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THE

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ORIGINAL COMMUNICATIONS.

ART. XXXIII.—*Clinical Selections.* By Wm. Wright, M.D., L.R.C.S.E., Professor of Materia Medica, M'Gill University, &c.

III.—*Menstruatio Recidiva after 17 years' cessation.*

The form of rejuvenescence stated in the above heading, is one of the most rare with which we are acquainted. Dr. Mehliss, in the year 1838, published a treatise on the virilescence and rejuvenescence of animals, and of the total number of instances that had occurred to that time, there were only 10 of menstruation recurring in women advanced in life. Many more had been reported as instances of this anomaly, but upon careful scrutiny they proved to be simply "old wives' fables," and therefore had to be rejected, reducing the bona fide cases to the number stated.

Since the date of Dr. M.'s work to the present time, I have only been able to collect four cases entitled to implicit confidence, and have met with one which is now under my observation.

Of those selected, the most extraordinary is that given by Velasquez, of Tarentum, of the Abbess of Monoicairo, who at the age of 100, after a severe illness, had a recurrence of the catamenia, and not only this event, but a new set of teeth, and a fresh head of hair appeared. Next in point of interest to the above, is that of two nuns, a synopsis of which is to be found in the *Lancet* for *1846*. In these ladies, menstruation recurred several years after it had ceased, and continued to a very advanced age. In one, the function had stopped at the age of 52, recurred at the age of 62, and continued with perfect regularity for 11 years, when the fact was recorded. In the other, the discharge ceased at the age of 52 also, recurred at 60, and had continued up to the date of the report, when the patient had attained four score years and ten of existence.

Although the case personally known to me is perhaps not so wonder-

ful as the foregoing, yet, since in some features it bears a close correspondence to them, and is in itself remarkably peculiar, its history may not be undeserving of a short notice.

Mrs. Gibson, ætat 61, married, the mother of one child, experienced the "turn of life," 18 years ago, and for 17 years afterwards never saw any sign of her catamenia. At the end of this time, however, her amenorrhœa suddenly disappeared, and the long suppressed function was restored. She says, and her veracity is above suspicion, that on the evening of the 9th June, 1853, her neighbour, Mr. Pollock, was shot dead by the troops (26th Regt.,) in their fire upon the congregation leaving Zion Church. The body was taken to the Station House close by, but being unknown was detained there during two hot days. At length, having been discovered by her husband, it was brought home. In the absence of one more willing, she proceeded to wash the corpse, and perform the last attentions it needed. But while thus occupied her grief for the loss of the deceased—horror at the late calamity—aversion to the duties engaged in, and loathsomeness inspired by putrefaction, produced so prostrating an influence, that she was completely overcome, and suffered such a shock as she had never felt before. The morning following the night when this happened, she perceived that her catamenia were upon her, presenting precisely the same character as they had in her younger days. They became profuse, and lasted during the three subsequent weeks, when a scanty leucorrhœa succeeded. From that period to this (Feb., 1855.) she has had regular recurrences of them, with intermissions of between two and three weeks' duration. They continue for about a week, and then succeeds the leucorrhœal discharge, till the expiration of the interval, when they re-appear, and so come and go with an unfailing periodicity.

Philosophers usually explain the phenomena of rejuvenescence by referring them to an irritation applied to the parts concerned, while there is persistent a complete energy and integrity of vegetative life, so that the mode in which it may appear will depend upon local causes. But, however much this interpetration may be adapted to most cases, it certainly does not apply to the one just narrated, where no such cause existed, and where the only morbid influences at work, were those described. Nor did her constitutional condition afford any decided corroboration to the doctrine, for she was rather of a frail than of a robust habit of body. It is a remarkable fact, that the later periods of womanhood appear to be most liable to Menstruatio Recidiva. Of Dr. Mehliss' cases—1 occurred between 50 and 60, 7 between 70 and 80, 1 between 90 and 100, and 1 after 100. It does not appear that any relationship has yet been traced between the menstruations of earlier and of later life. Mrs. G.

was always "regular" before their first cessation, except during gestation and lactation, and in none of the other instances, is any mention made of primary irregularity. In conclusion, it may be remarked, that this subject has an important bearing on the theory of menstruation, and so far has escaped the attention of writers. If, as has been contended, this function be dependent upon the monthly escape of an ovum, we can scarcely understand its re-establishment in the aged, under any other assumption than the re-development of graffian vesicles and re-maturation of ova; but this would imply the possibility of renewed fertility, which is altogether discountenanced by the cases recorded, wherein, as in that last described, there was no opposing circumstance to the evolution of such a property, had it been enjoyed.

ART. XXXIV.—*Remarks on Intermittent Fever.* By GEORGE NIEMIER M.D., New Hamburgh.

In reference to Professor Crawford's communication Art XXX, "*a case of intermittent fever with temporary hemiplegia*," I am inclined to think that this was a complication of intermittent fever with some of the symptoms of lead poisoning. The irregularity in the time, the nervous agitation, somewhat resembling chorea (tremor artuum), the delirium, and lastly the hemiplegia of the right arm and leg, should all those symptoms, occurring in a person, whose occupation is that of a HOUSE PAINTER, not almost lead to the supposition of lead poisoning? I should be happy, if this my humble opinion meets favourably with the views of Professor Crawford, and have the honour to ask the professor, through the columns of this Journal, if he thinks this, my supposition, a correct one or not?

Last summer I had a rather strange case of intermittent fever to attend, which I will give as short as possible. I was called to a young woman about 18 years old, who had moved here a few weeks ago from Montreal. Her mother, who had never seen intermittent fever before, told me, that on two successive days, commencing each day at about 10 o'clock, she had had violent fits, shivering over her whole body for about half an hour, and then high fever perspiration for some hours. From the location of the house, close to the bank of a creek, then almost dry, and the prevalence of fever at that time, I supposed it to be intermittent fever, and the fits to be the shake. I saw her in the afternoon at about 4 o'clock, when she was rather weak after the attack, but without fever; she felt pains in the pit of the stomach, with inclination to throw up, but

no actual vomiting. I gave her an emetic, which brought up considerable gall, and ordered six grains of calomel in a table-spoon-full of castor-oil at bed time. I have now to remark, that I generally give, after the bowels are emptied either by an emetic or physic, about 3 or 4 hours before the expected paroxysm, one large dose of sulphate of quinin, from 10 to 20 grains, dissolved in some water, acidulated with lemon-juice, and sweetened, and I have had almost always the satisfaction of cutting short the disease without any evil consequences. I gave my patient in the morning at 7 o'clock about 10 grains of quinin, prepared in this manner, was called out a short time afterwards to see a person 15 miles distant, and did not return until early next morning. A messenger was already waiting for me, to tell me that the young lady, after having taken the medicine two hours, had been lying insensible and so soundly asleep, that all efforts to rouse her out of her sleep had been unsuccessful. I immediately went to see her, and found her laying sound asleep, I shouted aloud into her ear, sprinkled her face with ice cold water, &c. &c., she did not even open her eyes; respiration and pulse quite normal. My resolution was to wait 24 hours from the time she had taken the quinin; I was sitting before the bed in anxious expectation, and, strange to say, hardly a minute had elapsed after 7 o'clock, when she rose yawning, got out of the bed, and wanted to eat. She had no other attack, and felt perfectly well afterwards. From the statements of the mother, I took her to be of a very hysterical disposition, but I am yet doubtful at present whether this state of catalepsy was the effect of the quinin or not.

[We give insertion to the above queries, although we think most of our readers will understand the rare and interesting case alluded to, as we do, and accept the interpretation the author has afforded. We conceive the hemiplegic attack to be fairly attributable to the peculiar state of the cerebro-spinal system, (whether congestion or other obscure condition,) consequent on the febrile action. It does not appear that the patient had any previous illness, or ever was affected by any of the ordinary symptoms of poisoning by lead, (or "painter's colic,") which we are assured would not have been overlooked, had such been the case. We conceive that the *legitimate palsy* of workers in lead, never shows itself by a sudden attack of hemiplegia, nor is it ever ushered in by acute fever. The palsy is usually confined to the upper extremities, is slow, and gradual in its progress, and equally tedious in its recovery; there is great wasting of the muscles, especially those of the thumbs, and the paralysis chiefly affects the extensors and wrists. It is preceded, and often accompanied, by manifest indications of dyspepsia, bowel derangement,

and generally obstinate constipation, and the "*dry belly ache*," and is thereby easily diagnosed from the temporary intermittent hemiplegia. The occasional and momentary paralysis of the organs of speech in this case is no uncommon occurrence from nervous agitation in cases of debility. A case resembling the one alluded to is noticed by Dr. Elliotson, which he terms "intermittent hemiplegia," the only one he has met. He deems it a form of ague. The paroxysms were of the tertian or quartan type; the patient had been exposed to malaria in the East and West Indies and Batavia, where he had, on two occasions, fever. The case was treated as *ague* by quinine. Morgagni, Sauvage, and Cullen recognize a paralysis intermittens.—EDS. MED. CH.]

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXIV.—*Practical Observations on Mental and Nervous Disorders.* By ALFRED BEAUMONT MADDOCK, M.D., formerly Resident Physician and Proprietor of the Lunatic Asylum, West Malling, Kent; Author of a Treatise on Diseases of the Chest, &c. &c. Pp. 236 London: Simpkin, Marshall & Co., Stationer's Hall Court.

The intimate relations which exist between mind and matter are now all but universally admitted. Still, however, one cannot speak explicitly of the actual amount of knowledge which science affords of the independent existence of spirit without laying himself open to the charge of materialism. There is an earnest but mistaken class of men that would bend all things, and go all lengths, to substantiate what they believe to be vital truths. Such do infinitely more harm than good to any cause with which they may identify themselves. No matter how candid a scientific physiologist may be in the expression of his belief in the essential immateriality of the soul, if he dare to say, as say he must, that physiology teaches nothing of the sort, but its facts are rather ranged in opposition to the idea of mind existing as an entity in entire independance of organized matter, he is immediately assigned a place by these persons, in the ranks of infidelity. He may emphaticaly declare his assent to the Divine origin of the scriptural writings, and the unquestioning confidence with which their teachings ought to be received—he may assert his belief in this dogma of a disassociated existence as a sublime doctrine of holy writ, and not as a fact demonstrable or to be come at by physiological knowledge or investigation, still will he be

stigmatized as a person holding opinions dangerous to morals and society. "Your physiology," say these charitable know nothings, "*ought* to teach you differently; if it does not, you have no right to express such opinions."

Whatever view may be taken, transcendentally, on this subject, there *is not the slightest doubt but that diseased conditions of the body, react* with varying degrees of intensity on the mental processes. In the words of the quotation from Shakespeare, which Dr. Maddock places as a motto on his title page:—"The body and mind are like a jerkin and a jerkin's lining—rumple the one and you rumple the other." We need only reflect on the extensive ramifications of the nervous system, and the important part which it takes in all the vital actions—its subservence at once to the higher mental operations, and to what we regard as the simplest and least important of the functions performed by the economy, to understand the workings of the laws of sympathy, and why man's nobler part should be so much influenced and directed by deviations from the physiological condition of the meaner organs, those which are employed in the building up and sustentation of his physique. The most distant part of the periphery is united by nervous mediation with the cerebrum, the admitted organ of the mind and seat of reason. Strange as it may appear, nevertheless, daily experience proves its truth, our feelings of pleasure or pain, happiness or misery, contentment or dissatisfaction, affection or hatred, &c., depend, in a measure upon the healthy performance of the functions of the digestive organs. It was a remark of Dr. Samuel Johnson's, and few that have felt the pain he refers to, will be inclined to disagree with him; "that a sudden pang of the tooth ache would render a man utterly indifferent to the most sublime strains of poetry, put to flight the most subtle train of metaphysical reasoning, and cause him to turn away from the most beautiful spectacle." Mental disorders arising from visceral obstructions or defective secretion, may exist without arresting medical attention, or even exciting the anxiety of friends. This subject has been explicitly and beautifully pourtrayed by Dr. Forbes Winslow. These affections are generally insiduous in their character; of slow and almost imperceptible growth, originating important changes in the delicate and highly organized vesiculo-nervous matter of the brain, and giving rise to morbid alterations in the manifestations of the passions and affections. The patient, whose diseased condition of mind is not appreciated, may exhibit great cruelty, and commit acts of brutality towards those who have the strongest claims upon his love, kindness and forbearance. The naturally gentle, truthful, retiring and self-denying, become quarrelsome, cunning, and selfish; the diffident become bold; the modest obscene; piety degenerates into hypo-

crisy, or is exalted into fanaticism. In these pseudo-anomalous pathological conditions of the mind, what are termed the reasoning and reflective faculties remain intact: consequently the actual state of those disordered moral manifestations is not suspected, even by their most intimate associates, until the affection becomes strikingly apparent by the commission of some overt act of insanity, (p. 50.) The reasoning and reflective faculties, however, do not always escape; for, as Dr. Maddock shows, in the illustrative cases which he has published, aberration of intellect may occur as the result of disordered functions of the digestive, urinary or reproductive organs. Dr. M. very justly enforces the necessity, in cases of mental alienation, of judicious treatment being directed to re-establish the healthy condition of those organs which may appear to be acting irregularly. We have read Dr. Maddock's work with pleasure. The style is good, and the matter practical and instructive.

XXXV.—*A Practical Treatise on Foreign Bodies in the Air Passages.* By S. D. Gross M.D., Professor of Surgery in the University of Louisville; Member of the American Philosophical Society; Author of "Elements of Pathological Anatomy;" A Treatise on the diseases of the Urinary Organs, &c. &c. with Illustrations. Philadelphia: Blanchard & Lea; Montreal; B. Dawson. Pp. 468. 13s. 9d.

Dr. Gross has, at a vast amount of trouble, collected together upwards of two hundred cases of foreign bodies in the larynx. He gives an abstract of each case, and treats fully of the immediate effects produced by the entrance of foreign bodies into the air passages, the pathological effects resulting therefrom, the symptoms produced by their presence, the diagnosis and the Medical and Surgical treatment to be adopted. We consider this work one of the most important of the recent additions to Practical Surgery. Containing, as it does, all that has been recorded relating to the class of accidents of which it treats, admirably arranged and systematized, it should find a place in every Medical library.

XXXVI.—*Ectroplasty or Anaplasty applied to the Treatment of old Ulcers*; a reply to Dr. Watson's Reclamation. By Frank H. Hamilton, A.M., M.D., Professor of Surgery in the Medical De-

partment of the University of Buffalo. Pp. 19. 1855. From the Author.

In this pamphlet, Dr. Hamilton endeavors to establish his right to the priority of discovery of the operation of anaplasty, of which Dr. Watson would wish to deprive him. We have not seen "the reclamation" of the latter, and as we always desire to hear both sides of a question, before pronouncing judgement upon it; we can as yet have no opinion on the matter. The real merit, however—be it due to whom it may—is of a very slender kind—anaplasty being merely an application of the taliacotian operation. In Hudibras we read that lost noses may be restored from the "postique parts" of burly porters, and in Hamilton we find that an old ulcer may take to itself the skin of a healthy leg.

CLINICAL LECTURE.

On Gonorrhœal and Syphilitic Rheumatism. By George Budd, M.D., F.R.S., Physician to King's College Hospital.—One of Dr. Budd's latest clinical lectures entered at some length into the subject of "Syphilitic Rheumatism and Gonorrheal Rheumatism," two diseases often met in practice, and not unfrequently confounded.

"Syphilitic rheumatism is a very frequent disease," said Dr. Budd, "and not only frequent, but lingering, slow, and tedious, with pains at night not to be mistaken; sleeplessness and general derangement of the system. Two, or even three or more years may elapse, as you are aware, from the first primary sore or syphilitic ulcer, till the invasion of this disease; we generally knew it as syphilitic periostitis; in the generality of cases no doubt it arises in this form, and is attended with syphilitic eruptions and other symptoms, secondary or tertiary—I do not intend, of course, to speak of syphilis now, but of this syphilitic rheumatism, as we meet it in so many shapes upstairs in the hospital. You will generally know it by this, that the pains are worse at night; so much so, indeed, as to prevent sleep for weeks and months together; the bones are affected, not the joints; and those bones, it is curious which are most exposed—the lower end of the femur, the crests of the ilium, the ulna, the collar bone, the shin bone—you are no doubt familiar with these facts. But how does this pain come on? Now it is, most commonly, not like rheumatism, it is rather inflammation of the periosteum of the bone with effusion under this membrane; sometimes it is rather extensive and "pits" on pressure. A layer of lymph, probably, is deposited between the periosteum and bone; if it be treated speedily, all this matter may become absorbed; if allowed to go on, as is frequently the case, the lymph becomes ossified, and we have what you see so frequently in our out-door

dispensary patients, "Nodes," originating in this kind of inflammation; first coagulable lymph, which becomes organized into bone in the same manner I think, as bones unite when broken; the lymph entangled between the periosteum and the bone influencing the system almost as if fracture had occurred. Nodes, or bony swellings, do not always form, as some of the matter is absorbed. A node as large as a walnut is a large node—the bone itself may become inflamed. A case in King's College Hospital for instance, looked on as cancer of the bone, out of doors, I pronounced to be this form of syphilitic rheumatism; it was, in fact, inflammation of the bone and effusion of matter bound down by periosteum, sometimes ulceration follows in the periosteum, a very unpleasant occurrence, bits of dead bone come away, more especially in the flat bones of the skull, the bones of the nose, &c.; they are now, happily, not so frequent as they used to be.

In private practice, last year, I met a case of this kind, periostitis of the bones of the head; there was a large, ugly ulcer. I got Mr. Partridge to see the case too, who removed a piece of dead bone; we could see the pulsations of the brain underneath. The poor gentleman got albuminous urine, erysipelas, and died. This exfoliation is more common in the flat bones—nodes more common on the tibia. A very great point is to seize the nature of the case early. Necrosis of the bones of the nose takes place; the palate bones are also lost. I remember, a few years ago, the hideous and horrid spectacles one saw walking about in London, and at hospitals. The disease is now not so common. Disease of the palate, you should recollect, is now very curable: at the time I speak of it was all but incurable. It begins as ulceration of the mucous membrane of the mouth, which, if not cured, may lay bare these bones. We saw a woman from Richmond here lately—a case in point, necrosis of the bones of the nose. We detected these ulcers and cured them. Remember, then, this disease is in the bones and mucous membranes; rheumatism is more common in the ligaments and joints. Syphilitic inflammation may affect the ligaments of the knee. You will find another useful diagnostic in the fact that there is no fever. The disease is chronic, of indefinite duration, and attended with a previous history of other secondary symptoms not to be mistaken. Forty or fifty years ago there wer no possible means for curing this disease; a hundred persons to one now were walking about town with the bridge of the nose gone. I believe one of the greatest practical discoveries of this century was that of iodide of potassium as a cure for this disease. We are indebted for it to the late Dr. Williams, who lived near Guy's Hospital. I often met him, and he said he had set himself out to discover some specific for two diseases then thought incurable; one was consumption, the other was a disease of the bones of the nose from syphilis. Every new remedy, as it came out, he tried, and amongst others lighted on idoide of potassium. Poor Dr. Williams! I believe if ever a man deserved a pension or a peerage for doing a grand thing, and benefiting humanity, he did; but peerages or decorations are not much in the direction of medical discoveries. He not only did not get either, but did not get any practice, and is now forgotten. "Iodide of potassium" is as much a specific in these syphilitic rheumatism cases and diseased bones and nodes, as mercury in the primary Hunterian sore. Give small doses—two grains—of the iodide twice a

day, to begin with; when you have given an overdose, you will find pain over the eyebrows, sneezing, papular eruption on the skin, a taste of iodine in the mouth. These results are, however, very uncertain, and one grain sometimes will be found to affect a particular patient as much as ten grains will affect another individual.

I think you cannot be too particular in your mode of giving iodide of potassium; it is a very important point, for instance to give it while fasting, as it is decomposed by the hydrochloric acid of the gastric juice in digestion, setting free pure iodine; now remember it is not iodine cures, nor has iodine, perhaps, any effect as iodine; it is the salt iodide of potassium (as phosphate of lime enters into bones not phosphorus), nay, I would always give iodide of potassium with free soda to counteract this acidity of the stomach; if thus carefully given, these pains of syphilitic rheumatism soon begin to give way; you may stop it for a while, and at intervals renew it; if ulceration should have set in, more particularly with necrosis, sarsaparilla is a good medicine. Cod-liver oil, also, you will find a most valuable remedy, more especially if there be—as there often is—a tendency to phthisis: we have seen two cases of this nature lately, the poor woman A. H., and the Italian Professor of Languages. You are familiar with these cases, and will recollect the value of the medicines as now indicated.

We next come to speak of gonnorrhœal rheumatism, a very troublesome affection also, as I found at one time in the Dreadnaught Hospitalship, near Greenwich. There are two or three of these, so to call them, secondary symptoms, appertaining to gonorrhœa; gonorrhœa swelled testicle, gonorrhœal ophthalmia, and, occasionally, this gonorrhœal rheumatism; this disease is very peculiar; we will find, perhaps, that there is but a single joint affected; the ankle or the knee possibly; we will find the inflammation to be painful in the highest degree; effusion very great; constitutional disturbance most obstinate, particularly at changes of weather; the joint affected has a gummy, or doughy feel; quite specific. Now this is a most intractable disease; it is, perhaps, rather more like gout than rheumatism, but the remedies for gout will not cure it with the same facility; the best mode of treatment I have found, is to blister the joint, or rather above the joint; afterwards, paint with iodine, and give internally the nitrate of potash, and alkalis.—*Medical Circular.*

THERAPEUTICAL RECORD.

Anasarca.—The flowers of the common broom, *spartium scoparia*, recommended by Rayer in albuminous nephritis, has been successfully used by Dr. Garcia T. Alvarez, and reported in *El Siglo Medico* for February 1854. In a man of 40, a severe attack of general anasarca, consequent upon this disease, was cured by the employment of an infusion of

the flowers of scoparia until the urine gave no longer an albuminous reaction.

Cardiac Dropsy.—We remark in a late number of the Medical *Times* and *Gazette* a revival of the suggestions of Dr. Thernont many years ago as to the diuretic virtues of the common oat. Recent observations have verified these statements, and there can be no doubt that the decoction of oats does possess diuretic properties. The mode of preparation is to take two handsful of common oats and boil them in a quart of water for a quarter of an hour. Of the strained decoction a cup-full should be frequently given as an ordinary drink. Its simplicity and freedom from injurious consequences recommend it to the attention of the profession.

Chronic Rheumatism.—We remark amongst a number of reports sent in to the East India Medical board, that Dr. Foulis, of Mangalore, gives very favorable results from the use of the fish liver fat as an unguent in chronic rheumatism. Well rubbed in, night and morning, it had the effect of relieving pain and reducing swelling. Dr. Foulis adds: "In cases of atrophia, diabetes and scrofula, fish liver oil has been largely given, and attended with an amount of benefit truly surprising."

Diarrhœa in Phthisis.—There are often cases of consumption, in which we find irritability of stomach and bowels, inability to retain proper sustaining diet, and obstinate tendency to diarrhœa, to be the most troublesome symptoms met with in the management of that said disease. As a nourishing article of diet, and one which might be used as a substitute to the cod liver oil, which the stomach under such circumstances always rejects, we would propose the emulsion of mutton suet in milk, and flavored with cinnamon. Fresh suet should be chopped fine, put into a bag and gently simmered for a few minutes in the milk, after which a quantity of cinnamon should be grated in. This preparation is always relished by the patient, and the bland and slightly aromatic mixture will oftentimes relieve the irritability, both of stomach and bowels, and add much to the general well being of the patient.

Fistula Ani.—An ingenious method of diagnosing in this affection is given by M. Limange, in the *Arch. Belges Med. Mil.* When the intestinal orifice cannot be ascertained by the ordinary methods of investigation, he suggests that a small quantity of the compound tincture of iodine should be injected through the external aperture of the fistula, while the finger of the operator is retained in the rectum. A permanent stain will thus be produced on the skin of the finger, by which the existence of an internal orifice is proven, and also a very correct idea is afforded of its situation and its distance from the outlet of the bowel.

Ichthyosis.—Professor Hebra, of Vienna, reports in the *Zeitsch. der Gellsch. der Aertre zu Vein*, two cases of ichthyosis, occurring in boys who had laboured under the disease from infancy. Rubbing with *sapo viridis*, and the use of woolen clothing removed the affection.

Local Hemorrhages.—Dr. Bayer, of the Brighton Dispensary, proposes a new form of astringent application, which is worthy of attention on account of its elegance and convenience. We obtain our information from the Association Medical Journal. Dr. Bayer states that pure glyce-

rine will dissolve nearly its own weight of tannin, and forms a very powerful local astringent application, the strength of which may easily be graduated, as it is readily miscible in water. The solution of tannin in glycerine is peculiarly applicable to many disorders of the mucous membrane, as it readily combines with the mucus, and forms a non-evaporisable coating over the membrane. It forms a most convenient application to the vaginal, uterine, rectal or urethral membrane where a strong and non-irritant astringent lotion is desired.

Orchitis.—In the *Journal de Bordeaux*, for March 1854, three cases of orchitis are reported by Prof. Costes, treated successfully by the application of collodion. A mixture was made of twenty parts of collodion to six of castor oil, which was rubbed over the scrotum and was followed by disappearance of both swelling and pain.

M. Velpeau, in the *Gazette des Hopitaux*, recommends the use of collodion in a somewhat analogous pathological condition. He states that in the engorgement of the testicle, following on the injection of the tunica vaginalis for hydrocele, he has lately been using the collodion as a remedy. Four or five patients at La Charité were treated in this way, and the duration of the inflammatory engorgement was sensibly lessened.

Scrofulous Intolerance of Light.—The use of conjin in the more inflammatory blepharospasm of scrofulous children is suggested by Prof. Mauthner, in the *Journ. f. Kinderkr.* prepared by the following method. The conjin is to be mixed with the oil of sweet almonds, in the proportion of half a grain to one drachm. A thick fluid is formed, with which the lids may be daily pencilled. In eight or ten days this troublesome condition ceases. Hard glandular swellings of the neck bear this application better than salves composed of iodine.

PERISCOPE.

Removal of a portion of the Left Lung.—By T. B. Hale, M.D.—DEAR DOCTOR,—The following has been communicated to me by my friend, Dr. Hale, of Minersville, Pa. Believing it to be unique, I am desirous of giving it to the profession through the pages of your valuable journal. The removed portion of lung is now in my possession. It is pyriform in shape, somewhat flattened, and measures about 6 inches long, 2½ inches in diameter at the largest end, and 1 inch in diameter where it was cut across. It appears quite destitute of blood, except near the small end, where the capillaries appear quite full. The specimen is somewhat contracted in size from the action of the alcohol in which it is preserved.

Very respectfully,

Port Carbon, Dec. 21, 1854. J. H. WHYTHES, M.D.

C. D., an Irishman, aged 25 years, rather small in stature, but stoutly built, with a well developed chest, being engaged in a fight while intox-

icated, received a stab in the left side, parallel with the ribs. The wound was about 1½ inch long, and appeared to have been made with a sharp, clean-cutting instrument. About fourteen hours after the injury he was visited by Dr. Hale, who found, upon examination, a portion of the left lung protruding from the thorax. He was sitting upon bed, having the protruded portion supported by a broad bandage. He complained of no pain, and had suffered but little from loss of blood. There was no cough or difficulty of breathing, but on taking a full inspiration the protruded lung became filled with air, and drops of venous blood oozed from its substance. The protrusion was so tightly strangulated at the wound in the thorax that after an hour and a half spent in unsuccessful efforts to restore it, Dr. Hale made a cautious attempt to enlarge the wound in the interosseous space. Fearing, however, the effect of a large opening into the cavity of the pleura, he was induced to desist, and consider the propriety of excision. As the protrusion looked extremely unhealthy, from the length of time since the accident and the efforts made to reduce it, making gangrene not an improbable result, excision seemed to be the only resource. Dr. H. contemplated applying a ligature at the base of the protruded lung, but on making two experimental incisions into its substance, and no blood flowing, this was not judged necessary, but the mass was at once excised, and the remaining portion pushed back through the wound in the interosseous space, the orifice of which was then closed with two stitches and strips of adhesive plaster. The patient was then directed to lie quietly on his back, and a mixture of two parts syr. prun. virgin., and one part syr. opii prescribed; a tablespoonful to be given every two hours for the purpose of allaying irritation in the bronchial tubes. On the second day, Dr. Hale found him in a favorable condition, and on the sixth day he walked five miles to visit his physician, suffering in no manner from the loss of the portion of lung. For the last three months he has labored constantly in the coal mines, without inconvenience.

The speedy recovery of the patient appears to have been due to adhesive inflammation between the adjacent walls of the pleura, through the wound in which the protruded lung was strangulated. In all probability the pulmonary and costal pleura and the substance of the lung are all connected in the same cicatrix.—(*Medical Examiner.*)

Remarks on the Nature and Causes of Green Vomiting, and on Allied Pathological Changes.—Dr. Frazer cites a few cases in which green vomiting was present; it is unnecessary, however, to quote them as every practitioner is acquainted with the symptom. He remarks:

"This list of cases, in which I have noticed and examined green discharges from the stomach might be greatly extented, yet, perhaps, without tending to any useful results, the above being quite sufficient to serve as examples of it, and the evacuation itself is so commonly met with in practice, that it must be familiar to every one. That the striking green colour is not due to the presence of bile will, I think, be readily allowed, still it is better to offer some proofs on this point; and first I would

proper hue being a peculiar brownish yellow tinge, similar to the well remark that the appearance of bile is very different from the peculiar grassy or verdigris tint of the evacuation at present under our notice, its known discoloration of the skin in jaundice, or when it is concentrated what painters term bistre. It is true that a green biliary matter is described in works on animal chemistry or physiology, termed by its discoverer Berzelius, biliverdin, still this is evidently not the natural bile, but a product of its metamorphosis out of the body, under the action of chemical re-agents. Secondly, we have the fact that, in some instances, the presence of the bile can be easily perceived, dissolved in the same fluid that contains the green matter; and again, the occasional absence of any bile, either as it can be recognized by the taste or with the tests of chemistry, brings us to the conclusion that they are not identical in their nature.

"I consider this green matter is composed of the blood in an altered and modified condition, the discharge being altogether of a hæmorrhagic character. Repeated microscopic observations, in those instances in which I have noticed its occurrence for some time past, has confirmed my ideas regarding its nature, and examination shows that the little fragments of which it consists are various sized clots, containing abundance of blood globules. This alone might decide the inquiry; however, I am desirous of placing it on other grounds, in addition to such as are afforded by the microscope. I may therefore, bring forward the following arguments which further support the view I have taken. 1st. The form of vomiting alluded to occurs in disease where there is much congestion, and often inflammatory engorgement of the vessels of the stomach or intestines, as in gastritis, and fevers with gastric complications: and after death we find patches of softening in the mucous membrane, or decided marks of excessive vascularity; at least such has been the case in those fatal instances where I have had the opportunity of inspecting the stomach. 2ndly. The coincidence of vomiting of ordinary blood, in addition to the green matter, which sometimes occurs, and as was noticed, for example, in the case of the woman with enlarged spleen already alluded to; besides, I have remarked, that in many cases of fever which were attended with this peculiar green discharge, hæmorrhagic purpuric eruptions were frequently seen. 3rdly. We have the physical properties of this substance; it forms small green clots in the fluid, in addition to tinging it with its peculiar hue, as we might expect blood to do. 4thly. We must consider that a similar green colour occurs in various parts of the body, and under very dissimilar circumstances. This is, perhaps, the most interesting branch of our subject, and one on which medical records afford little information; as instances of this change we have, among other examples,

"The peculiar green hue of contusions that are of some standing, and the green colour of the ecchymoses that occur on the extremities in land scurvy, many cases of which were noticed in the hospitals in the late years of famine.

"The colour of the great intestine in various cases of fatal dysentery, and of the mucous tissue of the stomach in inflammatory gastric affections.

"The grass green appearance of the interior of the bladder, and of the kidneys after death, in many acute or sub-acute diseases.

"The well-known greenish tinge often seen in moist gangrenous affections.

"The colour of the body as it begins to decay after death.

"The green hue of coagulable lymph and of purulent exudations in bad constitutions and many other similar facts in pathology that might be enumerated, which are as yet unexplained.

"If we reject all extraneous considerations from the foregoing class of morbid changes, we have, I conceive, one uniform fact in them all, namely, the presence of blood undergoing some of its mysterious changes; what these are will require additional investigation; but I think we may conclude, that the death of the blood is essential—that having lost that vital attraction for oxygen which distinguishes it, and acted on by extraneous sources (probably deoxodizing ones during decay), it becomes changed in its hue.

"With regard to its practical bearings there is much importance in the view now brought forward; it cannot be regarded as a mere theoretic matter, and, therefore, of secondary value, for these green discharges being recognised as haemorrhagic, will go far to account for the collapse, cold extremities, failing circulation, and other alarming symptoms that attend its presence when ejected in any quantity: and with reference to *treatment*, which is the ultimate aim of medical knowledge, we have a rational explanation of the benefit that creasote, ice, and other well-known stypties exert in checking it.

"In concluding for the present this brief notice of a most interesting point in pathology and practical medicine, I may state, that I hope before long to be enabled to detail still further facts bearing on the subject.—*Dublin Hospital Gazette.*

To prevent Night-sweats in Phthisis.—Night-perspirations in the course of phthisis are often extremely annoying to the patient; they appear, also, to be simply debilitating, and unattended by any degree of collateral benefit. Some cases which were carefully noted by Mr. Hutchinson, the clinical assisant at the City Hospital for chest diseases, with a view to the determination of that question, appeared to show that they may be artificially checked, not only with impunity, but with great benefit. The patients who were so treated, and who, in the course of a week or a fortnight, got quite rid of sweatings, which for months had been profuse, thought themselves much better, and did not complain of increase, either as regards the expectoration, the feverishness, or the sense of stuffing in the chest.—Under the usual treatment of phthisis (full diet, cod liver oil, and tonics), the tendency to night-perspirations often ceases spontaneously. If it becomes desirable to expedite the process, it may be done by the sesquichloride of iron, the mineral acids, or, best of all, by the gallic acid. The following is the prescription for a night draught containing the latter:—℞. Acidi gallici., gr. vij.; Morph. acet. gr. ½; Alcohol, q. s. (a few drops); Syr. tolutan., ʒss; Aquæ, ʒ j. The night-pill, as we find in the Pharmacopœia of the Brompton Hospital for consumption, is—℞. Acid. gallic., gr. v.; Morph. hydrochl., gr. ½; Mist. acac., q. s. Ft. pil. ij.

It is also of advantage to adopt an astringent regimen as far as convenient. The patient should be directed to sleep on a mattress, alone, and not heavily clothed; he should wear no flannel in bed; as dry a diet should be taken as conveniently can be borne, and fluid should be especially avoided in the latter half of the day, none whatever being allowed later than several hours before bed-time.—*London Med. Times.*

Treatment of Inveterate Gonorrhœa and Gleet.—(Abstract of a paper of Dr. Milton, in Medical Times and Gazette.) He divided the disease, for the sake of explaining his views, into four classes: I, Neglected gonorrhœa, in which a cure is generally effected by mild aperients and injections; 2. Inveterate gonorrhœa, in which there are severe symptoms, as great pain and chordee, a free purulent discharge; 3, Muco-purulent, long-standing, slight discharges often the sign of stricture; 4, Mild chronic gonorrhœa, owing to some peculiar disposition in the urethra, not curable either by ordinary treatment or blisters. Only three of these cases were met with; one was cured by caustic; 5. Pure mucous gleet; *a*, from the urethra, was rather rare; it was unaffected by remedies. Various astringent injections were tried without success, green tea among the number; *b*, prostatic and vesical gleet were passed over. Mr. Milton totally disbelieved in the influence of diathesis, and he could not trace the peculiarity of these discharges remaining uncured to the habits of the patient; he thought it resulted from an inborn infirmity of the secreting apparatus of the urethra, where alone inflammation could go on for years without producing structural change. Every case was essentially curable; and, if uncomplicated, curable by blistering. In twenty-one cases, blistering had effected a perfect cure; in nineteen of these all other treatment had failed; one relapsed from fresh infection; one lived at a distance, and, when last seen, was cured, but could not be traced. In seven of these, the disease had lasted from one to six years and a half. Mr. Hall, of Leeds, and Mr. Acton, had tried the plan with success. There were ten cases in which blistering had failed; in seven of them (further examination by bougie or otherwise being only submitted to in some cases after failure of blisters), stricture or abscess of the perinæum was detected either then or afterwards. One of the remaining three was cured by the application of the caustic; one left uncured, but relieved; one was pure mucous urethral gleet, which like all such cases, was unaffected by any remedies.

On the proper Position of Woman during Labor.—By M. Morton Dawler, M. D.—Does the dorsal *decubitus*, which is usual in France, or the left side position, which is preferred in England; or, the pronation of the body supported on the knees and elbows of the patient, involve merely a question of habit, an affair of fashion or of national manners? Does not each of these attitudes, on the contrary, fulfill a real indication? M. Hubert thinks it does, and very well demonstrates his position.

According to him, in order to operate in a case of version, if the child,

with shoulder presenting, has the belly turned backward, it is better to leave the woman on her back. The operation can be effected with greater facility. But, if the fœtus has the belly turned forward, and its pelvic members are placed against the anterior parietes of the uterus, then, allowing the woman to rest on her back, the accoucheur can only reach the feet by carrying the hand in the prone position, and strongly forward; or, if the *liquor amnii* has escaped, and especially if the belly be projecting, the arch of the pubis compressing the fore arm, would soon cause it to be benumbed, and render it unable to act, and would prevent it from penetrating as far forward as is sometimes necessary.

On the contrary, if you place the woman on her elbows and knees, and apply the hand in a state of supination, you have but to follow the anterior parietes of the uterus and pelvis in a line almost straight and horizontal from behind, forward, which is done with the greatest facility. But this position, besides wounding the modesty of woman, being tiresome to maintain, the following is the method by which M. Hubert succeeded in realizing all its advantages, without subjecting the patient to these inconveniences. He allows the woman to remain on her back till the right hand has cleared the cervix uteri; he then flexes the right thigh and leg of the patient, and then, while she turns or some assistant turns her on her left flank, he passes the flexed limb above his right arm, and he is thus placed opposite the patient's back. He can then attain the antero-lateral left, and even the anterior parietes of the womb, in order to find the feet. Having brought them to the vulva, he places the woman on her back.

By this ingenious proceeding, M. Hubert draws from the pronated attitude of the body, in delivery, all the advantages of which it is capable of rendering, without imposing it on the patient. He cites numerous cases, thanks to the advantages of manœuvre, which many of his confréres, who not being otherwise able to touch the feet of the fœtus have been able easily to reach them when the hand, seconded by this change of position, has been enabled to penetrate further forward.

To complete the delivery, if the power of traction is lost by the resistance resulting from the anterior parietes of the cervix, and the placenta cannot be with facility drawn forth, the woman must be laid on one of her sides, and the accoucher standing behind her, must simply draw towards himself. If there be no abnormal adherence, these tractions, being very near parallel to the axis of the uterus and that of the superior strait, the delivery will be easily effected.—*New Orleans Med. and Sur. Jour.*

Hot Hop Bath in Traumatic Tetanus.—Dr. James M. Minor of Brooklyn, N. Y., reports a case of acute traumatic tetanus successfully treated by local cauterization, followed by anodyne poultices, opium and quinine, chloroform inhalations and liniment, &c. In addition to these remedies, the patient was several times placed in a hot bath in which two wash-basins of hops were infused. The bath tub was covered, (except a small space over the face,) with a counterpane or blanket, causing the patient to breathe as much of the vapor as possible. Great relief was always

obtained from the use of this remedy. Dr. Minor remarks, "*The hot hop bath I consider to have been more immediate and striking in its remedial operation, than any of the other remedies used.* I should be most happy if this paper may induce others to resort to it in similar cases in order that its efficiency may be tested more fully. My experience of its effects in this case and also in several cases of *mania a potu* has caused me to place a very high value upon it in all cases of nervous irritation. Upon opium in the large and frequently repeated doses above detailed, I place great reliance, and cannot but look upon as the most potent and valuable of all drugs used in this disease. Brandy and the most nutritious diet doubtless played an important part and materially aided in the final result.—*New York Medical Times.*

Singular Case of Amputation by Means of a Finger Ring. From the Boston Medical and Surgical Journal.—The following curious accident shows that the wearing of finger rings, "the history and poetry" of which has lately occupied the public attention, is not under all circumstances unattended by danger.

I was awakened at about 3 o'clock, a few mornings since, by a young man who said that he had lost off the little finger of his right hand. The account given was as follows:—Being a clerk in the post office, he was busy in assorting the mails. Having occasion to reach up to a high box or shelf, he stood upon a stool, and in the act of stepping down to the floor, a thin plain gold ring, upon the little finger of his right hand, caught in a sharp projecting hook used for the purpose of attaching mail bags. Being thus for a moment suspended, as it were, by the ring, it cut its way, or, as the patient expressed it, *whittled* through the integuments of the finger, and finally separated the member of the last joint, the severed portion falling upon the floor, while the ring remained suspended upon the hook. A fellow clerk immediately picking it up, very nicely adjusted it, and bound round a handkerchief. About twenty minutes elaps d before I saw the patient. There having been no hemorrhage of consequence, and finding the parts in good apposition, I was desirous of seeing what nature might effect. Accordingly I merely applied strips of adhesive plaster, and bandaged. The next day, I found the patient very comfortable, having suffered little or no pain. Still giving him the benefit of a doubt, I concluded not to interfere with the dressings. Two days after the accident, however, I ventured to take a glance at the parts, and found the finger, as might have been expected, perfectly dead. Amputation was immediately performed, with the assistance of Dr. Minot, in the continuity of the first phalanx.

On examination, I found that the ring had cut through the integuments upon the dorsal surface of the finger, commencing just below the second joint, laying bare the second phalanx throughout its entire circumference, and finally severing the last phalanx at the joint. Sufficient sound integument was obtained upon the palmar surface to form a good flap.

I wish, in this connection, to say a few words upon "the place of election" in amputation of the fingers, as regards the second and the meta-

carpal joint. So far as mere appearance goes, there is no question but that the amputation should be performed at the metacarpal joint, a small portion of the metacarpal bone being also removed. This proceeding does away with the unsightly appearance which the stump of a finger must always present. But if usefulness is to be taken into consideration, it will be found that even the smallest stump is of the greatest importance —as the breadth and strength of the hand is thereby preserved, a matter of no small account to the individual dependent upon manual labor.

D. D. SLADE.

A New Broth for the Sick.—By Professor JUSTUS LIEBER. (From Dublin Medical Press.) To prepare this broth, half a pound of the flesh of a recently killed animal, (beef, or the flesh of a fowl,) is chopped fine, and well mixed with a pound and an eighth of distilled water, to which four drops of pure muriatic acid, and from half to a drachm of common salt, have been added. After an hour, the whole is thrown on a common hair seive, and the fluid is allowed to run off without pressure. The first portion, which is turbid, is poured back, until the fluid runs off clear. On to the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red colour, and an agreeable taste of broth. The sick are allowed to drink a cupful, cold, at pleasure. It must not be heated, as it then becomes turpid, and deposits a thick coagulum of animal albumen and hematine.

The sickness of a young female servant, from typhus, in my house, gave occasion to this preparation. It was called forth by a remark of my medical attendant, that, in certain conditions of this disease, the greatest difficulty, which presented itself to the physician, lies in an imperfect digestion—a consequence of the condition of the intestines, and the difficulty of obtaining food suitable for digestion and the formation of blood. Generally, broth, prepared by boiling, is deficient in all those ingredients of meat which are necessary for the formation of the albumen of the blood, and the yolk of egg, which is added, is very poor in this substance, as it contains, on the whole, 82½ per cent. of water, and 17½ per cent. of egg-albumen, or a substance analogous to it, and whether this substance, in its nutritive qualities, is equal to the albumen of flesh, is, according to investigations of Magendie, at least, doubtful. Besides the flesh albumen, the new broth contains a certain quantity of hematine, and, therein, a large quantity of iron necessary for formation of blood corpuscles, and, lastly, the muriatic acid for digestion. A great hindrance to the employment of this broth, in summer, is its changeableness in hot weather. It undergoes fermentation, as sugar with yeast, without giving a disagreeable odour. What substance causes this change it is very desirable to ascertain. On that account, the flesh must be treated with very cold water in a cool place. Ice-water and cooling with ice removes this difficulty. But, above all things, care must be observed that the flesh is used fresh, and not several days old. In the hospitals of Munich, and in private practice, this broth has been employed with great advantage.—*Annalen der Chemie* and *Annals of Pharmacy*.

Infusum Calumbæ Concentratum.—To the Editor of the Pharmaceutical Journal.—Sir,—Although we do not consider the substitution of concentrated infusions justifiable in ordinary dispensing, the great use made of them by a portion of the profession renders the enquiry important; and after reading the remarks made at the December Pharmaceutical Meeting, with reference to infusum calumbæ concentratum, we have much pleasure in submitting our method of preparing it for the consideration of those who are interesting themselves in the matter, having for some time made this infusion, as it appeared to us, with more satisfactory results, in comparison with the freshly prepared than any other, rhubarb excepted.

Calumba root contains (according to M. Planche) one-third of its weight of starch, and its appearance upon the addition of boiling water leads one to infer that the fluid cannot act upon it very perfectly during the required time. From this fact our formula was framed in accordance with the instructions given for making the "Infusum Calumbæ" in the Ed. Ph., expressing the opinion of many medical men, that the recent infusion made by cold water is superior to that in ordinary use, and probably treating the root with water only, makes it more nearly resemble the infusion of the Pharm. Londinensis than if a portion of spirit were employed with it.

Rad. Calumbæ Elect., ℥x.
Ap. Destillat., 6 (℥xx.) pints.
Sp. Vini Rectif., f ℥viij.

Reduce the calumba to a coarse powder, add sufficient cold water to form a soft pulp, allow it to remain for two hours, place it in a percolator, add sufficient distilled water gradually to produce f ℥xxviij., which set aside. Pour over the root in the same manner the remainder of the water, and reduce this second product at a low temperature to f ℥iv.; mix this with the first twenty-eight ounces, and add the spirit. Lastly, strain, or leave for a few days, and draw off from the slight deposit.

With two or three exceptions we do not think there is any comparison between recent and concentrated infusions, the former being so much superior. Infusum rosæ compositum, is, as M. Burden remarks, a tolerably good one.

King's Road, Brighton, 17th Jan. 1855. BARTON, BROTHERS.

On the Utility of Applications of Hot Water to the Spine in the Treatment of Typhoid Pneumonia. By WALTER F. JONES, M. D. of Petersburg, Va.—During the prevalence of pneumonia on James river, in Prince George county, during the winter and spring of 1846–47, I observed many cases of this disease in which the application of hot water to the spinal column was productive of great benefit, in favouring reaction, and relieving congestion.

From a large number of cases, I have selected the two following to illustrate the happy effects of this method of treatment, when judiciously employed:

CASE 1.—A strong, athletic negro man, 25 years of age, had been sick for eight or nine days. He exhibited all the symptoms of well marked

typhoid pneumonia. His system was reduced by the injudicious use of purgatives and emetics. I found him in the following condition: He was lying on his back with his knees drawn up; skin cool and rough; countenance sunken, pulse low; disinclination to move, and evident symptoms of considerable cerebral disturbance; his tongue was loaded with a thickly brownish fur, and slightly red and pointed; bowels sunken and tender, with a slow and occasional hurried respiration, interrupted frequently with cough, followed by expectoration of a muco-purulent appearance, which latter, I was informed by his master, had a few days previously been dark brown, and slightly bloody. There was evident flatness over both lungs, but the right lung seemed to be most involved. For several hours previous to my visit, blisters had been on the surface, without producing any vesication whatever, so entire was the inactivity of the capillary circulation. Whilst in the above condition, the patient was placed on the floor on his face, and about five gallons of water at a temperature so near the boiling point as barely to allow the immersion of the hand, was thrown immediately on the spinal column, which seemed to arouse his sensibilities somewhat, as shown by an effort to cry out, he was well rubbed and wrapped in blankets, and removed to bed. Fifty drops of laudanum, with a small quantity of thin starch, was thrown up the bowels by injection, and pressure applied to aid him in retaining it, which he did. In a short time he was asleep, and slept for two hours. During his repose, he seemed to breathe with more freedom, and upon an examination of his pulse there was evident improvement, and a very rapid approach to reaction took place. Nourishment was offered, which was taken, when very soon after he fell into a deep and quiet sleep.

I left him with directions to repeat the hot water in four hours, in case reaction was not complete. I also directed 10 grs. of Dover's powder, at bed time, and nourishment during the night.

On my return the next morning, I found him in quite a comfortable condition, complaining only of slight soreness along the spine, and very anxious to take nourishment, which was given at proper intervals. With the exception of some quinine in small doses, this was all that was done for him, and in a few days he was entirely restored to health.

Case 2.—A young negro woman, 18 years of age, was taken with all the symptoms of pneumonia. When I was called in, she had been sick six days. She had been bled, blistered and treated according to her condition, previously to my seeing her, with evident benefit, until the afternoon of the sixth day. Hot water was thrown on the spine; she reacted at once, and was put on the use of calomel, quinine and Dover's powder, in proper proportions. It was not necessary to repeat the hot douche, and after a few days she convalesced rapidly.

I might proceed to relate many cases in proof of the efficacy of this method of treatment as an adjuvant to the remedies commonly employed in the cure of typhoid pneumonia. Nothing, in my hands, has been so effectual in re-establishing the capillary circulation as this powerful revulsive.

I do not recommend this agent as applicable in all forms of pneumonia, but would suggest its adoption in those cases in which there is a torpor in the superficial vessels, a tendency to collapse, and an urgent necessity

for the production of immediate reaction. It is far preferable, in my opinion, to the slower, and far less certain action of sinapisms and blisters. —*Virginia Med. and Surgical Jour.*

A few words on the Method of administering Ether in Surgical Operations. By CHARLES MAYOR, M. D., March, 1847. Lausanne: Librairie de George Bridel. 1847.

DR. HUNT:—M. Mayor sent me this paper, (in French,) and as I had no leisure to transcribe it, I handed it to Dr. Ley. You will see that it has been rendered very handsomely; and I send it to you for publication if you think it of sufficient interest. F. H. H.

Extract from the Bulletin of the Société Vaudoise of Natural Sciences.

At the time when the public journals made known the valuable discovery attributed to Messrs. Jackson and Morton, my father was already attacked with the disease which put an end to a life consecrated to humanity and science. I then succeeded him in the duties of Surgeon-in-Chief of the Hospital of Lausanne, a circumstance which furnished me repeated opportunities of proving the effects of the administration of ether, both in the draught and in the state of vapor. Moreover, since the 5th February, I have been called upon to practice etherization in thirty-seven surgical operations.

Prior to this period, a man suffering from luxation of the humerus, of eight days standing, presented himself at the hospital; but not then having any knowledge of the most proper method of producing inspiration of the ether, I invented an apparatus, which consisted of a bladder, to which was adopted a gum elastic catheter. Unfortunately the patient was so devoid of intelligence as not to be able to understand that he ought to breath throughe the tube. Explanation and some degree of compulsion proving useless, I reduced the dislocation without the assistance of ether.

Completely foiled in this attempt, I plainly saw that which has also been confirmed by other practitioners, that the success of etherization depends on the choice of the method used in producing it.

The 3rd of February, I presented to the Society Vaudoise of Natural Science, an apparatus which I had constructed and which is described in its Bulletin. This was the instrument of Charriere simplified, which I have lately seen.

I practiced etherization with this instrument seven times, always with success. I was not slow to believe that instruments of this kind, the only ones that were used at that time, were inconvenient in more ways than one. My father who (although then seriously ill, desirous to assist at two operations) was struck, as well as myself, with the necessity of an improvement in this respect. In order that etherization may hereafter precede nearly every surgical operation, it is necessary that it be effected in all cases with facility, by the aid of means as simple as possible, and which should not be subject to casualties which could not be surmounted in intractable individuals, in infants, in idiots, lunatics, or animals. It is especially essential that the patient should be able to give

... to the tumultuous loquacity which frequently ma... itself under ... influence of ether, and which sometimes degenerates into furious deli... um; especially is this the case when the apparatus employed is of such a kind as to cause any obstruction to the facility of utterance. Finally, confinement of the jaws, the outcries which certain persons make in opposition to the operation, the necessity which exists in others of becoming agitated, are so great obstacles as often to render it necessary to discontinue the operation and compromise success.

To arrive at the result which my father and I had in view, we substituted for the tubular apparatus a large and shallow vase such as a shaving dish, a plate, etc., containing some rags and a sufficient dose of ether, (2ʒ.) This basin was fixed under the chin of the patient in the middle of a moistened towel applied to the head, and the borders of which encircle the vase, the external surface of the inferior maxilla, the occiput and the neck. An assistant maintains the whole in the position indicated, and the patient's face is thus surrounded in an atmosphere loaded with ether, which inhaled through the nose and mouth procure immediate sleep.

This method to which one might have recourse when it was necessary to use some apparatus, is nevertheless not free from inconvenience. In fact the wetted linen conceals the face of the patient from view and permits the escape of a part of the ethereal vapor.

I have remedied these disadvantages by substituting for the towel a glazed veil, which consists of a piece of impermeable cloth,* of 1⅛ yds. in length by twenty-five centimes (nearly a yard) in breadth, and which presents near the centre an open window eighteen centimetres (about 9 in.) high, and fifteen (7 in.) broad. The glass is fixed at an equal distance from the two extremities of the veil in its longest diameter.† Its superior border corresponds with a line which divides the veil from end to end, into two equal parts.

The glazed veil is arranged in the same manner as the towel which I before mentioned. ‡ The glass should be placed in front of the patient's face in such a manner that it may be always in view and that nothing which is passing there should escape the notice of the operator.

I have up to this day employed this apparatus in twenty-nine cases of surgical operations, and always with perfect success.

It permits the surgeon to question his patient, and even to hold conversation with him. This instrument, moreover, allows the patient at his choice to breathe through the nose and mouth, to express freely all that he feels, and even to change his position as he has need, without his movements preventing the success of the operation. I have observed, also, that patients more rarely cough and fall asleep sooner when the glazed veil is employed than when we make use of any other method.

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* I make use of the tissue, the preparation of which I have made known in my memoir on an apparatus for "transuation et eauvetage," (Bulletin, vol. i. page 298.) It is cotton cloth saturated with linseed oil, dried, and exposed for several days in the shade and in an airy situation.

† In order to fix the glass in the aperture which has been made in the veil, glue all round its edge a little strip of cloth which you can curve to suit the opening.

‡ Before making use of the apparatus it is well, especially in winter, to rub gently the glass and the vase which is to contain the ether.

Finally, this apparatus is on the whole the most simple, cheapest and most portable. You can, among other forms, give to it that of a cloak or hood with a window, but this modification does not seem to me to present any advantage. It does not belong to my subject to enumerate the divers operations in which I have employed ether. I will content myself by calling the attention of my confreres to a case with which the Gazette Médicale de Paris has already entertained its readers.* It is in relation to a man 44 years of age, who entered the Hospital of Lausanne, the 5th of February, affected, since the early part of the day, with a strangulated inguinal hernia, against which numerous attempts at reduction had been made. After having prepared every thing for the operation of herniotomy, I submitted the patient to the action of ether, in order to save him the pain of the operation, but with the well-founded hope that the relaxation of the tissue produced by etherization, would enable me to dispense with the use of the knife.

Accordingly, as soon as the patient was rendered insensible, a slight pressure sufficed to effect the return of the intestine.

I will add in closing: That in all cases where I have had recourse to etherization, it has completely produced sleep in the patients, and has rendered them insensible to pain.

That ceteris paribus, the duration of insensibility, depends upon the quantity of ether which has been respired, and that consequently it is possible, within certain limits, to be prolonged at the will of the operator.†

That the sleep produced by ether, also that the state which precedes it, differ in their nature and duration, since the phenomena which accompany the anæsthesia are due to alcoholic impurities.

That etherization carried so far as to do away with the acute sensibility to pain of the patient, causes no detriment to the health of any one, and does not in the least compromise the success of surgical operations. That finally, as it sometimes produces vomiting, it is well, as far as possible, to avoid administering it to patients while digestion is going on.

GERMAN.

On the use of Conium.—In the *Mediz. Ztg. Russl*, Dr. A. Murawjew recommends the alkaloid principle of conium, as an external application in all (!) chronic affections of the skin, in which this remedy diminishes the feeling of itchiness and the sensation of heat, and which, when long continued, will cure the disease itself provided it do not depend upon a general dyscrasia, a prolapsed condition, or chronic disease of the uterus, the liver or other abdominal organs.

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* No. of the 20th February, 1847, page 148.

† I never saw this effect continue so long as to produce any uneasiness. If it should so happen I would not hesitate to administer as an antidote, coffee rather than wine, which has been extolled, and the effects of which are too analogous to those of ether, to be harmless in this case. In the absence of coffee or when the article could not be retained in the stomach, the inspiration of ammoniacal vapor would seem to me to be indicated.

Murawjew considers it as the most efficacious, indeed a specific remedy in Favus.

In toothache, as a result of Caries; in this case conium gives but temporary relief—"in all cases however of a year!" In neuralgic affections the external application of the alkaloid is attended with marked relief—especially in painful syphilitic affections of the bones, in which it is given, not merely as a palliative, but as a radical cure. It is found of remarkable service in synovitis, especially when chronic, whether it has a traumatic, catarrhal or scrofulous origin. As an application to wounds, especially gun shot wounds, and in that œdema or rheumatic pains, which follow, a salve of conium proves itself of marked service. A few experiments seemed to prove conium to be of service in scrofulous and rheumatic inflammation of the eye, inasmuch as it soon dissipated the intolerance of light, the flowing of tears, &c., &c. In scirrhus and cancer, its action seemed to be merely palliative. In a case of cancer of the lip in a female peasant of 38 years of age, on whom he had operated, the conium had been applied diligently for 3 weeks, in form of dressing. In this case all Murawjew's attention was required to guard against danger from inhalation of conium vapour, which produced intoxication. In general, it is necessary, that the quality of the alkaloid should not vary, and for this reason he recommends the following: As an application in skin disease, Murawjew uses to one ounce of carron oil (lime water and linseed oil.) or spermaceti ointment 12 to 24 drops of conia. He rubs the part previously with flannel, then smears the salve, and applies a piece of oil cloth, glove leather, or post paper, and over this a bandage. When it is necessary (as for instance in neuralgia) to apply pure conia, the skin is first rubbed with spirit of wine or Cologne water, then three or four drops are allowed to fall upon the part, which is then immediately covered with oil cloth, and a bandage. The salve must be always kept in a warm place and in a well closed vessel (a stoppered bottle is preferable). As a collyrium Murawjew uses 1 to 3 drops to 6 drachms of water and 2 of mucilage; as a clyster 1 to 3 drops in a decoction of starch or linseed.—*Medizinische Neuigkeiten.*

FRENCH.

Injections iodées dans le traitement de la dyssenterie chronique (Delioux).—Voici le résultat de quelques expériences sur l'emploi des liquides iodés dans le traitement de la dyssenterie qui sont très dignes de l'attention des médecins.

La dyssenterie, dit *M. Delioux*, a pour caractères anatomiques incontestables des lésions spéciales de la membrane muqueuse cœco-colique. Dans la forme chronique surtout, qui a fait particulièrement l'objet de mes observations, cette membrane est rouge livide, boursouflée, ou même frappée d'une véritable hypertrophie qui envahit également la tunique musculeuse et le tissu musculaire interposé; la surface interne de l'intestin est parsemée d'ulcères taillés à pic, souvent recouverts d'une exsudation pseudo-membraneuse ou de plaques gangreneuses; entre les

tuniques intestinales sont très souvent répandus de petits abcès multiples, remplis d'un pus phlegmoneux ; enfin, les ganglions mésentériques sont engorgés, volumineux et souvent aussi infiltrés de pus.

En considérant les succès nombreux qui ont couronné la pratique des médecins qui ont osé projeter la teinture d'iode à la surface des membranes les plus délicates et les plus irritables, telles que la plèvre et le péritoine, je me suis demandé si l'on ne réussirait pas également en cherchant à modifier, à l'aide du même agent, les lésions qui entretiennent la diarrhée et la dyssenterie. L'iode est un modificateur puissant qui, pour avoir une action topique franchement irritante, ne me paraissait cependant pas susceptible, surtout avec la précaution de l'étendre suffisamment, de déterminer une irritation plus vive que d'autres médicaments, tels que l'azotate d'argent, que l'on injecte impunément dans le gros intestin.

J'ai donc formulé des lavements iodée de la manière suivante :

Teinture alcoolique d'iode . .	10 à 20 gram.
Iodure de potassium . . .	1 à 2 —
Eau	200 à 250 —

L'iode est aussi maintenu en dissolution par l'iodure alcalin.

J'ai fais administrer préalablement un lavement émollient pour vider l'intestin, afin que l'injonction iodée agisse immédiatement et dans toute sa force sur la muqueuse.

Mes essais ont commencé avec de petites doses de teinture d'iode ; mais, après m'être assuré de l'innocuité de l'injonction, j'ai élevé progressivement la dose de la teinture, et j'ai vu que l'on peut aller ardiment au moins jusqu'à 30 grammes.

La plupart du temps, les lavements iodés ne déterminent que peut ou point de coliques ; il arrive parfois qu'après le premier ou le second, les déjections alvines augmentent pour diminuer ensuite en changeant de caractère ; d'autres fois elles diminuent ou se suppriment immédiatement. Sur douze cas mentionnés dans mon Mémoire, l'affection intestinale a été notablement amendée ou guérie dix fois ; deux fois il y a insuccès, mais non aggravation.

Pour prémunir les malades contre la possibilité des effets irritants des lavements iodés, je prescris toujours simultanément un lavement laudanisé qui doit être administré dans le cas où le premier provoquerait trop de coliques ; le plus souvent, cette seconde prescription n'a pas besoin d'être remplie, et si l'on est forcé d'y avoir recours, c'est avec la certitude de remédier à des accidents qui ne m'ont jamais présenté de gravité.

Je pense que l'injection iodée est susceptible d'opérer à la surface des ulcères, des abcès, des engorgements œdémateux et hypertrophiques du cæcum et du colon, un effet analogue à celui que l'on produit en appliquant la teinture d'iode sur les surfaces découvertes affectées d'ulcères, de foyers purulents, d'engorgements irrésolubles. Que ce médicament agisse par irritation substitutive ou par tout autre mode intime, mais inexpliqué, il me paraît exercer sur la muqueuse intestinale, comme sur les plaies dans la pratique chirurgicale, des propriétés incurnatives, fondantes et résolutives.

Mais ce n'est pas seulement à la superficie de l'organe malade que le lavement iodé est destiné à agir ; l'iode est en partie absorbé, et il se-

très probable que, consécutivement et en tant qu'altérant, il pourra réagir sur les engorgements des tuniques intestinales et des ganglions du mésentère.

J'ai vérifié cette absorption d'une manière constante ; d'abord, presque tous les sujets qui ont reçu l'injection intestinale ont éprouvé, peu de temps après, un goût d'iode très marqué, indice d'élimination par les voies salivaires. Dans la salive, en effet, ainsi que dans l'urine, j'ai retrouvé l'iode toutes les fois que je l'y ai cherché. Pour cela, il suffit de traiter ces humeurs alternativement par une solution d'amidon et par une solution chlorée, la décoction de riz par exemple, et le chlorure de soude. La coloration bleue, plus ou moins intense et plus ou moins persistante, dénote aussitôt la présence du métalloïde et ses proportions approximatives. Au lieu d'une solution amylacée, on peut, surtout quand on opère sur de petites quantités de liquides, comme la salive ou la sueur, faire usage de papier amidonné qui, imprégné de l'une ou l'autre de ces humeurs, bleuit instantanément quand on l'humecte ensuite d'une solution chlorée, s'il y a de l'iode éliminé. Je n'en ai point trouvé dans la sueur : récemment même j'en ai fait la recherche chez un syphilitique à la période tertiaire traité par l'iodure de potassium, et qui présentait une sueur abondante, je n'ai pu déceler d'iode dans cette sueur, à une époque où sa salive et son urine bleuissaient très fortement par les réactifs.

Ces faits d'absorption de l'iode par la surface du gros intestin, que j'ai établis par des expériences qui datent de la fin de 1851, corroborent ceux qu'a signalés M. Bonnet, de Lyon, relatifs à l'absorption des médicaments iodurés employés dans les pansements et dans les opérations chirurgicales.

Bandelettes agglutinatives avec l'emplâtre fondant du professeur Rey (F. Sauvan).

Gomme ammoniaque,	
Mercure, de chaque . .	parties égales.
Camphre	demi-partie.

On place la gomme ammoniaque et le camphre dans un mortier de marbre, on pisle à froid, et le mélange ne tarde pas à se liquéfier. C'est alors qu'on ajoute le mercure, et, après un quart d'heure de trituration, le métal est totalement éteint. On sera peut être étonné de voir que, par le simple mélange du camphre, la gomme ammoniaque devient presque liquide. M. Rey avait fait à cet effet, une observation bien remarquable : il avait constaté que le camphre ramollissait toutes les résines ou gommes-résines qui contenaient de l'acide benzoïque ; aussi l'appelait-il son benzoïmètre. L'emplâtre du professeur Rey, récemment préparé, est trop mou pour être étendu sur de la peau, et assez pour être employé en frictions. Les bandelettes dont nous proposons l'usage ont l'avantage de donner à l'emplâtre, étendu sur des toiles à l'aide du sparadrapier, une plus grande surface qui lui permette de se dessécher assez vite pour pouvoir être appliqué presque immédiatement sur toutes les parties du corps qui réclament l'emploi des fondants.

On retirera, dit le professeur Rey, de grands avantages de cette préparation dans le traitement des tumeurs froides, des glandes engorgées,

des bubons syphilitiques, etc., etc. Si nous venons à la recherche de ces vieilles formules qui, par leur composition et la vogue dont elles ont joui, méritent une meilleure place, c'est que nous voyons souvent de nouveaux médicaments usurper la place des anciennes préparations sans en avoir le mérite. Alors nous avons le droit de revenir sur celles qui, déjà abandonnées, nous paraissent préférables par leur nature et leurs propriétés. L'emplâtre de Vigo est regardé comme le meilleur fondant; pourtant si nous le comparons avec celui du professeur Rey, nous trouvons qu'il renferme un quart de plus de mercure que le premier, que sa manipulation est plus facile, et que le mercure est plus vite éteint. Ces trois remarques suffiraient pour donner l'avantage à notre formule, si une quatrième observation plus importante ne lui donnait la supériorité : je veux parler de l'association du camphre dans ces préparations, non seulement comme moyen thérapeutique, mais comme favorisant l'absorption du mercure. Le camphre, en se volatilisant, ouvre les pores des tissus que l'emplâtre recouvre. Le traitement des tumeurs froides du docteur anglais Scott n'a pas d'autre origine. Au lieu de l'onguent mercuriel et du camphre qu'ordonnne ce médecin, nous recommandons les bandelettes agglutinatives faites avec l'emplâtre fondant du professeur Rey. Avec ce sparadrap, l'on exerce facilement la compression progressive avec plus d'avantage que ne le fait le médecin anglais.—*Annales cliniques de Montpellier.*

Pommade au nitrotannate de mercure, par M. Venot.

Tannin	6	gram.
Nitrate, acide mercure	12	gout.
Axonge	30	gram.

Mêlez. Pour panser les ulcères syphilitiques tertiaires.—*Revue thérap. du Midi.*

Pommade au proto-iodure de mercure (V. Duval).

Axonge	45	gram.
Proto-iodure de mercure	1	—
Extrait de ciguë,		
Extrait de jusquiame, de chaque	5	—
Camphre	3	—

Mêlez. On ordonne en même temps des lavements avec une décoction de racine de guimauve ou de graine de lin et de tête de pavot.

Arbousier contre la blennorrhagie (Venot).—L'arbousier (*arbutus unedo*), arbuste si vulgaire, si abondant aux plages du bassin d'Arcachon. Nul ne songeait à la valeur médicale de ce végétal, que recommandaient seulement aux baigneurs de la Teste ses jolis fruits rouges, cérisiformes, et d'un goût agréablement aigrelet. On savait à peine que considéré comme astringent par quelques anciens praticiens, on l'avait vaguement indiqué dans les flux de ventre en tisane, et dans les maux de gorge, en gargarisme (Morelot, *Dictionnaire des drogues*). Barbier d'Amiens, en

parle à peine, et les autres pharmacologistes n'en disent absolument rien.

Un pharmacien de Bordeaux (M. Danneey) vient de s'occuper sérieusement de mettre en lumière les divers produits que la pharmacie peut emprunter a l'*arbutus unedo*. Ces produits, essentiellement tanniques, se réduisent à un seul, qui est un extrait fortement astringent, et dont les propriétés ont été expérimentées par moi dans le traitement des flux blennorrhagiques et blennorrhéens, alors que l'infidélité du ratanhia m'obligeait a lui chercher un succédané :

Cet extrait d'arbousier est employé à l'hospice Saint-Jean, et dans ma pratique :

1o. *Sous forme d'injection :*

Extrait aqueux d'arbousier . .	30	gram.
Eau distillée	500	—

2o. *En sirop*, sous cette formule:

Extrait aqueux d'arbousier . .	25	gram.
Eau distillée froide . . .	135	—

Dissolvez, filtrez et mêlez avec :

Sirop simple, réduit d'un quart et bouillant	500	gram.

3o. *En potion :*

Sirop d'arbousier . . } — de tolu . . . }	aa	30 gram.
Eau distillée de pin	100	—

Mêlez pour prendre prendre par cuillerées.

4o. *En pilules composées :*

Extrait d'arbousier . . } — de ratanhia . . }	aa	5 gram.

F. s. I. des pilules de 20 centigrammes. Deux matin et soir.

Telles sont les formes sous lesquelles, dans la thérapeutique des blennorrhagies subaigues et des blennorrhées irritatives, je fais usage de l'arbousier, qui, je le répète, supplée à merveille le ratanhia, est un admirable auxiliaire du poivre cubèbe et du copahu, et fournit une arme de plus à l'arsenal déjà si nombreux, sinon toujours efficace, des moyens antiblennorrhagiques connus —*Union médicale.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

PROPAGATION OF CHOLERA BY EMIGRATION.

The generally received belief concerning the propagation of cholera is, that the disease is introduced by human migration from one country

to another, and for this popular opinion many reasons may be assigned in its support. Cholera follows the track of emigration. Parts of a territory are in succession visited by the pestilence just in time, strictly keeping with the dates of their intrusion by pest stricken strangers. Ships in which the disease breaks out during voyages, upon reaching ports of destination, formerly healthy, have their arrivals marked by an outburst in these places of the same illness; and a country in which the epidemic had not pre-existed, is immediately invaded, after the landing of passengers from a place in which this malady was present at the time of their departure. We say this is the commonly entertained view of the matter, and no one can warrantably oppose or reject it, who is conversant with the circumstances attendant upon the introduction of cholera into this country. But though the profession generally are fully conscious of these truths, the public are either unaware of them, or slow in apprehending their importance; so that the hygienic lessons they inculcate are not taught, and our executive corporations remain passively inactive—, perhaps, indifferent to the consequences which must be entailed by their ignorance or apathy. With a keen perception of the fact simply expressed above as the *propagation of cholera by emigration*, many schemes might be devised which, if they did not ensure the complete immunity of our cities from cholera, would assuredly weaken its virulence—retard its spread—and lessen its devastation. Our highly talented and esteemed contributor, Dr. Marsden of Quebec, recently addressed a letter to the *Mercury* newspaper of that city, wherein he succinctly states the same views as those now alluded to, which we have much pleasure in quoting:—

Sir,—The valuable "Report made by Dr. Milroy, to the Colonial Office, on the Cholera Epidemic in Jamaica, 1850-51; &c.," and printed by order of the House of Commons, 11th May, 1854, which I have just received, contains the following: "In the first visitations of cholera, in 1832, in the New World, it has been very generally believed that the earliest cases occurred at Quebec, in Lower Canada, about the beginning of June in that year. They have been confidently ascribed by some writers to direct and traceable importation by vessels from Europe; but this point is far from having been distinctly made out, and Dr. Douglas, the medical officer at the quarantine station at Grosse Isle, informed me that he has serious doubts upon its accuracy."

Being one, that had the best means of obtaining, accurate information at the time referred to, and as every thing that can shed the light of truth on a subject in which the safety and happiness of both worlds is involved, I take the earliest opportunity of stating that not a shadow of doubt exists in the mind of any unprejudiced person that cholera was introduced into this continent through Quebec, on the 5th June, 1832, and was "traceable to importation" My opportunities of obtaining accurate information on the subject were personal and ample, as besides having given the subject my *undivided* attention for several consecutive weeks

after the outbreak, by both daily and nightly attendance at the Emigrant (then) Cholera Hospital, I also dissected the first bodies that died of the disease, and assisted in dissecting others under the direction of the late lamented and highly gifted Dr. Lyons, for Drs. Rheinlander and Dekay, who were appointed a Medical Commission by the American government for the investigation of the subject.

Notwithstanding its importance, I should hardly have thought this letter necessary were it not that doubts have been raised on a subject having none, on the authority of a gentleman whose official connexion with the quarantine station *since* the period referred to, might in high quarters attain an artificial value. The gentleman alluded to was not then a medical or any other officer at Grosse Isle, and I believe he was not even in the Province at the time.—I will not at present allude to the absolute inefficiency of the quarantine station, either at the time of its organization or at any period since; history will attest that.

WM. MARSDEN, M. D.,
Governor College of Physicians and Surgeons, C. E.

Quebec, 20th January, 1855.

In the foregoing it will be observed the able writer unhesitatingly asserts, that cholera has always been a direct importation into this Colony, and very properly gives an unqualified rebuttal of the statements ventured by some on the authority of the Physician of the Quarantine Station. Why this latter gentleman should hold so singular an opinion, and one in contrariety to that of his *Confrères*, generally, does certainly seem extraordinary when it is remembered how very favorable his opportunities are for personally demonstrating the truth. The most lenient conclusion into which one would be forced, is that he has altogether been given over to a delusion. Of the total inefficiency of Quarantine to stay cholera and other epidemics, the history of that at Grosse Isle, affords abundant evidence. During the past summer, a series of very clever and well written articles appeared in the *Quebec Mercury*, in which it was clearly shown, that of whatever other benefit and unseen good Quarantine might be productive it assuredly, as far as Cholera was concerned, was very much like the King Log sent to protect the frogs an *inutile lignum*. Indeed, that it was more, in being both a nuisance and an expense. Thus openly attacked in the most respectable paper of the Canadian Capital, the Government at length shook off their lethargy, and appointed a Commission composed of Drs. Landry Jackson, and Mr. Gauthier, to ascertain what nearly every competen Physician in the Province, already knew that Cholera had not appeared in Canada, in the summer of 1854, before the landing of the emigrants.

In conclusion, we may remark that the theory of the propagation of cholera by emigration, has received a valuable confirmation in the testimony of Sir Wm. Burnett, Director of the Medical Department of the

British Navy. This learned physician, in reference to the outbreak of cholera, among the fleet in the Euxine states:—

"HE IS OF OPINION THAT THE PEST WAS IMPORTED FROM THE WEST, AND NOT ENGENDERED BY LOCAL CONDITIONS EITHER IN THE CAMP OR FLEETS. *He thinks that the vessels imbibed the poison from the shore, adopted the right course in putting to sea;* and that whereas they all did derive benefit from this expedient, with the exception of the Britannia, *that exception was due to the necessity which arose on the night of the 15th for closing the lower deck ports. This proceeding in his views of the case, prevented proper ventilation, and thus by producing an extraordinary concentration of the choleraic poison occasioned the mortality.*"

COMMITTEE TO INVESTIGATE THE CAUSES OF CHOLERA.

The committee alluded to in the above article passed though our city, we think, in the beginning of October—to what results their investigations have led them we know not; but we presume that the determination of the original question is "still dragging its slow length along" for in common with others we received a circular in the month of January purporting to elicit answers upon the matter which led to the formation of the committee. These, we may remark are chiefly a repetition of others answered personally months previously. When the labours of these gentlemen shall find an end would be perhaps too obtrusive if not impertinent to ask; but, when they do, we trust we shall be favored with at least the cream of the information that has been gathered. We have too high an opinion of the discerning powers of the physicians who compose it, and for whose talents we have the highest respect, to believe that it will all end in the discovery of a mare's nest.

The following is the circular alluded to:

MR. LE DOCTEUR,—Avez-vous eu du choléra asiatique, cette année dans votre pratique?

Comment et à quelle date s'est-il introduit dans votre pratique; s'y est-il développé spontanément, ou bien pouvez-vous tracer les premiers cas a des rapports avec des personnes atteintes du cholera ou avec des lieux où sévissait la maladie?

Croyez-vous le cholera asiatique contagieux; dans quelles conditions l'est il, et mentionnez les faits sur lesquels s'appuie votre croyance?

Le cholera asiatique est-il épidémique et est-il possible de l'arrêter dans sa marche par des *cordons sanitaires* ou par quelques mesures de quarantaine ou hygiénique?

Est-il nécessaire au developpement du choléra asiatique qu'un premier cas soit importé dans une localité pour qu'il y éclate, ou peut-il y naitre spontanément?

Les Commissaires soussignés osent espérer que vous voudrez bien, dans l'intérêt de le sceience et de la société, répondre aux questions ci-dessus sous le plus court délai possible.

ATTEMPT TO SUBVERT THE LAW OF 1847.

A Bill has been introduced into the House of Assembly to give a licence to practice to some persons now practising illegally in Missisquoi and it neighbourhood. The plea for this inconsistency on the part of the Legislature is, that there names were omitted in the Bill of Incororation passed in 1847—a plea not founded on fact; inasmuch as the bill could incorporate only those who already belonged to the Profession, which persons practising without licence and contrary to law, could not be said to be.

If these persons deserve a licence, why did they not apply under the amendment made in reference to those who had been practising for 10 years before the law was enacted?—or why, if competent to practice, did they not come before the Board of Examiners who required no particular course of study for those engaged in the Study of Medicine previous to the passing of the act.

By passing this Bill, the Legislature would assert without examination the capacity of the individual to act as practitioner; would do injustice to the students, who are now obliged to devote *Four* years to acquire the knowledge requisite to fit them for their duties—and sanction the gross inconsistency that, what a man may be punished for, if committed for a short time, becomes a valid reason for reward, if continued for a long period.

We understand that the Governors of the College of Physicians and Surgeons, at least such of them as reside in the cities, (it not being thought advisable to call a meeting of the College,) intend presenting to the House, a remonstrance against this improper attempt to interfere with the respectability of the Medical Profession.

PROFESSIONAL DUDGEON IN TORONTO.

Professional as well as civil dudgeon seems to have grown high in Toronto, and hardwords, jealousies and fears are fast setting folks together by the ears—with the first variety of this diversion we alone are concerned. It appears then that Drs. King, Philbrick and Hallowell gave a joint certificate to one Eliza Ward to procure her admission into the Lunatic Asylum—or rather her readmission, for she had on a previous occasion been an inmate. After this second entrance she was kept there for seven months and was then discharged by the Superintendant. Dr. Jos. Workman, who appears to have taken a somewhat peculiar view of the patient and her advisers.

In a letter printed in the *Globe* he thus expresses himself:

"I should have discharged her at an earlier date, but that I feared the same result would follow, viz., throwing herself in the way of the police —affecting insanity—imposing on the Medical Examiners, and with the aid of the usual fees from the city purse, once more securing the required certificate."

He subsequently goes on to threaten that he will lay the matter before the Commissioners of the Asylum in order to prevent the repetition of so great an abuse.

But the doctor does not stop even here. Before concluding he fearlessly implies in unmistakeable language that there can be found medical men in Toronto so utterly reckless of falsehood and regardless of truth as to sign a certificate of insanity for two dollars.

This calumnious letter brought out in reply spirited answers from Drs. Hallowell and others—in which not merely the allegations were denied, but the competency and even sanity of Dr. Workman were impugned—and lastly these were soon afterwards followed by a meeting of the Medical Faculty which was held in Russell's Hotel, on the evening of the 2nd February. Amongst those present were Drs. King, Richardson, Hallowell, Bovel, Grant, Beaumont, Bovell, Badgely, Cotter, O'Brien, McMurray, Cotter, Bethune, and Clarke.

The following resolutions were unanimously agreed to:—

Moved by Dr. Hodder, seconded by Dr. Richardson,

"That this meeting repels with indignation the insinuations against the honor of the medical profession in this city which were lately made by the Medical Superintendent of the Provincial Lunatic Asylum, in a letter to the Police Magistrate of this city. And with a view of calling the attention of the Government to the present unsatisfactory condition of the Lunatic Asylum, it is resolved that a committee be appointed to prepare a respectful memorial to the Governor General in Council, praying that his Excellency will appoint a commission to enquire into the state and management of the Provincial Lunatic Asylum."

On motion of Dr. Bovell, seconded by Dr. Bethune, the following gentlemen were appointed a committee to carry out the object of the foregoing resolution:—Drs. King, O'Brien, Badgley, Hodder, Richardson, and Grant—said committee to report on Monday next.

Moved by Dr. Scott, seconded by Dr. Hallowell,

That we honour the spirit which led M. Gurnett, the Police Magistrate, to make public the letter which he had received from the Superintendent of the Lunatic Asylum.

Dr. Beaumont being called to the chair, a vote of thanks was given to Dr. King for his able conduct in the chair, and the meeting adjourned at eleven o'clock.

AN ACT TO INCORPORATE THE MONTREAL DISPENSARY.

(Assented to 18 December 1874.)

Whereas a number of persons residing in Montreal have been associated together for some time past, under the name of the "Montreal Dispensary," for the purpose of affording relief by advice, medical and surgical aid, to the sick poor of that city: And whereas the persons hereinafter named being members of the Association, have by their petition represented that in order to carry out more fully the benevolent designs of its founders, and to increase its usefulness, it is desirable that this Institution should be incorporated under proper regulations and have prayed to be incorporated accordingly, and it is expedient to grant the prayer of their petition; Be it therefore enacted, &c.

I. That C. Dorwin, R. S. Tylee, James Gilmour, Benjamin Lyman, George H. Frothingham, J. U. Hopkins, Henry Mulholland, T. Esdaile, J. S. Hunter, P. D. Brown, A. Laframboise, and such other persons as are now, or shall hereafter become members of the said Association, shall be and are hereby declared to be a body politic and corporate in deed and in name, by the name of the Montreal Dispensary, and by that name shall have perpetual succession and a common seal and shall have power from time time to alter and renew or change such common seal at their pleasure, and shall, by the same name from time to time, and at all times hereafter, be able and capable to purchase, acquire, hold, possess and enjoy, and to have, take and receive to them and their successors, but for the use and occupation only of the said Corporation, any real or immoveable property and estate, lying and being within this province not exceeding in yearly value the sum of five hundred Pounds currency. And the same to sell, alienate and dispose of, and to purchase others in their stead for the same purpose; and by the same name shall and may be able and capable in law to sue and be sued, implead and be impleaded, answer and be answered unto, in all courts of law and place whatsoever, in as large, ample and beneficial a manner as any other body politic or corporate, or as any persons may or can do, in any manner whatsoever; and shall have power and authority to make and establish such rules, orders and regulations, not being contrary to this statute or to be laws in force in this province, as shall be deemed useful or necessary for the interests of the said Corporation, or for the management thereof, and for the admission of members into the said Corporation, and from time to time to alter and amend, repeal or change the said rules, orders and regulations or any of them, and shall and may do, execute and perform all and singular other the matters and things relating to the said Corporation and the management thereof, or which shall or may appertain thereto, subject nevertheless to the rules, regulations, stipulations and provisions hereinafter prescribed and established.

II. An annual General Meeting of the members of the said Corporation shall be held in the second Tuesday of the month of May in each and every year, (or if such day be a holiday, or the election hereinafter mentioned be not for any cause then held, then on such day as shall be appointed in the manner hereinafter mentioned,) for the Annual Election of a committee of Management, Secretary, Treasurer, and such other officers of the said Corporation, as to the said Corporation shall

seem meet, by and though the majority of the members present at such general meeting, and for the transaction of all other matters and things relating to the affairs of the said Corporation for the year preceding such Annual Meeting, and for the adjustment and settlement of the accounts and business of the said Corporation for the then preceding year; Provided always, that the said Corporation, on a requisition signed by not less than five of the members thereof, shall, by a notice to be inserted for not less than seven days in one or more of the newspapers published in the city of Montreal, call a general meeting of the members of the said Corporation, specifying the hour, day, place and object of the said meeting; and the members aforesaid or the majority thereof, at such general meeting, shall have power and authority to revise, alter or rescind any rules, orders and regulations for the management of the Corporation after notice of such repeal or alteration shall have been given at a general meeting next immediately preceding that at which such application shall be made and considered, and to admit new members, and to fill up all vacancies which may occur among the said committee of Management, Secretary, Treasurer and other officers aforesaid, and generally to do and perform all such matters and things as may be conducive to the well—being of the said Corporation.

III. All and every the estate and property, real and personal, belonging to, or hereafter to be acquired by the said members of the said association as such, and all debts, claims and rights whatsoever due to them in that quality shall be, and are hereby vested in the Corporation hereby established: and the committee of Management, Secretary, Treasurer, and other officers of the said Corporation, shall remain in office until others in their stead, or the same shall be elected at such Annual General Meeting in the manner herein provided.

IV. This Act shall be deemed a Public Act.

A Whale living on Plants and Water.—Our attention has been directed to the subscribed advertisement which appeared in the *Kingston Whig* for the 19th January—its perusal is its own condemnation. For no one of ordinary discernment can fail to perceive that it is an announcement of self-ignorance with presumption,—and an admission of individual stuff and nonsense. Nevertheless, from our experience, we have no doubt that in any community as that of Kingston or elsewhere, there will be found a certain number of "benighted individuals" as J. Lanktree, not inaptly styles them who will take in the bait and serve as fish to the net,—but we also have no doubt that there are as many, if not very many more fellow townsmen who will immediately form a correct opinion from "the redundant light" that is emitted by "the transcendent talents" of J. L. and his kind, and in whom such a miserable appeal will only excite their derision or their pity. The public, in these matters,

are not always so blinded as the profession almost unanimously conceives them to be, and often the formation of judgment upon the case of Medicine *versus* Charlatanism may safely be left in their hands without seeking to give it any particular direction. Indeed, following an opposite course to this will only be referred to selfish motives, and the dissentionist must then virtually make himself an adversary to the empiric who in turn will receive from the public their sympathies for the malignant persecution which it will be represented he has suffered.

"A LECTURE, illustrated by Experiments, will be delivered in the City Hall, on the first day of next month on the impostures of Allopathy and Homœopathy, by JOHN LANKTREE, "PROFESSOR" of Hydropathical and Botanical Medicine, in the City of Kingston.

"Doors open at half past 7 o'clock precisely. Tickets of Admission, 5s., to be had at the Drug and Book Stores.

"PROFESSOR" Lanktree begs to assure the public, that this is not intended as a *puff* or *advertisement* of *himself*, for his transcendant talents are sufficiently well known to every man, woman and child in Kingston, nor is it a trick to raise the wind, for his lecture will be worth 20s. at least; thus he will be presenting those who may do themselves the honor of attending with 15s. But his sole object is to impart to the benighted natives a portion of his redundant light, which he cannot longer hold in."

"J. LANKTREE, &c."

Emigration to Canada in 1854.—From the report of Dr. Douglass, Medical Superintendent of the Government Emigration Depot at Grosse Isle, 30 miles below Quebec, it appears that 279 vessels arrived there in 1854. They left Europe with 52,991 passengers. Of these 512 died on the voyage, and 112 children were born. Of the deaths, 1347 were infants, and of the remainder a large majority were aged persons. 10,164 of the whole number embarked at Liverpool; the mortality of these was 225, or upwards of 2 per cent. The mortality in all the other vessels was 7-10ths of one hundred. The passengers who came direct from the German ports were remarkably healthy. In 133 vessels there was not a single death, nor, a case of sickness on arrival. There was no case of ship fever typhus in any vessel arriving in the St. Lawrence during the year, and with the exception of three ships from Limerick, no case of cholera in any vessel that brought emigrants to Canada.

Montreal Eye and Ear Institution.—The Annual General Meeting of this Institution was held on Thursday, the 10th February instant, at the Office, St. Frangois Xavier Street,—Mr. Francis McDonnell in the chair.

Mr. Collins, Secretary, read the Report; from which the following is an abstract:—

It appears that during the year 1854, the number of patients treated for diseases the Eye and Ear, was 450, which, when added to 2931 treated the eight previous years, gives a total of 3381 persons treated since the Institution was opened in 1845.

The following is a tabular statement of the cases.

OF DISEASES OF THE EYE.

Ophthalmia, simple conjunctivitis	40
Do Chronic do	36
Do Purulent	20
Do do Infants	6
Do Pustular	21
Do Strumnous or Phylyctenular	59
Do Corneitis	10
Do Iritis	14
Do Sclerotitis	30
Opacities of Cornea	10
Staphyloma	8
Ulcers of Cornea	50
Disease of Eye Lids	60
Wounds of Eye	6
Disease of Lachrymal Organs	22
	392

OF DISEASES OE THE EAR.

External Ear,	36
Middle do	12
Internal do	10
	58——450

HENRY HOWARD, M. R. C. S. L.,

Surgeon to the Montreal Eye and Ear Institution; Ophthalmic and Aural Surgeon to St. Patrick's Hospital.

Causes of Death at Scutari.—During the week ending 3d of January, 1855, the following were the deaths reported as having occurred among the British troops in the General Hospital at Scutari:—Diarrhea 98;

Dysentery, 81; Fever, 26; Wounds, 8; Rheumatism, 5; Chronic Rheumatism, 4; Chronic Catarrh, 5; Frostbite, 4; Bronchitis, 2; Amputation, 2; Gangrene, 2; Fracture; Asthma, 1; Delirium Tremens, 1; Phlegmon, 1; Phthisis, 1; Pneumonia, 1;

Daily Report of Sick and Wounded at Scutari.—The following is a copy of the morning state of the sick and wounded in the British Hospital at Scutari, 1st January 1855:—

Distribution.	Remaining Dec. 31.	Admitted.	Discharged	Died.	At Malta.	At Constantinople.	Russian Prisoners.	Going to England.	Remaining	Grand total in Hospital.
All Regiments on Expedition, - -	2095	117	29	17	125	165	267	200	2495	2492
Civil department,	1	..	..	..	..	..	..	1	..	..
Sailors and Marines,	2	..	..	..	..	..	..	..	2	2
Russian Prisoners,	44	..	..	..	..	..	..	..	45	45
Total, - -	2143	117	29	17	125	165	267	201	2542	2542
English Officers, sick and wounded, -	69	..	10	..	..	..	..	6	53	53
Russian Officers, -	5	..	..	..	..	..	..	..	5	5
Grand Total,	2217	117	39	17	125	165	267	207	2600	2609

Practice for Sale.—A medical friend, residing in Canada West, is desirous of selling his practice, with what real estate he possesses. For certain reasons he does not wish to publish his name, or the place of his location. Any enquiries, however, addressed to the Editors of this Journal will receive attention. We give below his own statement of the value at which he estimates the whole, and the terms on which he is willing to dispose of them. "My practice is worth about £500 per annum; its extent being about 10 or 20 miles in every direction. The dwelling which I occupy is a two-story building (rough cast) nearly new, with about half an acre of land; the lot being a corner one, makes it the most valuable in our thriving village. I do not wish to sell my practice, without selling my real estate also; the whole of which I offer for £650, with payments as follows:—£100 immediately, and £25 a year for the two following years; the remaining £500 are to be paid in two instalments, the one 10, and the other 15 years from the 1st July, 1854.

The house is warmed throughout with hot air, and attached to it are good outhouses, barn, shed, stables, wood-house, a well of good water, and designed in its erection for the residence of a medical man."

TO CORRESPONDENTS.

Dr. Tetu. We are obliged to him for his kind consideration. We hope our subscription list will enable us to enlarge the Journal next year.——*Dr. Sinclair.* We have sent the missing number. Complaints of a like nature reach us occasionally from different quarters. The Chronicle is usually mailed on the 5th of the month.——*Dr. Hull* will accept our thanks.——*Dr. Cleaveland.* There was not the slightest occasion to obtain the certificate. We have attended to his request, and sent what he desired.——*Mr. Warbrick.* We were not aware of the decease of Dr. Warbrick. We are exceedingly sorry to hear that he fell a victim to cholera while nobly discharging his duties as a physician during the prevalence of the late epidemic.——*Dr. Edmonson.* Could he not assist with an original communication occasionally.

BOOKS RECEIVED FOR REVIEW.

Ramsbotham's Midwifery. What to Observe at the Bedside and after Death in Medical Cases. From Messrs. Blanchard & Lea. Reports of the Trustees and Superintendents of the Butler Hospital for the Insane. The Transactions of the New Hampshire Medical Society.

MEDICAL NEWS.

A large number of medical officers have sent in their resignations very recently, justly disgusted with the difficulties thrown in the way of the performance of their duties to the sick and wounded by the military authorities. It is said their resignations will not be accepted, and that if they persist in throwing up their commissions, they will be tried for desertion. This, says the Medical Circular, we learn from private letters received this week from the Crimea.—At the annual setting of the French Academy of Sciences, the prize for Experimental Physiology was awarded to M. Derainne, for his enquiries into the reproduction and development of molluscœ. The Cuvier prize fell to M. Muller, author of a valuable work on the development of Echinoderms.—Lord Stratford de Redcliffe has obtained the permission of the Porte to get up an Hospital for convalescent in the Island of Rhodes.—Dr. Roger, member of the Institute, Physician in Ordinary to the Emperor, has been named Commander of the Legion of Honour.—The number of medical students in Paris, have considerably decreased the last two years. The number who matriculated in 1852, was 1,434, of whom 480 were new. In 1853, the number had decreased to 1,060, of whom only 284 were new; and the present year is only 964, of whom but 151 were new.