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ORIGINAL COMMUNICATIONS.

ARTICLE XV.—*Cases in Surgery.* By D. C. MacCallum, M.D., M.R.C.S.L., Professor Clinical Surgery, McGill College; one of the Surgeons to the Montreal General Hospital, &c.

Case 1.—*Restoration of side of Nose and anterior part of Cheek, by a Plastic Operation.*

C. S——, aged 55, a native of Scotland, was admitted into the Montreal General Hospital, Feb. 24th, 1857. He states that he is a farmer by occupation, and his general health has always been good. His parents died when he was quite young; they were supposed to have inherited a tendency to phthisis, but he does not know of what disease they died. About fourteen years ago he first noticed a small warty growth in the sulcus formed by the junction of the ala of the nose with the left cheek. At its commencement it was very small, not exceeding in size "a pin's head." The top of this growth frequently dropped off in the form of a thin scale, leaving behind it a smooth reddish-looking tubercle, which was somewhat sensitive when touched. It remained much in the same condition for four or five years, undergoing scarcely any perceptible change during that period. It now, however, commenced to ulcerate, and increased rapidly to the size of a "threepenny piece." His friends having told him that it was "a cancer," he became alarmed, and

immediately applied to a physician for relief. The gentleman whom he consulted completely destroyed the ulcer by repeated applications to it of the nitrate of silver in the solid form, and having subsequently applied a wash, it readily cicatrized. Four years afterward the growth reappeared in the cicatrix, and having again ulcerated, it proceeded gradually to destroy the adjacent parts, notwithstanding the various remedies that were tried at different times, to stay its progress, by different practitioners. Up to last September—that is, during five years—the ulcerative process had extended so slowly, it had involved merely a slight and superficial portion of the cheek, and a small portion of the ala of the nose. Having heard that a "cancer doctor," residing in Kemptville, was effecting wonderful cures by means of a plaster, he placed himself under the care of the quack and had the plaster applied. It produced intense inflammation, accompanied by excessive pain, and was followed by extensive destruction of the soft parts. When the slough separated, it exposed a red granulating surface, having much the same appearance as it now presents. His patience being almost entirely exhausted, he resolved, as a *dernier resort*, to visit Montreal and ascertain if any thing could be done to remove the disease and obviate the deformity.

When admitted into Hospital, his general appearance justified his assertion that he was in excellent health. There was no emaciation, nor the slightest trace of cachexia. His face, however, was frightfully deformed. The cartilages and soft parts of the left side of the nose, with the exception of a small portion at the tip and a narrow margin along the bridge, were entirely destroyed. A considerable portion of the ascending plate of the superior maxillary bone, the anterior wall of the antrum and the inferior extremity of the nasal bone, with the soft parts forming the upper and anterior part of the left cheek, had also been removed by the action of the caustic paste. A portion of the wall of the antrum, *at the outer extremity of the superior maxilla, was in a state of* necrosis, and projected slightly. The whole of the exposed surface was covered with healthy granulations; and the edges, which were firmly adherent throughout, had a smooth, regular and healthy appearance.

Having previously taken, with gutta percha, an accurate mould of the parts to be restored, I proceeded to operate on the 5th March, the patient being under the influence of chloroform. I first detached the tissues from the bone adjoining the necrosed wall of antrum, and then removed the dead portion with a gouge. I next freed the edges wherever they were adherent, passing the scalpel for some distance beneath them, for the purpose of allowing their closer approximation. The edges being refreshed by removing a thin slice from them, the gutta percha

mould was placed over the upper and outer part of the cheek, and a thick flap, removed the pedicle being formed from above near the outer angle of the orbit. This disposition of the pedicle allowed the flap to be readily turned into the vacant space without the slightest twisting of any portion of it. The circumference of the flap was then accurately applied to the pared edges and retained by points of interrupted suture. The edges of the space left by the removal of the flap were brought together by one point of twisted and two of interrupted suture. Scarcely any bleeding occurred during the operation; two or three small arterial branches spirted after division, one only of which, however, required a ligature. The left nostril was lightly stuffed with lint, and the whole covered with water dressing.

March 6th.—Patient passed an easy night. Pulse 84; soft and full. There is some œdematous swelling of the lower eyelid; otherwise, everything appears to be progressing favourably.

March 7th.—Parts apparently united. Transplanted flap of a healthy colour and natural temperature. The integument of lower lid still swollen, and exhibits a somewhat erysipelatous blush. Pulse 86; full and soft. Tongue thickly coated in the centre with a yellowish-white fur. ℞. Pulv. Rhei. grs. xii.; Hyd. c. cretæ, grs. x.; M. ft. pulv. To be taken immediately.

March 9th.—All erysipelatous appearance has disappeared. Removed to day all the threads of suture and the needle. Union by primary intention has taken place nearly throughout, the exceptional points being a small place by the side of the pedicle, and the opening through which the ligature issues. Dressed it with adhesive plaster.

On the 10th, the ligature came away, after which the suppurating points gradually cicatrized, and he left the hospital on April 7th,—the deformity in a great measure obviated, and his appearance vastly improved on what it had been.

Case 2.—*Removal of a "Recurring Fibroid Tumour."*

The term Recurring Fibroid has been applied by Paget to a class of tumours which, while they exhibit a close resemblance to the ordinary fibrous tumour, are characterized by their tendency to recur, and by the peculiarities of their microscopical structure. He has collected together and reported in his twenty-sixth lecture seven cases, two of which came beneath his immediate notice, having occurred in the practice of Mr. Stanley, whilst the remaining five were noticed by other observers. "These," he says, "will suffice to prove the existence of a group of tumours having these remarkable characters in common:—1st. A general

resemblance to the fibrous tumours in their obvious characters; 2nd. A microscopic texture composed, essentially, of elongated and caudate or oatshaped cells, somewhat resembling the elongated cells of granulations or of lymph developing into fibres, yet differing from them enough to be easily distinguished; 3rd. An exceeding tendency to local recurrence after removal, and in the worst extremity, to protrusion and ulceration; 4th. An absence of those events which, in cases of ordinary malignant growths, would coincide with local recurrence: such as cachexia, independent of profuse suppuration, pain, and other ordinary causes of exhaustion; and the absence of all affection of distant parts, or of the lymphatics. 5th. Occasionally, a cessation of the tendency to recurrence, and a complete recovery."

Cath. C., aged 16, a nervous, hysterical girl, was admitted into the Montreal General Hospital, 26th Feb., 1857, in consequence of having received a severe bruise of the thigh. A few days after her admission she requested me to examine a tumour on the back of her neck, of which she gave the following history:—Eighteen months ago she was much troubled with "granular lids," for the cure of which the medical gentleman who had her under treatment ordered her to be cupped freely on the nape of the neck. The student who performed this operation, not being very expert, allowed the inflamed alcohol to come in contact with the skin and burn it. Shortly after the incisions made by the scarificator had closed, experiencing some pain in the part, she was led to examine it, and discovered that there was a narrow red line in the centre of the surface that had been burned. This line was slightly elevated, and quite sensitive when pressure was made upon it. It gradually increased in dimensions until it attained a size which produced considerable inconvenience, as the upper part of her dress chafed, with every movement, the integument covering it. Desiring the removal of the growth, she entered the Hospital during the month of February, 1856, under the care of Dr. R. P. Howard, by whom it was carefully and completely excised. The wound made by the knife was subsequently attacked by erysipelas, and the cure consequently delayed for some time. The cicatrix left was not much greater than if union had taken place by "first intention. Shortly after her discharge from Hospital, a second tumour appeared in the site of the cicatrix, and becoming gradually larger, she was re-admitted by Dr. Fraser in the month of June, 1856. There being very little prominence of the tumour at this time, its length and width predominating materially over its height, Dr. Fraser adopted the plan of destroying it by the application of nitric acid. On the separation of the slough produced by the caustic action of the acid, a healthy gra-

nulating surface remained, which soon cicatrized, and the part appeared to be again restored to a healthy condition. Scarcely a month elapsed, however, ere a third tumour appeared in precisely the same position occupied by the two former tumours, and gradually increased to its present size. It is now of an oval shape, measuring two inches and a half in length, one inch in breadth, and is elevated about four lines above the surface. It is of a pale red colour, not unlike mucous membrane in appearance, and a few very fine vessels may be traced on its surface, extending a slight distance from the circumference towards the centre. When handled, it feels elastic and moderately dense—not so firm, indeed, as the true fibrous tumour. She complains greatly of pain when pressure is made on it. Having had her placed under the influence of chloroform I excised the tumour by including it in an elliptical incision, cutting wide of the edges and deeply beneath the growth, so as to ensure its entire removal. I then brought the edges together by means of one point of twisted suture in the centre, and one of interrupted suture at either end, covering the whole with water dressing.

On making an incision into the tumour, after its removal, its cut surfaces exhibited to the unaided eye the characteristic appearances of a simple fibrous tumour; but when a portion of it was placed beneath the microscope, instead of exhibiting anything like a fibrous arrangement, it was seen to consist almost entirely of "narrow, elongated, caudate, oat-shaped, nucleated cells," having a few granules mixed with them. The diagnosis which I had made from the appearance and history of the growth was thus confirmed by the microscopical examination, and I had, therefore, no hesitation in confidently asserting to the students of the surgical class that the disease would re-appear. The healing process progressed favourably during the first two days, when on the third, erysipelas having supervened, the sutures had to be removed, leaving a gaping and angry-looking wound. The erysipelas rapidly spread over the neck, head and face, but soon yielding to treatment, the sore assumed a healthy appearance; its surface became covered with granulations, and cicatrization quickly ensued. She left the Hospital, but returned to it again, where I saw her on the 9th of July, and, as I had predicted, a fourth tumour had made its appearance beneath the cicatrix. The growth of this tumour was much more rapid than that of the other three, it having, in the course of three months, attained a size fully as great as that of the third at the time of its extirpation.

ARTICLE XVI.—*Remarks on Gunshot Injuries to the Extremities*; from Observations made during the late War. By Assistant Staff Surgeon D. Woods, Licentiate of the Royal College of Surgeons, Ireland, &c., &c.—(*Continued from page* 150.)

Amputation at the Shoulder Joint.—Of the various methods by which this operation has been recommended to be performed, the following is the mode which I found most easy, and in which the smallest quantity of blood was lost. Begin an incision one inch below the Acromion process; carry the knife downwards, backwards, and then upwards, on a line with the long head of the triceps. The flap, whose outline has thus been marked out, may now be easily and expeditiously dissected back, when the head of the bone is exposed. The next step in the operation is to feel for the long head of the biceps in its groove on the humerus; by cutting down on this tendon, the joint is at once entered and the head of the bone falls from the glenoid cavity; the supra and infra spinatus muscles, with the tendon of the subscapularis, may now be divided, and the knife passed behind the head of the bone. At this stage of the operation, the assistant's fingers should follow the knife, for the purpose of raising the inner flap about to be cut out, and in which are contained the axillary artery and vein, now also about to be divided; by this proceeding very little blood should be lost from these vessels. The surgeon completes his operation by carrying his knife downwards and inwards, forming the inner and posterior flap, which his assistant holds at its upper part. The points worthy of attention in this case are: The guidance afforded by the long head of the biceps as the best means of entering the articulation; and the prevention of a large loss of blood, by the arteries suffering forcible compression before the knife has come in contact with them. The method of dissecting back the outer and posterior flap, is in my opinion preferable to its formation by the plan of transfixion and cutting downwards and outwards. By the former method, in so far as I have seen, this flap is made with a greater degree of neatness, and more exactly suited in size and shape to the requirements of the part, than is the case where the latter mode is practised, whilst the one can be performed as rapidly as the other.

It has been laid down, as an axiom in military surgery, that the upper extremity should not be amputated, for almost any accident which may happen to it from musket shot; a proposition which, however far it holds good as to the absence of any danger to life, from the non-performance of amputation, immediately after the receipt of the injury, is not equally true as regards the ultimate results succeeding to many of these accidents; when, after long suffering, a man is left with a limb not only use-

less, but even a burthen, to be borne throughout life: such a termination, accruing from original or secondary injury to nerves, (the latter the result of surrounding inflammation), with the matting together of muscles, tendons, &c., and the consequent wasting away of parts, as the forearm and hand; a result certain to follow, wherever nervous influence has been destroyed, or inaction induced by adhesion of muscular or tendinous parts. These remarks apply, more particularly, to injuries of the humero-cubital articulation and forearm, of which I shall presently make a few remarks. In one case only have I witnessed a loss of power in the hand, from a wound to the upper arm. It was as follows:—

Case.—A soldier, named George Poulton, was struck by a musket ball on the inner surface of the arm, three and a half inches above the articulation. No injury whatever was done to the bones, or the joint; neither did any bad effects show themselves at the seat of the wound, which healed up in the ordinary way. He complained, however, of a feeling of numbness and loss of power in the fingers, which began to contract towards the palm, becoming shrivelled and attenuated. Five months after the receipt of the accident, his fingers were much contracted and useless. He retained sensation in his thumb and forefinger, but was scarcely aware of any feeling in the other fingers of that hand. In such a case as this, of course little or nothing preventitive of such a result could have been effected by treatment, as the loss was owing to injury to the nerves of the extremity.

In a very large number of those cases in which a musket ball fractures the humerus, neither the main artery nor nerves are injured, (I have seen many cases of such accident, and in none had this happened,) whilst the injury done to the bone is capable, under proper treatment, of reparation, at an average period, I should say, of from five to six months. Some cases will get well sooner; but more will, as a general rule, require a much longer period. I am cognizant of cases in which the injury was inflicted at the Battle of the Alma, Sept. 1854, and yet in which perfect separation had not taken place, at the close of the war, March 1856, dead bone still at this latter period continuing to present itself, and sinuses discharging matter, still remaining open; whilst the arm at the seat of injury, and for a distance above and below the part, was marked by obstinate cicatrices, the seat of presentation of former sequestra; for, in cases such as these, there is not, as in idiopathic necrosis, one sequestrum alone, but several, caused alike by the splintering of bone at the time of accident, as also by the inflammation which subsequently ensues in the membranous covering of the cancellated structure. In cases such as

these, therefore, when the bone is not alone fractured and splintered, but throughout its entire circumference smashed to pieces, with the ends irregular, and the central portion of the shaft more disorganized than the circumference, the mere removal of the detached pieces of bone does not suffice to do for the man all that is in the power of the surgeon. In such cases, and they were more frequent in our last war with Russia than in any previous ones, owing to the introduction into the practice of warfare of the large heavy conical ball, and will be more general the more extended becomes the use of this missile amongst armies: in such cases, I would remark, the excision of the ends of the bone is called for, in order not only to shorten the period of suffering, but also to give to the patient a more useful limb than is likely to result when the period of inflammatory action has been so prolonged, as to cause matting together of the muscles, contraction from numbers of cicatrices, and extensive necrosis—the result, as I have said before, of successive inflammatory processes set up in the membranous covering of the cancellated structure; the periostem taking on the same action, with depositions of new bone in parts where nature never intended it should intrude. The length of incision required for the purpose of exposing and sawing off the ends of the bone, is little more than would be necessary for the removal of the broken pieces; and, as I have observed, the point of entrance of the bullet is, in the majority of cases, approximating to the external margin of the humerus (arising from the semiprone position of the membrane at the time of the accident). When the bone is superficial, the operation is not at all difficult, and where the bone has been so extensively broken as I have described, it is in my opinion the proper and only treatment in this respect that should be pursued,—as by it months of suffering will be saved, and a better member preserved. Extensive splintering to any distance from the seat of injury, when the latter is caused by a musket ball, is not, so far as I have observed, frequent, the contrary being the rule; the quantity of bone discharged or extracted from the wound, in the course of treatment, over and above what has been detached by the bullet in its passage, being dependent on subsequent disease, set up by the irritating cause, either by spicula not removed, or the presence of disorganised cancellated structure at the broken extremities. In the foregoing remarks, I have recommended a course of treatment not generally pursued, and which has for its object the saving of time and suffering; for, whatever be the course pursued, wounds of the upper arm from musket balls, in the greater majority of cases, will recover, the recovery being merely a question of time; the motion being in some impaired, whilst in others a more successful termination is attained.

I now, however, come to treat of a class of injuries where such a favorable result does not, as a general rule, obtain; I allude to injuries of the elbow joint, forearm, and wrist. I have already remarked, that after many of these accidents the sufferers retain a perfectly useless member, arising from loss of nervous power, the direct and immediate effect of the injury; or from the effusion of coagulated lymph amongst the muscles and tendons, rendering these parts adherent, and consequently destroying their effective motive powers. Nor is this to be wondered at, when we come to consider the number of separate and independent muscles to which this part of the body is dependent for its action. Confined within a small space, and closely approximating, they are in health remarkable for the beauty and variety of their actions; whilst when diseased, or injured by accident, no part of the voluntary muscular system is more easily destroyed in its physical capabilities. Again, when we come to consider the position in which is placed the ulnar nerve, between the olecranon process and the external condyle of the humerus,—two hard unresisting substances—an injury to either of which by a musket ball, or splinter of shell, can scarcely ever fail to effect it, we have an additional cause why more unfortunate results as to the ultimate physical capability of the limb, should follow injury to this part of the body more frequently than is the case with any other extremity. It has been remarked, with perfect truth, that mortification from defect of nourishment rarely takes place in the fingers as it does in the toes, after injury to the great vessels of the limb; and yet as a rule, in so far as my experience tends, the ultimate results following similar wounds of the lower extremity, calculating from below the knee joint downwards, where conservative surgery has been tried, have been more favourable as regards the leg and foot, than the forearm and hand. I have witnessed a number of wounds to the ankle joint and foot, and some of these of the most severe kind, from musket balls; and yet in none, however severe or prolonged the suffering, with danger to life, (the latter contingent never arising in any case of injury to the wrist joint which came under my care,) have I seen that wasting away, contraction and ultimate loss of power, which have ensued to injuries of the forearm or hand. We are able to account for the comparatively unfavourable results between the two parts thus succeeding upon injuries, even when the nervous structures have not been implicated, by taking into account the more varied and constant use to which the upper extremity is applied, with the causes previously mentioned arising from structure, &c. A case, well illustrating the foregoing remarks, came under my notice in the Garrison Hospital at Portsmouth, in May, 1856. This man had been wounded in the trenches some twelve months previ-

ously by a musket ball, which, passing through the forearm, entered posteriorly, close to the wrist joint, fractured the radius at this part; the wound had several times almost closed, again to reopen, and discharge necrosed spicula of bone. When I first saw him in April, a small aperture existed at the seat of the original entrance of the bullet; through this opening could be felt a sequestrum rough and moveable, but surrounded by new bone at every part, except where the probe passed down to it. He has lost all power of motion over the wrist joint, hand, and fingers, which were wasted, discoloured, and flabby, the fingers semiflexed on the hand. As no power of motion remained, it was decided to amputate above the wrist joint, which operation was accordingly performed. An examination into the pathological condition of the part after its removal, showed that union had taken place between the broken extremities of the bone by means of a large mass of callus, in the centre of which was a piece of necrosed bone, about three-quarters of an inch in length, and nearly equal in circumference to that of the radius at its middle half. In this callus also was involved the ulnar nerve, with the tendons jutting over the part; bony adhesions had taken place between the carpus and the articulating surface of the radius, involving the ulna, and prevented flexion or extension of the wrist joint. The foregoing case is an excellent example of the results most likely to ensue after injuries of this kind, and the probability, indeed the certainty, is that disease would have gone on for years in the bone, had not its removal been effected by amputation. Had, however, the broken end of the radius been removed immediately after the accident, or even some time after, when wasting of the extremity began, and nature evinced herself unable to effect a cure, the result of the case would, I have no doubt, been different; the man would have had a hand, which, however disabled, would still have been useful to him. It will not do, however, to defer the period of operation, as to excising the bone, for any lengthened period; for the efforts made in the formation of new bone, as shown by this case, will soon surround, and cause a trophy of the nerves, tendons, &c., on which the part is dependent for its sensation and motive power. In remarking on the foregoing case, for the sake of illustration, I have somewhat digressed; as I wished to treat more at length of wounds of the elbow, before going those of the wrist. I shall now, therefore, return to the former.

Judging from the teachings of experience, the restorative efforts of nature are exerted in a greater degree for the quick repair of injuries to the elbow joint, than for that of any other part of the upper extremity; but the important question in the treatment is not alone as to the rapi-

dity with which union of the bones succeeds, or the quick cicatrization of the softer part—it is far more what will be the ultimate result, as regards the utility of the limb left to the possessor. I have already had occasion to allude to the danger to which the ulnar nerve is exposed, in injury of this part, from its position being superficial, and placed between two hard bony surfaces; as also to the fact that it is likely to be involved (should care be not taken at any early period,) in the bony substances thrown out by the periosteum for the repair of the injury; where such is the result, we have not only anchylosis produced at the seat of injury—we also have a wasting away of the extremity, as the following case illustrates:

Case.—Chas. Cunningham, 42nd Highlanders, was struck by a musket ball, on the 8th of Sept., at the attack of the Redan. The bullet entered close but rather posterior to the superior angle of the external condyle of the humerus, and taking a transverse direction, came out at the olecranon process, fracturing that part. At the period when he first came under my notice, the wound had nearly healed, several splinters of bone having been discharged, but firm anchylosis had resulted in a semiflexed, and prone position of the fore-arm. In addition, he had lost the power of motion in his fingers, and his hand was wasted; in fact I came to the conclusion that he would have been better without than with the limb thus retained. A considerable deposition of bone had taken place in and around the seat of injury, destroying the symmetry of the joint. In my notes, made at the period when the man was under my care, I remarked that the wasting away and loss of power in the hand could not be from the course of the wound and the complete destruction of the nerve by the original injury, however it may have been stunned by the blow; and I am led to the conclusion that the loss of power had resulted more from two other causes, viz., the continued and long inaction of the extremity, restrained for a long time bound in splint bandages; and, secondarily, to the nerve having become involved in the new osseous matter thrown out. The man stated that he possessed some power over his fingers after the accident, and he ascribes their present state to his bearing his arm for such a lengthened period in a sling. The loss of power in some cases of accident of this kind will be due to the attachment of the muscles being broken off, but when such is not the case, I should say we ought at least to be able with care to preserve a limb with no farther loss of its power than that resulting from anchylosis. Although I have not myself had an opportunity of treating any exactly similar case, in its earlier stages, I believe that by the removal of all the injured part, which is likely to cause an excessive growth of new and worse than use-

less bone, and subsequently by the prevention of too active a process of reparation, so to speak, in the formation of an excessive growth of such material, with attention at the same time to the hand, we may retain, to a certain degree, the flexion and extension motions; but even if such should not occur, we may preserve at least a useful hand. To the attaining of such a result, in addition to the early and free removal of all injured bone, the occasional application of leeches, cold lotions, &c., are the means I would employ. I look upon bandaging in such cases—especially the application to the hand and fore-arm—as positively injurious; they cramp the muscles, restrain the circulation, and by their long continued pressure go far to produce the atrophy and wasting described; and as the case during the earlier stages can be treated without their aid, retaining the joint in an easy position by means of pillows, &c., and subsequently by means of slings, I would myself rarely employ them in such cases. During the latter stages, when the man is walking about, a few turns may be put round the joint to retain the dressings and prevent too much motion, but they should never extend to the forearm, for the reasons already stated.

The next case is an example of injury to the bone, at a part where we might have supposed the nerve likely to have suffered injury, and in which such was not the case, a favourable termination resulting in every respect.

Case.—Jas. Furvis was wounded on the 8th of September, by two small bullets, one of which entered at the upper part of the arm, and passing downwards, made its exit near the external condyle, without injuring that part; the second ball entered and fractured the internal condyle of the humerus. The case progressed favourably, and the wounds healed, leaving the limb in the following condition: The flexion and extension motions of the fore-arm on the arm were both to a small degree imperfect. The loss of motive power in this respect was not, however, owing to any decrease or want of nervous influence, but was the result of a deposit of bony matter close to and interfering with the motion of the olecranon process. The rotatory power of the arm was perfect, as the radius was not in the least involved in the injury. The limb was a useful one, and the matting together of the muscles nor atrophy had taken place.

(To be continued.)

ART. XVII.—*A Severe Case of Menorrhagia treated by* A. D. STEVENS, M.D., M.A., Dunham, C. E.

There is scarcely any subject connected with the diseases of females that presents more interesting considerations than that which relates to menstruation. And, indeed, according to my own limited experience, nothing has given me greater cause of annoyance than the obstinacy of some of the different forms of menorrhagia that have come under my notice. It is true we have not that prompt and active demand for efficient medical aid that is so often required in severe cases of flooding after child-birth. Yet it not unfrequently does happen that we meet with patients who, after the ordinary means of treatment have been resisted, require speedy and energetic means at our hands to mitigate their impending danger: and, in consideration of the above facts, the writer has been induced to give some of the details of a case which recently came under his care.

On the 4th of June last, I was asked to visit a young lady, aged 19, previously of stout habit, Miss Mary M——, who had been ailing, as her brother said, for four or five weeks, with severe pains in different regions of the body, and had become thereby very pale and weak. His wishes were complied with; and upon reaching the house, I found, to my great surprise, she had been suffering all this time from a very severe and prolonged attack of menorrhagia, and that, from her excessive modesty, she had deferred thus long sending for me. She at this time presented almost every sign of great and protracted loss of blood; and, according to her mother's words, had already lost "a tub full." Upon further examination, I thought best to order a gentle enema to be given; and after an evacuation from the bowels had been secured, a powder of acetate of lead and acetate of morphia (five grs. of the former to one-fourth of a grain of the latter) every four hours. This, with recumbent position, elevated pelvis, cold acidulated drinks, light covering, and cool air, was all that seemed expedient to give. She continued the above treatment without any apparent relief for the period of thirty-six hours, when I was again sent for; and, upon reaching my patient, such untoward features had set in that the use of strong tannin injections, and ergot of rye, in drachm and a half doses of the vinum, were given.

Upon returning the next day no amelioration in the symptoms had taken place; plugging the vagina was effected; a compress placed tightly over the vulva, and secured by a bandage brought over it, carried under the perinæum and around the pelvis, and the ergot continued.

The next day I again visited my patient, and found, as before, no improvement, but, on the contrary, a gradual sinking of the system, from

the incessant loss of blood. At this stage of the case it was evident that such means were wholly inadequate to the arresting of the discharge, and as an examination per vaginam seemed called for, the use of the speculum was consequently proposed and agreed to after much persuasion.

By this means the mouth and neck of the womb were clearly made visible, from the former of which was observed to issue the bleeding. The tannin injection was again resorted to, and a long and narrow piece of cotton pressed forcibly into the uterine neck, one end being left in the vagina, and the ergot still ordered to be kept up.

Subsequently she was seen by me after the lapse of twenty-four hours, when no material change was found; the blood was still finding its way externally in large quantities. Not being fully satisfied with the trial of the previous day, I again resolved to plug the cavity of the neck and vagina, and, in addition to the other means, to give muriated tincture of iron in thirty-drop doses every six hours. Upon the following day I returned, and, as formerly, the intractable hœmorrhage persisted, and had rendered futile every attempt on my part and that of the attendants, while her life seemed now in imminent peril, and she seemed indifferent to what was passing in the room.

Again I repeated the treatment of the previous day, hoping still to alleviate or suppress the uncontrollable hemorrhage, but with the same results.

Upon once more reflecting cautiously on what had been done for her, as well as considering the very low state she was now in, another plan occurred, which at least would not aggravate the case, and possibly might be productive of the desired end. This was cauterizing the neck of the womb with nitrate of silver. The speculum was again introduced, without disturbing the position of the patient more than was necessary, the mouth and neck brought into view, and the solid stick of nitrate of silver very freely applied to the whole surface of the cervix, also both internally and externally, to the os.

She was now left to the care of the nurse until the next day, when, upon returning, I was pleased to find that "not a single drop of blood had made its appearance" since the cauterization, and she herself appeared to have more consciousness of what was transpiring about her.

Nothing now was done for her, with the exception of allowing her to take for food chicken broth, and tapioca, until the lapse of three days, when the nitrate of silver was again applied, and the following pill ordered to be taken three times a-day:—

℞ Ext. Gentianæ, gr. i. Ferri Sulph., gr. i. Quinæ Sulph., grs. ss. Ext. Rhei, grs. ss.

Under this treatment, with a suitable diet, she continued to improve, is now as strong as could be expected under the circumstances, and has since menstruated once safely.

It might be well to add, in conclusion, that I have since learned that the whole list of domestic remedies had been unsuccessfully tried before calling upon me, and that the medicine of one of my professional neighbours, of high repute, had been taken with as little benefit.

I cannot, therefore, think that the case is without interest; and if it should throw no new light upon the treatment of menarrhagia, I trust it may re-direct attention to the use of nitrate of silver as a hemostatic in the management of returning hemorrhage, and particularly that form which has been considered.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. IX.—*The effects of Climate on Tuberculous Disease.* By EDWIN LEE, M.R.C.S., London. *The influence of Pregnancy on the development of Tubercles.* By EDWARD WARREN, M.D.; Philadelphia, Blanchard & Lea; Montreal, B. Dawson; Quebec, Middleton & Dawson.

These productions, bound together, form a small volume which has lately been issued by the American press. They are Essays to which the Fiske fund prizes were given in the years 1855-'56.

Mr. Lee sums up the chief matters of his discourse in several pertinent conclusions, of which the following are part:—

After stating the much more frequent occurrence of Phthisis in places where a moist state of the air predominates, he observes:—

"On the other hand, tuberculous diseases are of comparatively rare occurrence in cold and dry climates, where the energy of the circulation and of the cutaneous functions is maintained by the substantial food, and by the active mode of life of the inhabitants which suffices to preserve them, in great measure (as respects pulmonary consumption) from the pernicious effects of the inclemency and variations of the weather, to which they are continually exposed. Consumption is likewise rare in warm and dry countries where the inhabitants live a good deal in the open air, and where the insensible perspiration is kept up without muscular effort, by the influence of the climate. On the other hand, it is frequent among the natives of several countries where the climate is hot and moist, (the West Indies, &c.,) on account of the relaxation of the system, and of the repression of the insensible perspiration, produced by the combined agency of heat and moisture."

He adopts a rather prevalent opinion that the blood is in an unnatural state, chiefly indicated by a diminution in the amount of red globules; and no doubt, in connexion with this idea he bases this the tenth conclusion:—

"A prolonged residence in any place where the temperature is very equable and the atmosphere calm, is not advantageous to patients, when it is a question to procure the restoration of the blood to its normal state. On the contrary a moderate agitation of the atmosphere is favorable to them by exciting the insensible perspiration, and by making them, so to speak, breathe by the skin as well as by the lungs."

The vitiation of the blood here signalized is not by any means the only pathological element upon which Phthisis is founded, for as the inquiries of Dr. Edward Smith of London, carried out at the Brompton Hospital, serve to show, the condition of the system preceding and accompanying the Pulmonary disorder is of very universal dissemination, and consists in a derangement of both solids and fluids generally, and is "expressed rather by a general predisposition to the disease than by the state of the part of the system, viz., the blood in which the elements of the disease had never been found." (*Ranking's Half-Yearly Abstract, No.* 25.) Either side will not, however, militate against the welcome fact of the advantage of climate; but the last received will tend to explain it simply on the principle of a general roberant instead of a partial hæmatinic agent, and furthermore it will deprive the blood hypothesis of much of the importance imposed upon it by those who exclusively adhere to it.

It is not, however, to be inferred that a moist atmosphere is invariably pernicious, for, as our author elsewhere says,—

"Most persons with pulmonary consumption, who are natives of northern countries, would be benefitted by a residence during a part or the whole of winter in a warm climate, even though it were hurried, provided the disease were not too much advanced, from the mere passage from a cold to a milder temperature. Many patients in whom there exists a state of general or local excitation, which requires the employment of sedative remedies, would derive permanent advantage from the action of a warm and moist atmosphere, provided the influence of the air were not too prolonged, as that might render the invalid prone to an exaggeration of the disease if during migration be shifted to a locality of opposite characters."

Dr. Warren's portion of the volume is much the shorter of the two. He contends for the antagonism between tubercle and pregnancy, and his argument may be thus stated in his own words and manner:—

1. "There is an inequality in the relations which men and women sustain to phthisis; the former being less liable to it than the latter.

2. "The inequality depends upon certain differences of conformation, &c., which are *plain, palpable and conspicuous*.

3. "An examination of phthisical statistics should show that more women fall victims than men, and that the difference in the relative mortality of the two is as *plain, palpable and conspicuous* as their original dissimilarity of constitution and predisposition.

4. "An examination of statistics prove that *it is not* a settled *fact* that more females are destroyed by this malady; and that there is a positive approximation towards *equality* in the effects of phthisis upon the two sexes.

5. "This 'approximation towards equality' shows the operation of some great equalizing cause by which a certain amount of protection is secured to the female system, that makes up for its greater original susceptibility, and affects the general result in the manner alluded to above.

6. "Pregnancy complies with *all* the conditions which this cause demands for its operation, and it is fair to attribute this protecting, preventing, and equalizing effect to its influence upon the female system."

ART. X—*The Hand-book of Practical Receipts of every-day use.* A manual for the Chemist, Druggist, Medical Practitioner, Manufacturer and Heads of Families. By THOMAS F. BRANSTON. First American from the second London Edition; Philadelphia, Lindsay & Blakiston; Montreal, B. Dawson; Quebec, Middleton & Dawson. 1857.

This valuable work comprises within the small compass of 307 pages the officinal medicines, their uses and modes of preparation, and formulæ for trade preparations, mineral waters, powders, beverages, dietetic articles, perfumery, cosmetics, etc. It thus warrants the expression of its title, that it is a manual for the classes therein designated. The vast scope of its usefulness must also equally appear from these particulars. We have not looked so narrowly into its contents as to be able to pronounce upon the fidelity of its author in executing his task, but we have no reason for believing other than that he has produced a reliable and authentic formulary which may be consulted as veritable in moments of need. We are much mistaken if it will not be found deserving of merit as a reference and guide to numerous points of uncertainty and difficulty.

CLINICAL LECTURE.

On the nature and treatment of inflammation and abscess, and the modern doctrines on that subject. By F. C. Skey, F.R.S., F.R.C.S., Surgeon to St. Bartholomew's Hospital. &c., &c.

(*Medical Circular.*)

Gentlemen,—It was my intention to day (July 13, 1857) to lecture on "Abscess," acute and chronic, a most practical subject. One cannot occupy the mind with the consideration of the nature of abscess without reverting to its origin or cause, and this leads me to the wide study of "Inflammation." Now you will find the subject of Inflammation so misinterpreted and misunderstood in books, and in the wards, that I cannot give you any reason for the "faith that is in me" as to the nature and treatment of abscess without first saying that I entertain some very peculiar opinions, more especially as to the results of inflammation in surgical cases, and the general treatment to be adopted. Microscopic inquirers on *inflammation are too theoretic for my taste. When a young man is* asked in his university examination, what is inflammation? he answers something out of books that he scarcely understands, though it may be the most recent and orthodox idea on the subject. Perverted nutrition! Inflammation is perverted nutrition. A student says that's an answer, and he understands it; but to my mind, there is really no clear idea attachable to it. How will the cabalistic words "perverted nutrition" help you in an obscure case, say of abscess in the pelvis, or in the inner ear, or the skull? I advise you to go more practically to work. Did not Galen tell us inflammation is a state of vessels attended with pain, heat, swelling, and redness? Depend upon it that in clinical practice it is better to adhere to Galen, for believe me, though "perverted nutrition" may be more scientific and less old fashioned, it is also less intelligible. I hold that, wherever you have inflammation you have a condition of the vascular system attended with pain, swelling, heat, and redness; and, I hold also, that where you have not pain, swelling, heat or redness, that there you have something else, other than inflammation. There is a great number of modern books on this subject, but I am inclined to pass them over at present. Half a century ago Dr. Thompson published an admirable book on inflammation, but even this work has carried away the mind of the Profession rather too much from the good common sense of Galen. What is the crisis of inflammation? Why it is that point where inflammation stops. Mr. Joseph Henry Green has gone over this very well; read what he says. Thompson says the tendencies of inflam-

mation are towards effusion, suppuration, ulcer, gangrene, cicatrisation, resolution, adhesion. There are seven of them, according to Dr. Thompson, but crisis and resolution are one, and I hold very firmly that these seven may be reduced, perhaps, to two, gangrene and deliquescence.

Well, what is chronic inflammation? A word in the mouth of every doctor. There is no such condition at all. What is suppuration? What is abscess? Local inflammation, the surface softens, matter forms, and you have in an eminent degree pain, heat, redness, and swelling. Now, chronic inflammation and local inflammation are entirely different things. What is ulceration? Here the theorists meet you again; disintegration of molecules! That's fine, is it not? But what of pain, heat, redness, swelling? Certainly if they are essential to inflammation you can have ulcers without them; so that ulcer is not a result of inflammation, or rather inflammation is not a *sine qua non* of ulcer; you will have ulcers from starvation. I hold that the two essential results of inflammation are, gangrene or deliquescence. Take this idea with you through the wards, and see if I am not right.

Adhesion of opposite sides of pleura, how is that effected? Is there heat, redness, pain, and swelling? Certainly not. If I do a rhinoplastic operation, is that attended by local inflammation? I think not. I know very well that this is the way all such processes are explained; but it is an explanation that explains nothing. Then effusion,—a condition as in hydrocele, attended by a pouring out of water. Surely there you have no pain, heat, redness, swelling. To my mind it is simple nonsense to call this inflammation, or the effusion of fluid in the pleura or pericardium, in debilitated subjects.

Cicatrisation, the last of the lot, is the same; it is not inflammation, there is no word so prostituted in fact as this convenient term of inflammation. These views of Dr Thompson are unpractical, and it is absurd to apply local depletion to vessels already weakened and showing want of tone. I say to you go back to Galen, and adhere to his definition,—imprint it on your memory. Heat, pain, redness, swelling, where you find these you find inflammation. Chronic abscess! What a large subject that is; and psoas abscess in half-starved scrofulous children! But if you remember what I am saying, it is easily explicable. I often think if the term "inflammation" were restricted to one tenth of the cases that it is, we should go nearer to the truth of nature, and I am sure we should gain more credit with our patients. Inflammation to us surgically, is sometimes an unhealty state originated for a healthy object. If you had a thorn in the skin, inflammation is set up to get rid of the thorn. But can you apply that process to the repair of a broken bone? I say you

cannot; they are quite different processes. Now as to treatment. I believe in seven cases out of ten depletion does harm. There is nothing more common than to apply leeches to arrest or check inflammation or abscess. I will take an impending mammary abscess in a poor woman suckling. There is nothing, in fact, like leeches or bleeding, for *increasing* the inflammation. Your leech is your true destructive to hasten suppuration.

Mammary abscess occurs in weak women during lactation, weak women with what we know as "bad" confinements, that is, a tedious labour with much subsequent hæmorrhage, &c. Does not nature herself open your eyes to the fact that there is impaired vital power? Is it not common sense that bark, wine, tonics, meat, and such like, are the proper plan of cure; not purging, leeches, antimony, &c.? I never saw a case of abscess that was not improved by the former plan, It is to me quite deplorable to witness the mischief committed by the depleting system. The whole testimony of the best men in the Profession is to give up the lancet. The times of the lancet are gone by; you might as well set up cat-o'-nine-tails and chains in lunatic hospitals. I have the highest regard for the opinion of Sir Benjamin Brodie, and I asked him the other day, Does he not use the lancet less than formerly? What about bleeding *ad deliquium animi*—the venerable old formula when I was a student? The reply of Sir Benjamin Brodie was curious—"I never see a lancet now, I have'nt one in my possession." Bleeding is almost unknown amongst our best practitioners. Every abscess you see in hospital is the result of debility, rather than of the phlogistic diathesis. I believe that pus itself is an indication of a condition below par—blood altered into pus. The term congestion is often a better word than inflammation; but we induce the congestion if we weaken the heart as to fever? Do not be misled about that either; many things which we do, *selon les regles*, only keep up fever, inasmuch as they keep up irritation in the system. Bleeding in typhus fever, starvation, blisters to the head,—these are all wrong, and perhaps only as wrong as the miserable attempt to stop mammary or other abscess by local depletion. I say increase the heart's action, but do not weaken it.

I have great confidence in the old Jesuit's bark and wine; in the out-patient's department you will see it "work wonders," especially when the patient is brought subsequently into hospital. Take those thick deposits of lymph round a bubo; those slow tedious things that come day after day to hospital, you will never cure them by weakening the patient; but first change your hand and try bark and ammonia; or in erysipelas, try bark, and ammonia, and wine, and you'll cure your patient. Let us now recapi-

inlate, and you will then discover the bearing of all this on the cases of abscess we have in the hospital. 1. I object to the doctrine of "perverted nutrition," and wish you to adhere to the more practical definition of Galen, viz.; pain, swelling, heat, and redness. 2. As a rule venesection does harm rather than good in the cases of so-called inflammation, in hospitals. 3. Chronic inflammation is a term that signifies very little, if it be not, in the majority of cases, a term without any significance. 4. Resolution or gangrene are the only results of pain, swelling, heat, redness. Ulceration is the result from congestion. All the others are accidental in their natures, or mere concomitants.

THERAPEUTICAL RECORD.

(From the Virginia Medical Journal.)

Oil of Turpentine as a Cure for Itch, Dr. Anselmier (Jour. de Chim. Med. Dec 1856) says that of the various modes of treating Itch, none has been more successful or cheaper than that by essence of turpentine. The following is the mode of using: The patient on going to bed, sprinkles on the sheets, and his usual daily clothes, about 60 grammes (14 fluid drachms) of oil of turpentine; when he awakes he is cured; his bed and clothes are no longer infected. The odor of the turpentine passes off in a few days.

This treatment has several advantages:

1. It attacks the parasites at the time they are most accessible.

2. Fumigation acting by substitution on secondary eruptions, is much less irritating than lotions and frictions, whether soapy, sulphuretted, or terebinthinated.

3. The treatment acts at the same time on all the contaminated objects.

4. Not only is it more rapidly efficacious and better than any other, it is likewise the cheapest.—*Chemist.—Nash. Jour.*

Ergotine in Epidemic Dysentery.—By M. Massola—In a communication to the Academy of medicine of Paris, M. Massola states, that he found great benefit from the use of ergotine in the fatal epidemic diarrhœa, which prevailed so extensively among the Sardinian troops in the recent campaign in the Crimea. From fifteen to twenty grains were added to ℥ viii of water, and a tablespoonful of this mixture was given every half hour. M. Massola states that astringents, tonics, opiates or stimuli, were of little avail as compared with the ergotine.

Arnica in Pertussis.—M. Gentil reports that during a recent epidemic of pertussis, after the failure of various means, the root of arnica montana rendered signal services. A decoction was made with a half to one drachm of the root, and taken during the day.—*Rév. Méd.*

Essential oil of valerian in typhoid fever.—M. Leasure states that this substance exercises an eminently "regularising" effect. It reinvigorates the powers

raises the animal temperature, and restores the appetite. It relieves vomiting and diarrhœa by inducing sweating, which is abundant, and of a disagreeable smell. It sensibly modifies cerebral symptoms, in one case relieving delirium tremens that was present. The dose is, in bad cases, a drop every hour, and, in milder ones, a drop every 2 or 3 hours.—*Gazette des Hop.*

Quinine and digitalis in migraine.—M. Serres recommends the following formula: ℞ Quinine, gr. 45, powder of digitalis; gr. 15, syrup, q. s.; in 30 pills—one every night at bed time. An equivalent quantity of digitaline may be substituted. The digitalis facilitates and regularizes the menstruation.—*Rev. Méd.*

Simple sweating bath.—Dr. Trilobet states that the most effectual means of obtaining a prompt and abundant transpiration is to place the patient in an empty bath, light a spirit lamp, and cover him with thick coverings. Sweating commences directly.

Tannate of zinc in catarrhal affections of the eyes.—M. Bonnewyn observes, that this substance is highly useful in affections of the eye, accompanied with mucopurulent secretion. He commends the following formula: ℞ Tannate, grains 30, aq. dest. ℥ vi, mucilage, ℥ ¼. M. The tannate may be prepared by saturating a solution of pure tannin with a recent and still wet precipitate of oxide of zinc. This is to be filtered and evaporated.—*Rev. Méd.*

PERISCOPE.

Fetid Bronchitis, by Dr. Laycock

As a further illustration of the pathology of fetid bronchitis, and the probable connection of the special symptom with a morbid condition of the cerebellum, Dr. Laycock called the attention of the class to the following case:—

Case of fetid bronchitis, with aortic insufficiency and dilatation, pulmonary condensation and softening; and atrophy and softening of the left lobe of cerebellum.

John Edgar, 66, single, following the occupation of a carter, admitted into the Royal Infirmary, May 28, 1856. The most salient and interesting points in this case are as follows: The patient enjoyed good health up to the time of present attack, which commenced six weeks ago, with rigors and slight dyspnœa, followed by thirst, feverishness, and cough. Subsequently he lost flesh; the cough became more violent, and was attended by copious expectoration of fetid matter.

On admission, a bulging was found over the cardiac region. Percussion sounds rather flatter over left apex than right, anteriorly; otherwise normal; at the same point respiration is exaggerated; expiration pro-

longed. Posteriorly mucous râles are heard at left base and over middle third, on forced inspiration. Expectoration abundant, partly purulent, with very offensive odour. Over the base of the cardiac organ a murmur is audible from the diastole; it is heard also at the zyphoid cartilage and second right costal cartilage, but faintly at the apex. The arteries at the wrist are very tortuous; the pulsation of the arteries in both arms and forearms, as well as of both carotids, can be distinctly perceived. Pulse 88.

June 4. Patient has not improved much. Complains of thirst, and a little pain in left infra-mammary region. Expectoration more abundant and purulent. Skin hot and dry. 11*th*. "A little improvement;" appetite good; skin cool, that, covering the face of a yellow tint; abundant moist râles over whole of left side, posteriorly; vocal resonance increased; percussion equal on both sides. 24*th*. The odour of breath and sputa less offensive; the sputa less abundant; still mucopurulent; appetite much improved. 29*th*. Coughed up a teaspoonful of florid blood; small quantities continued to be expectorated during the day; sputa frothy. 30*th*. The fetor of sputa is gone to-day, and no odour is perceptible in the breath. Dullness on percussion over left apex, anteriorly, extends down to second rib; cardiac dullness cannot be ascertained, that portion of the chest being as resonant as elsewhere; a murmur with the first sound is audible at the apex, also at base over sternum and under both clavicles. On percussion over left lung, posteriorly, the upper two-thirds are found to be duller than on the right side; lower third is resonant; the colour of the face is less sallow, and patient expresses himself as somewhat stronger.

15*th*. The dullness on the left side extends below the nipple, anteriorly and laterally. Respiration over the dull region is tubular; towards the lower part it is faint, and inspiration is attended by a subcrepitant râle. At the base friction-sounds are audible. Vocal resonance muffled. The sputa pretty abundant; the upper part is frothy and white; in one or two places fawn-coloured; somewhat fetid; the lower part is mucopurulent and tenacious. Second cardiac sound is rough and prolonged; over the sternum both sounds have a metallic character. Pulse 92, full and regular. Patient does not think himself in any way worse, except as regards the cough; skin has a more decidedly icteric tint since last report; conjunctivæ slightly yellow.

21*st*. No change in physical signs, except that a cracked-pot sound is elicited, on percussion, over second and third ribs on the left side. Sputa retain their fetor, which is of a feculent character. Patient is gradually getting weaker, though he says there is no change. The yellow tinge of

the skin has been diminishing for a few days past, and the lips have acquired an anæmic paleness. *Vespere.*—Complains to-night of pain in the left chest. Empl. cantharid. to be applied to the seat of pain.

Passing over the daily reports we come to the *9th August*, when the pulse somewhat weaker, 104 per minute. At 9 A. M. in the forenoon was apparently sensible, but could not articulate. His tongue lay to the right side in his mouth, but could be moved about easily when he tried. Pulse getting weaker and rather quicker. About 5 P. M. had a convulsive fit, in which his right side was alone affected, the arm and leg violently, and the mouth being drawn to the right side, without foaming. He had six similar ones before half-past eight P. M., in all of which the right side was most affected, but in the last the left was considerably affected also. About 9 P. M. he had one in which the left arm and leg were violently convulsed, and the right hand, but not above the elbow. The mouth was at first drawn to the left, but, during the fit, changed to the right, and continued so until the fit ended. The pulse was almost gone, and he seemed nearly asphyxiated, but whenever the convulsions ceased the pulse began to gain in power, and very soon was nearly at its former strength, and 104 per minute. He had four other fits before midnight, at which time (being unable to swallow) he had brandy and an enema of beef-tea administered. From that time till 9 A. M. next morning, August 10, he had sixteen other fits. This morning he lies on his back, breathing with some difficulty. Pulse 120, weaker. At 10 A. M he had a final fit, a very violent one, in which the whole body was convulsed. After this he lay on his back, breathing with difficulty and stertorously, until about 5.30 P. M., when he died quite quietly.

Sectio Cadaveris on the 12th of August, forty-five hours after death.—The body was not emaciated to any great extent. The skin of the face of a dusky yellowish colour, which did not, however, extend to the integument of any other part of the body. On removing the cranium the *brain* was seen to present a very uniform smooth appearance, owing to an effusion, partly serous, partly gelatinous, on the surface of the hemispheres. The brain itself was somewhat œdematous, and very soft; the lateral ventricles were rather enlarged, and contained about an ounce of fluid. The arteries at the base of the brain were very atheromatous, especially the right middle cerebral and the left inferior cerebellar, which last was completely occluded about an inch from its origin. The left lobe of the cerebellum was both softened and atrophied, and, under the microscope, was seen to be crowded with exudation-corpuscles. The *Pericardium* contained a good deal of serous fluid. The *Heart* itself

was quite healthy, with the exception of a slight incompetency of the aortic valves, caused by a swelling, about the size of a pea, between two of them. The *aorta* was dilated and rough immediately above the valves, and was, to a slight degree, atheromatous. The *Left Lung* was adherent to the ribs, especially posteriorly, where the adhesions were quite cartilaginous, and nearly an inch thick. The upper lobe was completely consolidated, with an exudation of a simply fibrous character. No trace existed of either cancerous or tubercular deposit. In the centre of the lung there was a fetid, disintegrating cavity, about the size of a walnut. The *Right Lung* was very œdematous, especially in the upper lobe, with some pneumonic consolidation, and a few emphysematous patches along the anterior border. The *Liver* was normal. The *Gall-Bladder* elongated with an hour-glass contraction in the middle. *Kidneys* contained a few cysts. *Supra-Renal Capsules* rather larger than natural, but normal in structure. *Spleen* normal. *Testes* the same. All the arteries in the body, as far as they were examined, presented here and there patches of atheromatous deposits.

Dr. Laycock pointed out the points of similarity between this case and that of Scott. The leading symptoms were the same, but in Edgar they occurred in a man much more advanced in years, and with much more extensive structural disease. In Edgar there was the same recurrent hæmoptysis, offensive breath, and fecal or butyric sputa. There was also the same cachectic character, excessive thirst, and censorial hebetude. The latter symptom was, indeed, so decidedly marked, that Dr. Laycock diagnosed obscure disease at the base of the brain from the first admission of the patient. His general morbid condition was, in fact, such that considerable mental depression and irritability are almost always experienced, unless special centric causes are in operation to diminish the sensorial sensibility of the cerebral centres subservient to the feeling of corporeal well-being or ill-being (according as the bodily states vary), and which Dr. Laycock places in the posterior portion and the base or the encephalon. He therefore diagnosed probable disease of the cerebellum or medulla oblongata in the case of Edgar, before any special symptoms involving the motor system showed themselves.

Functional disturbance of the nerve-centres in relation with the lungs may, however, be associated with butyric or fetid expectoration in bronchitis. In proof of this Dr. Laycock called the attention of the class to a case observed by him twenty years ago, and reported in the *London Lancet*.

Amylene, a condensed history of its discovery as an anæsthetic agent.

Translated and abridged from the Revue de Thérapeutique.

Anæsthesia is a conquest which will endure notwithstanding the accidents which now and then occur to surgeons. But yesterday this method counted two agents, sulphuric ether, now seldom used, and chloroform, almost universally adopted. A third is now being tried.

On account of the deaths which have occurred during the use of inhalation in the hospitals of London, and which seem to have been more numerous there than elsewhere, the English physicians have eagerly sought for a substance less dangerous than chloroform, and one of them, Dr. Snow, has arrived at a result in the discovery of the anæsthetic properties of amylene which merits being recorded.

Dr. Snow after many experiments upon animals, after having respired the vapors of amylene himself, decided to employ it upon man. The 10th November, 1856, he employed it for the extraction of teeth in two young persons fourteen years of age. In these cases he was not perfectly successful, but from what he had observed he felt authorized in continuing his experiments, and so on the 4th of December he used it upon four new patients with complete success. The 13th of December it was again employed in some more severe cases; and in one, operated upon by Mr. Fergusson for fungus of the testicle, and in another, operated upon by Mr. Bowman for the removal of tumors in the region of the groin, and in two cases of section of tendons. The 27th of December, Mr. Snow used it in the case of a young girl three years and a half old. She breathed the vapors for two minutes only. She did not give the least manifestation of pain, and awoke at the very moment that the operator finished the section of the tendons of the muscles of the foot.

January 3rd, Mr. Fergusson operated upon three patients subjected to the vapors of amylene. In one a rhinoplastic operation was to be completed. The inspiration continued six minutes. It was observed that the amylene produced less rigidity and less convulsions than chloroform administered a few days before.

January 7th, Mr. Henry Lee employed amylene upon a young girl whose thigh he was to amputate. The anæsthesia was maintained during the whole of the operation,—three ounces of amylene were employed. The young patient felt no pain and was very well afterwards. The same day Mr. Fergusson operated upon three patients under the anæsthetic effect of amylene. In all the anæsthesia was obtained in two or three minutes. In two the intelligence was not completely abolished.

Mr. Tyler Smith, surgeon to St. Mary's Hospital, has employed amylene with success in accouchments. Upon the approach of each pain, he

caused 30, 40, 50 drops of amylene poured upon a compress folded several times, to be inhaled. These inhalations constantly and rapidly determined a state of insensibility to the pain, the uterine contractions lost nothing in force or frequency. The return of sensibility was almost instantaneous, from the moment that the pain ceased, and the compress was removed. At the time of the birth of the infant the insensibility was as complete as if chloroform had been used. The placenta was detached and expelled with rapidity, and the uterus contracted well afterwards; the infant was healthy and vigorous.

Mr. Tyler Smith, as well as the other surgeons already mentioned, accord to amylene, compared with chloroform, the advantage of a prompt action *probably* without danger, and what is not less important, the rapid disappearance of the insensibility as soon as the inhalations are suspended. The *only* disadvantages are, the disagreeable odour of this substance, and the necessity of employing a great quantity in order to produce sufficient anæsthetic effects.

Up to the close of January, sixty-nine operations had been performed in England under the action of amylene.

In Paris amylene was first employed in the early part of February, at Hospital St. Antoine, in the wards under the charge of M. Aran, upon patients who had come to have some teeth extracted. Three young women were subjected to the vapors of amylene. The duration of the inhalation was twenty minutes for each of them without producing complete insensibility. The instrument M. Debout invented for chloroform was used, which did not permit the vapor of amylene to pass off in sufficient quantity in a given time. This and the limited quantity of amylene used was supposed to be the cause of the failure.

At a second sitting, the apparatus of M. Charriere for chloroform was used, and a larger quantity of amylene was secured. According to Mr. Snow, the patient should respire twenty grains of amylene a minute, which produces insensibility in three minutes, and sometimes less, which was the result in this case. From 3 i to 3 iss of amylene was poured into Charriere's apparatus, and in less than three minutes the patient, a young female with a large decayed molar tooth, was fully asleep. Not being ready for the extraction of the tooth, the patient was allowed to awake, which she did in less than a minute,—her face was gay and laughing, she thought she had just returned from a walk. Everything prepared, about a drachm of the amylene was again poured into the apparatus, and the anæsthesia was again as prompt as before, the third minute had hardly elapsed when the mouth of the patient was opened without resistance and the tooth extracted without the patient manifesting the least sign of pain.

At the same time M. Geraldes, Surgeon to the Foundling Hospital, made some experiments. He had operated at the time of his report (March 4th) upon twenty-five patients, children from three months to ten years old. In all, with a single exception, the anæsthesia was produced in a very short space of time, the minimum of which was one minute, and the maximum three. We cite two observations:

A little patient about six years old was submitted to the action of amylene, in order to examine more easily its eyes. The child breathed the vapors with evident repugnance, it showed no signs of suffocation, it had not that abundant salivation which is sometimes produced by chloroform, but a sudden and very marked weeping was produced, as when vapors of ammonia are respired. This infant reacted very slightly however, against the vapors of amylene; in a few moments, hardly a minute, it remained immovable, insensibility was obtained. The inspirations were suspended. From 3 i to 3 iss of amylene was employed. The infant awoke with the same rapidity, it did not complain, and willingly accepted food.

The second observation is the exception mentioned above. The patient was a girl four years old. The apparatus for inhalation fitted badly to the face, so that compresses were used. The child at first pushed away the hand of the operator, saying that it smelt badly. Soon, however, she became immoveable, the weeping was as marked as in the case just cited. At the end of about two minutes she showed a rigidity and contraction of the limbs which is contrary to the assertion of Dr. Snow.

Soon, however, relaxation commenced, and in three minutes anæsthesia was obtained. Still, it was easy to see that the sleep did not resemble that produced by chloroform. It was evidently less profound; the child opened its eyes, made a few movements, and spoke as though dreaming, yet without showing any pain while the operation was going on The pulse and respiration was as in the normal state. Amylene being volatile the whole of it was soon consumed, that is to say 3 v in about eight minutes, before the operation was terminated. Recourse was had to chloroform, and it was soon easy to judge how much more rapid and active in action this substance is. In a few seconds the child was completely comatose, and appeared much more profoundly asleep than before. This sleep was prolonged several minutes after the operation was terminated, while the child woke up the minute she ceased to breathe the vapors of amylene. The operation continued twelve minutes. With this exception M. Giraldes observes that all the children respired the amylene without effort, without much resistance; in all the respiration was calm as normally; the anæsthesia was obtained without con-

relation, without muscular contractions, without rigidity, without being accompanied or followed by nausea or vomiting, although the amylene was given soon after eating. In all the awakening was rapid, complete; they preserved their gaiety, were not incommoded, innervated, irritated, or disagreeable during the rest of the day.

As soon as the anæsthesia is complete M. Giraldes suspends the inhalations. The explorations and the operations requiring but little time, he has not thought proper to prolong the inhalations too long. He gives no opinion upon the probable duration of anæsthesia, yet he believes that amylenic anæsthesia can be long enough for performing the great operations of surgery.

M. Giraldes adds, in terminating, that the vapors of amylene, even when they have a marked odour, are respired without effort, without producing any efforts of cough, any convulsive movements of the larynx, nor those contractions of the jaws, those cephalic congestions which are sometimes observed after the inhalation of chloroform.

Children receive amylene without any repugnance. The odour of this substance neither irritates nor fatigues the air-passages. No apparatus is necessary for putting to sleep the little patients; a sponge in a cone of oiled-cloth opened at the bottom is sufficient.

The anæsthetic action is rapid; the resistance rarely surpasses one or two minutes.

The insensibility is complete without carrying it so far as to produce muscular resolution. It is much easier not to exceed the effects you wish with amylene than with chloroform, to limit yourself to a transient and superficial anæsthesia proportioned to the end to be attained.

With chloroform a greater action is produced than is desired, a profound anæsthesia is determined, a complete resolution of the limbs, whilst with amylene you are almost certain of not obtaining them unless you desire to do so by persistent inhalation.

If you desire a profound anæsthesia accompanied with muscular resolution, this result can be attained by means of amylene, by prolonging sufficiently its action. This is an important difference between this substance and chloroform. From the moment that the patient ceases to respire amylene, the effects of this agent diminish with rapidity. The absolute insolubility, and the excessive volatility of this body result in a rapid elimination and a prompt diminution of the symptoms.

With chloroform, on the contrary, of which the volatility is much less, the effects are more prolonged; sometimes they are increased after the inhalations have ceased.

The recovery is complete and rapid. From an anæsthesia of short

duration, not surpassing eight or ten minutes, two or three minutes is all that is necessary for a child to regain all its faculties. A little longer time is required when the sleep has continued longer. The elimination is rapid and the traces of amylene are promptly effaced.

Finally, M. Tourdes designates as a great advantage of amylene over chloroform the absence, or at least the great infrequency, of nausea and vomitings.

The next question taken up by the commission is, whether it offers less danger than ether or chloroform. Various comparative experiments were undertaken by M. Debout to resolve this question, and which were repeated by M. Robert. The first writer says, if it is necessary to double the quantity of chloroform to convert the anæsthetic dose into a poisonous one, it is necessary to quadruple that of ether and quintuple that of amylene. M. Robert in his experiments on animals found that they became as it were accustomed to the use of amylene, and recovered even a part of the sensibility. The reporter agrees with M. Debout in considering it poisonous but much less active than chloroform, but he differs from him in drawing the conclusion that consequently it is much less dangerous in practice. An important fact, he says, in the history of anæsthesia is, that it is not from the successive and progressive evolution of the phenomena of intoxication that death occurs in man, but in a sudden and unexpected manner, as though in consequence of a predisposition in the organism, the nature of which is unknown. I have shown this to be the case with chloroform, in a work published several years since, and the case of Mr. Snow proves it to be the same with amylene. The danger lies in anæsthesia, which, according to the expression of M. Tourdes, is *a diminution of life*, and a *step taken towards death*. Notwithstanding the fact that it is not harmless, it should be retained in practice because its action is prompt, of short duration, and its effects rapidly pass away without leaving behind that general *malaise* which occasionally persists for a long time after the use of chloroform. It is preferable to the other anæsthetic substances for very short operations, when one intends only to annihilate the pains, or simply to blunt it. It is peculiarly applicable for children and patients affected with disease of the air-passages. It should be rejected for long and painful operations, and especially for those in which it is necessary to overcome the contraction of muscles as in luxations and hernias.

On the Pathology of Mellituria. By Dr. Garrod, Physician to University College Hospital.

"As to diabetes being dependent, not upon any increased formation of saccharine matter, but on an imperfect destructive power existing in

the blood, although most of the phenomena are explainable on this hypothesis, still it is by no means satisfactory, as at present there is no proof of this absence of power to effect the ulterior changes. And certain facts, besides those which I have already brought forward, appear to militate against the existence of this deficiency; for there is no marked difference in temperature between diabetic and other subjects; and, in certain experiments made some years since by Professor Graham, no peculiarity was discovered in the amount of carbonic acid which they expire. Upon the whole, I should be disposed, at present, to regard diabetes as due, in the first place, to an increased formation of sugar by the liver, produced by some alteration of function in the organ; and at the same time that its glycogenic power becomes abnormally increased, I should consider that it loses the property, which exists in health, of arresting and changing into new principles (as fatty substance, &c.,) those saccharine matters which are brought to it by means of the portal blood. If we view diabetes in this light, we shall, I believe, be able to explain all the phenomena which the disease presents; at the same time I am aware of no facts which can be brought forward in opposition to it. It explains, for example, why sugar can generally be detected in the urine of diabetic patients, when subjected to the most rigorous animal diet, and, at the same time, why amylaceous matters usually so greatly augment this saccharine impregnation."—*British Med. Jour. & Ranking's Abstract.*

On a new Mode of Treatment in Saccharine Diabetes. By M. Piorry.

M. Piorry is of opinion that sugar is indispensable to the maintenance of life (he founds this opinion upon the researches of MM. Dumas and Cl. Bernard,) and on this account he thinks that diabetic patients ought to be supplied with sugar, and substances which are transformable into sugar, in order that they may repair that unnatural waste which is consequent upon their malady. With this view, he has brought the following case before the French Academy of Medicine:

Case.—The patient is only described as being under M. Piorry's care in La Charité (No. 19 Salle St. Anne,) and as suffering from diabetes, with very copious secretion of sugar. All the viscera were sound, with the exception of some slight hyperthrophy in the spleen. From the 2d to the 12th of January, ten litres of urine were passed daily. During this time, certain feverish symptoms, which came on in the evening, subsided under the influence of quinine. On the 12th, the patient was directed to abstain as much as possible from all fluids, and to have a daily double quantity of meat, *with 125 grammes of sugar-candy.* This

treatment was persevered in on the following days, and the result was that the quantity of urine fell to two and a-half litres in the day—the specific gravity remaining the same, namely 1.000. On the 2d of January, 500 grammes of sugar had been lost in the twenty-four hours; from the 12th to the 24th, notwithstanding the addition of the sugar-candy, the daily loss of sugar was not more than 135 grammes.

This case was referred to a commission, consisting of MM. Andral, Rayer, and Cl. Bernard; and in the meantime it is only baldly stated, as we have given it.—*Gaz. Hébdom. de Méd. et Chir.* and *Ibid.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS, DIGNITATEM ARTIS MEDICÆ TUERI,

TUMBLETY ACCUSED.—A case of a very grave kind has lately been brought under the public notice. An individual—too notorious to be unknown to our readers—calling himself Frank Tumblety, and, desirous of a profitable living, professing to be AN INDIAN HERB DOCTOR, having lately come among us in this city, is early afterwards brought before a Court of Justice, charged with felony by having attempted to produce an abortion, and amenable to the heavy punishment most properly inflicted by law against the perpetrators of this outrageous practice, as we explained in our last number. The prosecution is brought forward under the Provincial Act 4 and 5 Vic., cap. 27.

Suspicions appear to have been entertained against him from certain statements, in one of his hand-bill advertisements, stigmatized as grossly obscene, which led the reader to infer, among other things, that he could, if required, procure the means of abortion. This filthy publication was widely distributed among the community.

We regret, however, to narrate that the accused was detected by an artifice of an exceedingly irregular character, and one altogether to be discountenanced as the design of deceit and the instigator of falsehood. A policeman is instructed to ask Tumblety to give him medicines to produce a miscarriage for a girl who was *enciente*, when there was actually no one for whom he desired them. He finds an accomplice or accessory in a woman reputed to be a common prostitute whom he takes with him as a decoy. After an introductory visit both wait upon Tumblety, the hired man declares "this was the girl of whom he spoke," she, lost to propriety, endures an examination of an irrelevant sort into

her condition, and, taught what to say, leads the inquirer to believe she is in the family way. Some desultory conversation next follows between the parties, and ends in Tumblety giving a box of pills and a bottle which were said would produce miscarriage—in her who, be it remembered, was a spinster residing in a house of ill fame. Her own testimony is strikingly graphic :—

"He (T.) asked if I was the young woman. I said, I suppose you know all about it. *He said yes. He then examined my tongue and pulse and asked me* if I felt a weakness and pain in my back. I told him I did, and that I had an inclination to vomit in the morning and to eat something sour. I also added that my courses had been retarded for three weeks. He then turned to Simard and said, "She is caught, but I can cure her." Turning to me he said, if you *do as I tell you you will be cured. I promised to follow his directions. He* told me he would give me a bottle which would procure miscarriage, as I was in the family way. He then handed me a bottle, some of which I tasted and swallowed. He also gave me a box of pills with printed directions in a yellow envelope, all of which are produced. On the bottle of medicine is a label with the *following inscription* :—'Dose, a teaspoonful 3 times a day before eating; shake well before using.'"

At first sight this may appear but a joke, and might, if of a less indecent kind, be commendable for its contrivance; unhappily, however, it is one involving too much moral perversion in its getting up to be spoken of in any other terms than those of condemnation. Of all practical jokes this would have been far more honored in the breach than the observance. A popular rumor has spread abroad the foul slander that it had its origin in a conspiracy among the licensed Physicians of the town, but of the existence of such a party we *are altogether ignorant. The* profession has not yet lost aught of their dignity or honor, and we are much mistaken if, as a body, they would not repudiate all participation in any such improper procedure.

Our readers, who know better, will be vastly amused at the inquiries instituted by the accused to decide the question or not of pregnancy; and, measuring his attainments by this sample, will estimate them at their proper value. After Tumblety however felt assured, it may be, from the replies of the patient, or his own observations, or from both sources, the great reason for the consultation comes uppermost—*Will* he afford her the means of producing abortion? A mental struggle now is felt—the painful throe vibrates, which even the hardest feel when virtue leaves the breast—and an assize of conscience is formally held. Besides the information conveyed in the previous evidence; we learn from the man in his witness for the prosecution that time was diverted by taking him to task upon his tenets touching his religious persuasions—it appearing

to be less a crime for a Protestant to produce abortion than for a Roman Catholic—that the latter is deprived of means for violating the laws of his country to which the former is allowed free access—and that inasmuch as the Protestant thus enjoyed the greatest liberties and was not equally chargeable with his offences, a new kind of inducement was held out to all people viciously disposed to join the Protestant ranks!

Not content with this disparagement of men's own views of what is right or wrong in the matter of religious opinion, the name of the Most High is even introduced, and His existence is openly referred to for the ostensible purpose of leading the witness to reconsider his position and request. The appeal very inconsistently introduces the subsequent proceedings, and, admitting these to be correctly reported, we must pronounce it to be a fearful aggravation of their alleged criminality, for the knowledge vaunted should have withheld the commission of the premeditated offence. We do not here say that Tumblety did intend to produce abortion, for that will be settled before a public tribunal whose verdict is not to be anticipated; but we do contend, that, inasmuch as he gave medicines upon demand, they were exhibited either intentionally for the object expressed or for some contrary purpose; if for the first, the recipient had his wishes complied with,—if for the alternative, he was deceived. And, accordingly, the accused stands either in the light of an abortionist or of an impostor. He either endeavored to serve the avowed ends of the applicant or he sent him away with the impression he had done so, when in really he had not. Tumblety professes to comply with the request to produce abortion, he afterwards gives medicines with directions, and finishes by saying, "Come back in a fortnight and you will find all has disappeared." Obviously implying either that at the end of this time he would be found *true* to the trust reposed in him, *i. e.* that he was capable of doing what he was expected—or *false*; placing himself on the horns of a most unenviable dilemma. This will be more clear from the testimony of the witness last referred to:—

"Witness replied to a question put by the prisoner, that he was a Protestant. The Doctor said to him: "Were you a Catholic, I would not give what I will give you since you are a Protestant." He also said to the witness: "Do you not know there is a God above?" To this witness replied, that has nothing to do with it; he was acting on his own account. Tumblety then told him to come back in an hour or thereabouts, and he would give him the medicine to kill the child. This medicine would cost £5. Deponent did not return that day, but went the following morning, and said to the Doctor that the girl was ashamed to go to his office, but that she preferred to see him before taking any medicine. Tumblety then told him to bring the girl, and he would arrange everything."

He also went on to say :—

"He then delivered her the bottle and a box of pills, with printed directions, telling her to do all deponent should tell her. Turning to deponent, he said that is £5. I rely upon you for that, and bring me customers. Come back in a fortnight, and you will find all has disappeared."

Of the character of the medicine administered, we have the evidence of an expert druggist and of a well-known physician of this city, both duly qualified to speak on such a subject to the extent justified by the present state of knowledge :—

John Birks sworn :—"I am a chemist and a druggist in this city. On the twenty-third day of September instant, I received a bottle of medicine from Benjamin Delisle, High Constable of Montreal, for the purpose of analysing it, and to find out what it was composed of. After a careful examination of the contents of that bottle, I found that it contained some black hellebore or hellebonen, and a small quantity of syrup. This black hellebonen is a medicine which druggists never sell without the prescription of a medical man, for it is well known as a very strong medicine used to cause miscarriage. I have also examined very carefully three pills which I also got from the High Constable, and I found that they were composed of Cayenne pepper, aloes, oil of savine and cantharides. I am aware that the oil of savine, aloes and the cantharides have the effect of causing a miscarriage."

Dr. Sutherland's evidence came next, in it occurs the following :—

Question.—From that evidence do you suppose these medicines, if taken by a woman in a state of pregnancy, would produce abortion ?

Answer.—Yes ; if in sufficient dose, or long enough continued.

Ques.—What ingredients do you suppose entered into the composition of the pills ?

Ans.—Aloes, chiefly, at least two other things of importance of which not certain, possibly cayenne pepper and some essential oil.

Ques.—At what stage of pregnancy would these pills likely produce abortion ?

Ans.—At any stage.

Ques.—How many pills did you examine ?

Ans.—One ; quite sufficient.

Ques.—Do you suppose that one pill would produce abortion ?

Ans.—Certainly not.

Ques.—As you are not certain of the ingredients contained in the pill which you examined, how can you say that a certain quantity of such pills would, if taken in sufficient doses, produce abortion ?

Ans.—I said I was certain of the aloes, which of themselves were quite sufficient.

Ques.—How long should aloes be taken, and in what doses, to produce abortion ?

Ans.—The dose and period of taking the medicine are uncertain.

Ques.—Would two such pills taken three times a week be sufficient to cause abortion taken for two weeks ?

Ans.—I think not.

Ques.—Would they in three months produce abortion in the early stage of pregnancy?

Ans.—Such a mode of medication would, to say the least, be very hazardous.

On a subsequent day a druggist's assistant was brought up to give oath that the samples of the pills served by Tumblety *he believed* were made from *a* prescription he had before compounded, which was for pills only, and contained but two of the ingredients, aloes and capsicum, mentioned by last witness, in addition to others not mentioned, but which are known to be at least equally virulent as the other "noxious things," viz: gamboge, colocynth, mandrake. The exact nature of the means used would appear to be of secondary moment to the *intent* with which they were prescribed,—if it be established that there was an intent to create a miscarriage, then, although the means were incompetent to effect this end, the accused stands legally as condemned as if they had been more successful. Taylor in commenting on the English statute against criminal abortion, says:—"*Whether or not the substance would have the effect intended*, i. e, *of inducing abortion is perfectly immaterial.*" If this be admitted, a medical enquiry into the powers, doses, &c., of the remedies, declared to be given, becomes a work of supererogation.

The case was tried before the Inspector and Superintendent of Police and on the 26th ultimo, he ordered the defendant to be committed to jail to await his trial. He declined receiving bail, because Tumblety was a stranger in the Province, therefore his appearance would be considered perilous if this privilege were granted. After the prisoner's commitment his Counsel brought him before Mr. Justice Aylwin, upon writ of *habeas corpus*, he praying that he might receive the liberty already denied him. The learned Judge, however, confirmed the Police Magistrates' decision, and in his comments upon the accusation said, as reported by one of our daily contemporaries.

"It was of the most serious character, and which the law must use every means to check and put down. Unfortunately it had been brought before the public, through the press, the evidence adduced before the Police Magistrate had gone out to the world, and truly or falsely this man Tumblety had been thus advertised as a person professing and practising a most horrible crime. To protect society, therefore, and to take care that such publicity should not be taken advantage of, he considered it his duty to keep the prisoner where he was until the day of his trial. If, indeed, his drugs and instruments could be seized, and the possibility of his repeating the offence wherewith he stood charged, could be thus made certain, or if a policeman could be stationed at his door to interrogate females seeking his aid, and see for what disease he treated them, the man might fitly be allowed to go at large. But as there was no law which would justify espionage, nor allow of such interference, the only way to

secure the safety of the public was, to detain the prisoner in jail during the short time which would elapse between now and his trial."

What may be the final issue, will soon appear, as the criminal term shortly begins; the evidence adduced, if failing to substantiate the allegation for which the unhappy man is imprisoned, contains sufficient material to warrant the indictment of an action for practising physic without a license, and as the College of Physicians of Lower Canada have the power and the means to institute legal proceedings against an offender in such a case, it is possible that Tumblety may find his residence here, if indeed, he be granted the opportunity, may call forth in quick succession a second incarceration. To say the least, taking up his abode in Lower Canada, after his bitter experience of Toronto, so well known to the profession, was exceedingly reckless, for in this part of the Province the regular practitioner enjoys a full protection to which he is stranger more westward, while the charlatan finds no encouragement given to his predatory propensities.

P. S.—Since the above was written T. has been admitted to bail upon the authority of Mr. Justice Guy.

To Students in Medicine.—Medical Students, in this Province and elsewhere, we beg to remind of the approaching Session of the Faculty of Medicine in the University of McGill College, which will commence on Monday, the 2nd of November next, and extending over the customary term of half a year, will be concluded by the succeeding month of May. We have lately received the Annual Announcement of the Faculty, and from it judge that the members possess facilities for communicating a thoroughly sound medical education, and, as far as we know, upon a scale and extent far surpassing those of any other School in British North America. We are pleased to see that no *low* motives are held out for seducing the attendance of those persons who, while so reduced in judgment as to barter away knowledge for time, are so indifferent to personal ability, or the lives of future patients as not to spend a sufficient period, for getting even a respectable education, but, guided by the folly to rush into immediate practice, irrespective of absolute competency, are ready to patronize any place of tuition which favors their deplorable pretentions, and is unfortunately provided, by a *mistaken* liberalism, with the authority to give effect to their equally ruinous desires. The great success of the Medical Faculty of McGill College we refer, in part, to the prosecution of an opposite course, as well as other influences not necessary to mention.

It affords us pleasure to be able to quote from the above named pamphlet the following particulars concerning the past Session;—

exhibiting among other things, we believe, an amount of public confidence and general appreciation, such as no other Canadian School could for the same time presume to claim; and demonstrating, we may say, that honest, self-denying endeavors to maintain high excellence in medical attainments, to provide abundant learning of a first order, to supply the community with practitioners who are conscientiously qualified to undertake the rule of the sick man's person, and to discountenance all attempts at carrying out a selfish course of aggrandizement at the fearful expense of suffering humanity,—we repeat that honest, self-denying endeavors, like these, will not pass by unheeded and without encouragement. Nay, rather that they must surely bring with them, sooner or later, as they have already brought, tokens of approbation unknown to all rival institutions working upon inferior principles, and through meaner influences.

"The past winter course of Lectures in the Faculty of Medicine, McGill College, terminated on the last Friday in April, 1857. The number of Students in attendance who matriculated were 95; of these 61 were from Canada West, 31 from Canada East, 2 from Nova Scotia, 1 from Prince Edward's Island. Matriculation is required every year.

Of these 43 passed their classical examinations. This exercise is required of all students who become candidates for graduation; it is confined to the Latin language, and is chiefly designed to test the pupil's familiarity with its construction and translation. The books used are the Pharmacopœias, or Gregory's Conspectus, or some Classic; the latter are optional. It requires to be undergone but once, and is generally passed in the first session of attendance. The time appointed is usually the month of December. The Faculty is gratified to be able to state that such has been the previous education and the present proficiency of the candidates, that very few required to be remanded for further study.

The Elementary or Primary Examination was satisfactorily passed by the eleven gentlemen whose names and residences follow.* They, as was necessary, had pursued their studies during three winter sessions, and attended at least two courses of Anatomy, Chemistry, Materia Medica and Institutes of Medicine, upon which branches their capacities were tested.

The excellence manifested by these gentlemen was so distributed that difficulty was experienced in deciding upon the comparative merits of several.

The Graduates in Medicine, the degree in this Faculty granted by the University being that of M.D., were 15 in number. Five were examined in all the branches together, the remainder on the senior branches, viz:—Practice of Medicine, Surgery, Midwifery and Medical Jurisprudence; these gentlemen having previously passed their Elementary examination. The intelligence evinced was without exception commendable, and in no respect inferior to the average of former years."

* They are omitted as they have already been given in the Chronicle. Vide Vol. v., No. 1.

The Announcement gives some interesting particulars of the rise and progress of the Faculty which will be found in the subjoined extract.

"In taking a retrospective view of its past condition the Faculty of Medicine of McGill College is reminded that twenty-eight years have elapsed since it was established. Its Lecturers were then the only authorized Teachers of Medicine in British North America; previously to incorporation with the University, they had lent their services to similar pursuits, and were associated together in 'the Montreal Medical Institute,' of which they were the founders, and this, as an independent School, was continued for five years after the date of its commencement in 1824. At this interesting period it counted but four chairs, and these were limited to practice of Medicine, Chemistry and Materia Medica, Midwifery, Anatomy and Surgery; the two last named were subsequently divided, and soon Chemistry and Materia Medica were taught separately; also Anatomy, while Surgery was united to Midwifery; in 1842, the latter connexion was severed, and each constituted itself an independent department. Three years afterwards Clinical Medicine and Surgery, Institutes of Medicine, Medical Jurisprudence and Botany were superadded; and in the next session Clinical Medicine was divided from Clinical Surgery; and in this position it is now, with a curriculum so adapted that it can afford a complete education in Medicine and Matriculants. Beginning as the Pioneer School in this Province, various adverse circumstances have had to be contended against.

Private Lunatic Asylum.—Taking into consideration the vast number of insane at present in the Province of Canada, (that is, if the late census is worthy of credit,) it is really surprising that no private institution for the reception of the mentally aberrant in the higher rank of life has heretofore been established. All the insane, whose friends have been able to pay for their treatment, have been, almost without exception, sent to the admirably arranged and well-conducted asylums of the United States. We are pleased to see that Dr. Litchfield, manager of the Provincial Lunatic Asylum, Kingston, has recently applied to the Justices assembled in Quarter Session for a license to establish a private lunatic asylum, in accordance with the requirements of the Statute 14 and 15 Vic., cap. 8th. Judge Mackenzie granted the license for seven months, "with the understanding that it would be renewed on expiry for a larger number of patients." Dr. Litchfield says in his application:—

"I beg, in accordance with the requirements of the Statute, to furnish a plan of the house and premises for which the license is desired, and have to state that there is thirty-four acres of land annexed to the said house, in a secluded and salubrious situation, and well adapted to the purposes of a private asylum.

"I propose that the license should be granted for six patients, viz., three ladies and three gentlemen. The accommodation is much needed for patients of the educated and wealthy classes, for whom the provision within the province is wholly insufficient. And the payments made on this account will go towards

diminishing the cost to the country of the asylum now in operation for female lunatics at Rockwood and the temporary asylum for male patients at the Penitentiary. The patients in these asylums at the present date number forty-eight, viz., thirty-three males and fifteen females.

"My interest consists solely in the property having been conveyed to me in trust for the Government, as Medical Superintendent of the asylums, pending the construction at Rockwood of the permanent asylum, for which a vote of money has been made by the Hon. the Provincial Legislature."

The Doctor deserves great credit for the disinterestedness of his motives in this matter; and the asylum, we have no doubt, will become a flourishing one under his able management.

OBITUARY.

On Tuesday, the 11th August, Dr. Marshall Hall died at Brighton, aged 67 years.

Science has lost one of the worthiest of her sons, medicine has lost a great master, and philosophy a great thinker. The clear and vivid intellect of this celebrated man has steadily and successfully risen superior to the depressing influences of disease for the last fifteen years. Even during the present year, when confined to one room, his chamber has been a scene of intellectual activity. Clear and penetrating, and impelled by a wide philanthropy, the last contribution of Dr. Marshall Hall to science has been a pre-eminently useful one to the cause of humanity.

Dr. Marshall Hall was born at Bashford, in Nottinghamshire, in the year 1790. His father was a manufacturer, and a man of no small capacity and information, and had the merit of being the first person to perceive the value of chlorine as a decolorizing agent, and applying it on a large scale.

But the first salient point in the life of Dr. Marshall Hall was his matriculation at Edinburgh University, in the year 1809. There did he first imbibe that enthusiastic love of science which has been his most marked characteristic. With youthful impetuosity he plunged into the study of chemistry. Not content with merely assimilating the accepted doctrines of the science, he boldly endeavored to push its boundaries farther. With wonderful power of generalization for so young a man, and with such small materials as then existed for the purpose, he pointed out that there was a grand distinction between all chemical bodies, which ruled their chemical affinities. He showed that this distinction was the presence or absence of oxygen. That oxygen compounds combined with oxygen compounds, and compounds not combined with oxygen compounds similarly devoid of that element; and that the two classes of

compounds did not combine together. He believed that this general law would elucidate other chemical doctrines, and might prove valuable in the prosecution of still more recondite principles. But a mind of such soaring aspirations was not likely to confine itself even to such a comparatively wide field as chemistry. The vast domain of medicine was before our student, rich in unexplored regions, abounding in all that could excite his eager spirit of inquiry, and reward his love of definite result. It was exactly at this period in the history of modern medicine that physicians were taking stock, as it were, of their old principles. Morbid anatomy, pursued in close connection with clinical medicine, was showing the defects of diagnosis. With the sagacious eye of one who was capable of seeing that the great necessity of the day was a science of diagnosis, Dr. Marshall Hall threw himself into the prosecution of this immensely important department of medicine at once. Here again we find fresh evidence of his eminently progressive spirit. No mere systematizing of what other men had gathered, but an original and comprehensive treatise resulted from the labors of his student life and early years in the profession.

In 1812 Marshall Hall took his degree of M. D., and shortly afterwards was appointed to the much-coveted post of house-physician, at the Royal Infirmary of Edinburgh. In the following year we find Dr. Hall lecturing on the Principles of Diagnosis to a class, amongst whom were Dr. Robert Lee and Professor Grant. It was from this course of lectures that the treatise on Diagnosis, which was first published in 1817, took its origin.

In 1814 Dr. Marshall Hall left Edinburgh, after a residence there of five years. Great as was the individuality of this remarkable man, we cannot but point out that he was reared in a great school, taught by great men, and infected with an enthusiasm which pervaded, in some degree, all who came within its magical circle. Before entering upon his career as a private practitioner, Dr. Hall determined to visit some of the continental schools. We find him, therefore, shortly after his departure successively at Paris, Berlin, and Göttingen. The journey was made partly on foot, and armed. At Göttingen Dr. Hall became acquainted with Blumenbach.

In 1815, He settled at Nottingham as a physician, and he speedily acquired no small reputation and practice. After a time, the appointment of physician to the General Hospital there was conferred upon him, and in that sphere he labored until his removal to London, about ten years after his first settlement at Nottingham. It was at this period of his career, that Dr. Hall made his researches into the effects of the

loss of blood, the result of which was embodied in a paper read before the Royal Medical and Chirurgical Society in 1824. A distinction was drawn between inflammation and irritation. It was pointed out that delirium and excitement were by no means necessarily declaratory of cerebral or meningeal inflammation, or even congestion. Loss of blood was shown to be at the root of much that had passed before for various grades of inflammation. Practical rules were educed both for treatment and diagnosis. It was shown that active inflammation produced a tolerance of bleeding from a free opening in the upright posture; and vice versa. Other works came forth from his pen about this time, for his mind was teeming with ideas, and his activity as an observer was unparalleled. It is hardly possible to enumerate all, but in 1827 came the "Commentaries upon various Diseases peculiar to females"—a work which may still be consulted with advantage.

It was in 1826, that Dr. Marshall Hall sought this great metropolis as the umbilicus of the world. So active and earnest a mind could not find enough to satisfy its eager cravings in a provincial town.

The next step in Dr. Marshall Hall's career was a series of researches into the circulation of the blood in the minute vessels of the batrachia. A great step in physiology resulted from these. It was shown that the capillary vessels, properly so-called, are distinct absolutely, both in structure and function, from the smallest arteries or veins; that the capillaries, or *methæmata*, are the vessels in which the nutritive changes in the economy are carried on.

But the great source of Dr. Marshall Hall's honor, the basis upon which his fame must rest in all time to come, was yet undeveloped; his paramount claims to the admiration of his contemporaries and of posterity consists in his discoveries concerning the nervous system. Like all really important discoveries in natural science, those of Dr. Marshall Hall have had great practical effects. That stupid heresy, that there is a vital distinction between the practical and theoretical man, was never more completely disproved than in the case of Marshall Hall. But we must endeavor to trace the progress of his researches. While engaged on the Essay on the Circulation of the Blood, it happened that a triton was decapitated. The headless body was divided into three portions: one consisted of the anterior extremities, another of the posterior, and a third of the tail. On irritating the last with a probe, it moved and coiled upwards; and similar phenomena occurred with the other segments of the body. Here, then, was a great question. Whence came that motor power? To set at rest that question, to solve that problem, has been the great labor of Dr. Marshall Hall's life.

The establishment of the reflex functions of this spinal cord; in short, the whole of the excito-motor physiology of the nervous system is the sole work of Dr. Marshall Hall. And not only this, but he has shown that there are in reality THREE great classes into which the various parts of the nervous system resolve themselves; the cerebral, or sentient-voluntary; the true spinal, or excito-motor; and the ganglionic. The true idea of a nervous centre could never be said to have existed before the time of Marshall Hall. The ideas of centric and eccentric action, of reflection, &c., so necessary to the comprehension of nerve-physiology, were unknown before the labors of this great discoverer. But these physiological discoveries were not mere barren facts. How rich a practical fund of therapeutical measures naturally follows the physiology and pathology of the excito-motor system, every well-informed physician can testify. The success of Dr. Marshall Hall in the treatment of nervous diseases was almost entirely the result of a rigid application of his own physiological discoveries to their pathology and therapeutics.

Since the promulgation of his researches upon the nervous system he has been principally occupied with extending, applying, and developing them in every possible direction. The admirable success with which he indoctrinated the profession at large with his views must be attributed as well to his native lucidity as to their inherent truth.

The last crowning effort of Dr. Marshall Hall in the cause of science and humanity has been his discovery of what is now universaly known as the "Marshall Hall Method" of restoring asphyxiated persons. It will be found detailed in an earlier number of this periodical. It is pleasing to find that this last labor of a great mind has been a labor of love, something added to the stock of human happiness, something taken away from the bitterness of life. It is singular enough that in the very place where Dr. Marshall Hall has drawn his last breath, two cases have lately occurred illustrating the superiority of the "Marshall Hall Method" over the empirical rules of the Royal Humane Society. In one case of drowning the warm bath was administered: in another, the "Marshall Hall Method" was resorted to: in the first case death was the result; in the second, restoration to life.

In the practice of his profession, Dr. Marshall Hall was very successful. He linked himself early and resolutely to a great subject and rose into fame upon his development of it. He realized an ample fortune as the reward of a life of unremitting toil.

It is somewhat remarkable that Dr. Marshall Hall never held the office of physician in an hospital in London. He was only physician to a dispensary for a short time. He lectured at the Aldersgate-street and

Webb-street School of Medicine, and also at St. Thomas's Hospital Medical School. He was a candidate for the Professorship of Medicine at University College upon one occasion; but matters assumed such an aspect as to induce Dr. Hall to retire from the field.

We have thus far considered Dr. Hall as a man of science. In other relations of life he was equally deserving of our highest respect. As a politician, he was liberal in the highest degree. He was a strictly moral man, and was deeply imbued with a sense of the obligation of a *practical* cultivation of religion. That which he thought right to do, he *did*, with unswerving honesty and courage. All subterfuge, trickery, quackery, and guile, were utterly foreign to his nature. So simple and childlike was he in disposition, as hardly to be able to imagine in others the guile which had no home in his own breast. It is believed that the death of Dr. Marshall Hall was caused by exhaustion produced by a stricture of the œsophagus of many years' standing, accompanied latterly, it was considered by many eminent surgeons, with malignant ulceration of the part. The above is taken from a fuller account in the *Lancet*.

HOSPITAL RETURNS.

MONTREAL GENERAL HOSPITAL.

I.—*General Dropsy: speedy cure.* (Reported by Mr. ANDERSON.)

Christy Ross, aged 40, native of Canada, entered on the 18th August 1857, under Dr. Wright. This woman enjoyed remarkably good health up to a short time previous to the period at which the disease showed itself. She is 13 years married, and has had seven children. The labour previous to the last was an abortion, at the fourth month of gestation, for which she could assign no cause; three years intervened between this and the time she gave birth to her last child; during this pregnancy she was for the last three months unable to leave her bed, from weakness and incessant vomiting whenever she attempted to sit up. Her feet were also swollen during this period; in fact she never felt herself quite well since the abortion. After the birth of her last child she recovered perfectly as on former occasions, except that the swelling of the lower extremities remained; this she never perceived during or subsequent to her former pregnancies. She was going about on the fourth day.

About fifteen days after her confinement, having as she thought, taken cold, she perceived her abdomen to enlarge, but she had none of the

other symptoms of a cold; she did not perceive during the accession of the swelling that any one part was more prominent or tense than another. She had an icteroid appearance, which came on at the time the swelling first showed itself, and became of a deeper hue as the disease advanced. Her last confinement occurred on the 4th of last March, and the enlargement of the abdomen began to be perceived a fortnight after; so that the disease had been advancing for five months previous to her admission; the enlargement increasing steadily during this time.

She had been treated for this affection by a Medical Man for three months, without any effect; and another proposed Paracentesis Abdominis.

During the three or four days after her admission, she was very despondling and lonesome, ready to find fault with every body and every thing. About the fifth day the œdema of the feet and legs had entirely disappeared, and the abdomen was much more flaccid. The despondency was also much less, having been carried off, as was supposed, by the general stream.

The treatment employed in this case was ol tiglii gtt. ij, the day after she entered, and repeated every fourth or fifth day; and the following Pill: ℞ Digitalis gr. i ss, Scillæ gr. i ss, pil Hydrarg gr. iij, M. ft. il. cap. ter in die.

The oil caused brisk purging, and she perspired a great deal, especially during the night. She felt considerable weakness; she was allowed to remain in bed for a fortnight after entering. A Tonic mixture was subsequently prescribed.

Under this treatment the swelling rapidly subsided, diminishing six inches in the circumference of the abdomen during a week. The yellow appearance of the skin faded also to a great extent; the countenance lost its formerly anxious look, and her spirits became much more enlivened. At her request she was dismissed on the 7th of September, the swelling having entirely disappeared, making in all about twenty days that she remained under treatment.

II.—*Cancer of the Cheek: Excision.*

On the 9th of September an operation for Cancer was performed, of which the following are the chief particulars:—

The disease had first appeared several months previously, a little externally to the right canthus of the mouth, as a protuberance, soft, reddish, and tender; it soon acquired the size of the top of a finger, and became more highly colored, presenting a weeping excoriated surface,

alternating with a thin scabby crust, and answering very much in description to the characters of a lupoid tubercle; latterly it had ulcerated and now its summit is marked by a comparatively deep excavated ulcer, looking like an inverted hollow cone of small size, lined by an unhealthy investment, whereupon no vestiges of any kind of granulations are to be seen;—the discharge is not copious, and apparently of an unhealthy sero-purulent fluid. This ulcerated fort rested upon a mound of indurated tissue of wider extent than itself, about the girth of a copper, with a perfectly definable periphery. No pain was felt, and its examination was not complained of. At the right extremity of the lower lip the mucous membrane had degenerated into an epithelial cancer, and the lining of the cheek, nearly opposite the centre of the main swelling, had a puckered excoriated look. The submaxillary glands were not enlarged, and the countenance did not express a malignant aspect The patient was years of age, and was a hearty sturdy-looking man. Chlorid of zinc paste had been twice applied since admission without benefit.

Its excision was effected by taking out a wedge-shaped piece of the cheek; the incision began at the corner of the mouth beyond the disease of the lip, and running in a long straight line, ended over the lower border of the inferior maxilla, near the anterior border of the masseter, the outer incision began about one inch and a quarter further back in the cheek than the former, across the the outer segment of the tumor, and was brought down to the same termination; a few strokes with the scalpel served to sever the mucous membrane and other connexions when the mass was removed. A suspicious portion of the tumor was found remaining in the outer cut, and was dissected out. Four ligatures were applied. Having thus completed the extirpation, Dr. Wright next brought the divided margins in apposition and confined them in close proximity by the twisted suture. The needles were removed on the third day after; not a single unfavourable symptom occurred; the whole line of incision healed by the first intention, except the tails, which necessarily suppurated, for the ligatures were drawn through them. The threads had detached themselves by the tenth day, and on the twenty-first the patient left the Hospital well.

III.—*Molluscum, supposed Cirrhosis.* (Reported by Mr. J. McGarry.)

Patrick McGuire, aged 35, a plasterer by trade, was admitted into the Montreal General Hospital, August 4th, 1857, under the care of Doctor Wright, complaining of Diarrhœa, which attacked him four days before his admission. He is a man of medium height, rather thin, and of a

sallow complexion. His skin, especially that of the abdomen, is completely studded with small tumours, from the size of a large pin's head to that of a hazel nut, constituting the disease called *Molluscum*; most of these tumours have a large base, though some are attached by means of a pedicle. On examination of the liver, it was found to be much enlarged, its lower margin reaching nearer to the crest of the Ilium, and supposed to be in the first stage of Cirrhosis. He has been a pretty *hard* drinker for the past five years, and for the last two months drank more than usual. There is no enlargement of the superficial veins of abdomen, no ascites. He had several times been troubled with rather copious epistaxis, and has suffered considerably from dyspeptic symptoms To arrest the Diarrhœa the following powders were ordered :— ℞ Hyd. cum cret; Pulv. Rhei; Pulv. Ipecac co. *aa* grs. v.; M ft. pulv. in cap 1 ter in die.

Aug. 9th. Omit powders, as diarrhœa is arrested; and give, ext. Taraxaci, grs. v. quatum in die. General health much improved.

Aug. 17th. Feels better, no motion since August 15th; pulse 68, full and strong; appetite not very good; is always very thirsty; urine high coloured; sleeps well at night. From this date till the 24th August nothing worth noting occurred, save that he kept getting progressively better; though not much in outward appearance, as the skin still preserved a subisteroid hue. Diarrhœa did not again return after it was arrested. Three of the tumours of different sizes were selected, and nitrate of silver, in the solid form, applied. It caused some slight swelling around the base, but when this had subsided the tumours were much smaller.

MEDICAL APPOINTMENTS.

SECRETARY'S OFFICE,
Toronto, August 29, 1857.

His Excellency the Administrator of the Government has been pleased to make the following appointments, viz ;—

Robert Henderson, Esquire, to be an Associate Coronor for the United Counties of Peterborough and Victoria. He has also been pleased to grant a License to Michael William Turner, of the Town of Simcoe, Esquire, M. R. C. of Surgeons, England, to practise Physic, Surgery and Midwifery in Upper Canada.

19th Sept. 1857.

His Excellency has been pleased to make the following appointments, viz:

Zephaniah S. M. Hersey, Esquire to be an Associate Coroner for the United Counties of Prescott and Russell.

James Wilson, of Perth, Alexander Long, of Smith's Falls, and William Wilson, of Carleton Place, Esquires, Surgeons, to be a Board for examining Applicants for Militia Pensions in Upper Canada, for the United Counties of Lanark and Renfrew.

BUREAU OF AGRICULTURE AND STATISTICS,
Toronto, 28th August, 1857.

PATENTS OF INVENTIONS.—His Excellency the Administrator of the Government has been pleased to grant Letters Patent of Inventions for a period of *Fourteen Years*, from the dates thereof, the following persons, viz :—

Edwin M. Chaffee, of the city of Montreal, Merchant, for 'A new and useful Improvement in the preparing, coloring, and applying India Rubber and Gutta Percha to cloth of all kinds, leather, and other articles, without the use of a solvent, under the name of Chaffee's Improvement in Rubber and Gutta Percha.'—Dated 13th July, 1857.

Leonard Wray, of the town of Brantford, in the County of Brant Agriculturist, for 'A process for producing and manufacturing Fine Crystalized Sugar, Syrup, and Molasses from the African and Chinese and all other varieties of the Holcus Saccharatus of Linnæus.'—Dated 23rd July, 1857.

George Bolster, of the city of Toronto, in the County of York, yeoman for 'A Mastic-Canvass Fire and Water Proof Cement for Roofing.'—Dated 23rd July, 1857.

Wm. Spofford, the younger, of the township of Markham, in the County of York, farmer for 'A new Tanning Process for tanning Hides, &c.'—Dated 23rd July, 1859.

MEDICAL NEWS.

Rokitansky has just published a second edition of his *Pathologische Anatomie*; the work is said to be so completely transformed as to be irrecognizable.—A medical man of 10 years practice in Philadelphia informed a friend the other day that he had walked in the above time 150,000 miles.—The Western Lancet mentions the death of a horse owned by Dr. F. Dorsey, of Hagerstown, Md., at the advanced age of 15 yrs., the Doctor had used him for 37 yrs. in his practice; he has done the profession some service.—The number of patients admitted into the Royal Orthopædic Hospital during 1856 were 1533. The receipts for the year were £4022 15s. 1d.—One of the so-called "heads of the profession" in New York boasts that he has a hundred young doctors in town, who are ever hunting up consultations for him, so that half of his income was derived from this source.