, such as leeches, ointments, and a seton, but no beneficial result had accrued.

The tumour being large, and the fluctuation very distinct, Mr. Birkett inserted a trocar and canula into it, and abstracted six ounces of blood-coloured serum. When the largest cyst was thus emptied, three small, hard nodules were distinguishable at the outer and inferior regions, but they were not interfered with. Strapping and bandage were applied, and on close examination, it was supposed that this large cyst was situated behind an atrophied portion of the gland.

Fifteen days after the operation, it was found that the cyst had slowly filled again, and that it was now as tense as ever. The compound mercury ointment was applied, and small doses of iodine were taken internally.

Eighteen days after this, the tumour being very tense, the contents, to the amount of six ounces, were again removed, and they consisted of the same sanguineous serum as before. Three days after this second operation, the tumour had resumed its original size; several applications were used without any good effect, until July 2nd, about three months after the patient's first application, when she was admitted into Dorcas ward. In consultation with Mr. Cooper, it was decided that the removal of the disease was necessary to the well-being of the patient, and an operation was therefore decided upon.

On 17th July, whilst the woman was under the influence of chloroform, an incision was made across the tumour, below the nipple, and the flaps of skin being reflected upwards and downwards, the disease was readily removed, for it was neither adherent to the super nor subjacent tissues. The nipple and the lower half of the gland were not interfered with.

No accidents arose to retard the cicatrization, and the patient left the hospital about one month after the operation, the wound being completely healed. Mr. Birkett has seen the patient often since; the cicatrix was quite healthy, and her health good.

Anatomy of the morbid growth.—The mass consisted of one very large, two small, and several minute cysts or cavities. A very small portion of the gland tissue was removed, and it appeared condensed and atrophied. The parietes of the cysts were composed of areolar tissue;

some were very thin, and others thick. All the cysts contained a dark, blood-tinged, tenacious fluid, and the largest had no communication with the others. In it, as well as in several of the others, solid developments were seen attached to the lining membrane; they were exceedingly vascular, very soft, and readily torn. Beneath the lining membrane of the large cyst numerous veins ramified; some were of large size, besides more minute vessels and capillaries. Many of the smallest cysts were identical in their appearance and their contents, with the minute cysts so constantly found in or upon the posterior surface of the mammary glands of women of advanced life. The elements of these intra-cystic growths approached rather to the epithelial development. They were elongated plates or scales, with a small nucleus having an atrophied appearance. Although coherent in masses, the tissue broke up in a peculiar linear direction. These intra-cystic growths occupied but a small space in proportion to the size of the cavities of the cyst.

The non-contaminating nature of these cystic tumours of the breast, renders them extremely interesting to the practitioner, for it is very gratifying when, by exercising his powers of diagnosis, he is able to distinguish these tumours from those terrible growths which portend so much misery and suffering. He will thus be able to tranquillize the mind of patients, who are in general very much alarmed by tumours in the breast.

As to the origin of these cystic growths, we find Mr. Birkett saying:—

“True cyst formations are frequently found in the mammary gland, or at least within its fascial envelope. They appear to originate in the uniting tissue about the lobes; and I hope to be able to prove that they have a close relation with certain morbid states of nutrition, if they be not, in fact, a stage in the formation of new growths.”

There can be hardly any doubt that the expression “morbid state of nutrition,” is pregnant with meaning, and will certainly bear extensive application. The following passage of the same work strengthens this opinion:—

“It is now, I believe, an established pathological fact, that a hyperatrophied condition—that is, an excess of the various elements in their transitional stages of development into perfect tissues, may take place; and I am inclined to think, that this is nowhere better manifested than in those morbid conditions of mammary gland which present to our notice cysts with fluid contents, cysts with solid growths, and those growths approaching more or less to the characters of the true gland tissue. I have been led to these conclusions from observations only, and all the remarks I shall make are founded upon original researches.”

—*London Lancet.*

Case of Destruction of the Lower Jaw and of a portion of the Face, under Homœopathic treatment. Novel Operation. By Prof. F. H. HAMILTON, M. D.

Martin Neuman, 7 years old, was attacked on the 10th of August, 1849, with a mild dysentery. The family were German, and sent for a German Homœopath, who gave him at once small pills which "looked and tasted like sugar!" also a powder and a solution.

Within seven days from the time the medicines were commenced, salivation began, and small ulcers appeared upon the inside of the mouth, upon the gums, &c. Three days after, the ulceration had extended so rapidly that the lower lip was nearly separated, and in a day or two more, it fell off entirely. Three months later, the greater portion of the lower jaw came away in one piece, being two and a half inches long, and including the whole diameter of the bone with its corresponding teeth. The bone and teeth are now in my possession.

It is a coincidence somewhat remarkable, that the sister, Amelia, several years older, was ill in the same way, and at the same time (it was during the prevalence of the cholera in this city), and took medicines from the same man, viz: solutions, &c., and within one week, she was severely salivated also, and her mouth became ulcerated, but no destruction of bone or of the soft parts ensued.

In January, 1850, the lad was brought to me by his father. The lower jaw was then reproduced through the whole extent of that which had been destroyed, but the teeth were of course not replaced: nor was there a vestige of a lower lip, and even the bone was thinly and imperfectly covered with integument. His condition was distressing in the extreme, since he could masticate only with great difficulty, and his saliva was constantly pouring upon his chin, excoriating his face and neck, and saturating his clothes.

First operation for the restoration of the lip. Jan. 14, 1850, in the presence of the class at the Medical College, I abraded the upper edge of the skin corresponding to the lower lip, to the extent of a quarter of an inch each way from the centre; from either extremity of this horizontal incision, I cut perpendicularly about one inch, and then starting from the lower end of these incisions, I carried the knife outward and downward to the left, and outward and downward to the right, one inch and a half. The two lateral pieces thus marked out, were now dissected from the jaw and slid upward and drawn together with sutures above the central piece; the lower edge of the lateral pieces thus united were stitched also to the upper and abraded edge of the central piece.

The object in leaving a central piece attached to the jaw, and uniting the lateral pieces above it, was to prevent the lateral pieces, which were

to constitute the new lip, from drawing down again by the contraction of the wound below. The plan was original, I believe, and proved successful. The lip, however, became, in process of time, through stretching and sinking, insufficient; and I made a second operation to increase the depth of the lower lip, and prevent more effectually the saliva from dribbling from the mouth.

Second operation, Aug. 28, 1850, at my office, in the presence of Drs. Samuel Carey, Camp, and others. My mode of procedure was entirely new, and, as I believe, has established an important principle in this class of operations. The operation was as follows: A single incision was made just under the chin, extending along the lower edge of the inferior maxilla about three inches from side to side. All the integument comprised between this horizontal incision and the upper edge of the lower lip, was now raised from the bone, and the entire mass slid upward until its lower edge was made to correspond with a line just below the upper border of the jaw. Here this edge was made fast to the *periosteum*, by several interrupted sutures. The gaping wound below was left to close by granulation. The result has been, that adhesion occurred between the lower edge of the flap, thus secured, and the periosteum, and no disposition was afterwards shown in the flap to draw downward as the wound cicatrized; but, on the contrary, the skin from below, that is, from under the chin and the neck, was somewhat drawn upward, and thus between the formation of new skin and contraction from the skin below, the wound closed.

The new principle established is, that *by attaching the skin directly to the PERIOSTEUM, its displacement by cicatrization and contraction is prevented*. Every one who has operated for restoration of the lower lip will see the advantages which this plan offers. There is nothing to which the upper, free border of the new lip can be attached, and there is consequently nothing but the mere transverse tension of the lip, to prevent its descending as cicatrization progresses below. This tendency I sought to avoid in the first operation, by leaving a central piece untouched and adherent to the bone, and then bringing the new lip above it. But this procedure requires a sacrifice of a portion of the transverse diameter of the lip, and is often wholly inadmissible; and always objectionable, if the same end can be attained by another mode. This new mode, as we have demonstrated, prevents the sliding downward, without sacrificing any portion of the lid. These remarks are applicable especially to cases of *complete* loss of the lip. Where only a portion is lost, various other methods of supplying the deficiency may be practised; as by stretching the lip, or sliding from the cheeks, or even by an operation of "torsion" from the cheeks.

This idea originated in having observed elsewhere the capacity of periosteum to form skin. I have several times proved, contrary to the often repeated doctrine, that skin may form *de novo*, independent of old skin: as where there has been an extensive destruction of the integuments over a bone—where the parts have been torn away, or have sloughed, quite to the periosteum, and consequently, no old skin could have been left from which the new could form, except at the edges; yet in the oasis, and gradually spread outward in all directions. But this has always been where the periosteum was actually exposed, which first becoming white and spongy, has soon shown itself to be a nucleus of a new skin—in fact, it has become *itself converted into skin*, remaining ever afterwards depressed, immovable, and adherent to the bone at that point.

The result of the case of the lad Neuman is, that he has a lower lip, sufficient to cover the gums and a part of the bodies of a set of artificial teeth which our ingenious dentist, Dr. Harvey, has made for him. The lip is narrow, for we have not yet been able to prevent the contraction and rolling in of the upper edge as it heals, but it would certainly have been much narrower, or entirely lost, if the adhesion to the periosteum had not been effected.

I will not omit to say that by the constant effort to use the lower lip, or perhaps simply by the lapse of time, the lip has very perceptibly lengthened in its vertical diameter during the last six months.—*Buffalo Med. Jour.*

PATHOLOGY AND PRACTICE OF MEDICINE.

Leprosy in New Brunswick.

[The disease to which allusion is made in the following extract has existed for some years in parts of New Brunswick. A few years ago, the Government of that Colony appointed a commission to report upon the subject, and their investigations were published about a year ago in the *Lancet*. We have heard some old physicians declare, that they witnessed formerly, diseases in different parts of Lower Canada very similar to this Leprosy. We would feel extremely grateful for any communications that would throw light upon this obscure subject.]—*Ed. C.M.J.*

SIR,—Having understood that some account of the disease, to which I recently alluded, might be deemed not uninteresting to the readers of the Medical Journal, I proceed to offer such information as is now within my reach—premising, however, that as I am but a mere lawyer—

“He was, could he help it, a special attorney”—

I must be considered entitled to draw on the kind forbearance of your medical readers for all the errors of *nomenclature*, into which I shall fall. This "the Faculty" will readily grant, when I undertake, as a "condition precedent," that there shall be no error in *fact*.

You are already aware that the focus of this terrible disease is in the settlement of Tracaday, in the British Province of New Brunswick, situated on the Gulf of St. Lawrence, about fifty miles north of the mouth of the Miramichi River. Before the Provinces of Nova Scotia and the Canadas became British, the whole range of the Gulf coast had been partially settled by Norman immigrants, and it, no doubt, became a refuge to many of the poor "habitans" and their families, who, fleeing from the Acadian expulsion of 1755, the scenes of devastation and distress so beautifully described in "Evangeline," crossed the Nova Scotia isthmus, and scattering along the shores, formed settlements, at intervals, as far north as the river St. Lawrence, carrying with them the religion, language, costume, and those primitive habits of Normandy, which in several localities are still retained. May I be permitted a digression so far as to express my hope that the author of "Evangeline" may visit those Acadian settlements which are yet to be found on that remote and comparatively unknown, although most interesting, coast. He is said to be an amiable man, and his poetic mind would be pleased to learn that the soothing tones of the "Angelus," floating from the unpretending spire of the old Acadian church of Carroguet, always heard with pleasure and veneration, sound more sweetly to those who have been taught by his beautiful hexameters to associate its music with the by-gone days of Grand Pré.

But to the subject. The extensive tract of country, lying between the Ristigouche river (the Canadian boundary) and the river Miramichi, although partially settled, as I have mentioned, was almost a sort of terra incognita, until the year 1827, when it was created a country under the name of the County of Gloucester. Its interior was then, and in some respects still remains, a wilderness, the coast and the bank of rivers only being settled, and those rather scantily. The more populous settlements are generally those of French origin. Some are still exclusively French; others have yielded to Anglo-Saxon and Celtic influences. Tracaday is one of the old settlements, and contains about 3000 inhabitants composed almost entirely of French Acadians of Norman descent, and it was here that this disease was first detected. For several years there had been rumors that some cases of a very disgusting disease had occurred there; but rumor also gave it a character and a name by which the sufferers were excluded from sympathy. No official notice was taken of it until 1844, when some persons being

reported to be infected who were not allied by blood to those families which were reported unsound, the disease was deemed contagious, and the Grand Jury of the County took the subject into consideration as involving the safety of the public. Persons were appointed by the government to visit the settlement, and examine and report upon the state of the inhabitants. The writer held, at that time, an important office in the County of Gloucester, and it is from authentic public documents that he gives the following details. Over thirty cases were discovered, and the symptoms were recognized as belonging to the Greek elephantiasis, in all its stages. It had been lingering in the settlement for many years, and was considered to be confined to two families, but there had been three or four instances where it was known to have attacked individuals not connected with these families by blood relationship. The writer is possessed of twenty-two cases, drawn up on personal examination of the unfortunate sufferers; and before referring to a report which had been officially made, and which with your permission he may hereafter communicate, he proceeds to exhibit the cases of Peter Savoy and Peter Robisheau, as they appear to embrace many of the diagnostics of the disease.

“Peter Savoy, age 41; married; has been suffering for eight years past; complained of great weakness and pain in the stomach for three or four years prior to the appearance of the eruption, which showed itself first in spots of a dark yellowish colour upon the face and forehead, accompanied by great depression of strength and spirits. The disease, after its outward appearance, advanced rapidly, and the skin assumed a dirty yellow hue over its whole surface. In the course of a few weeks the spots became livid, slightly elevated, and oily in their appearance, but not remarkable for any change of sensibility; the elevations were not large, but they soon assumed the tuberculous character. The tubercles appeared first on the face and nose, and afterwards on the arms, legs and body. The face at this time was slightly puffed, but there were no deep furrows separating the tubercles, either upon the cheeks or forehead. The cheeks were thickened, puffy, and greasy in appearance; the nostrils were swollen and greatly dilated; the ears were thickened, elongated, puffy, and tuberculous. Some of the tubercles disappeared, but others shortly afterwards succeeded them upon the face. The tubercles continued indolent for several years, after which ulceration commenced. Does not recollect that the ulceration was preceded or accompanied by pain or any febrile symptoms. Scabs formed on some of the sores, and others of them healed, but there was not any pain, neither in the scabby tubercle nor in the cicatrices of those which healed spontaneously. The

tubercles on the arms appeared first on the outside of them and on the upper part ; the hands appear fuller, discoloured and tuberculous ; these tubercles are flattened. The feet are tuberculous, swollen and ulcerated ; the soles, like the palms of the hands, are puffy and flattened. The tubercles on the feet are small ; the knees have been tuberculous ; they have occasionally healed, leaving a smooth, shining appearance or cicatrix. Ulceration has attacked the ends of the toes, and has degenerated into sphacelus. He complains of debility in the legs, which he describes as being too heavy for him. The hair has fallen from his whiskers, eyebrows, breast and axilla, and from those other parts of the body which were attacked with tubercles. The inside of the mouth is filled with tubercles ; the sublingual veins are enlarged, the lips are thickened, shining, excoriated and enlarged. The trunk of the body is tuberculous, but the indurations were not ulcerated. The voice is affected, and the exertion of talking, tiresome. The nose discharges a small quantity of an irritating, puriform fluid. He complains of pain in the breast before damp or rainy weather. The senses of hearing and sight continued unimpaired ; that of smell was vitiated before the nose became sore. The appetite and sleep are irregular ; tongue foul ; bowels open regularly ; urine yellow ; has experienced no alteration whatever in the sexual desire ; the sense of taste is injured. He has been married sixteen years ; has had seven children, four of whom are dead ; the youngest living is six years old ; none of them ever manifested any symptoms of the disease. He has followed fishing and farming for a living, and has used the common mixed diet of the country. He was intemperate, and indulged freely in the use of spirituous liquors for five years preceding the appearance of the disease. His wife is living ; she is in good health, and never had any symptoms.

“ Peter Robisheau, aged 26 ; not married ; has been diseased four years ; complained of pain and general listlessness for twelve months preceding the appearance of spots. The pain was particularly troublesome on his feet. At the end of the time mentioned, discoloured spots, like watery blisters without any induration, appeared upon the shins and outside of the fore-arms ; the palms of the hands soon afterwards became affected, the fingers swollen, the extremities of them ulcerated and sphacelous, the bones became carious, and he lost the extreme points of several fingers, the remaining portions of them being contracted. The puffiness of the palm gives this contraction a peculiar appearance, the palm forming a straight line, and the fingers a hook at the end of it. His arms feel unusually heavy when he raises them. His face is swollen, puffy, and of a darkish hue. There are small round spots and tubercles upon the forehead. The lips are swollen ; the sublingual veins

are enlarged; his skin generally, but more particularly on the breast, is discoloured, and there are yellowish spots on the breast resembling brushes. The hair is beginning to fall from the eyebrows; the feet and backs of the hands are spotted and tuberculous; the legs are œdematous, and ulceration, exposing the bone, has attacked the joint of the great toe. He complains of pain at the pit of the stomach; his bowels are regular, but his urine is yellow and hot. He sleeps well. There is a numbness in some parts of the skin. He felt, before the appearance of the eruption, as if he should be attacked with leprosy, as he had heard lepers complain of similar symptoms. He has always been very temperate, a farmer, and used the common diet. He is a son of Joseph Robisheau, who married Anasthasia Sonier, and has two sisters and a cousin labouring under the same disease. Cannot account for the appearance of the disease upon himself, as his father and mother never exhibited any symptoms of it. His sisters were attacked before himself: has never lived in the house with them. His cousin, by his father's family, Israel Robisheau, is dead, and his uncle John died of leprosy in his fiftieth year. Family in tolerably comfortable circumstances."

The writer, in his next, will give the particulars of several other cases.—*Boston Medical Journal*.

Case of Eclampsia Nutans, or "Salaam Convulsion." By E. C. BIDEWELL, M. D., Keene, O.

IN March, 1849, Mr. Newnham published an article on this interesting disease, containing the details of four cases—all that were then known to be on record. The next year, Dr. Willshire reported another case. These two essays comprise, so far as my knowledge extends, the bibliography of the disease. Of these five cases, the last only had a favourable termination, the other four issuing in idiocy or death.

Soon after meeting with Mr. Newnham's essay, a case of the disease came under my own observation; and though differing but little from the cases therein reported, I have thought it worthy of record, since every case of a malady, which has occupied so small a space in medical literature, and, at the same time, of such grave importance, possesses an interest and value which cannot attach to mere repetitions on more familiar subjects.

At the age of three months, the subject of the present report suddenly lost the power of motion. She was afflicted at the time with very obstinate costiveness; further particulars not recollected. She was treated with cathartics, &c., and was promptly relieved. About the same time, some of her relatives began to suspect her of deficient intel-

lect; but with the above mentioned exception, she seemed to enjoy uniform good health; and the parents profess to have noticed nothing wrong with her till she was almost six months old. At that time she was observed, on waking in the morning, and three or four times during the day, to bow or drop her head forwards convulsively. This movement was repeated several times in the course of one or two minutes, and the series repeated three or four times every day. These paroxysms were accompanied by suffusion of the eyes, most marked in the night. There was no expression of pain, and there was, apparently, a momentary loss of consciousness. There was not, at this period, any unusual heat of the head; no flush of the face at any time, which was generally quite pale. The feet were habitually cold; the bowels always costive, and the appetite always good.

With the exception of several slight remissions, of a few weeks perhaps, the peculiar convulsions increased progressively in frequency and intensity. When she was one year old, the paroxysms recurred very frequently, almost always soon after waking from sleep, and at other times also, with thirty or forty convulsions in rapid succession in each, and accompanied with a cry as if from pain. By this time it had become evident that her mental development was very much retarded, if not wholly arrested. She had the appearance of a dull child of seven or eight months; but her general health seemed unaffected, and she was able to walk at thirteen months.

Subsequently, her growth was slow, and the intellect evidently retrograded. Gradually, the morbid movement increased in extent; from the slight nod first described, it became a true oriental "salaam," in which the head was drawn suddenly quite down to the floor, with such violence that the forehead and lips were continually bruised and lacerated from the injuries received. At this period, there was but one convulsion at a time, lasting but an instant, and attracting no attention from the little sufferer herself, except when attended by severe injury. This was repeated many times during the day. Still later, epileptiform fits were superadded, less frequent, but individually of longer duration. Towards the end of her second year, she was hopelessly epileptic and idiotic. At twenty-six months, she died, after a short illness, with febrile symptoms, and a great aggravation of those peculiar to her case.

For the last few months all treatment was discontinued, previous to which time she had passed through the hands of several different practitioners, regular and empirical; had been blistered behind the ears, and on the neck; pustulated with tartar emetic; bathed with warm, and showered with cold, water, separately and consecutively; had taken tonics, cathartics, vermifuges, alteratives, specifics, and what else I am

unable to say, all with no sensible effect, unless, possibly, that, while suffering palpably from the drug disease, the morbid motions were less conspicuous. Perhaps none of the temporary amendments or remissions, already noted, could be fairly attributed to any system of medication to which she was subjected. The parents think, that one remedy, and one only, had a decided effect on the disease: the decoction of yellow dock, with a small quantity of bichloride of mercury, was taken for a considerable period, during which the habitual costiveness was entirely obviated, and for the same period the characteristic symptoms were ameliorated. The costiveness and the convulsions returned together immediately on its discontinuance.

The principal points of the disease, as exhibited in this case and in most of those previously reported, may be recapitulated thus: the diagnostic nodding or bowing of the head; its occurrence soon after sleep, though it also occurred at other times; the subsequent accession of another form of convulsive movement, intercurrent with the original; the permanent injury to the intellect; and finally, its irremediable character, and fatal result. In one important particular only did it differ from the most of those—there was no paralysis.

I have been thus minute, at the risk of being tedious, in reporting this case, upon principle, believing that clinical reports are valuable very nearly in proportion to their completeness. Doubtless, the reader will consider the space better occupied with these details than with any speculations or hypotheses of mine, which are therefore omitted.—*New York Journal of Medicine.*

De la Transfusion du sang à propos d'un cas suivi de guérison, par les docteurs DEVAY et DESGRANGES, médecin et chirurgien en chef désignés de l'Hôtel-Dieu de Lyon.

LORSQUE Harvey, guidé par son génie et soutenu par une ardeur infatigable, eût démontré le cours du sang, les médecins, convaincus de la circulation, n'y virent pas seulement une vérité du plus haut intérêt, ils l'acceptèrent aussi comme une voie nouvelle ouverte à la thérapeutique. L'*infusion* des médicaments dans les veines, la *transfusion* du sang allaient résoudre tous les problèmes. Désormais le remède, sans être altéré par l'estomac ni perdu dans l'intestin arriverait directement sur l'organe à guérir. Au faible on donnerait un sang riche, au valétudinaire un sang plein de vie, au furieux le sang d'un animal doux et inoffensif. Qui sait si l'on n'osa pas espérer de rajeunir un vieillard!

L'enthousiasme touchait alors à un extrême, dont l'extrême opposé devait être plus tard un discrédit aussi complet qu'injuste.

Vers l'année 1657, Christophe Wren, fondateur de la Société des sciences de Londres, proposa l'infusion des médicaments dans les veines et la transfusion du sang ; c'est même sur ces instances que Clark, Boyle et Henskaw firent des injections médicamenteuses dans les veines. En 1665, Richard Lower fit à Oxford les premiers essais de transfusion sur des animaux. Il adaptait, au moyen d'un tube interposé, la carotide d'un chien à la jugulaire d'un autre. Edmond King répéta l'expérience avec un égal succès, en la modifiant toutefois : au lieu d'injecter du sang artériel, il fit passer le sang d'une veine jugulaire à la jugulaire d'un autre animal. Rien n'avait encore été mis à exécution sur l'homme, quand Denys et Emmerets firent, à Paris, leur première opération (1666). C'était un fou qui reçut une première fois 240 grammes de sang de veau, s'en trouva bien et revint à la raison après une seconde transfusion. Un certain Arthur Coga vint solliciter Lower et King de lui faire la transfusion ; il reçoit, après une saignée préalable, du sang que lui fournit la carotide d'un mouton et se déclare très satisfait. A Rome, Guillaume Riva fit, sur un phthisique, la transfusion sans accident ; Paul Menfredi, de son côté, lui dut un beau succès.

Ainsi la transfusion, basée sur des expériences positives, couronnée de plusieurs succès chez l'homme, résistait aux coups de ses détracteurs. Mais là devaient s'arrêter les triomphes, là devait commencer une période de revers qui allaient aboutir à une prohibition légale. Le malade de Denys et Emmerets eut une récidive qui fit recourir à une nouvelle transfusion, et la mort s'ensuivit. Le fils du baron de Bon mourut après une transfusion ; le malade de Riva ne survécut pas longtemps. L'autorité s'émut alors, et le parlement de Paris rendit un arrêt qui défendit de pratiquer la transfusion sous les peines les plus sévères (17 avril 1668).

A dater de ce jour, la transfusion du sang tombe, durant près de deux siècles, dans un tel oubli, que Sprengel, si érudit, si profond sur toutes les questions historiques, n'en dit plus un seul mot. Ce n'est qu'après la publication des travaux de Blundell qu'on la voit reparaitre (1818). Waller, Doubleday la reprennent en 1825. Brigham, un an plus tard, la fait heureusement à Manchester. Banner, à Liverpool, s'en sert pour rappeler à la vie une femme près de mourir d'une hémorragie utérine (1833). Ingleby, Klett lui doivent aussi des rétablissements inespérés. (P. Bérard, COURS DE PHYSIOLOGIE, 74^e leçon, *passim*.)

Voilà donc, une fois encore, la transfusion mise en vigueur, mais débarrassée de tout son ancien prestige, réservée seulement aux cas extrêmes où la première indication est de conjurer une mort imminente et de donner à l'organisation le temps de réparer ses pertes. Malgré des conditions si déplorables, malgré les dangers inhérents à l'opération elle-même, la transfusion du sang a donné des résultats frappants. Elle

a réussi dans les cas qui précèdent, elle a réussi dans ceux qu'ont publiés MM. Lane Bougard et Savy. M. le professeur Nélaton, appelé auprès d'une femme en travail, qu'une hémorragie grave rendait agonissante, parvint à la ranimer en pratiquant la transfusion. Le lendemain, l'état de la malade était changé : une réaction franche et de bon augure avait succédé aux signes avant-coureurs de la mort ; mais par malheur les espérances des premiers jours qui suivirent l'opération s'évanouirent devant une métrô-péritonite qui emporta la malade au bout de peu de temps, (BULLETIN GENERAL DE THERAPEUTIQUE, 30 décembre 1850.) Un cas de transfusion récent, qui a fait une véritable sensation, est celui de M. le docteur Marmonier, de Domène (Isère). Cet habile praticien, seul dans une campagne, a eu le courage d'entreprendre une opération pareille ; bien plus, il a eu le talent de réussir. La malade expirante reçoit 90 grammes de sang ; son rétablissement marche si vite qu'au bout de trente jours elle peut reprendre ses travaux habituels (REVUE MEDICALE, mars 1851). On trouve encore, dans le BULLETIN GENERAL DE THERAPEUTIQUE (15 mai 1851), trois nouveaux faits de transfusion du sang : deux succès et un revers. Les docteurs Bellarsis-Malfen, en Angleterre, et Sacristan, en Espagne, ont été conduits à injecter du sang dans le système circulatoire. L'un et l'autre ont eu la satisfaction de réussir. La mort était presque inévitable chez la malade du docteur Simon. Comment espérer de sauver un malheureux à qui l'on ampute la cuisse, le lendemain d'une transfusion, pour cause d'hémorragie consécutive à un phlegmon diffus ? Quel organisme résisterait à tant de causes de mort accumulées ? M. Monneret a éprouvé un échec en pratiquant la transfusion sur une jeune femme au dernier degré d'anémie, par suite d'hémorragies répétées et abondantes. Elle mourut quelques heures après l'opération (GAZ. MED., 1851, p. 664). Peut-être doit-on en accuser la précaution qu'avait prise M. Monneret d'enlever la fibrine au sang qu'il allait injecter. Nous ne serions pas éloignés de le croire, malgré les expériences qui prouvent que le sérum et les globules suffisent pour rappeler à la vie un chien en état de mort apparente, après hémorragie.

Aux faits que nous venons de citer, nous sommes heureux d'en ajouter un nouveau, de fournir par là un argument de plus en faveur de la méthode, et de montrer encore que le manuel opératoire n'exige pas d'instruments particuliers. On peut être assuré qu'au sein d'un grand hôpital, au milieu d'élèves studieux et dévoués, la transfusion ne manquera jamais faute de sang. Nous en jugeons par le dévouement de M. Lardet, interne des hôpitaux, par sa généreuse spontanéité à offrir de son sang. Qu'il reçoive ici nos félicitations cordiales, et nos remerciements pour le zèle et les soins qu'il a mis à recueillir l'observation détaillée qu'on va lire.

METRRORRHAGIE, SUITE D'AVORTEMENT; ANEMIE EXTREME; MORT IMMINENTE; TRANSFUSION DU SANG; GUERISON.

OBS.—Le 25 octobre, à neuf heures du matin, au moment où M. le docteur Devay, médecin de la salle dite des troisièmes femmes fiévreuses, terminait sa visite, on couchait dans le lit n° 109 de cette salle une malade qu'on venait d'y apporter. C'était la nommée Marie Guerre, née à Saint-Félix (Savoie), âgée de 27 ans, exerçant à Lyon la profession d'ouvrière en fausse bijouterie. Cette fille d'une complexion assez forte, d'un tempéramment lymphatico-nerveux, est étendue dans son lit, sans mouvement, les paupières immobiles, les yeux éteints, à demi fermés, les traits abattus et la face toute entière d'une pâleur si grande que nous en sommes tous frappés au premier aspect. Voici une hémorragie grave, telle fut la première parole de M. Devay en voyant la malade. Les porteurs, qui sont restés présents, nous apprennent en effet que cette femme, à la suite d'un accouchement prématuré, avait eu, les jours précédents, une hémorragie si abondante, qu'elle avait *perdu tout son sang*.

A cette heure tout écoulement a à peu près cessé, et on constate les phénomènes suivants : faiblesse générale extrême, intelligence conservée, mais paresseuse et comme engourdie, perte complète de l'usage de la parole. (La malade répond quelquefois par signes affirmatifs, ou négatifs, mais péniblement et après s'être fait répéter plusieurs fois la même demande.)

La face, la langue dans toute son étendue, les muqueuses des lèvres et des paupières offrent une pâleur complète et uniforme. Les membres inférieurs et supérieurs, le tronc, en un mot toute la surface du corps est dépourvue de chaleur. Le pouls est petit, très accéléré (130 pulsations environ par minute), facilement dépressible et fuyant sous le doigt ; les battements du cœur sont faibles et précipités ; bruit de diable dans les carotides. A de rares intervalles, la malade semble sortir pour un instant de l'espèce de léthargie où elle est plongée. L'anxiété précordiale est grande, et les muscles de la face se crispant d'une façon convulsive dénotent une souffrance profonde. La bouche exécute certains mouvements, indices d'une soif vive ; on lui donne à boire à chaque instant, et ses lèvres saisissent avec avidité les bords du vase, mais l'estomac rejette aussitôt le liquide qu'il vient de recevoir. Le volume et la sensibilité du ventre n'offrent rien de particulier ; une pression modérée exercée sur ses parois n'arrache aucun signe de douleur à la malade.

M. Devay fait la prescription suivante.

Potion avec : Infusion de tilleul et feuille d'oranger.
 Ergotine Bonjean. . . 1 gramme.
 Sirop de ratanhia . . 30 —

Tisane de grande consoude. . . 1 litre.
Ajoutez : Sirop de roses rouges. G. C.
Régime : Une ou deux cuillerées de bouillon.

Dans le reste de la journée et la nuit, rien de remarquable.

Le lendemain 26, à la visite du matin, tous les phénomènes généraux et particuliers persistent à un degré plus avancé ; les yeux paraissent plus éteints que la veille ; les paupières, entièrement closes, s'entr'ouvrent avec peine et s'abaissent aussitôt. Si la malade essaye de nous montrer sa langue blanche et comme effilée, celle-ci ne peut revenir au dedans de la cavité buccale, et reste engagée entre les arcades dentaires. Les réponses par signes sont plus difficiles à obtenir que la veille. Il existe un état de réfrigération générale.

M. Devay, jugeant alors que la transfusion est la ressource ultime, fait prier M. Desgranges, chirurgien en chef désigné de l'Hôtel-Dieu, de se rendre auprès de la malade. Ces messieurs réunis prennent l'avis de M. le docteur Delorme, présent à la visite, et d'un commun accord la transfusion du sang est déclarée la seule chance de salut qui reste à cette femme.

MM. les docteurs Dime, Candy, Bouchet, médecins de l'Hôtel-Dieu, invités à la hâte à vouloir bien assister à l'opération, ainsi que mes collègues MM. Morel et Berne, internes des hôpitaux, constatent l'état de la malade, tel qu'il est relaté ci-dessus.

OPERATION.—Aussitôt après, M. Desgranges, qui se charge de cette opération délicate, dispose les instrumens qui doivent lui servir : 1° une petite canule à injections veineuses ; 2° une seringue à hydrocèle ; 3° un stylet aiguillé chargé d'un fil ; 4° un bistouri pointu et des pinces à dissection.

La *petite canule*, longue de 3 centim., est formée par la réunion de deux moitiés dissemblables. D'un côté c'est un tube cylindrique de 2 millimètres de diamètre, de l'autre un pavillon allongé, infundibuliforme, dont l'orifice est de 1 mill. de diamètre. Elle est donc construite de façon qu'on puisse la fixer à la veine par une simple ligature, et que sans peine on puisse y adapter le bout de la seringue.

La *seringue à hydrocèle* peut contenir 180 grammes d'eau ; le piston, à double parachute, bouche hermétiquement et glisse sans effort. Cette seringue est enveloppée de plusieurs doubles de linges fixés par une bande ; elle est plongée ensuite dans un vase rempli d'eau chaude, qu'à tout instant on renouvelle pour avoir constamment une température d'environ +40° c. Je ne saurais préciser davantage, la préoccupation du moment nous ayant fait négliger l'emploi du thermomètre.

Les autres instrumens n'ont rien qui mérite une mention à part. Un premier aide est chargé de soutenir le bras droit sur lequel l'opération

va être pratiquée, plus tard de veiller sur la canule et de comprimer la veine. Un second aide saisit la main et tient le membre supérieur dans l'extension.

L'opération commence une fois les préparatifs achevés, et naturellement elle se divise en quatre temps distincts.

PREMIER TEMPS : Isolement de la veine.—Vers le milieu de la médiane basilique, et parallèlement à son axe, on fait à la peau une incision de 13 millim. Le tissu cellulaire, la graisse, sont divisés avec précaution, et la veine mise à découvert se distingue facilement à sa coloration bleuâtre. Elle est disséquée avec soin, soulevée ensuite au moyen du stylet que l'on parvient à y faire glisser dessous, comme s'il s'agissait d'une ligature artérielle. Le stylet sert à conduire le fil, qui plus tard doit fixer les parois veineuses au cylindre de la canule.

DEUXIEME TEMPS : Introduction de la canule.—La veine soulevée par le fil, que tient un des aides, est saisie très légèrement avec une pince, puis incisée longitudinalement avec le bistouri dans une étendue de 4 millim. Après deux ou trois tentatives, on parvient à insinuer la canule dans le vaisseau, sur lequel on la fixe au moyen du fil. On ne voit point sortir de sang par la canule ; ce qui ne doit point étonner, vu le cours de ce liquide et la difficulté que les valvules opposent à une marche rétrograde. Il survient au contraire un inconvénient sanguin à l'angle inférieur de la plaie ; ceci doit être, puisque le sang revient de la périphérie au centre, et qu'une certaine étendue de l'incision reste béante du côté de la main. L'aide, placé près du bras, veille sur la canule et comprime la veine directement au-dessus ; il place un autre doigt sur l'orifice béant du bout inférieur de la veine, afin d'arrêter une perte nouvelle, si petite qu'elle soit.

TROISIEME TEMPS : Transfusion.—Tout étant disposé comme il vient d'être dit, M. Desgranges m'ouvre la veine médiane basilique droite. Le sang est recueilli directement dans la seringue chauffée ; et sans perdre un instant, dès qu'elle est pleine on y met le piston et l'on en chasse l'air avec le plus grand soin. De nouvelles compresses d'eau bouillante sont enroulées à la seringue. On l'ajuste et l'injection commence.

Le piston est poussé avec précaution et lenteur ; le sang pénètre sans peine, sans qu'il en tombe plus de quelques gouttes à l'extérieur. En deux minutes et demie, et à l'abri du plus léger accident, on fait couler 180 grammes de sang pur dans le système veineux de la malade.

QUATRIEME TEMPS : Pansement.—La seringue étant retirée, on ôte la canule en coupant le fil, puis on rapproche les lèvres de la plaie, Une compresse mouillée, pliée en plusieurs doubles, et quelques tours de bande, complètent l'appareil. La malade est remise dans une attitude

commode ; elle n'a souffert un peu que durant l'incision de la peau et l'isolement de la veine.

Pendant l'opération, M. Bouchet compte les pulsations de l'artère radiale du côté opposé ; de 130 par minute, elle s'élèvent à 138 vers la fin de l'injection. Celle-ci terminée, les mêmes docteurs et internes, ainsi que quelques élèves en médecine, constatent immédiatement l'état nouveau de la malade.

Phénomènes constatés : Le pouls marque 138 pulsations par minute, 8 de plus qu'avant l'opération. Les pulsations, d'oscillantes qu'elles étaient, sont devenues plus résistantes ; il y a plus d'énergie dans l'artère ; les contractions des ventricules sont régulières ; leur puissance a doublé et même triplé ; le bruit de diable a disparu complètement, les yeux de la malade s'ouvrent, ses regards deviennent intelligents ; elle *remarque* ce qui se passe autour d'elle. La rétraction de la langue de dehors en dedans de la cavité buccale s'exécute facilement. La pointe de cet organe paraît déjà légèrement rosée ; en un mot, l'ensemble des phénomènes nouveaux indique qu'une modification profonde a été imprimée subitement à l'économie tout entière, en présence du nouveau liquide réparateur.

L'excitation générale qui s'était manifestée immédiatement après la transfusion est allée croissant dans le reste de la journée et dans la nuit du 26 au 27. Il y a même eu un peu de délire. La malade pousse fréquemment des cris perçants, prononce des paroles incohérentes, et malgré sa faiblesse réelle, se livre à des mouvements qui nécessitent l'emploi d'un lacq, passé autour du lit pour prévenir une chute qui serait des plus fâcheuse.

Prescription.—Potion : La même que la veille.

Pour boisson : Eau de poulet.

Sirop d'ergotine.

Le soir : Potion musquée.

27 octobre. L'agitation est moindre que la veille ; le pouls est tombé à 110 pulsations. La pâleur du visage et des muqueuses est la même. La température du corps est devenue sensible ; la malade continue d'être très-altérée, mais elle n'éprouve plus ni nausées, ni vomissements.

Prescription : Eau de canellé orgée.

Potion avec : Teinture de quina. . . . 3 grammes.

Sirop pivoine. . . . 15 —

Tisane de grande consoude. 1 litre.

Ajoutez dans la tisane : Eau de Rabel 15 gouttes.

Limonade sulfurique . . 1 litre.

Pour le soir, un bol avec : Thériaque. . . . 0g, 10

Camphre 0g, 10.

Vers la fin de la journée, l'état d'excitation disparaît, et la malade tombe dans un collapsus fort inquiétant.

28. La nuit a été bonne, le sommeil long et calme ; le matin le pouls est meilleur, il ne marque plus que 90 pulsations ; la peau a perdu de la sécheresse qu'elle offrait les jours précédents ; l'usage de la parole est revenu, les réponses se font avec facilité ; la langue se colore légèrement, les lèvres ont perdu de leur pâleur, les yeux deviennent brillants ; la malade demande elle-même à manger ; elle prend deux tasses de bouillon dans la journée.

Prescription : *Ut Suprà.*

Ajoutez à la potion : Teinture de quinquina. . . 4 grammes.
Ajoutez à la tisane de grande consoude : Eau de Rabel. 20 gouttes.

Le soir, le rythme et le nombre des pulsations sont les mêmes ; les joues se colorent d'une légère teinte rosée. L'état des forces est meilleur.

29. La soif continue, le sentiment de la faim se développe de plus en plus. On ne peut, malgré cela, transporter la malade hors de son lit sans qu'il survienne des défaillances. Les claquements valvulaires sont doués d'un timbre éclatant ; le pouls tend toujours à fuir sous le doigt ; la langue est recouverte d'une éruption aphteuse, blanche, semblable au muguet des enfants.

Prescription.—Potion : *Ut Suprà.*

Ajoutez : Extrait de quinquina. . . 2 grammes.
Pour boisson : Eau de poulet.
Eau. 1 litre.
Sirop des 4 fruits.
Vin de Malaga.

Depuis le commencement de la maladie, les selles sont liquides, noirâtres, d'une odeur fétide. On prescrit aujourd'hui :

Demi-lavement : Décocté de serpentaire de Virginie.

Camphre. 4 grammes.
Extrait de quina. 4 —
Extrait de valériane. . . . 4 —

30. La langue s'est dépouillée en partie des aphtes qui la recouvraient ; la malade exhale une légère odeur putride.

Prescription.—Potion avec : Infusion de menthe et tilleul.

Extrait de quina. . . . 4 grammes.
Sirop d'œillets. 30 —

Pour boisson, un mélange de : Sirop de groseilles.
Vin de Malaga.

Idem : Bouillon de poulet.
Extrait de quina.

31. Rien de nouveau dans l'état de la malade.

Prescription.—Potion : *Ut Suprà.*

Lactacte de fer. . . 6 pastilles.

Supprimez les bols de thériaque et camphre.

1er novembre. Prescription.—Potion : *Ut Suprà.*

Tisane de houblon.

Sirop de gentiane. q. s.

Ajoutez : Teinture de mars tartarisée. . . 4 grammes.

Supprimez la tisane au vin de Malaga additionné d'extrait de quinquina.

2 novembre. Battements du cœur un peu obscurs ; bouffissure légère de la racine du nez et des paupières ; miction difficile.

Prescription : Conserve de roses. . . . 80 grammes.
Limaïlle de fer. 1 —
Extrait de ratanhia. . . . 4 —

Potion : *Ut Supra.*
Pour besoin : Limonade vineuse.
Bouillon de Poulet.
Vin de Bordeaux.

Suspendez la tisane de houblon.

3 novembre. Un peu d'obscurité de la respiration à droite ; bruit de cuir neuf dans le cœur ; bruit de souffle dans les carotides.

Potion : *Ut Supra.*
Pour boisson : Bouillon de poulet.
Vin de Bordeaux.
Eau de Bussang.

Supprimez la limonade vineuse.

4, 5. Prescription : Conserve de roses. . . . 80 grammes.
Limaïlle de fer 1 —
Extrait de ratanhia. . . . 4 —
Sirop de cachou. 30 —
Potion gommée avec : Sirop d'œillet. . . 30 —
Extrait de quina. 3 —

6. Prescription : Suspendez la potion ci-dessus.
4 pilules de Vallet.
Conserve de roses . . . 80 grammes.
Extrait de quina. 3 —
Limaïlle de fer. 1 —

7. Chaque jour les forces vont en augmentant ; la soif a cessé d'être aussi vive ; la faim se fait plus impérieusement sentir ; la malade commence à manger un peu de poulet ; la plaie faite au pli du bras est dans le même état que le premier jour : atonie complète ; les lèvres de cette petite plaie, réunies le lendemain de l'opération, avec des bandelettes imbibées de collodion, sont même, après la levée de l'appareil, beaucoup plus écartées que dans le principe.

On fait un nouveau pansement avec le baume du commandeur.

Prescription : Vin de Bordeaux.
6 pilules de Vallet.

Suspendez la conserve de roses, etc.

Frictions sur le dos et les cuisses avec le mélange suivant :

Alcool camphré.
Teinture de quina.
Id. de noix vomique.

8. Les jambes sont devenues le siège d'un léger œdème.

Prescription : *Ut supra.*
Ajoutez : Lait.
Régime, $\frac{1}{2}$ Poulet.

9. La malade peut descendre, aller à la garde-robe, et remonter dans son lit sans le secours de personne.

Prescription : *Ut supra.*
Régime, $\frac{1}{4}$, $\frac{1}{2}$.

10. Le bruit de souffle persiste dans les carotides ; le dévoiement a cessé.

Prescription : *Ut supra.*
8 pilules de Vallet.

11. Une réaction s'est déclarée dans les lèvres de la plaie ; des bourgeons charnus se forment ; la cicatrisation marche avec rapidité.

Prescription : Citrate de fer, 3 pilules de 0,05.
Le reste : *Ut supra.*

12. Les joues se colorent de plus en plus ; la bouffissure des paupières et de la racine du nez a disparu complètement.

Prescription : *Ut supra.*
Régime, $\frac{1}{2}$.

13. La malade s'est levée hier et s'est proménée dans la salle. Le soir, le membre inférieur droit est douloureux. Le lendemain, une *phlegmatia alba dolens* en occupe toute l'étendue, et s'accompagne d'un état fébrile.

Prescription : *Ut supra.*

Tout le membre est enveloppé de coton saupoudré de camphre et frictionné deux fois par jour avec le mélange suivant :

Baume tranquille.....	30 grammes.
Teinture de scille.....	30 —
Id. de digitale.....	30 —
Eau-de-vie camphrée.....	15 —

15 L'engorgement du membre est à peu près le même ; le pli de l'aîne est douloureux ; les lotions avec le liniment précédent sont suspendues et remplacées par des frictions faites matin et soir avec l'onguent napolitain et par l'application, pendant le jour et la nuit, de cataplasmes émollients, rendus plus calmants par l'addition de ciguë et de camphre, et arrosés avec une solution d'extrait de belladone. La malade garde le repos au lit.

16. Prescription : Citrate de fer..... 5 pilules.
Potion : Infusion de menthe.
Eau de canelle.
Extrait de quina..... 4 grammes.
Sirop de valériane..... 15 —
Id. d'éther..... 15 —

20. La tension de la cuisse et la douleur du pli de l'aîne ont cessé ; le mollet seul conserve un reste de tuméfaction. De jour en jour le teint se colore d'une manière fort remarquable.

22. Aujourd'hui, il n'y a pas trace de l'ancienne affection qui occupait le membre. On supprime les frictions et l'application des cataplasmes. Bronchite légère.

Prescription : Potion bichique simple.
Tisane de dattes et jujubes.
Lait.
7 pastilles de citrate de fer.

25. La malade recommence à se lever et fait quelques tours de promenade dans la salle ; la coloration de son visage a pris une nouvelle intensité ; sur la remarque qui lui en est faite, elle nous dit que c'était là son état habituel avant sa maladie.

Prescription : La même que les jours précédents.

29. Depuis le 25, notre malade n'a pas manqué de se lever et de passer dans la salle, assise ou à se promener la plus grande partie de la journée. Cette femme voyant son état s'améliorer si rapidement, avait manifesté plusieurs fois le désir de sortir de l'Hôtel-Dieu. Aujourd'hui M. Devay, après avoir constaté son état de parfaite santé, lui accorde son exeat. Elle nous quitte joyeuse et insouciant, comme elle s'est montrée durant la dernière moitié de sa maladie, et nous remercie avec la plus grande effusion. (Observation recueillie par M. Lardet, interne des hôpitaux) — *Gazette Médicale de Paris.*

Mémoire sur les hémorragies des cavités muqueuses; nouveau mode d'application de la glace dans le traitement de ces hémorragies,
par M. CHASSAIGNAC.

Nous sommes nécessairement condamnés à faire tort au travail de M. Chassaignac, car l'un de ses grands avantages est de rendre plus saisissables, plus populaires, grâce à la piquante concision de la forme, certaines considérations de chirurgie pratique. Or c'est là un genre de mérite que l'analyse ne saurait s'approprier. Voici toutefois ce que ces recherches contiennent de plus essentiel, soit en fait de remarques, soit en fait de préceptes.

On ne se fait généralement pas une juste idée des dangers de l'hémorragie. De ce que la perte sanguine n'a pas continué jusqu'au moment de la mort, on est ordinairement trop porté à admettre qu'elle n'a point causé cette terminaison fatale. Et la répugnance qu'un médecin éprouve à en convenir, l'impossibilité de démontrer anatomiquement que le malade a péri par hémorragie, concourent encore à entretenir cette idée de la rareté des pertes de sang mortelles. Après avoir signalé ces causes d'erreur, M. Chassaignac fait observer que le sujet qui meurt d'hémorragie ne périt que très-rarement durant l'acte même de l'hémorragie ;

que celle-ci, soit spontanément, soit artificiellement, est presque toujours arrêtée un certain temps avant la mort ; que, en un mot, les cas de cette dernière espèce forment la règle, ceux de la première demeurant l'exception.

Du reste, l'hémorragie amène à sa suite des lésions graves et multipliées qui peuvent compromettre directement l'existence ; et ce n'est qu'en s'opposant de bonne heure à l'écoulement sanguin qu'on empêche ces complications d'atteindre le degré où elles deviennent incurables.

Ayant ainsi établi avec plus d'instance que ses prédécesseurs la gravité incontestable de toute hémorragie un peu sérieuse, M. Chassaignac est conduit naturellement à la partie thérapeutique de son mémoire où il s'est proposé de faire connaître les ressources qu'on trouve dans l'emploi local de la glace contre les hémorragies. Le fait qu'il cite en premier lieu montre admirablement l'héroïque pouvoir de cet agent bien manié. Il a rapport à une hémorragie très-abondante survenue chez une femme de 21 ans, bien portante, huit jours après l'ablation de l'amygdale droite avec l'instrument de Fanestock. Divers moyens astringents locaux avaient déjà échoué ; et l'urgence du péril avait décidé les consultants à l'application du fer rouge. Mais pendant qu'on le préparait une inspiration frappa M. Chassaignac. " Avant d'en venir au bouton de feu, dit-il, essayons un bouton de glace !" Il saisit alors avec une pince de Museux un morceau de glace du volume d'une noix, le porta sur le siège de l'hémorragie, où il le fit ensuite maintenir par la malade elle-même. L'hémorragie s'arrêta définitivement et ne reparut plus.

La facilité avec laquelle on peut saisir entre les mors des pinces de Museux un fragment de glace est une chose très-remarquable. M. Chassaignac, avant de l'avoir constaté, n'aurait pu croire à la puissance de ce mode de préhension. Ainsi, une masse réfrigérante, d'un volume assez notable, devenant à la fois un agent de compression et une cause de refroidissement, se moulant promptement sur la forme des parties par l'influence de leur chaleur propre, ne laissant échapper, par sa fusion, qu'un liquide inoffensif et nullement désagréable, n'obligeant pas par conséquent le malade à de continuels efforts d'expulsion, pouvant être ôtée et remise en place instantanément sans entraîner d'interruption dans l'action réfrigérante, pouvant être maintenue en position par le malade lui-même, et mettant à se fondre, même dans la cavité buccale, beaucoup plus de temps qu'on ne s'y serait attendu, voilà les avantages de ce procédé si simple dans son exécution.

Pour configurer le glaçon hémostatique à volonté et selon le lieu où il doit être placé, on peut tailler un morceau de glace avec un bistouri ou un couteau ; on peut encore en modifier la surface en promenant un

morceau de fer chauffé sur lui, ce qui fait fondre ses parties les plus saillantes.

Enfin, comme perfectionnement extrême dans l'exécution de l'idée, ne pourrait-on, au moyen des mélanges réfrigérants, faire congeler dans des récipients de forme déterminée, soit de l'eau, soit divers liquides doués d'une action médicamenteuse, astringente, styptique, etc.? — *Gazette Médicale de Paris.*

MIDWIFERY.

Deux cas d'accouchements prématurés artificiels, exécutés au moyen d'injections d'eau chaude, par le docteur Staenglmayr, à Liegenbourg

La GAZETTE MÉDICALE a successivement enregistré les nombreux accouchements prématurés artificiels principalement entrepris en Allemagne; aussi croyons-nous inutile de discuter à l'avenir l'utilité, pour ne pas dire la nécessité de cette pratique dans certains cas de vices de conformation du bassin.

Obs. 1.—Chez une femme déjà délivrée quatre fois avec beaucoup de peine d'enfants morts amenés avec le forceps, on entreprit l'accouchement à la trente-quatrième semaine de la cinquième grossesse. Quoique le résultat ait été malheureux, il ne peut pas être mis sur le compte de l'opérateur; en effet, la mort de l'enfant peut être attribuée à l'emploi du seigle ergoté, ou à la strangulation par le cordon ombilical, ou encore plutôt à une hémorragie du placenta détaché trop tôt.

Presque tous les accoucheurs de notre époque sont aujourd'hui d'accord sur cette grande conquête de l'art obstétrical; il n'en est pas de même des indications de l'accouchement prématuré et de la méthode à employer, ce qui nous engage à rapporter avec tous les détails l'observation suivante:

Obs. II.—Catherine Bachsmaier, âgée de 34 ans, paysanne, petite, faible, régulièrement menstruée depuis l'âge de 15 ans et accouchée heureusement quatre fois, était affectée depuis six mois d'une toux fatigante avec expectoration purulente.

Au commencement de février 1849, il se déclara un gonflement œdémateux des pieds, qui s'étendit peu à peu aux cuisses, aux parties génitales, au ventre jusqu'aux seins. Depuis huit jours la malade ne peut ni marcher ni se coucher. Toux fréquente, très-pénible; orthopnée; au toucher, qui était très-pénible à cause de la tuméfaction énorme des lèvres, on trouve le col de l'utérus dur, d'un pouce de long, l'orifice de l'utérus presque complètement fermé avec une cicatrice à gauche.

Depuis cinq jours la mère ne sentait plus les mouvements de l'enfant et demandait avec instance d'être délivrée, à quoi M. Staenglmayr se décida d'autant plus volontiers que la difficulté de respirer augmentait d'heure en heure. Pour arrêter les progrès de l'hydropisie, on fit quelques incisions aux jambes, aux lèvres et au bas-ventre, dont il s'écoula bientôt de l'eau.

L'accouchement prématuré fut entrepris le 1er mai, à la trente-deuxième semaine de la cinquième grossesse, au moyen d'*injections d'eau chaude* (33-34° R.) faites pendant un quart d'heure avec une seringue utérine ordinaire et répétées trois fois par jour.

Le 2 mai, soulagement notable à la suite de l'écoulement abondant de l'eau par les plaies des incisions et d'une déchirure spontanée dans l'aine droite; col de l'utérus presque complètement effacé; orifice encore fermé.

Le 3, la malade, craignant l'augmentation de l'hydropisie, ne fit pas d'injections.

Le 5, on appela de nouveau M. Staenglmayr, demeurant à 5 lieues et demie de la malade. L'œdème avait tellement diminué qu'on sentait l'utérus à travers les parois du ventre. Au toucher, on trouva l'orifice utérin ouvert, très-élevé, les bords mous et tuméfiés, et à travers les membranes peu tendues, on sentait balloter la tête de l'enfant. On recommença les injections.

Le 6, nouvelle diminution de l'œdème; orifice utérin encore plus largement ouvert, ayant l'étendue d'une pièce de 6 livres; segment inférieur de l'utérus mince et mou. Les maux, jusqu'alors à peine perceptibles, devinrent bientôt très-forts par l'emploi de deux doses de seigle ergoté (75 centigrammes) donnés de demi-heure, en demi-heure. L'auteur rompit les membranes qui étaient très-épaisses; il s'écoula peu d'eau. Les maux continuèrent, et une demi-heure après, la mère mit au monde un enfant petit, mais bien développé, qui commença aussitôt à jeter de forts cris. L'arrière-faix fut retiré un quart d'heure après.—*Gazette Médicale de Paris.*

A successful Case of Parturition, in a patient who had previously undergone "ovariotomy" by a "large incision." BY JOHN CROUCH, ESQ., M.R.C.S.

FANNY GOULD, the subject of this case, is now a fine healthy young woman, twenty-six years of age. In August, 1849, I extirpated, by a peritoneal section of nine inches, a multilocular ovarian cyst, weighing fourteen pounds, and containing not less than two hundred separate cavities. The operation and its subsequent treatment are described in

the 44th volume of the LONDON MEDICAL GAZETTE, and in the Provincial Medical and Surgical Journal for 1849. The tumour consisted of an hypertrophy of the left ovary, the cells of which contained an albuminous fluid of various consistencies. The fimbriated extremities of the left Fallopian tube were also much enlarged, and contributed a considerable portion towards the diseased mass. The patient's history from the above period is as follows:—About five weeks after the operation she walked the distance of five miles, to inspect the preparation of the tumour which had been extracted from her. During the winter, the catamenia appeared at regular intervals, and her general health continued good, with the exception of an occasional pain in the left groin, and a slight difficulty in micturition, sometimes followed and relieved by a muco-purulent discharge in the urine. In April, 1850, she fulfilled an engagement made before the operation, and entered the married state. In January, 1851, the menses ceased, and in a short time subsequently, the ordinary symptoms of pregnancy commenced. These were of a mild and healthy character—indeed, she never enjoyed existence more than during her period of gestation. The pain in the left groin, opposite the part where the pedicle of the tumour had been tied, the difficult micturition, and the deposit in the urine, entirely ceased. On the 9th of October, 1851, two hundred and eighty-two days from the termination of the last menstrual period, she was, after a lingering labour, safely delivered of a male child, weighing seven pounds. The infant was born in a state of asphyxia, with the umbilical cord tightly encircling its neck; but soon after the pressure was removed, it showed symptoms of vigorous life. One fact, connected with the cicatrix on the abdomen of the mother, is not unworthy of notice. It was previously feared that the expansive powers of the parietes of the bowels would be impaired by so large a scar passing through their centre: I was therefore agreeably surprised to find that, not only did the surrounding skin dilate without tightness or puckering, but that the cicatrix itself increased in length *three inches*, and in breadth *one-sixth of an inch*, during the period of pregnancy; thus affording an unusual and striking instance of the elasticity of newly-formed integument.

Fanny Gould has now been confined nearly seven weeks, and both the mother and child are doing well in every respect. The cicatrix has returned to the same dimensions as before the pregnancy; being five and a half inches in length, and one quarter of an inch in breadth.

—*Medical Gazette.*

ART. VII.—*Cæsarean Operation*. Reported By Dr. M. M. RODGERS.

I SEND you for publication an account of a case of Cæsarean operation, which I have just seen performed by M. Paul Dubois, in the Hospital "Clinique d'Accouchements." This operation, although far more common than in the United States, is by no means of frequent occurrence in Europe. M. Dubois, if I understood him correctly, said he had made the section eight times before.

The subject of the operation was an in-patient of the hospital; single woman, 24 years of age, primiparous, dwarfish, of rachitic constitution, nervo-bilious and lymphatic temperament, with deformed pelvis and inferior extremities. The pelvis was compressed so as to leave only $1\frac{1}{4}$ inch in the antero-posterior diameter, which was insufficient for the delivery of the child even after embryotomy. Labor commenced at the full period of gestation, and had been progressing slowly for about six hours, the amniotic fluid having been discharged during that time. Difficulty being apprehended by the "internes" and "chef. du clinique" in attendance, M. Dubois, Physician Accoucheur, of this hospital, was called in: after examination per vaginam, the Professor, by the concurrent advice of Prof. De Paul, decided upon the necessity of the section. This was at 9 o'clock in the evening, the woman being then somewhat exhausted, and the child still living, as shown by auscultation: the operation was, however, deferred till the next day at 10 o'clock. The patient was brought into the amphitheatre somewhat more feeble than the night before, although under the effect of anodynes and stimulants: she was laid upon her back on the operating bed, with the thighs flexed upon the body, and the shoulders raised.

The operation was commenced, (without chloroform,) by making an incision just opposite the umbilicus, and extending to the symphysis pubis, about eight inches: the first incision was made through the integuments; a small opening was then made through the peritoneum, and the incision finished by a bistoury and grooved director: the next incision was made through the walls of the uterus, about six inches long, when the child appeared in sight; it was extracted by the feet, dead; the cord was tied and the placenta extracted by the same orifice. The operation occupied about eight minutes exclusive of dressing. The bleeding was only slight from the incision; the edges of the wound in the abdominal walls was brought into coaptation and secured by interrupted quilled sutures, the incision in the uterus being perfectly closed by its contraction; adhesive straps, charpie, a compress and bandage around the body, finished the dressing. The patient, who suffered much from pain, and was much exhausted, was removed to her ward, and allowed an anodyne and hot

wine and water: she, however, was unable to rest, and reaction not taking place, she sunk rapidly, and died of collapse, thirty-six hours after the operation.

This was, doubtless, a fair case for the operation, and offered the only hope of saving either the mother or child: but the time to save the child was while it was alive; and after that was dead, the mother was too much exhausted to leave much hope of her recovery from so severe an operation; so that the delay in the case certainly was the cause of losing one if not both lives. But as I intended only to give the details of the operation, which was skilfully performed, I shall give no opinions, but leave others to draw such conclusions, and make such reflections as they please.—*Buffalo Journal*.

MATERIA MEDICA.

New-Lebanon, its Physic Gardens and their Products.

THE beautiful valley of New-Lebanon, situated about thirty miles east of the Hudson river, in the State of New-York, and noted for its attractive watering place, the resort of many pleasure-seeking travellers in the summer months, has long been celebrated for its gardens devoted to the culture of medicinal plants, with a view to the supply of apothecaries, druggists, and others in all parts of the United States. For a long time this business was solely in the hands of the people called "Shakers," who originated it as a regular pursuit, and who yet are largely concerned. During the past summer, whilst on a visit to the valley of the Hudson, we accepted an invitation from Mr. Henry A. Tilden, to visit his gardens and laboratory situated in the township and village of New-Lebanon, where he and his brother conduct an extensive business in the culture, drying and packing of plants, and the preparation of medicinal extracts. The Messrs. Tilden informed us that they have about forty acres cultivated under their immediate superintendence, somewhat in the following arrangement: 9 acres in Taraxacum, 2 in Conium, 3 in Hyoseyamus, 3 in Belladonna, 3 in Lettuce, 3 in Sage, 2 Summer Savory, 2 Stramonium, 2 Burdock and Dock, 1 Marjoram, 2 Digitalis, 2 Parsley, Poppies, and Horehound, 1 Aconite and Balm. The remainder are occupied with Basil, Button Snake Root, Blessed Thistle, Borage, Coriander, Feverfew, Hollyhock, Hyssop, Larkspur, Lovage, Marsh-mallow, Marygold, Mugwort, Mountain Mint, Southern Wood, Tansey, &c. The narcotics, especially the Hyoseyamus and Belladonna, require a rich soil, and they exhaust the land rapidly. These last attain a height in many instances of five feet, but in general from three to four. They are liable to be preyed upon more or less, at all seasons of their growth

by insects and worms peculiar to each, to such an extent in some instances, as to destroy the crop. *Conium maculatum* grows spontaneously in all that region of country, having become naturalized. It is seen along the roads, and in fields that have been abandoned for a time, attaining often the height of six feet, and presenting a striking object to the eye by reason of its sub-divided foliage. For this reason, the Messrs. Tilden do not cultivate this plant very extensively, but depend largely on that of spontaneous growth, which they gather from the country miles around, as far as the Vermont line, and in Massachusetts. It is probable that the *Conium* obtained in this way is really more active, weight for weight, than the cultivated, being less succulent. We noticed the *Valeriana officinalis* growing with great luxuriance, and as high as five feet, although its culture has not as yet been much extended. Besides the varieties cultivated, large quantities of indigenous plants are purchased from collectors in the West and South, which are required in their business.

Their factory or laboratory is an extensive oblong, three storied building, in the basement of which is a powerful steam engine which performs the double duty of propelling the powdering apparatus, and of driving a double acting air pump connected with their vacuum evaporators.

The recent plants intended for extracts are brought to the mill from the gardens, reduced to a coarse pulpy state by a pair of chasers, and subjected to a powerful screw press to extract the juice. This is clarified by coagulation, strained, and the pure juice introduced into a large vacuum apparatus, holding several hundred gallons, where it is concentrated rapidly to a syrupy consistence, at a temperature varying 110° — 130° , almost entirely free from the deteriorating influence of the atmosphere. In the construction of this apparatus, they have had a view to great extent of tubular steam-heating surface, so as to be able to accomplish the very large amount of evaporation their business demands. The finishing apparatus is analogous to the vacuum pan of the sugar refiners. We witnessed the operation in progress with the thermometer standing at 112° F. They make annually about 8000 lbs. of extracts from green plants and roots, consisting chiefly of *Conium* 2000 lbs., Dandelion 2000 lbs., Lettuce 1200 lbs., Stramonium 500 lbs., Butternut 800 lbs., Belladonna 500 lbs., Hyoscyamus 500 lbs., and so on. Those extracts in the aggregate according to Mr. Tilden's estimate, are derived from about 300,000 lbs. of green material, and require the evaporation of more than 20,000 gallons of juice.

Besides these, a considerable amount of extracts are made from dry materials, both foreign and indigenous as Gentian, Rhubarb, Chamomile, Mayapple, Horehound, Cohosh, etc. They also are about engaging largely in the manufacture of extract of liquorice from foreign root.

In the powdering department they run burr stones and chasers, and use bolting and dusting apparatus. They powder large quantities of material on contract, besides that for their special business, amounting annually to from 50 to 60,000 pounds.

In the herb department, the quantity of material handled is very large. The plants are brought from the gardens into a large room in the factory building, where a number of girls are employed in picking them over to remove other plants accidentally present, and separating the decayed parts and the stems when desirable. They are then placed on hurdles, and exposed in the drying room till properly desiccated. Two presses are kept in operation, by which 2000 pounds of material are sometimes pressed in a week, and about 75,000 pounds per annum, including near three hundred varieties of plants.

At the time of our visit, thirty men and five girls were engaged in the several departments of their establishment.

When we consider the large amount of extracts of important drugs prepared in vacuo, which are thus thrown into the market to replace the former crude products, obtained by boiling down the juices, etc., in open vessels with a naked fire, according to the old method, we cannot but believe that much good will accrue to the medical practitioner in the increased power of these agents. The Messrs. Tilden have, thus far, been *directly* beneficial to the medical interests of the country. But they have also been indirectly useful by inducing their neighbors, the Shakers, from motives of competition, to adopt the vacuum pan, in lieu of the open boiler, in the preparation of their extracts. We have some few observations to make in reference to the medicine-producing department of this remarkable people, who received us kindly during a hurried visit whilst sojourning in their beautiful valley, but we are compelled to defer them till our next issue.—*Am. Journ. Pharmacy.*

OPHTHALMIC AND AURAL SURGERY.

The nature and treatment of Pustular Ophthalmia, as an illustration of inflammation and the healing process, in their simplest manifestation. By T. WHARTON JONES, F. R. S., Fullerian Professor of Physiology in the Royal Institution of Great Britain; Ophthalmic Surgeon to University College Hospital, etc., etc.

IN its simplest and most uncomplicated form, pustular ophthalmia is characterised as follows:—The sclerotic conjunctiva, at some distance from the margin of the cornea, presents a small spot of inflammatory injection; the injected vessels often appearing to the naked eye as if isolated from all connexion with any of the neighbouring ones. There

is thickening of the conjunctiva in the situation of the injected spot, and in the centre of it some exuded matter. By this a pustule tends to be formed, but the epithelium, in consequence of its little cohesion, soon gives way, leaving a small abrasion covered with pus or puriform matter.

The inflammation extending, the continuity of the vessels of the spot of inflammatory injection, with those of the rest of the conjunctiva, comes to be distinctly visible. By-and-by inflammatory injection of the conjunctiva generally may supervene, but the injection continues greatest in the region of the pustule, or the abraded or ulcerated surface left by it. Some puro-mucous secretion attends this extension of the inflammation. Thus extended, the *pustular* may be considered to have passed into *catarrhal ophthalmia*.

Inflammatory injection, as observed in the web of the frog under the microscope, consists in an accumulation or congestion of red corpuscles in the blood, within the minute vessels of the affected part. The blood loaded with the accumulated red corpuscles, may, in some of the vessels, still be flowing, though sluggishly, like a thick viscid matter; but in most of the vessels the accumulated red corpuscles are closely agglomerated together, and, being adherent to their walls, block them up, so that the blood is stagnant within them.

“The vascular injection of the inflamed conjunctiva in man, as observed with the naked eye, or by means of a magnifying-glass, presents the same characters as the vascular injection in inflammation of the web of the frog, as observed by the same means. For this reason, and seeing that the plan of distribution of the smallest vessels in man appears to be similar to that of the distribution of the smallest vessels in the frog; moreover, knowing that the red corpuscles of the blood of man agglomerate together much more readily than those of the blood of the frog, we may fairly conclude that, in the vessels of an inflamed part in man, the red corpuscles of the blood are accumulated and aggregated together in a similar manner, though in a greater degree, to what we can directly observe in the frog. Indeed, if we were to judge from the comparative examination of detached parts of the human body and of the frog, in a state of inflammation, after death, we should expressly affirm the proposition.” (a)

Pustular ophthalmia is usually excited by exposure of the eye to a draught of air. As to the mode of action of this cause. “We have seen (to quote again from the same essay, p. 54) that the effect of the direct action of cold on the small arteries of a part, is vital contraction of their walls, and constriction of their calibre, and we have also seen,

(a) Astley Cooper, Prize Essays on the State of the Blood and the Blood-vessels in Inflammation. In Guy's Hospital Reports for October, 1850, p. 53.

that when all the arteries of a part are more or less constricted, there is sluggish flow of blood, with great accumulation of red corpuscles in the capillaries and veins, and here and there stagnation. A similar state of the blood and the blood-vessels to that here mentioned, is the only possible one which we can conceive as the first step to inflammation of a part of the human body, from the direct action of cold on it. The bluish redness of the affected part indicates great accumulation of red corpuscles in the blood in the venous radicles,—a state which, under the circumstances, can be owing only to constriction of the small arteries, whereby *vis à tergo* is diminished, and blood loaded with red corpuscles thus allowed to regurgitate into and accumulate in the small veins and capillaries.”

The apparent isolation from all connexion with any neighbouring vessels which the spot of inflammatory injection in pustular ophthalmia often presents, I infer, from what I have observed in the frog (Op. Cit. pp. 26—38), to depend on the following conditions:—

1. *On the Side of the Arteries.*—The artery or arteries immediately leading to the injected spot are invisible to the naked eye; being empty of blood, on account of their constriction and the stream from their feeder passing on by a lateral branch at some distance from the spot. Besides, such small arteries are invisible to the naked eye, unless gorged with accumulated red corpuscles.

2. *On the Side of the Veins.*—Those veins with which the venous radicles of the injected spot of conjunctiva communicate are invisible to the naked eye, in consequence of their not being gorged with accumulated red corpuscles, but having the flow of blood still free in them. [In the original, a diagram is introduced to illustrate these views.]

The increase of the inflammation around the original spot, I infer (Op. Cit., p. 55) to be owing on the one hand to the supervention of dilatation of the arteries leading to it, when it fails to produce resolution, allowing a greater quantity of blood, loaded with red corpuscles, to be poured into the vessels of the affected part than can escape, in consequence of the pre-existing obstruction from stagnation; and, on the other hand, to extension of stagnation in the veins leading from the affected spot. The extension of the inflammation to other parts of the conjunctiva, I infer to take place by the same process as that which led to the inflammation in the first instance, as above described.

The thickening of the conjunctiva in the situation of the injected spot, and especially the pustule or flake of matter in the middle, are manifestations of the exudation which has supervened on the inflammatory injection.

Under the influence of irritating applications made to the eye, the

vascular injection speedily disappears, and, at the same time, healing of the abrasion left by the pustule takes place; the spot becoming covered with a new epithelium, while the flake of puriform matter is thrown off.

The following extract, *Op. Cit.*, p. 60, gives a probable explanation of how the result is brought about :

“ We have above seen reason to conjecture, that in inflammation of the conjunctiva, for example, from cold, or from the irritation of a foreign particle in the eye, it commences by constriction of the small arteries, which allows the blood corpuscles to accumulate in the capillaries and venous radicles. That in such a case, resolution is owing to dilatation of the artery and coincident acceleration of the flow of blood, we have above seen equal reason to conjecture. Nay, we have above shown, by experiment on the frog, that dilatation of the arteries, and the coincident acceleration of the flow of blood, are the first steps to resolution of inflammation,—an experiment, let it be repeated, which is an interesting illustration of the *modus operandi* of stimulating collyria, applied to the eye for the cure of catarrhal ophthalmia.”

The rapidity with which the cure of pustular ophthalmia is effected, depends on the length of time the inflammation has existed, and the degree to which it has reached. When the vascular injection is as yet confined to a spot, and abrasion of the conjunctiva has not extended beyond the pustule, a single application of a drop of the nitrate of silver solution (gr. iv. ʒj.), or the like, is often sufficient. When the inflammatory injection and the abrasion of the conjunctiva have become more extensive, the application of the remedy may require repetition.—*Medical Times and Gazette.*

On the Treatment of Polypi of the Ear. BY JOSEPH TOYNBEE, ESQ., F.R.S., Fellow of the Royal College of Surgeons of England, Aural Surgeon to St. Mary's Hospital, and Consulting Surgeon to St. George's and St. James' General Dispensary.

POLYPOID excrescences are not uncommonly met with in the external meatus, and they are generally the result of long-continued irritation of its dermoid layer. As a general rule, polypi of the ear are attached to the membranous meatus, although cases are sometimes met with in which they spring from the outer surface of the membrana tympani, and in one dissection I found a polypus growing from the inner surface of the latter organ. Polypi are always attended by an abundant discharge of mucous fluid, which often has so offensive an odour, that the patient is obliged, as much as possible, to avoid society. This affection is generally attended

by very little uneasiness in the ear. At times there is a sensation of fullness and pressure; but one of the most prominent and urgent symptoms is a sense of heaviness, which is very frequently accompanied by giddiness, and a feeling of confusion in the head; and sometimes there is a shooting pain, which extends from the ear to the temple. These head symptoms, which are often very distressing to the patient and alarming to his friends, appear to be produced by the pressure exercised by the polypus on the outer surface of the membrana tympani. This pressure on the outer extremity of the chain of tympanic ossicles produces a movement inwards towards the vestibule of the inner extremity; for upon careful examination of a specimen prepared for the purpose, it is manifest that, although there are two articulations between the long process of the malleus and the base of the stapes, the slightest movement of the processus longus mallei inwards causes the base of the stapes to be pressed inwards towards the cavity of the vestibule. After the observation of many cases in which head symptoms have been associated with affections of the ear, I have come to the conclusion, that pressure upon the contents of the vestibule may produce—1. A sensation of noises; 2. A feeling of giddiness; 3. Confusion of ideas. That these symptoms are produced by pressure on the contents of the vestibule, may be ascertained from the examination of cases in which collections of cerumen occur in the external meatus; for not unfrequently the medical man meets with instances in which continued noises and giddiness are present to so great an extent, that the patient is often obliged to stop when walking, and hold himself by the nearest object; and these symptoms wholly vanish immediately that the accumulation is withdrawn from the outer surface of the membrana tympani.

A careful examination of the ear by means of a speculum and a strong light, is at once sufficient to determine whether a polypus is present, premising that the ear has been carefully syringed with warm water so as to remove all discharge.

Polypi of the external meatus may be divided into three classes:—

1. The one of most frequent occurrence, and which may be called the vascular polypus.
2. That which has been termed the gelatinous polypus.
3. One that has not hitherto attracted the attention of surgeons, and which may be styled the globular vascular polypus.

1. The vascular polypus is of a red colour, plentifully supplied by vessels, and so soft that, upon being taken hold of by a pair of dressing forceps, it breaks up and blood escapes from the lacerated surface. The vascular polypus rarely increases to so large a size as to dilate the meatus; it generally grows from the wall of the meatus, about midway

between its outer orifice and the attachment of the membrana tympani. It is composed of small rounded cells, and its surface, which is sometimes covered by ciliated epithelium, is very smooth and shining. This polypus rarely extends further than the orifice of the meatus, where it can often be seen without the use of any artificial means; frequently it is confined to the inner half or two-thirds of the meatus. It is not uncommon for the vascular polypus to remain during several years throwing off its offensive secretion, without producing symptoms of a nature sufficiently urgent to induce the patient to apply for relief; in other cases, the head symptoms soon become so distressing as to cause serious alarm.

The treatment generally adopted of applying astringent lotions and drops, or of touching the surface of the polypus with the solid nitrate of silver, has, in my hands, been quite useless; and so far as my experience has extended, all attempts at extraction fail, because the polypus breaks up immediately that any force is applied to it, and it again rapidly grows to its former size. After having been long baffled in the treatment of vascular polypus, and having tried by a great diversity of applications to cause its disappearance, I resorted to the use of the potassa cum calce, and thus far my success with it has been sufficiently great to induce me to recommend its use to the Profession. I will proceed to describe the mode in which it has been applied. In the first place, it is important that the substance used should be made into very thin sticks; those supplied to me by Mr. Squire as recommended in a paper by Dr. Henry Bennett, answer the purpose extremely well, so long as they retain their size and form; but, as this substance deliquesces very rapidly, it is important that the greatest care be taken to keep it excluded from the air. For use at St. Mary's Hospital, the potassa cum calce has been supplied by Bailey, of Wolverhampton; (a) and it differs from that I had previously used in containing a small quantity of iron, which addition makes it firmer and harder, and it deliquesces much less rapidly than when prepared in the usual way. Perhaps the latter preparation, in not requiring so much care in its application is to be prepared for hands unaccustomed to its use; but the one supplied by Mr. Squire is certainly the most efficacious.

In the application of the potassa cum calce care is requisite so as to avoid touching the surface of the meatus; it is so extremely sensitive, that the pain produced by the action of an escharotic upon it is very acute. The polypus, on the contrary, possesses little or no sensibility; if, therefore, the application be carefully made, the operation is not

(a) The large sticks sent by Bailey, were re-cast into smaller ones by Messrs. Hopkin and Williams, of New Cavendish street.

attended by any pain. The mode of proceeding which I am in the habit of pursuing, is as follows:—The external meatus having been syringed with tepid water, so as to remove the whole of the discharge from the surface of the polypus as well as from that of the meatus, the tube and polypus should be dried by a portion of fine cotton wool attached to the end of a probe. A portion of glass tube, about an inch and a half long, should then be selected, and care ought to be taken that it is so embraced by the meatus, that it is not liable to be shifted from its position by any movement of the head of the patient. (a) This portion of glass tube is to be introduced into the meatus, and passed inwards as far as the polypus, when, by a gentle pressure, a portion of the free extremity of the polypus is made to protrude into the interior of the tube, and is surrounded by it. Upon looking into the tube, and ascertaining that the polypus is embraced by its inner extremity, the tube is steadied by the left hand, and with the right a portion of the potassa cum calce is passed inwards, and gently pressed against the polypus. If a pair of rectangular forceps (b), be used neither the hand of the surgeon nor the instrument he employs, prevents the operator from seeing the polypus while he is making the application, and he can, therefore, be sure that he touches the whole of that part of the growth which is in the tube. (c) The immediate effect of the application of the potassa cum calce upon the surface of the polypus, is to change its colour from a bright red to a livid hue; and this takes place without any pain being experienced by the patient, if the meatus has been completely guarded. After the application has been made, the patient should sit still for three or four minutes, and the tube allowed to remain as it was fixed during the operation. Upon inspecting the polypus at the end of these minutes, it will be found to have changed to a dark purple colour, to have blood oozing from it, and, instead of its former rounded extremity, it presents an uneven, pulpy mass. The meatus is now to be syringed out with tepid water, when blood, mixed with the *débris* of the polypus, will come away; the surface of the polypus still remains of a dark colour, and during several hours, a process of slow dissolution takes place in all that portion which the escharotic has reached.

[To be continued.]

(a) It is perhaps scarcely necessary for me to repeat here, that when possible, oval-shaped, instead of round tubes, ought to be used for insertion into the outer ear.

(b) These are made by Weiss.

(c) In the uncertain atmosphere of London, I use Mr. Avery's lamp, held between the teeth, and thus leave both hands at liberty; but a good sun light, or even the bright light of a fine day, is quite sufficient.

Canada Medical Journal.

MONTREAL: MARCH, 1852.

THE CANADA MEDICAL JOURNAL.

FOR the last seven years, Dr. Hall has conducted with great ability, the "*British American Journal of Medical and Physical Sciences*," and few amongst his Professional Brethren took a greater interest in the success of that periodical, or rejoiced more, as it gradually became the representative of the progress of Medical Science in Canada, than the writer of the present article. When Dr. Hall determined to discontinue the management of his Journal, he offered it to the writer, on condition, that he would assume its liabilities and take its assets as an equivalent. To this proposition he dissented, preferring to commence a new Journal, on a more extended plan, and free from all pecuniary embarrassments—a project he had long contemplated—and from entering upon which, he was prevented, solely, from his conviction, that the *British American Journal* having already done so much for the Profession, and its Editor having devoted so much time and labour to his task, personal motives should be laid aside, and his best assistance extended to the Journal already in existence. But, when that Journal ceased to exist, he felt himself freed from these self-imposed restraints, and determined to make an effort to establish and maintain in this Province, a periodical, which should be, not merely a means of communication between the members of the Profession of all origins, but the repository of much valuable matter—the result of observations by Physicians in our large and daily increasing cities and towns, and in the rural districts of this immense Province. It was, in addition, contemplated, to make it a *Monthly Record of Medical Science*, and to publish an abstract of scientific information suited to the requirements of the practitioners of this country—gleaned from the Periodicals of Europe and America. Having decided upon the undertaking, he was particularly fortunate, to obtain as colleague Dr. David, a gentleman occupying a high position in his profession, and whose abilities for the duties he has assumed, are too well known to require further confirmation.

The CANADA MEDICAL JOURNAL will be the scientific organ of the profession generally, without reference to parties, schools, or colleges;

and, consequently, the Editors have decided upon avoiding all subjects of a mere party character, whilst they freely open their pages to those who may wish to discuss these matters, provided their communications be authenticated with the signatures of the writers, and be couched in temperate and becoming language.

The Editors have no doubt, from the support that has already been promised them, by the leading members of the profession in this and the sister cities, and the plans they have adopted for the management of the Journal, that it must succeed; but to put the matter beyond doubt, they must remind their readers that the *British American Journal* was discontinued because *its* subscribers did not fulfil their part of the contract, by regularly and punctually paying their subscriptions, and that the supporters of the CANADA MEDICAL JOURNAL will best evince their desire to patronise a Journal devoted to the diffusion of medical knowledge, by cheerfully and promptly remitting their subscriptions. The Editors do not expect any pecuniary remuneration for their trouble; all they hope for is, that the Profession will, by their *real* support of this Periodical, enable it to cover the expenses of its publication.

If there be some among their readers who doubt the possibility of their obtaining sufficient original matter for the Journal, they would remind them of the fact, that in Toronto, there are three Medical Schools, one Hospital, one General Dispensary, a Lying-in-Hospital, and the Provincial Lunatic Asylum. In Kingston, the Provincial Penitentiary, and a General Hospital; in Bytown, two Hospitals; in Montreal, three large Hospitals for Medical and Surgical Diseases, two Lying-in-Hospitals, a General Dispensary, an Eye and Ear Institution, and three Medical Schools; and in Quebec, there are the large Marine Hospital, the Hotel Dieu, the Provincial Lunatic Asylum, and a Medical School.

Assuredly, they do not expect too much, when they look forward to the medical officers and lecturers connected with these establishments supplying sufficient material both of a useful and interesting character for the original department. But they do not depend alone upon this source, they look forward with confidence, to the assistance they will receive from the numerous intelligent practitioners settled in the country parts of both Provinces, who are daily encountering important cases, and observing new and peculiar forms of disease; a striking illustration of what is now stated, being furnished by the interesting communications of Drs. Sheriff and Van Courtland, published in the present number.

In the Reviews and Bibliographical notices, they purpose making as copious extracts from the most recent works, as the limits devoted to this branch will permit; and their verdicts of the value of the works submitted to their judgment, though perhaps not so elaborate as those

appearing in some of the British Journals, will, at least, be as honest, and as impartial, for they are removed from the influence of authors and publishers, and from the agency of cliqueism and coteries, which are said, to direct much of the criticism of European periodicals.

R. L. MACDONNELL, M. D.

Montreal, February 10, 1852.

THE undersigned deems it an act of courtsey and justice to the subscribers to the BRITISH AMERICAN MEDICAL AND PHYSICAL JOURNAL, in announcing its discontinuance, to state the reasons for such a procedure on his part.

In a Circular issued to every subscriber in arrears on the 15th December last, it was remarked, "that the Journal must cover its expenses, or it must cease to exist," and that the result of that circular should determine the permanence of the Journal, as the organ of the Profession in these Provinces, and their representative in other countries,—thus leaving the matter entirely in their hands. To that appeal, urgently made, and at a time when the undersigned was in advance to meet the demands of the printer, a comparatively mute voice has been returned; and, in obedience to the decision thus solicited and pronounced, the Journal is discontinued accordingly.

The following statement will exhibit the liability of the Journal for the current volume :—

DR.	<i>The B. A. J. in account with the Printer.</i>		
To publishing nine numbers,—four at £10 each, and five at £12 10s. each,.....		£102 10 0	
CR.			
By cash paid for printing,.....	59 15 3		£42 14 9
<i>The B. A. J.—DR. —to Cash.</i>			
To Subscriptions received for Vol. 7, to this date,....	£72 17 6		
CR.			
By cash paid for printing,.....	£59 15 3		
By cash paid for postages, express, stationery, &c.,.....	7 2 1		
	<u>66 17 4</u>		
Balance in hand,.....		<u>6 0 2</u>	
Balance due for printing at this date,.....		£36 14 7	

Superadded to this personal liability for the current volume, there is also the additional one of £120 still due from the publication of the first five volumes. This large sum the undersigned has no idea what-

ever of augmenting; and if the Journal is now discontinued, the fault lies not with the Editor of the Journal, but with those who have proved themselves its patrons but in name. To cover, however, this liability, the Ledger of the Journal exhibits assets sufficient, it is calculated, to cover that amount, (about £450,) for the early realization of which, the accounts are transferred to the present publisher, Mr. J. C. Becket, who, after the expiration of one month, will adopt such proceedings for that purpose as, in his judgment, may seem best.

To those Subscribers who have responded to the call made upon them, the Editor returns his thanks, not only for that avowal of their good wishes in favour of the Journal, but also for their warm expressions of friendship towards himself. With these the bond is severed.

With his various Exchanges, whether in the United States, Great Britain, or France, the Editor parts with pain. Their periodic visits have been hailed with extreme pleasure; and while he could not, therefore, but consider himself as constituting a link of that brotherhood devoted to the advancement of a noble profession, whose grand object is the alleviation of human suffering, an intercommunion became insensibly established, which identified him with professional proceedings in other countries. This, also, is at an end.

During the last seven years, the Profession of these Provinces has passed through its transition—its most stormy—period. The ark is barely yet in its haven of rest, but the Pilot that has conducted it, (and this is not saying much for the Journal,) ceases to exist. *Its* mission, possibly, has been accomplished. Another Journal may arise, not destined to encounter the storms, which have on more than one occasion, previously, periled the existence of the last. Should such arise, under the conduct of abler hands, it may, perchance, meet with a more encouraging success than that which the *British American Journal* has experienced. We sincerely hope it may do so. The Editor trusts, however, that whatever good the *British American Journal* has effected, will long survive the remembrance of its name.

To those gentlemen who have contributed to the Original Department of the Journal, the Editor returns his warmest thanks. It was to their pens that the scientific reputation which the Journal certainly acquired, was entirely due, and it has been his pleasing gratification to have found, in accordance with his expectation as published in the Prospectus, that, with the opportunity afforded, facts were elicited and placed on record, both in Medical and Physical Science, which, under other circumstances, would have still remained unrevealed. The labours of the Projector and Editor are amply rewarded in this.

And in conclusion, to the Subscribers, Exchanges, and Contributors,

the Editor has but to say that word, so painfully difficult to utter after years of intimacy, yet indicative of separation,—FAREWELL.

A. HALL, M. D.

[We place before our readers the above statement, that they may fully comprehend the expenses and risks connected with the management of a Medical Journal in this Province, and to apprise them of the impossibility of conducting the present one, unless they promptly remit their subscriptions in *advance*.]

St. Patrick's Hospital.—This hospital is now in complete working order, and contains a large number of patients, labouring under various diseases; many of whom have come from a great distance to avail themselves of its advantages, and obtain the advice of its medical staff. Practitioners in the country, who may wish to obtain admission for patients requiring the comforts of an hospital, must apprise them that they will be charged a small sum for their board, whilst under treatment; but no charge will be made for surgical or medical attendance, if they bring a certificate from a physician or clergyman, of their being destitute, and proper persons to receive the benefits of a charitable institution. Private patients of the Medical Staff are admitted at a weekly charge of from one dollar upwards, for board. This arrangement will be found, we doubt not, of great convenience to many of our brethren in country parishes, who frequently are obliged to forego the attendance on patients, because they have no place in which the sick man can be nursed properly. To such patients, St. Patrick's Hospital will prove a comfortable asylum.

Montreal Eye and Ear Institution.—We are glad to learn, from the Annual Report of the Committee of Management, that this institution maintains its character for usefulness; and that there has been an increase in this year's number of recipients of its benefits. Mr. Howard has our best wishes for the success of his undertaking. Amongst the diseases, we observe that he has operated for cataract on 26 patients, and for artificial pupil on 10. We hope he will lay before our readers the results of these operations.

Montreal General Hospital.—At a recent election for the post of physician to this establishment, Dr. R. P. Howard was elected by a large majority. We congratulate the Governors upon their selection, and have every reason to hope, that our pages will frequently bear witness to the zeal and industry with which Dr. Howard will turn to account the advantages now open to him.

St Laurence School of Medicine.—It will be perceived by the advertisement in the present number of our Journal, that the Lecturers of the above named Institution, intend delivering a Summer Course, which will embrace those subjects, of Medicine, Surgery, and Obstetrics, not usually treated of in the Winter Lectures.

Obituary.—At Chambly on the 6th Feb., at the age of 54, Timothé Kimber, Esq., M. D., one of the Board of Governors of the College of Physicians and Surgeons of Lower Canada.

Pure Chemicals.—We have received from Messrs. S. J. Lyman & Co., specimens of Nitrate and Oxide of Silver, of their own manufacture, and have much pleasure in bearing testimony to the excellent qualities of these drugs. The Nitrate of Silver is purer than any we have ever seen imported. Our Chemists should be encouraged to manufacture for themselves, as there is no reason why many articles might not be made just as good, and at as reasonable prices here, as in the Mother Country.

Notice to Contributors.—The Editors having decided upon publishing articles from their Canadian confrères, in the French language, and have been promised the assistance of Dr. Peltier in the correcting of the proofs, and superintendence of the printing of these papers; they hope, therefore, to hear frequently from them, as one objection to their writing is thus removed.

To Subscribers.—As a copy of this number of the Journal will be forwarded to every practitioner in the Province, it is requested that those, who do not intend subscribing to it, will return the number, with the word *refused*, written over their names and addresses.

Prescriptions.—The Editors request contributors to write their prescriptions in *English* or *French*, and as concisely as possible, in the reports of their cases, as much trouble, both to themselves and the printers, will thereby be saved.

Notice to Correspondents.—Communications for the next number have been received from Drs. Nelson, Arnoldi, Peltier, and MacDonnell, and from the Rev. Mr. de Sola, who has promised a series of papers on the Sanatory Institutions of the Ancient Hebrews, as bearing on modern Sanatory Regulations.

ST. LAWRENCE SCHOOL OF MEDICINE OF MONTREAL.

A THREE MONTHS' SUMMER COURSE of LECTURES will be delivered in this School, commencing in the early part of MAY next, on the following subjects:

- Regional and Surgical Anatomy*,.....DR. JONES.
- Forensic Medicine*,.....DR. PALMER HOWARD.
- Special Pathology*,.....DR. GIBB.
- Materia Medica*,.....DR. FENWICK.
- Special Diseases of Women and Children*,.....DR. ARNOLDI.
- Clinical Surgery*,.....DR. MACDONNELL.
- Clinical Medicine*,.....DR. DAVID.
- Clinical Ophthalmic, and Aural Surgery*,.....DR. HENRY HOWARD.

N. B.—The regular WINTER COURSE will commence on the FIRST MONDAY in NOVEMBER next, and be continued uninterruptedly for a period of six months, to the end of April, 1853.

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

Montreal, March, 1852.

SURGICAL INSTRUMENTS.

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MEDICAL BOOKS.

D. & J. SADLIER & CO., would inform Medical Gentlemen, that they keep constantly on hand the largest Stock of MEDICAL BOOKS to be found in the Province. Amongst which will be found—The Cyclopedia of Practical Medicine, 4 vols., 60s.; Chelius' Surgery, 3 vols., 45s.; Skey's Operative Surgery, 15s.; Malgaigne's Operative Surgery, 13s. 9d.; Hooper's Medical Dictionary, 12s. 6d.; Graves' Clinical Medicine, 15s.; Stokes on the Chest, 10s.; Watson's Practice of Physic, 15s.; Dunglison's Medical Dictionary, 20s.; Wilson's Anatomy, 15s.; Churchill on Children, 15s.; Do. on Females, 15s.; Do. on Midwifery, 15s.; Kane's Chemistry, 7s. 6d.; Cazeaux's Midwifery, 17s. 6d.; Sharpey and Quain's Anatomy, 2 vols., 30s., &c., &c., &c. All the New Medical Works received as soon as published.

In addition to our Medical Stock, we keep on hand over TWENTY THOUSAND VOLUMES of Books in every department of Literature.

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Montreal, March, 1852.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

THE SEMI-ANNUAL MEETING of the BOARD OF GOVERNORS of the COLLEGE OF PHYSICIANS and SURGEONS, for the purpose of EXAMINATION, will be held in the City of Montreal, on TUESDAY, the 11th day of MAY next, at TEN o'clock, A. M.

Candidates are required to deposit their Credentials with either of the Secretaries, at least ten days before the meeting, and to fill up a Schedule of their education—forms for which can be obtained on application to the Secretaries; and they are also required to deposit, at the same time, the amount of Fees which would become due in the event of successful examination.

A. H. DAVID, M. D.

P. M. BARDY, M. D.

Secretaries.

Montreal, March, 1852.

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DRUGGISTS AND APOTHECARIES, 172 ST. PAUL STREET, CORNER OF CUSTOM HOUSE SQUARE, have constantly on hand a general assortment of DRUGS and CHEMICALS, which they are prepared to offer to the Profession on as moderate terms as any House in the Trade, all of which have been selected with care, and are warranted to be genuine and unadulterated.

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ARCHIBALD HALL, M. D., Lecturer on *Materia Medica* and Therapeutics, in the University of McGill College.

WILLIAM SUTHERLAND, M. D., Lecturer on Chemistry in the University of McGill College, and one of the Physicians of the Montreal General Hospital.

HENRY HOWARD, M. R. C. S. L., Oculist and Aurist, Ophthalmic and Aural Surgeon, Clinical Lecturer to St. Patrick's Hospital, Surgeon to the Montreal Eye and Ear Institution, and Lecturer upon Ophthalmic and Aural Surgery, St. Lawrence School of Medicine.

J. E. CODERE, M. D., Professor of *Materia Medica* and Therapeutics, in the Montreal School of Medicine and Surgery.

Montreal, March, 1852.

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Montreal, March, 1852.

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NOTICE TO ADVERTISERS.

The charge for ADVERTISEMENTS in this JOURNAL will be as follows:—

For First Insertion,.....One Shilling per Line.

For Second and subsequent Insertions up to the end

of the Sixth Month;.....Fourpence per Line.