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THE
BRITISH AMERICAN JOURNAL.

ORIGINAL COMMUNICATIONS.

MEDICAL DEPARTMENT.

ART. LIX.—*Quackery, Imposition and Deception.* By W. Marsden, M.D., Governor of the College of Physicians and Surgeons of Lower Canada. Fellow of the London Medico-Botanical Society. Honorary Member of the Berkshire Medical Institution and Lyceum Natural History. Corresponding Fellow of the London Medical Society. Fellow of the Montreal Pathological Society, &c., &c.

Having constant evidence of your unswerving defence of the interests of the Medical profession, as well as those of the public, against the charlatantry of the licensed or unlicensed quack, I feel it a duty to both, to forward you the following details for publication in the British American Journal, with the view of giving them the widest possible circulation.

John Hossack, Esq., N.P. and J.P. of this city, one of our most respected and highly esteemed citizens, began to decline in health about two years since; his disease at last terminating in scirrhus of the rectum. Dr. Frémont, his family physician, having done every thing for his relief that science and humanity could suggest, and having pronounced the case incurable, I was consulted. On examination, which took place on the 20th of September, 1859, I found a carcinomatous tumour encircling the rectum, at a distance of about two inches from the sphincter ani, forming an annular stricture of the scirrhus form, the aperture of which, on the cis-aspect, did not exceed the diameter of $\frac{3}{8}$ ths of an inch. Having heard the history of the case, its invasion, sequence and treatment, which offered no unusual or remarkable feature, I communicated to the family of the patient my concurrence in the opinion of his attending physician, that the end of his earthly career would be only a matter of time; and with the object of protracting an inevitable result, to as remote a day as possible, I suggested the use of such means as would tend to healthy recreation and agreeable

association, so as to sustain the mental, as well as to support the animal economy.

A short time after this, some wonderful stories having been related about a so-styled Dr. Scott, of New York city, curing cancer, I was waited on by one of Mr. Hossack's brothers, Dr Frémont being absent, to enquire whether he could be removed to New York without danger, to which I replied in the affirmative, adding, that the removal might be of service by change of air and scene, and by hopeful inspiration; but, that cure was out of the question, whatever might be promised. Mr. Hossack was accordingly removed to New York soon after, and placed under the care of Doctor John Scott, who has converted his residence, No. 36 Bond street, into what he terms a "Magnetic and Healing Institute;" and there a certain and speedy cure was positively and repeatedly promised, to the great satisfaction of the patient, who was, also as well as his relatives, entertained with stories of the many wonderful cures *performed by the Doctor!*

Mr. Hossack resided in this establishment or institute, at the cost of many hundreds of dollars, from that time till the 20th September last at 11 A.M. when he expired, having been constantly assured, until within a very short period of his death, that he was getting better, and would surely recover. A short time before his decease, when ulceration had set in, with sloughing and occasional hæmorrhage, and the alvine dejections were consequently more free. he was assured by "the Doctor" that "the treatment was bringing away the cancer, and he was getting well."

This man, Scott, who is one of the class of impostors called spiritualists, professes by his *hocus-pocus*, and what he calls magnetism, to cure the incurable, and to give the deceiver his due, in common with another personage of greater renown than merit, whose name shall not offend ears polite, the sufferer declared that his manipulations or magnetic means, often, if not always, allayed the pains which he endured.

About three weeks before Mr. H's decease, news having reached his friends in Quebec that he was sinking, Charles R. Hossack, and James Young, Esquires, his brother, and brother-in-law, proceeded to New York, and found him in a very critical condition; and remained with him until his death, which took place as above stated. On the morning of that day, Scott again declared that death was not imminent, notwithstanding which he died at 11 a.m. A *post mortem* examination having been requested by Scott, a telegram was despatched to Quebec for permission to open the body, which was answered in the negative, as the family and relatives were anxious that the medical gentlemen here, who had seen or attended Mr. H. should have an opportunity of examination. Notwithstanding this answer, Mr. C. R. Hossack, with great liberality, permitted Scott and his medical friends (?) to open and examine the body, with the express stipulation, that *the diseased parts should be preserved and given to his relatives* for re-examination. The examination took place accordingly, in the presence of Messrs. C. R. Hossack and Young, and Drs. Scott, Young, Leach, Banks, Barlow, &c.; the three latter of whose names are appended to the following certificate, which I give you *verbatim et literatim*. It was written on a sheet of letter paper with a printed heading, in the usual style of bill heads or advertise-

ments; and the orthography, punctuation, capitals, &c. of this elegant and classical production are faithfully transcribed.

DR. JOHN SCOTT'S MAGNETIC AND HEALING INSTITUTE,
No. 36, BOND STREET,

NEW YORK, Sept. 20th 1860.

J. S. Hossack, Esq. died at 11 a.m. Atopsy five hours after. on opening the chest found The Thoracic regions healthy removed the Stomach Empty and healthy Abdomen Colon Enormously distended with fecal matter on passing down to the sigmoid flexure and rectum discovered schurus of the rectum the cause of death rectum removed and placed in Alcohol. by Doctors.

G. H. LEACH.

H. M. BANKS.

S. B. BARLOW.

New York, Sept. 20th 1860.

After the examination, this document, together with a sealed bottle, were handed to Mr. Hossack by Dr. Leach who conducted the *post mortem*, purporting to be the morbid parts which had been removed from the body, as above described.

The friends of the deceased immediately left New York with the body, and arrived in Quebec on the 22d September, and the certificate and bottle were submitted to both Dr. Fremont and myself separately, for inspection, by Mr. C. R. Hossack, without either of us knowing the opinion of the other; and we both immediately detected the attempted fraud and imposition, stating in substance what is contained in the following certificate, which I gave, and Dr. Fremont endorsed.

"This is to certify, that I have read the report of the *post mortem* examination of the body of the late J. S. Hossack, Esq., signed by Doctors Leach, Banks and Barlow of New York; and have also seen the body. I have carefully examined the contents of a bottle presented to me by C. R. Hossack, Esq., the brother of the deceased, purporting to be the morbid parts, preserved in alcohol, which had been removed by the gentlemen above named, and which were said to have occasioned his death. I further certify, that the anatomical specimen, thus furnished, does not embrace the diseased portion of the rectum, which it is intended to represent.

Quebec, 25th September 1860.

Provided with this certificate, Mr. C. R. Hossack retraced his steps to New York, arriving on the 28th Sept., and proceeded directly to Scott's establishment. Having explained the object of his return, Scott denied all knowledge of the fraud, and sent for Dr. Leach who had put up the preparation. On his arrival he, Dr. Leach, persisted in stating that the bottle produced contained the genuine specimen of the diseased parts, until Mr. Hossack presented the certificate; when on reading it, and finding that we had not opened the body, although we had actually opened and examined the contents of the bottle, he regained courage and shifted his ground, saying, "that he had removed all that he considered necessary for an examination, and the remainder would be found in the body if

we looked properly for it," but the lower part was so ulcerated that he did not remove it, and as there was danger of cutting his fingers in removing it, he thought it unnecessary to run that risk; but he repeated, that all that was necessary to be removed, had been removed as he specified in his certificate." This it is not pretended to deny, but what became of it?

Upon this Mr. Hossack telegraphed back to Quebec as follows: "Examine the body as the diseased parts are there." Now, although neither Dr. Fremont, myself, or any of the family believed one syllable of this bold asseveration, it was at once determined to leave no proof unsought or unrecorded, *causâ veritatis et humanitatis*, and an order was obtained for the disinterment of the body. The exhumation took place on the 29th Sept., just nine days after death, and four days after interment, and Dr. Fremont and I, carefully examined it, opening the thoracic and abdominal cavities. Decomposition was considerably advanced, but not sufficiently so, to interfere at all with our examination. The *postmortem* had been conducted in the most slovenly manner, and would have disgraced a Canadian student in his first session, at any of our schools. *The sphincter ani and entire rectum were wanting!* excepting a small portion of the mesorectum, about an inch or less in diameter, that had escaped the unskilled knife in the removal of the connecting parts, and bore traces of carcinoma, which were also visible in the left sacro-iliac region.

The following telegram was in consequence immediately transmitted to Mr. Hossack: "Examined body, diseased parts not there." It was as promptly communicated to Dr. Leach, who evidently doubted the fact of the disinterment; and for a time persisted in saying, that if we had sought *properly* the parts would have been found. Mr. Hossack however continuing to demand the return of the abstracted rectum, Dr. Leach now said, that he would have the body examined again, and as he knew some medical men in Montreal, he would appoint them to go to Quebec to examine the body for him. To this Mr. H., assented, and called at Scott's at the time specified, to obtain their names, when he received the following note instead, written in the same hand and style as the former certificate:

Oct. 1st, 1860.

To Mr. Hossack,

Dear Sir,—I am unable to find any directory or list of physicians in Quebec, we will leave the matter in your hands having entire confidence in your judgement and discretion. You will therefore by our direction appoint *three* of the most competent physicians and surgeons, in your city to make further examination of the body, and forward to us, the anus and lower portion of the rectum of the deceased. The above mentioned *not* to include the names of Drs. Marsden or Fremont.

I am, Sir,

Very truly, &c.,

G. H. LEACH, M.D.

Shortly after the receipt of this note, Mr. Hossack, having waited to speak to some of the patients in the institution, Dr. Leach came in, and after repeating something like the content of his note, Mr. H. asked him, as a *dernier resort*,

(seeing no chance of success in the real object of his journey), to write a brief account for the satisfaction of his family, and medical friends, of his connexion and that of Drs. Banks and Barlow with the case; which he promised to do, but, in this also, he failed.

Finally, seeing that moral means were hopeless weapons against such men, Mr. Hossack consulted Messrs. Washburn and O'Sullivan, advocates and attorneys, with a view to legal remedy, but here also he was foiled. Mr. Washburn waited on Dr. Leach, threatening an action, but he replied by a persistence worthy of a better cause, reiterating the monstrous falsehood, that the bottle contained all that was taken out of the body, and that he was prepared to stand an action at law.

Conduct, so base and ungrateful, leaves no alternative but to bring the offenders to the bar of the "fourth estate"—public opinion;—where the occasional trial of ignorant pretenders to science and humanity, like DR. JOHN SCOTT, (who infest New York like a plague,) may save others from similar cupidity and ruthless plunder.

To sum up this nefarious transaction. It is clear that Scott and his confederates who are equally base and culpable, had not the remotest idea of the class of persons they had to deal with in this affair. Well might *Doctor* (?) Leach ask for the "anus and lower portion of the rectum," knowing that he and his allies were already in felonious possession! They imagined that by an obstinate persistence in their attempted deception, the friends and professional advisers of the deceased gentleman would be quieted. That a mere look through a glass darkly, at a portion of tolerably healthy intestine, SEALED UP in a bottle, as well as tied over with bladder, would satisfy medical men, who *might* be as ignorant as themselves perchance; and, that they would never go to the trouble, expense, and disagreeable ultimatum of a disinterment and minute surgical examination, for the mere sake of science and justice. They evidently thought, that *the obstinate reiteration of a monstrous lie*, would cover their duplicity, insincerity, inhumanity, ingratitude and turpitude. What do they think now?

In conclusion, it is little enough to say of them, that the conduct of the relatives of the deceased is worthy of a name that is destined to figure in the annals of liberty, humanity and justice: conduct, that is characterised throughout the distressing incidents of this case, by a liberality and magnanimity, worthy of commendation and example.

Quebec, 3rd November, 1860.

ART. LX.—*A case of Ovarian Tumour—Ovariectomy—Recovery.* By REGINALD HENWOOD, M.D., Brantford, C. W.

Mary Ann F., aged 38, unmarried, by occupation a dressmaker, a delicate woman, for whom I was first called upon to prescribe about a year and a-half ago, for menorrhagia, from which she had been suffering for nearly a year, during which time had experienced a great deal of pain in the back hips, and lower part of the abdomen, likewise suffered at intervals from excessive irritability of

the stomach, causing such violent and incessant vomiting, and inducing such extreme prostration, the dissolution sometimes appeared imminent. Previous to her being attacked with menorrhagia, she states that the catamenia had not been present for ten years, during which period her health did not appear in any way to suffer. Some seven or eight months after my first seeing her, she first imagined that she was somewhat larger than usual, and upon examining the abdomen, I discovered a tumour occupying the space, which would be filled by a gravid uterus, soon after it rises above the pelvic brim. It communicated the idea of its being somewhat larger than a man's fist, but it did not appear to have any connection with either the right or left iliac regions. This, together with the vomiting, rendered its character somewhat obscure for some time, but frequent examinations, externally and per vaginam, satisfied me that it was not uterine, and I soon became convinced it was an ovarian tumour. It gradually increased, and, in about a year from its first appearance, had attained such a size as to give her the appearance of a woman at the full term of gestation, producing from its pressure on the iliac vessels, great œdema of the lower extremities. No fluctuation could as yet be perceived in any part of the abdomen, although the outlines of the tumour could be distinctly traced, and that the more easily from the extreme wasting of the patient. She still suffered at intervals from the distressing attacks of vomiting, from which I often thought she must have sunk. After the lapse of another two months, her distension became enormous, respiration in the recumbent position was next to impossible, and her misery altogether was very great. Fluctuation was now evident across the upper part of the tumour, and extending around and down the right side; all the rest of the abdomen being filled by an apparently solid mass. Her symptoms were now so urgent that in consultation with Drs. Digby & E. T. Brown, on the 23d of June last, it was deemed advisable to attempt affording her some relief by tapping. A trocar was accordingly introduced, and at first was followed by about a pint of brownish coloured transparent serum; but, on the withdrawal of the first and introduction of a second and longer instrument, we succeeded in getting away about 5 or 6 quarts of a similar-looking fluid, which certainly afforded considerable relief, but only for a short period, for in a fortnight she was even larger than ever, and her sufferings were in many respects much increased; so much so, that she was very anxious to have ovariotomy performed, notwithstanding I had made her fully aware of the great danger and uncertainty attending it; and, although in her then miserably reduced and exhausted state, I entertained but very slight hopes of her surviving the operation, yet on the other hand I was perfectly satisfied that, unrelieved, she could have lived but a very few days. I therefore determined to perform it, and, on the 9th of June, again kindly and most efficiently assisted by Drs. Digby & E. T. Brown, the operation was performed.

After introducing a catheter, the patient was laid on a couch without a back, in the centre of the room, the head and shoulders slightly raised; I made an incision extending from the umbilicus to within about an inch of the pubis. There was a good deal of bleeding from the superficial veins, which were tortuous and distended. There were some adhesions around the point of entrance of the trocar, which were easily torn through. We could now perceive an im-

mense tumour occupying the greater part of the abdominal cavity, and overlaying it above. To its right were two large cysts, the walls of which I freely incised with the scalpel, thus giving immediate exit to, I should think between one and two gallons of serous fluid, together with numbers of smaller cysts. An attempt was now made to draw the tumour through the wound, which failed. I then deeply incised the mass, from which escaped some greyish granular matter together with a quantity of serous fluid, when repeated but fruitless attempts were again made to extract the tumour. I finally enlarged the wound by continuing the incision to about two inches above the umbilicus; when, by getting a hand on either side of and somewhat behind it, the tumour was brought through the opening. It proved the right ovary which was diseased. The pedicle was very broad, I should think fully five inches, and so short, that there was great difficulty in applying the clamp, which however was finally adjusted and tightened, although it had once to be loosened for the purpose of liberating a small fold of intestine which had unavoidably become engaged. The tumour was now separated about an inch from the clamp, and the wound brought together as quickly as possible, by using six common darning needles, each about four inches long, and held in situ by twisted suture, a point of simple suture being likewise inserted in the spaces between the needles. A dossil of lint was laid over the line of incision, the bandage tightened around the abdomen, and the patient lifted on a bed previously prepared. She was very exhausted, after being about fifty minutes under the operation, during which she had freely partaken of stimulants, which were still constantly given. There was no anæsthetic agent used. She was under the care of Drs. Digby & Brown for the first eight days after the operation, I being in Montreal, and for the first thirty hours it seemed impossible she could survive, so exhausted was she by incessant vomiting. It however finally ceased, when, by the administration of stimulants and nutritious beverages, her powers began to rally, from which time she gradually and slowly improved. The wound healed throughout by the first intention; the clamp separated on the fourth day, two needles were removed on the sixth day, and the remainder on the eighth. The point where the pedicle was brought through the wound was completely cicatrized on the fortieth day; and, in seven weeks from the day of operation, she was able to travel to Cleveland in Ohio, where she still remains with her health daily improving.

There was something very remarkable in the character and quantity of the matter ejected by vomiting after this operation, it appearing in all respects precisely similar to that which the cysts contained, even to its peculiar odour. I never remember having seen the same circumstance recorded as following ovariotomy, although about two years ago, I saw a woman who died of ovarian disease, and in whom a similar phenomenon occurred two or three days before her death. This patient was seized with profuse vomiting and purging, and the fluid resembled in all respects that which is usually found in ovarian cysts, and the quantity was so great that it had to be received in pails. She must have passed some two or more gallons, and strange to relate it was not followed by much if any diminution in her size. Both myself, and Dr. Brown who was her medical attendant, believed that a communication had been established between the cyst and some

part of the gastro-intestinal canal. But since, I have seen the same phenomenon occur after ovariectomy, and consequently there were no cysts to furnish the matter ejected, I have doubted whether any such communication, as we supposed, existed in Dr. Brown's patient. I have frequently since regretted not having had an opportunity of satisfying that doubt by a *post-mortem* examination.

In this case (the first of the kind, by the way, I had ever seen) the pedicle of the tumour was much broader than I ever should have expected to have found it, from the many accounts I had read of the operation, and so short was it that it required strong traction, and forcible pushing back of the abdominal parietes, to bring the clamp outside the wound, although when once fixed there, I think the shortness of the pedicle was favourable to recovery, from its keeping that part of the wound for the first few days fixed and immoveable.

The clamp which I used was made by a gunsmith in this town, and proved inconveniently short; although allowances were made for a pedicle of four inches in breadth. In introducing the needles, they were made to transfix the whole thickness of the abdominal walls, at about an inch from the line of incision, and including a deep hold of the peritoneum.

In emptying the cysts I did not use a trocar, because it would have kept the patient a much longer time with her abdominal viscera exposed to the air. Neither did I, before closing the wound, attempt to soak up any fluids which might have been effused among the viscera, not only for the above stated reason, but because I was afraid the most gentle application of the softest flannel would be more irritating than any small quantity of effused fluid would be, and also because it could not be used without leaving numberless small hairs adherent to the peritoneum, and might be the means of producing fatal peritonitis. I did not use chloroform or any anæsthetic agent, because her respiration was very much impaired, through her great distension; and the heart's action was already so very feeble, that I feared its functions might become altogether arrested, and her chances of life were already sufficiently slender.

The tumor weighed seven and-a-half pounds twenty-four hours after its removal, when it must have lost from wasting, by exudation and evaporation, a very considerable portion of its original weight.

BRANTFORD, C.W., 21st November, 1860.

LONDON CORRESPONDENCE.

No. 4.

I feel disposed to be exceedingly facetious at the novel enquiry of an "Ignorant Subscriber" in the August number of your Journal, as to the signification of the expression *Penile organ*. The part *penile* is occasionally heard from the lips of some of our London Hospital men. I myself have heard Mr. Erichsen use it several times, and at first it seemed rather novel to my ear, but like many other innovations in Medicine, people have become reconciled to it. Possibly it may have had its origin from the French word *Pénil*, which is mentioned in Dunglison's Medical Dictionary to signify the "*mons veneris*." In ordinary French Dictionaries, *Pénil* means the groin, and the adoption of the English word

penile is intended to mean, of or belonging to the penis itself in its adjective sense, as sounding perhaps a little more modest, to non-professional ears than the very vulgar word *penis*. As our London Medical Journals not unfrequently find their way into the hands of others than those for whom they are legitimately intended, a little mystification is sometimes necessary and proper. I cannot therefore subscribe to your own remarks, that the name used in the Journal mentioned by an "Ignorant Subscriber" is either an inflated heading or a pompous professionalism. If he will take the trouble to refer to that elegant piece of English composition, the production of an accomplished scholar as well as a profound Surgeon, namely, "Thompson on the enlarged Prostate," he will see the name in two or three places. I have seen it in one or two other works, besides having *heard* it publicly expressed, so you must excuse my taking up the cudgel in favor of one of our London writers. You may rest assured, that, if it had not been sanctioned by authority, and accepted as a suitable term, the eyes as well as the pens of our London Argus would have been up in arms these volunteer times.

The old proverb "after a storm comes a calm" has been renewed so far as Medicine is concerned, for quiet and calm as London has been I may say the entire summer, it has been followed by a storm in the bustle and excitement now going on in the profession which is seldom witnessed. Not for very many years has there been such a tremendous influx of pupils at the Medical Schools as this year; many of the Lecture Rooms are crowded to excess, and the teachers in some of them, in their simplicity, believe that it is the reputation of their particular Schools which is attracting so many aspirants for the profession of medicine. The cause however is explicable in another way. After I believe the first of January, the regulations of study under the new medical act, are to be of so stringent a character, that no one can hereafter enter the portals of physic unless he can prove, that not only is he a thorough master of his profession, but that he is also an educated and accomplished gentleman. To escape this ordeal, many young men have entered their names at once, and have commenced to study, perhaps earlier than they otherwise would have done. I notice that many were boys among the pupils.

Although the winds and the weather have been most unpropitious and extremely disagreeable all the summer, and a great part of the time the rain descended in torrents, yet the health of the people has been remarkably good, so much so that practice was at a premium. Many men who are always busy, have really complained this Summer of the little they had to do. It would seem to have affected all classes alike, but now a reaction is setting in, although curiously enough the weather is very fine.

Several works of considerable interest are just now emanating from the press, and amongst them quite a number upon Surgery. Indeed the facilities for studying this branch of Medical Science at the present day are very great, when we reflect upon the number of works which take up the subject generally. It would seem however that that is not the opinion of all, for a "new system of Surgery" in three volumes, edited by Mr. T. Holmes, is in course of preparation, the first volume to appear in a few days. Then we are to have a new edition of

"Cooper's Surgical Dictionary" in two volumes, brought up to the present state of Science. A third edition of that excellent work "Erichsen's Science and Art of Surgery" will be out next week. And a second edition of "Pirrie's Principles and Practice of Surgery" has just been published by Mr. Churchill, and I must acknowledge that, well acquainted as I am with most of the modern works, this one carries off the palm from all. The greatest compliment I can pay the author is to say that his book stands in the same position to medical literature, that Atkinson's splendid work (lately out) on "Travels in the Regions of the Amoor," does to general literature. It is handsomely bound, and got up in Mr. Churchill's usual elegant style. But these sink into insignificance when compared to the manner and general arrangement of the work which is everything to be desired. It is an octavo volume of nearly 900 pages, and most profusely illustrated with first class wood cuts, and contains all that is new I may say up to the present hour, for even the Laryngoscope and its clinical application is considered in a short chapter. I have no doubt it will have a run, and will be the book of the season, as Dr. Gibb's work on the Throat and Windpipe has been all the Summer. A work on the Surgical diseases of children by Mr. Cooper Foster has likewise appeared within the last few days, copiously illustrated with plain and coloured plates; it fills up a vacuum that has long existed, and is full of most useful material. Every page is original matter, and the author refers to but one single case *out of his own experience*. I shall say nothing of the new Sydenham Society's works, as you have already noticed them. But I am told several choice things are in course of preparation for the next year; the Council have placed Professor Czermak's work on the Laryngoscope for translation in the hands of Dr. Gibb; and the work is to have appended to it, abstracts of all the memoirs that have since appeared upon this novel subject. My letter is too far advanced to permit of my going into it; but I shall have something to say about it in my next. When I state however, that with the instrument as made by Weiss, I can look right down the larynx and see what is going on there, your readers will be prepared to hear something startling about it. The most hidden and unsuspected diseases are at once brought to light.

And lastly I must announce that Mr. Baker Brown is preparing a new edition of his book on the "Surgical Diseases of women," which will contain an account of his extensive experience in this line of practice. No man living has met with such success as he has done. Ruptured perineal and vesico-vaginal fistulæ are treated by the dozen I may say, sent up to him from all parts of the country. I saw him perform ovariectomy, on the 1st instant, upon a woman about 40 years of age, with extensive adhesions; in fact it was the worst case he has had out of some five and twenty, and that is saying a great deal. The patient fortunately is doing well. One of the last cases at which I was present in one of the large Hospitals during the operation, died on the second day, not from this proceeding, for it was one of the most promising I had seen, but from peritonitis caused by a large sponge which unfortunately had been sewed up into the abdomen, when the tumour was removed. Such mistakes will happen in spite of every precaution.

On the 17th October, Samuel Hatt Macpherson formerly an old McGill Student, but for the last three or four years a Guy's man, died of pleurisy, or

rather from the effects of paracentesis for empyema, at the early age of 26 years. I occasionally saw him, and attended him on one occasion for inflammation of the lymphatics.

It was with extreme regret and sorrow that I read the announcement of the death of one, whose pupil I formerly was, and to whom I was indebted for many acts of personal kindness, I allude of course to Dr. Holmes, your late Professor of Medicine. He was I believe a general favourite with all, and was much esteemed by the writer of this letter. Whenever his name occupied my thoughts, they frequently reverted back to the time when I experienced his advice and assistance for a dear parent now no more, and who looked upon him as her hour drew near, as the physician, the true Christian, and the friend,—peace be to his ashes,—his loss will long be felt, and his place will be difficult to fill.

London, 5th Nov., 1860.

REVIEW DEPARTMENT.

ART. LXI.—*Transactions of the Obstetrical Society of London*, vol. 1, for the year 1859, together with a Report of the Inaugural meeting of the Society, a list of officers, fellows, &c., London. Longman, Green, Longman, and Roberts, 1860, 8vo. pp. 347.

On the 16th December, 1858, at the Free Masons' tavern in London, a considerable number of the principal physicians of that metropolis met together for the purpose of inaugurating the Obstetrical Society of London. Dr. Rigby, so well known to Obstetric science, was called to the chair, and Dr. Tyler Smith of equal world-wide reputation, seconded by the veteran Dr. Granville, moved the important resolution which gave birth to the Society. The meeting seems to have been an exceedingly harmonious one. Dr. Smith urged the importance of such a Society, as contributing in the most material manner to the advancement of obstetrics as a science and as an art, and alluded to the value of such a society as a means of accumulating facts, whereby the grand object of every medico-literary association might be attained, viz: the diminution of mortality; and in support of his argument gave announcement to the following startling fact, that "of all the women delivered in England and Wales no less than one in every one hundred and eighty-nine died in childbirth, and that the number of still born children was twenty-two thousand a year." And he instanced, as another argument for the establishment of the society, the mutual improvement of its members by the discussions which would follow the reading of the papers which might be sent in.

Dr. Granville, among other observations in support of this motion, alluded to the anomalous condition which obstetric practitioners occupied in England, and especially in London, before the year 1817. "Not only," said he, "might any one

practice midwifery without let or hindrance, or indeed without any medical qualification whatever, but this very license was made the means of enabling quacks to do their work with impunity, defying judge and jury when summoned before a court of law, by setting up as a defence, that they did not pretend to be doctors, surgeons, or apothecaries, but only man midwives." He furthermore added, "the degraded state of the profession of the art was such, that the College of Physicians considered a licentiate practising midwifery as unworthy of a fellowship; while a member of the College of Surgeons was deemed ineligible to be on the list of the Council or the Court of Examiners, if he practised as an accoucheur; and the apothecaries' company, which had been pressed to institute an examination in midwifery long resisted the "soft persuasion." It appears that a meeting was held, in Dr. G's house of the *élite* of the obstetrical practitioners of that time (1825),—to establish a society, which was effected, but the members devoted themselves rather to the improvement of their political or state position. With the attainment of this object, and the thorough recognition of their true position by the government and the different colleges, the association was dropped, and after an interval of thirty-five years the present society is organized for scientific purposes exclusively.

Two other resolutions were proposed; the one, that all legally qualified practitioners shall be eligible for election as ordinary Fellows of the Society; and the other constituted the officers for the first year of the existence of the society, Sir Charles Locock being the Honorary President, and Dr. Rigby the President.

In examining the by-laws, the first chapter defines the object and constitution of the society in the following words:—

"1st. The Obstetrical Society of London is instituted for the promotion of knowledge in all that relates to OBSTETRICS, and the DISEASES OF WOMEN AND CHILDREN.

2nd. The Society shall consist of Fellows and Honorary Fellows. The Honorary Fellows shall not exceed in number twelve British subjects and twenty Foreigners.

3rd. All Medical Practitioners registered, or if practising abroad, possessing a British qualification, shall be eligible for election as Fellows of the Society.

4th. The Officers of the Society shall be elected from the Fellows, and shall consist of an Honorary President, a President, six Vice-Presidents, a Treasurer, and two Honorary Secretaries, who with eighteen other fellows shall constitute the Council, and shall have the management of the Society's affairs. Two of the Vice-Presidents, and six other members of the Council shall be non resident Fellows of the Society."

The following are the names of the present Honorary Fellows of the Society.—British subjects: Fleetwood Churchill, M.D., Professor of Midwifery, K. and Q. C. P. Dublin; Alfred H. McClintock, M.D., Master of the Lying in Hospital, Dublin; James M. Duncan, M.D., Lecturer on Midwifery, &c., Edinburgh; Archibald Hall, M.D., Professor of Midwifery, &c., McGill College, Montreal; William F. H. Montgomery, M.D., late Professor of Midwifery, &c., K. and Q. C. P., Dublin; James Y. Simpson, M.D., Professor of Midwifery, &c., Edinburgh.

Foreign Subjects: Walter Channing, M.D., Professor of Midwifery, University of Cambridge, Boston, U.S., Baron Paul Dubois, Professor of Clinical Midwifery in the Faculty of Medicine, Paris; Charles D. Meigs, M.D., Professor of Obstetrics, &c., Jefferson Medical College, Philadelphia, U.S., Franc. J. Moreau, M.D., Professor of Midwifery in the Faculty of Midwifery, Paris; F. W. Scanzoni, M.D., Professor of Midwifery, Wursburgh; Edward C. G. Von Seebold, M.D., Professor of Midwifery, Gottingen, and Rudolph Verchow, M.D., Professor of Pathological Anatomy, Berlin.

The list of Ordinary Fellows amounted at the time of the publication of the volume before us to about 325.

Such then was the Society at its organization, but the Ordinary Fellows have very largely increased, and it may be considered one of the most prosperous in the Kingdom. Its meetings are held on the first Wednesday evening of each month of the year, August and September excepted.

As the fruits of the first year of its existence we have the volume which lies before us, a goodly octavo of about 350 pages, being the first volume of its Transactions. It contains forty one papers on obstetrical subjects, and is full of most important practical information, to the practising accoucheur. Our limits preclude us from examining minutely all the papers, none of which are exempt from special interest. We must confine our observations to a few only.

The first paper is one by Dr. Tyler Smith on the important subject of the abolition of craniotomy in all cases where the foetus is living and viable. This is probably the most important paper in the volume, and is rich in sound practical information. Dr. Smith observes "that there must be always a large class of cases in which the child is dead at the commencement of labour, or dies during its progress, and before delivery becomes practicable, in which craniotomy or embryotomy must be resorted to for the sake of the mother. This will happen in many funis cases, in cases of accidental and unavoidable hæmorrhage, rupture of the uterus, convulsions, and breech, footling, or turning cases. In all these cases, the child is exposed to unusual risks, and may perish under conditions in which it is of great moment to the mother that the size of the foetus should be lessened. With this view, continues he, auscultation, if not practised in every labour should at least be resorted to in all cases of difficulty; and if we can trace the failure of the foetal heart, and ascertain the death of the foetus long before interference to save it becomes possible, it is our bounden duty, should the state of the mother require it, to resort to craniotomy without delay." He then passes in review the various conditions in which craniotomy must, and may not, be had recourse to; then proceeds to lay down some eminently practical rules for the employment of the forceps, in which we cordially concur with him, and especially with regard to the doctrines taught so generally, that we must feel the *ear* of the child before we can with propriety apply them, and that we should never enter the blades within the cavity of the uterus, two doctrines which ought to be imbedded in the tomb of the Capulets, and finally concludes with remarks upon "the more extended employment of induced labour," as a means of avoiding craniotomy. We cordially agree also with the author of the paper upon this proposition, but he will agree with us that the cases are rarely

presented to us in time to admit of the early induction of labour; but there can exist no doubt whatever in the mind of any reflecting person, that in all cases where a safe delivery is impossible to both mother and child, and when such a concatenation of circumstances is foreseen as to render such an event a certainty, premature induction of labour is or should be our only resource.

Dr. Waller gives us an excellent paper on the transfusion of blood, its history and application in cases of severe hæmorrhage, with the details of a case in which it was resorted to by him, and the modification of the apparatus usually employed, consisting mainly in a funnel attached to the syringe, for the purpose of receiving the blood as it issues from the opened vein of a bystander. The following is Dr. Waller's case in which the operation was so successfully performed. "A lady of delicate habits, at 30, was confined with her tenth child; she had been the subject of hæmorrhage after long labour. It was at this time renewed with increased severity, and attended with symptoms indicating the most urgent danger. The medical attendant, (an accoucheur of long standing and great repute), requested the assistance of the author. The patient was found in the following condition; she was lying on her back, with the most perfect death-like countenance, the extremities were of a marble coldness, the general surface of the body also cold; respiration excessively laborious; the eyelids closed; the eyes insensible to light; the jaw dropped; no pulsation could be felt in the radial or carotid arteries; the breathing was the only indication of life. Stimuli had been exhibited but with no lasting benefit. Transfusion afforded the only chance of saving this patient's life; it was consequently performed without delay. The first injection produced no other effect than that of rendering the beat of the artery discernible; the second was followed by decided improvement. After eight ounces had been introduced, this lady was sufficiently revived to recognise her medical attendant, she evidently felt uneasiness over the region of the heart, and placed his hand over the left side of the chest; no irregular action was discovered on a careful examination. Two or three tea-spoonfuls of brandy were given during the operation, and nothing else. The patient suffered from headache, and had occasional hysteric paroxysms to which she had been long subject. There was no other unfavourable symptom." The author observes, that every precaution should be taken to get rid of any air which the syringe might hold; to introduce the blood slowly, and to wait a few minutes between each injection.

Another very valuable paper is one by Dr. Harper on the more frequent employment of the forceps as a means of lessening maternal and fetal mortality. It is entirely out of our power to give a resumé of this truly valuable communication. As the strongest argument in favour of the practice, when judiciously adopted and not undertaken for the mere object of shortening the labour, independent of other considerations, we quote the following statistics of their employment as occurring in the practice of several accoucheurs:—

FORCEPS CASES. FETAL DEATHS. MATERNAL DEATHS. FORCEPS DURATION.

Collins,	1 in 694	1 in 26	1 in 329	38 hours.
Hardy,	1 in 355	1 in 20	1 in 334	35½ hours.
Johnston,	1 in 60	1 in 35	1 in 502	29½ hours.
Harper,	1 in 26	1 in 47	1 in 1490	16 hours.

We can imagine no more powerful argument in favour of the use of that instrument in diminishing foetal and maternal mortality.

There are a number of other valuable papers; we may especially allude to those, of Dr. Barnes, "on the physiology and treatment of Placenta Prævia;" "on hydatiform or vesicular mole," by Dr. Hewitt; "on the treatment of vesico-vaginal fistula by a new method," by Dr. Battey; "on sloughing of the foetal scalp as a result of tedious labour," by Dr. Priestly; in fact where all are good, we find it an almost invidious task to particularize. We observe that the Society announces itself as not responsible for the opinions of the authors of the papers. This we think an unnecessary precaution.

We must now conclude our notice of this volume, which we do with some regret, but our limits compel us. The volume itself is eminently worthy of the most careful study, as it will amply repay it. As the first contribution of this Society to the medical literature of the day, it is worthy of a place beside any of its compcers; and we have not the slightest doubt but that it will increase in importance and interest, if these are possible, with the maturer years of the Institution, whose labours it is intended to chronicle.

ART. LXII.—*An Elementary Treatise on Human Anatomy.* By JOSEPH LEIDY, M.D., Professor of Anatomy in the University of Pennsylvania, &c., with three hundred and ninety-two illustrations. Philadelphia: J. B. Lippincott & Co., 1861. Royal 8vo. pp. 663.

The multiplication of works upon anatomy brings into question, whether the works are really endeavours on the part of their authors to promote that study by bringing into the field something new, either in regard to the subject itself or the mode of studying it, or to carry their authors into fortune and favour no matter upon what principle. Every year has a new work by a new author on the subject, as if the corporeal system, in its structural arrangements, underwent some annual process, which required a new work for its elucidation. The work before us comes partially under the former category laid down, and we are far from attributing the latter to the author, even in the least possible degree.

Dr. Leidy's anatomy, however, differs from those which have preceded it, in an attempt to Anglify, or at least to give English synonyms for, those parts of the anatomy of the body, which we are in the habit of studying under their ordinary scientific terms, whether derived from the Greek or the Latin languages. According to the author's own remarks in his preface, he observes, "that most of the difficulty, of which we hear constant complaint, in the acquisition and retention of anatomical knowledge, arises from an excessive, and in some respects objectionable nomenclature," and he furthermore says, "that the nomenclature of anatomy has been founded on no particular system, the names having been chosen according to the fancy of anatomists, from the shape, function or supposed resemblance of the part, or in commemoration of the original investigator." But are these reasons why nomenclature should be set aside? We think not. Who are those who object to the nomenclature as it stands in the ordinary

Latinified forms? We have no hesitation in answering the question thus, they are those, who, ignorant of the Latin and Greek languages, can glean no idea whatever from the terms employed, or who are unwilling or too lazy to learn them. The idea, here evoked, strikes at the root of a classical education, which we deem of the most essential importance to every physician, for these languages "though dead yet speak," and will speak as long as this world lasts. We could enumerate many reasons why this should be so, but it is foreign to our purpose. When the author proves to our mind conclusively, that the knowledge of these languages is unnecessary to the scholar, the gentleman and the physician, we will concede to him the principal point, the attainment of which seems to be contemplated in his volume.

We feel very unwilling to attribute such sentiments, as those which we have condemned to the accomplished American Editor of "Sharpey's and Quain's anatomy," but we much fear that the work before us will bear us out upon examination. For ourselves, we cannot insist too strongly upon a thorough classical education on the student of medicine, and it is upon such grounds that we would object to any attempt, however made, which could possibly secure its evasion. But our author himself is scarcely true to his own colours, for, on page 217, we read, when alluding to the median line of the abdomen, "it is named the *Linea Alba*." To be consistent with the programme or plan of his work, he should have called it the "White Line" while he calls the "*Linea Semilunaris*" "a thin laminated edge." We could multiply such examples but they are not required.

How far this proposed alteration in anatomical nomenclature will further the advance of that study is to our mind exceedingly doubtful. Will not the "fancy" of the writer, or "some supposed resemblance," achieve some new name to supersede some older and better recognized one. Admit the latitude and where is to be the end of it.

Apart from its nomenclature, the work is unquestionably a valuable one, and reflects great credit upon the author of it. The descriptions of the anatomical peculiarities of the various parts are faithfully and truthfully given, and in this respect will compare most favourably with any other work of the kind with which we are acquainted. The wood cuts, with which the volume abounds, are most beautifully executed, and the typography, upon slightly tinted paper, is unquestionably in the highest style of the art. In these respects it reflects the highest credit upon the house, of whose enterprise it is the production.

ART. LXIII.—*Transactions of the Medical Society of the State of Pennsylvania at the 12th Annual Session held in Philadelphia, June, 1860.* Published by the Society. Philadelphia, Collins, 1860.

This volume contains an admirable address from the President Dr. Condie, recommending, in the strongest manner, a united organization on the part of the Profession of the State, a valuable paper by Dr. Gross "on Prostatorrhæa," an abstract of which has already appeared in our columns, and the Reports of a large number of County Medical Societies. We notice that small pox was

prevalent in some of the counties to a considerable extent. This must be due to the want of vaccination, or the deficiency of legislative enactments enforcing its observance. It is very much to be regretted that prejudice should stand in the way of so simple a precautionary measure. We feel confident that if this means were usually adopted, small pox, as a distinct disease, would become in a short time a mere matter of history. In many of the counties in the United States, we are of opinion, that the prejudice on the part of the common people, just alluded to, runs very high, and especially so, we have understood, in the country districts of Massachusetts. The transactions evince considerable activity on the part of the members of the different County Societies, but by no means as much as they are capable of showing.

ART. LXIV.—*An Epitome of Braithwaite's Retrospect of Practical Medicine and Surgery* in six parts. By Walter S. Wells, M. D. Published for the author by C. T. Evans, New York. Montreal, Dawson & Sons. Parts 5 and 6.

We have to acknowledge the receipt of parts 5 and 6 of this series, and we are happy to perceive that Dr. Wells' labours have terminated. It was originally contemplated to complete the work in five parts, but we presume, that as the epitomizer progressed, he found his task insensibly increase on his hands, and the impossibility of confining it to five volumes or parts became apparent, and therefore its consequent extension to an additional part or volume.

The labour at an end, we cannot but concede to Dr. Wells the conception and completion of one of the most valuable works of our day. When it is remembered that Braithwaite's Retrospect now numbering 41 volumes, and commencing its existence in the year 1840, reflects the spirit of the Medical literature of Great Britain, Continental Europe and America since that period of time, the Epitome or condensation of it, now concluded, must possess a value commensurate with the accuracy of the labour bestowed upon it; and when we observe—this too after a careful comparison with the original in numberless instances,—that it has been well and truthfully executed, we cannot but accord to the volumes before us an amount of merit but little inferior to the original.

We really know of no more valuable work to the Physician on the three branches of his profession, Medicine, Surgery, or Midwifery than the Epitome before us. We do not pretend that it can by any possibility supply the place of the original, but if in the case of inability to purchase it, or the desire to economize time, a substitute were desired, the Epitome will supply every want. It should on such grounds be in the library of every Physician, for as a record of the experience of the present day, he could possess no cheaper or more valuable digest. We congratulate Dr. Wells not only on the completion of the heavy duty which he assumed, but on the manner also in which he has executed his task, and we trust that the profession of this continent will fully recognize his services.

PERISCOPIC DEPARTMENT.

SURGERY.

CLINICAL LECTURES DELIVERED AT UNIVERSITY COLLEGE HOSPITAL.—
 BY JOHN ERICHSEN, ESQ., PROF. OF SURGERY AND OF
 CLINICAL SURGERY.

On the Diagnosis of Tumours of the Breast.

GENTLEMEN: Every woman who has a swelling in the breast fears it is a cancer. She knows no distinction between one kind of tumour and another, and imagines every tumour to be a cancer. Constantly dreading this disease, she believes, as soon as she finds she has a tumour, she labours under it. She goes to a surgeon, and uncovers her bosom with great hesitation, and with earnest solicitude scans his countenance as if there to read her fate. If the surgeon be able to say, "My dear madam, this tumour need give you no uneasiness, it is attended with no danger, and will occasion no inconvenience hereafter," he sees by the smile which immediately illumines her features what a load of anxious care is removed from her mind. In many cases of tumour of the breast, as well as elsewhere, it is quite possible to pronounce positively, and at once, for good or for evil. If the patient be middle aged, if the tumour be hard and adherent to the skin, and more particularly if it be ulcerated; if there be a chain of indurated glands extending into the axilla; if the countenance be sallow, with glistening eyes, and the frame emaciated, the surgeon can seldom be wrong in at once deciding the tumour to be a cancer; on the other hand, when the patient is young, the tumour hard but moveable, the constitution delicate but good, the surgeon may require time to perfect his diagnosis. This uncertainty with regard to diagnosis of the tumours of the breast, is an adherent element of these diseases, and may even continue after the growth has been removed from the mamma. In many cases surgeons will be in doubt about its nature, and this doubt is not cleared away until the tumour is subjected to careful microscopical investigation. So great is this difficulty, that the most skilful surgeons will occasionally err. It is true that the progress of the disease, and the state of the constitution of the patient will eventually throw light on the nature of the disease; but there is nothing pathognomonic in the early stage of the growth of these tumours, and it is at this period that the great difficulty in their diagnosis arises.

In the early stages of all tumours of the breast, the surgeon is at last compelled to form his judgment of their nature by the manipulation of the mass. You can readily understand that, however skilled the sense of touch, however much he may possess the *tactus eruditus*, he may easily be deceived. For instance, if you were to put half a dozen apples under a napkin, and by simple manipulation you had to determine which one was a Ribstone pippin, which a golden one, you might in a few cases be right, but in many you would certainly err. This is precisely what happens in tumours of the breast, though the history of the case will often reduce to a certainty the opinion we had formed of a tumour from its feel, and which otherwise would have remained obscure and unsettled. There is no class of surgical diseases in which errors of diagnosis are so likely to occur as in that of diseases of the breast. The most skilful surgeons may err, and have frequently done so; and, indeed you would gain more instruction from an account, if it were possible to write such a one, of the errors of surgeons in these matters, than by reading any account of the diagnosis of these diseases. It is in a great measure in consequence of, and by taking advantage of these errors, that cancer-curing quacks, who, whether lay, clerical, or medical, flourish in all large towns, derive much of their reputation with the public. They have this advantage over medical men. Suppose the "cancer-curer," as he calls himself, fails in effecting a cure, he is then no

worse off than the regular practitioner, by whom the disease had previously been pronounced to be incurable. But if a medical man makes an error, and diagnoses cancer when in reality the tumour is a benign one, the patient, knowing that medicine affords her no relief, and that surgery only offers the palliative measure of extirpation, applies to a "cancer-curer;" he uses his caustics, and destroys a tumour, which being non-malignant though erroneously believed to be cancer, does not return. Such a case is ever after looked upon by her friends as an incontestible cure of a cancer which had been pronounced to be incurable by medical men. Hence it is very necessary not to hazard a positive opinion in doubtful cases, or at all events not to throw one out on the gloomy side.

I recollect three cases sent into this hospital at no very distant date, which illustrate this last observation. The first was that of a man with a "tumour" of the lower jaw, which was sent in as a cancer of that bone. It was solid, firm and prominent; but there was some œdema of the soft parts covering it. I passed in a grooved needle and let out some pus. It was an abscess, I then put in a seton; the walls were thick, and lay close to the bone; but they rapidly melted down, and the "tumour" disappeared.

The next case was that of a young woman who came to me with a large "tumour" of the side of the neck, of the size of a cocoa-nut on which was an ulcerated surface as large as the palm of the hand. She told us that it had existed a year or two; that she had been to a medical practitioner, who pronounced it to be cancer of the neck; that she then went to a "cancer-curer," who used caustic to it; this gave her such intense pain, that she could not return to him, under which circumstances she applied to this hospital. When I examined the swelling, I felt some deep fluctuation. I inserted an exploring trocar, let out a considerable quantity of pus, enlarged the puncture, and put in a seton. The patient was well in a month. Now, had the "cancer-curer" penetrated half an inch more deeply with his caustics than he did, he would have had the credit of curing a cancer of the neck by opening an abscess.

The third case occurred very recently. An old man came here from the country with two cicatrices on the lower lip, which, he said were the result of two operations for "cancer;" one twelve years ago, and the other a year and a half since. There was a large tumour beneath the angle of the jaw, which several London surgeons had told him was a return of cancer under the lower jaw, for which nothing could be done; and that he had better return home. This tumour appeared to me more elastic, and not so circumscribed as secondary cancers usually are. I passed a grooved needle into it, and let out a drop or two of pus. I then laid open the tumour. An ounce and a half of thick yellow pus escaped. The wound granulated; the cyst filled, and the man left the hospital cured.

These cases are by no means uncommon. Abscesses as well as other tumours of the breast, are frequently mistaken for cancer. Some years ago, on going by invitation to the house of a notorious "cancer-curer," whose practice was open to the profession, I saw amongst his patients a young woman, twenty-three years of age, with a chronic mammary tumour of the breast. I said to him, "Do you call this a cancer?" His reply was, "Wal, I guess it was sent to me as one by a surgeon; and that's enough forme." That was the very thing that men of this class want—a simple tumour, pronounced to be cancerous. They remove it as a cancer, and get the credit of a "cure."

So far as the breast is concerned, for all purposes of surgical diagnosis, its tumours resolve themselves into two classes; first, the simple; second, the malignant. The simple non-malignant tumours again resolve themselves into three classes; first, *abscesses*; second, *cystic tumours*; third, *solid tumours* of various kinds. These are the distinctions you may establish for the purposes of diagnosis. Now let us examine these different classes a little in detail.

First, with regard to the diagnosis of abscesses. Now, there are four kinds of abscesses of the female breast; three of these are not difficult to distinguish, as abscess the fourth often is so. The first is the ordinary subcutaneous abscess between the skin

and gland, generally near the areola; it is accompanied by the ordinary symptoms of phlegmonous and suppurative inflammation—heat, pain, and throbbing. There is usually no great difficulty in diagnosing this variety; it is often met with at the age of puberty, in consequence of the increased action set up about this time. It occurs alike in single married females, and usually without any uterine complications. In the diagnosis of this subcutaneous abscess, error will, however, sometimes creep in. For instance a gentleman of considerable professional skill and acquirement, one day brought a patient to my house with “a tumour of the breast,” which he said would require removal. On examining the bosom, I found one of these subcutaneous abscesses with a good deal of œdema around it. I retired with my friend into another room, and told him my opinion and proposed to open it there and then. “For God’s sake,” said he, “don’t do that. I have said it was a ‘tumour,’ and I shall get into a scrape if you open it.” I told him not to make himself uneasy, about that, for I would soon settle matters to his and his patient’s satisfaction. I accordingly told the lady that I was glad to say that an operation would not be necessary, as we should be able to bring the tumour “to a head,” and so disperse it. I accordingly ordered some resin cerate to be applied; and in a week the abscess had burst, and there was an end of the “tumour,” to the great satisfaction of all concerned.

Two other of these varieties of abscess are of an acute and phlegmonous character. The first, that in the substance of the mammary gland; the second, that which forms behind the gland, in the cellular tissue lying between it and the pectoral muscle. These abscesses generally occur during lactation; and, by coupling the acute phlegmonous symptoms with the presence of lactation, there can be very little difficulty in distinguishing them.

The fourth form is that most frequently confounded with solid tumour. It is the chronic, cold, encysted abscess of the breast. This is a sort of abscess which forms deeply in the mammary gland, slowly, and without any acute symptoms usually, indeed, without any local symptoms at all. It is hard, deeply seated, and tolerably well circumscribed. This encysted abscess of the breast has been especially described by Sir A. Cooper and by Velpeau. Both these eminent surgeons record cases of it which have been mistaken and operated on for cancer. A story has been told me by a gentleman who was present, of a surgeon now dead, but one of the most eminent of the many great surgeons that France has produced, who, after lecturing to his class before operating on a case of tumour of the breast, and explaining, with that minuteness of detail and that lucidity of arrangement; which the French surgeons possess in so high a degree, the reasons why the tumour, he was about to remove, could by no possibility be any but a scirrhus, made his first incision, when a gush of pus took place, and the supposed scirrhus was resolved into an encysted abscess, deeply seated under the mammary gland. Now this accident happening as it did to the most eminent of his day, may occur to others of less professional experience; it has to my knowledge occurred six or eight times. But it may also be avoided by the history of the case and especially four points of diagnosis. These points, to which I would direct your attention, are the following:—

1. Encysted abscess is invariably preceded by some uterine disturbance. You will find that the patient has lately been in the family way, and has either been delivered or miscarried; or, if not pregnant, has suffered from some other uterine derangement—in most cases, however, of a parturient nature—a few weeks or months previously.

2. You generally find that the tumour, if an abscess, though hard and defined, is not distinctly circumscribed.

3. You almost invariably find—and this is a most important point—œdema of the subcutaneous cellular tissue, near the outer or under border of the gland.

4. There is also usually a spot on the surface of the tumour softer and more tender than the rest, possessing perhaps, a certain degree of elasticity.

Now, by attention to these four points—namely, pre-existing or concomitant uterine

derangement, hard but non-circumscribed character of the swelling, the œdema around or beyond and the soft tender point—you can rarely go wrong in making your diagnosis. In illustration of this, I will mention a case which occurred here some time ago. A woman thirty six years of age, miscarried the sixth or eighth week of her pregnancy. Eight months after this she applied to the hospital for relief for a tumour of the breast. On examination, I found a circumscribed painless swelling deeply seated in or under the mammary gland. There had been no pain or throbbing in it, and there was no redness over it. At the lower border there was a spot which felt doubtfully elastic. I made an exploratory puncture into this, and let out about an ounce and a half of creamy pus. A tent was then introduced; and the induration of the walls, which were excessively thick, gradually disappeared and the wound healed by granulation.

Besides these chronic abscesses of the breast itself, you may get another class of cases; that is, abscess in the neighbourhood of this organ, quite unconnected with the mammary gland. If there is any doubt in your minds, after examining such a case, always put in an exploring needle or trocar; its puncture can do no harm, and it will always clear up the true nature of a doubtful case.

In the next lecture, we shall proceed to the diagnosis of cystic and simple solid tumours of the breast, from cancer of that organ.—*British Med. Jour.*, March 31st, 1860.

THE MAN THROUGH WHOSE HEAD AN IRON ROD PASSED STILL LIVING.*

It will be remembered by many of our readers that in December, 1848, an account was published by Dr. Harlow, then of Cavendish, Vt., of the remarkable case of the passage of a rod of iron through the head of a man engaged at the time in blasting rocks. This rod, or tamping iron, as it is technically called, was round and smooth, about three feet seven inches in length, and weighed about 13 pounds. A correspondent of the *Ohio Medical and Surgical Journal* thus alludes to this patient, who, it seems, is still living in Chili.

"A few months ago we had occasion, in some clinical remarks, to make mention of this remarkable case, in which we stated that, though the man survived, we were not informed as to the mental and general condition in which the injury left him.

"Dr. Henry Trevitt, of Valparaiso, South America, who was present, at once replied to our remark that he knew Gage well: and that he lived in Chili, where he was engaged in stage-driving, and that he was in the enjoyment of good health, with no impairment whatever of his mental faculties.

"Dr. Harlow, of Cavendish, Vt., in whose practice the case occurred, described the wound as commencing just anterior to the ramus of the inferior maxillary bone of the left side, taking a direction upward and backward toward the median line, passing through the left anterior lobe of the cerebrum, and making its exit at the junction of the coronal and sagittal sutures; lacerating the longitudinal sinus extensively; fracturing the frontal and parietal bones; breaking up a large portion of the brain, and protruding the globe of the left eye from its socket by nearly one half of its diameter."—*Boston Med. and Surg. Journal*.

GILMAN'S TREATMENT OF IN-GROWING NAIL.

By HENRY M. CLARKSON, M. D., of Wateree, Richland District, So. C.

Mrs. S., a young married lady, applied to me on the 12th of March last, to be treated for an in-growing of the nail of the great toe.

She had not been able to wear the softest shoe for many months, or bear the lightest

* A report of this case was published in full, and will be found in the 6th volume of the old series of the B. A. J. (Ed. B. A. J.)

touch of the finger upon the parts adjacent to the sore. This was on the inner side of the nail, near the root discharging pus, and surrounded by great inflammation.

Unwilling to subject one of so delicate a constitution and so nervous a temperament to the painful application of nitrate of silver, or to the severe operation of extracting the nail, I resorted to the plan recommended by Dr. N. Gilman, of Hatfield, Mass., (*Boston Med. and Surg. Journ.*, Dec. 29, 1859.)

Having held a small piece of tallow in a spoon over the flame of a lamp, until it melted and became very hot, I dropped two or three drops of it upon the seat of the granulations, and directed the patient not to attempt to put on her shoe until a cure was accomplished. After this visit I did not see her for several days, when I was gratified to find the granulations gone; and the pain and tenderness effectually relieved. Paring away the exposed edge of the nail, in ten days later she was walking about, wearing her shoe with comfort; and at the present time, (six months since), there appears not to be the slightest probability of a return of the complaint.

When it is recollected, how frequently surgeons pronounce the operation of extracting the nail one of the most excruciating in practice, necessitating the use of anæsthetics, and that cauterization by nitrate of silver is always dreaded, it is to be hoped that others will substitute for such barbarous treatment, this simple method of Dr. Gilman, as one suitable for self application, quick in giving relief, effectual in curing, without pain, and last, though not least, obviating the risk in resorting to chloroform.—*Med. Surg. Reporter.*

THE COMMUNICABILITY OF SECONDARY SYPHILIS.

By RICHARD McSHERRY, M. D., of Baltimore.

John H., a publican, asked my advice during the summer of 1859, for symptoms of secondary syphilis. He was then on a course of iodide of potassium, and I recommended him to continue it. Within a month after, he casually consulted me as to the propriety of marriage, saying he was nearly or quite well. While doubtful, myself, as to the communicability of secondary syphilis, I advised him, by all means, to delay marriage indefinitely. My advice was not taken. On the 26th of October, he married a young girl of irreproachable character, whom I had known for many years. He and his wife removed immediately from this city.

On the 15th of March last he called, to desire me to visit his wife, whom he had brought back in bad health to her father's house, and he stated to me his apprehension that he had communicated disease to her. He did not wish her, if such proved to be the fact, to be made acquainted with the nature of her disease.

Accordingly I took her in charge, and learned from her that, within a few weeks after her marriage, she was taken with an obstinate form of sore-throat, which was still unrelieved. For the past six weeks, she has had eruptions upon various parts of her limbs, trunk, and head; she has painful warts about vulva and anus; she is *enceinte*, having had no return of menses since marriage; she has had no primary sores. I ascertained, upon further examination that her husband had no sores of any kind upon the male organ since marriage, but he had some excrescence about the anus.

The whole appearance of this poor girl was cachectic, and her countenance and manner exhibited the deepest dejection. She implored me to tell her, positively, what was the matter with her. I soon found that she had consulted an elderly female friend at her late place of residence, who had access to some medical books, and this friend had not been slow to inform her of the nature of her malady. The girl was convinced but she wanted my assurance to justify a separation from the man who had injured her so deeply.

I postponed giving her a decided answer, but went on to treat her with iodide of potassium and sarsaparilla, making local applications to the sores, according to their con-

dition: some were open, and some had the scabs of rupia. I used as local applications the black wash, nitrate of silver, tincture of iodine: and to the warts, or condylomata, which were intensely painful, so as to destroy all sleep for many nights together (the physical pain, perhaps, had no more to do with this than the mental distress), a powder of tannin, arrowroot and opium. The course of treatment was not very successful. With the advance of pregnancy, and its attendant discomforts, my patient got worse rather than better.

On account of her great suffering I substituted calomel, and opium, for the iodide and sarsaparilla. The change gave her some relief. While on this course, a daily dribbling of waters commenced about the first of July, a month before her expected confinement. On the 10th of July, I delivered her of her first child, a male, perfect but of very diminutive size, though without any manifest disease. About the third day, a papular eruption made its appearance on the neck, and about the genitals. This appearance passed off spontaneously, when the child began to purge, and waste away, while its skin became deeply jaundiced. I gave it some very minute powders of hyd. c. creta, but the mother's milk failed, and the child wasted away and died on the 27th of the same month. There was a dark discoloration across the hypogastric region before death, but nothing more of the papular eruption.

Since its death, the mother is improving, on a modified course of mercury and opium; the sores and condylomata have nearly disappeared. She has taken no formal action against her husband since she has been led to believe that he did her no *intentional* wrong.

Such are the outlines of a case which I think full of significant interest. The communicability of secondary syphilis is one of the most important questions of the day, and every case that bears upon the question has its importance. There is no doubt upon my mind but that, in this instance, the mother was contaminated through the fœtus, and that the first developments of the disease with her were of the secondary order.

Secondary syphilis appears to be rarely communicated by the simple congress of the sexes. Experiments have shown, indeed, that this form of disease may be inoculated, but a successful inoculation where the morbid matter is absolutely thrust into the lacerated absorbents will not prove that mere sexual contact will produce the same effect. It is surmised, but has not been demonstrated that the semen, when failing to be prolific may convey disease to the female. Instances, however, have been observed where man and wife have cohabited, for some considerable time, where the man had been syphilitic but was apparently cured, without transmission to the wife, and yet, when she has conceived, she, too, has manifested the contamination. (See papers on this subject, by Mr. Hutchinson, *Med. Times and Gazette*, Dec. 20, 1856, and Jan. 1857.)

There was published in the *Montpelier Médical*, during the past year, a remarkable instance of another most prolific method of transmitting the secondary disease which was spread from a diseased infant. The case also has this much analogy with mine, that is, that the mother contracted her disease during, and, as I believe, in consequence of gestation.

Under the head, which I translate as follows, "Congenital syphilis transmitted from a husband to his wife and infant; from the latter to two nurses; from one of these to her mother-in-law; from the other to her own child and husband," by Doctor Janquet, of the 2d regiment of Engineers, there is the following summary, after the facts have been given in more detail.

The doctor at first was at loss to understand the rapid extension of a disease so like syphilis, in appearance, while he had rather inclined to the school that that stage was not transmissible. But progress, symptoms and cure removed his doubts, even before he traced the disease to its starting-point.

Such is the order of facts, says Doctor Janquet, in conclusion, which I have observed convinced that I had to deal with a syphilitic disorder, I wished to go back to its source. It turns out from my investigations, that M. X. (whose diseased child had infect-

ed so many other persons) had had the venereal disease before his marriage. His wife, who had been up to that time in perfect health, experienced within a short time after her marriage various eruptions, which had impaired her health; an abortion of a dead child at six months was probably in consequence. Her second pregnancy although more favourable, apparently, was more pernicious, in its results; in fact the infant, as I have said above had shortly after its birth an erythematous rash, excoriations, aphthæ of the buccal mucous membrane, &c. of a specific character, as was shown by their affecting the nipples of two nurses who were free from all affection while nursing their own children. One of them, on returning home, gave to her mother-in-law, who undertook to draw off the milk from her distended breasts a virulent disease of the mouth so that mother-in-law and daughter-in-law were for a long time suffering from various eruptions subsequently. The other nurse was equally contaminated in giving her breasts alternately to her own child, and to that of M. X. With her the syphilitic disease manifested itself first by fissures, then by aphthæ and pustules on the breasts and vulva: by these, the husband was infected.

Such, he says, is the interesting history of this disease which was successively transmitted to seven persons; it was a hereditary syphilis communicated from father to child. This latter infected the mother and two nurses. The ravages were not confined to these since four other persons were successively attacked.

This is a strong chain of evidence going to prove the communicability of secondary syphilis, and showing at the same time how the mother may become infected by the fœtus in the womb. M. X. had no apparent disease (at least none is mentioned), except strictures of the urethra following attacks of gonorrhœa, from which he had also suffered when unmarried. The taint of the secondary disorder undoubtedly was deep in his system, and, as it were, latent, but still, as the facts show, it was abundantly capable of transmission.

I do not consider commentary necessary on the case and facts presented in this paper; they must carry their own weight to the mind of the physician, and influence him, 1st, to the most extreme care in the cure of his syphilitic patients; 2d, to restraining, as far as he can, precipitate marriages; and, 2d, to guarding those whom he has to advise against the numerous dangers, both immediate and remote, proceeding from contact or intercourse with attainted subjects.—*Amer. Jour. Med. Science.*

ON THE UNION OF FRACTURES IN MERCURIO-SYPHILITIC PATIENTS.

By Prof. SIGMUND, of Vienna.

A young man in the Hospital of Vienna, while undergoing treatment, by means of mercurial inunctions, on account of syphilitic ulcers of the skin, and an affection of the bones, met with an injury; as the result of which, he sustained an oblique fracture of the humerus about an inch below the tuberosities, accompanied with considerable contusion of the soft parts, and extravasation of blood. Cold applications were made use of, and the arm was put up in splints in the usual way; no unpleasant symptom occurred, and consolidation of the fractured bone was complete on the thirty-third day from the receipt of the injury. Around the united ends of the bone there was a very considerable bony swelling; in other respects the form and direction of the limb were quite normal. On the day when the fracture was sustained, the patient had undergone the ninth of a series of fifty mercurial inunctions; this treatment was not discontinued, but was carried on uninterruptedly until the disappearance of the syphilitic symptoms.

Prof. Sigmund has met with five cases where syphilitic patients have sustained fractures while undergoing mercurial treatment. The bones broken in these cases were the right radius (twice); the left fibula, the left clavicle, and the left humerus. Complete union of the fractured bones had occurred on the twenty-third, the twenty-sixth, the thirtieth, the twenty-second, and the thirty-fourth days respectively. In all these

cases the results were satisfactory. In none of these cases was the mercurial treatment discontinued, nor was any change made in the diet of the patients.

It is well known that in syphilitic patients no important deviation from the normal course occurs in the healing of wounds of the soft parts. Prof. Sigmund has had occasion to perform numerous and various operations on the syphilitic, and his observations entirely confirm the general opinion.

Prof. Sigmund does not believe that the bones of syphilitic patients, whether or not they have been treated with mercury, are more readily fractured than the bones of those who have not had syphilis, and have not taken mercury.—*Zeitschrift der k. k. Gesellschaft der Aerzte zu Wien.*

DISSECTING WOUNDS.

At a recent meeting of the New York Medico-Chirurgical College, Professor Carnochan gave an account of his late sickness—a dissecting wound—contracted while making an autopsy on a dropsical patient, who had also suffered from ovarian troubles, the liver and some other organs being diseased. We give this interesting account as published in the *American Medical Gazette* for October :—

“The autopsy was made in some haste, and no opportunity was afforded for obtaining lard or oil for the protection of the hands. The contents of the abdominal cavity were still warm, though life had been some hours extinct. Having laid open the abdomen, and absorbed the accumulated liquids by sponges, the hands of the operator were passed into the cavity, and the diseased organs were sought out and examined. The wound being sewn up, he washed his hands, and as he had not punctured them during the necropsy, nor could perceive any abrasion of the skin, he was not alarmed, when, in the evening of the same day, he felt the ends of his fingers somewhat painful. Next morning the forefinger was swollen, as if affected with felon. Still he would not believe that any trouble was to be apprehended, and no remedial measures were adopted. The inflammation, however, spread and the pain increased. The following day the malady seemed to be gaining ground, and in the evening the swelling extended to the wrist. He naturally became alarmed, and soaked his hand in ley, but it was too late; the virus had been absorbed, and the symptoms continued to increase in intensity. The lymphatics became much enlarged, and the limb generally swollen. Irritative fever supervened and suppuration commenced about the hand, accompanied with considerable hardness in the affected parts. He called in some of his medical friends, and after consultation, openings were made on the forefinger, the back of the hand, and higher up on the arm. The evacuation of the pus did not diminish the pain, but, on the contrary, seemed sometimes rather to aggravate it. After one of the incisions he became perfectly prostrated with agony, the digital nerve being probably in part divided. As the disease progressed he became typhoid, probably from the absorption of the virus, and was treated with brandy, quinine, and stimulants. Symptoms of pyæmia also appeared. The brain was stunned, and he remembers scarce anything for two weeks. By degrees the malady spent its force, and the pain began to subside; but the amelioration was slow, and very different from that of ordinary traumatic lesions. The constitutional symptoms, also, slowly abated.

Of the special points of interest in the case, one was the zymotic influence of the virus. It seemed to have a power of generating new morbid corpuscles, and propagated itself in all directions with considerable rapidity. Thus the inflammation speedily invaded the whole of the hand, stiffening the fingers, so that fears were entertained that the use of that member might be entirely lost. Thence it spread upward through the limb, but happily it was arrested before invading with any considerable virulence the axilla, which was the principal seat of suppuration in the recent lamentable case of Dr.

De Sa, a young Brazilian physician who recently died at Paris from a dissecting wound in the thumb.

After one of the incisions, Dr. Carnochan felt spasmodic twitchings in various parts of the body; and the muscles, especially of the calf of the leg, contracted violently, causing much pain. The temporal muscles were also affected, and there was a consequent stiffness about the jaws, and a hardness about the zygomatic arch. These symptoms, which seemed initiatory of tetanus, happily soon passed away. In the case of Dr. De Sa no such spasms occurred, though he, as well as Professor Carnochan, was so tormented with pain that sleep was impossible except when procured by morphia or other narcotics. The pain resembled that of neuralgia, and was probably due, in part to pressure made on the nerves, through the hardening and contraction of the exuded products of inflammation poured around them. Hence, in proportion as the nerves became accustomed to these new conditions, their abnormal sensibility was diminished, and the pain gradually became less intolerable.

It is remarkable to how great a degree the state of health of the recipient controls the effects of dissecting wounds. In both the cases we have mentioned, and in nearly all others that have come to our knowledge, the infected constitution was suffering at the time from irritability or diminished health. Usually, also, the virus has been received from a recent subject."

SIMPLE MODE OF TREATING A FREQUENT FORM OF ENTROPION.

By M. SICHEL. (Bulletin de Thérapeutique, tome lix. p. 59)

THERE are varieties of this affection which only yield to appropriate operative procedure, but there is one form which almost always precedes the others and which can be relieved in the great majority of cases, by very simple means. It is well known that in ophthalmia accompanied by violent photobia, and by great distension of the vessels of the conjunctiva, the patients insensibly acquire the habit, especially when the inflammation has become chronic, of strongly contracting the eyelids, with the double aim of excluding the rays of light and of expelling the foreign bodies which, from their sensations they believe to be present at the front of the eye. This constant contraction of the orbicularis at last inverts the free edge of the lower eyelid, the very narrow tarsus of which yields more readily to the blepharospasm than that of the upper eyelid, which a more considerable vertical diameter. After a while the cartilage of the lower lid can no longer resist this incessant action, and it undergoes an incurvation which becomes more considerable until at last complete inversion is produced. When the affection has attained this degree, the means now to be mentioned are usually of no avail.

The entropion is confined in most cases to the lower eyelid. It is most frequently so after chronic ophthalmia and the operation for cataract, when the patient, either from indisposition to open them or from excessive sensibility of the retina, keeps the eyelids too long closed. In this variety of entropion termed spastic, the advice is usually given to practice frequent tractions on the lower eyelid, or to keep it inverted on the cheek by means of adhesive strips. In the author's hands these means, powerless against the permanent contraction of the orbicularis, have always failed, while a very simple manœuvre has generally succeeded. In place of producing complete abduction and depression of the eyelid, it should be only moderately depressed and stretched vertically, by means of the index and medius finger, so as to sensibly separate it from the anterior surface of the eye. The point of one of the fingers is next applied, above the inferior edge of the orbit, upon the adherent edge of the eyelid, and gently carried from before backwards into the anterior portion of the cavity, until the free edge of the eyelid is strongly everted. The pressure must be made very gently, the finger sliding along the anterior portion of the floor of the orbit without compressing or irritating the globe. This sim-

ple manœuvre, repeated every quarter of an hour or oftener by the patient himself, leads to the re-establishment of the eyelid in its normal position. The same procedure with some modification may be advantageously employed for the treatment of entropion of the upper eyelid—an affection which, indeed, is much more rare, and infinitely more difficult to cure:—*Medico-Chirurgical Review*.

REPORT OF TWENTY-FOUR CASES OF TRACHEOTOMY PERFORMED IN THE LAST STAGE OF CROUP.

In this paper Dr. Fock gives an account of the cases of tracheotomy for croup which have occurred in his practice, and in that of his colleagues, at the Magdeburg Hospital. He observes that, notwithstanding some of the leading practitioners in Germany—such as Langenbeck, Baur, Roser, and Bardleben—resort to the operation, and recommend it in their lectures, it has obtained no general admission into German practice. Of these 24 cases, 10 were successful, the particulars of both these and the unsuccessful cases being exhibited in a tabular form. To this statement Dr. Fock appends some observations.

1. These cases are decidedly in favour of the operation; inasmuch as it was not resorted to until a stage of the disease when death seemed quite inevitable without it, notwithstanding the persevering employment of the various remedies. The saving 10 out of 24 children, apparently absolutely condemned to die, cannot be regarded as other than a great success. It is not desired to draw from these facts the conclusion that the operation should be resorted to in every desperate case of croup, although it is very difficult to indicate in which of such cases it should be abstained from. It would be a mistake to estimate the degree of danger alone from the amount of dyspnœa; for even when this becomes suffocative during the operation, success may yet be the result. As a general rule, it may be stated that the most favorable prognosis may be delivered in those cases which exhibit themselves from the first as pure croup, and are attended by constantly-increasing paroxysms of dyspnœa; while the contrary is the case when there has been a preliminary bronchial catarrh during several days, and when the child, after seeming to be in a state without any peril, suddenly passes into a condition of actual croup. Either on account of the small quantity of air which enters through the contracted larynx, no bronchial rale is produced, or its existence is masked by the laryngeal sounds. The operation is resorted to, and the child in all probability dies with bronchitis and pulmonary œdema. When accompanying the croup, too, a widespread bronchitis is observable, the dyspnœa may be more dependent upon the latter than upon the obstruction of the larynx. Pulmonary œdema is probably already present, and death will take place within twenty-four hours after the operation. The difficulty in the performance of auscultation and percussion in these cases is sometimes immense, and may amount to an impossibility. In such instances we can only fall back on the history, and remember that cases of croup in which the disease has become developed with rapidity and violence are more favourable for the operation than those in which it has for some days been preceded by catarrh. In the latter cases the operation should be declined. Again, the prognosis has always been, within the author's experience, of a favourable character when the depressions below the larynx and at the epigastrium become very marked during inspiration. The exaggerated actions of the inspiratory muscles, especially the accessories, augment such depressions much when the lungs are entirely free, and the obstacle is only placed in the larynx; but the smaller amount of such depression is quite remarkable when there is co-existing pneumonia, extensive bronchitis, or pulmonary œdema. In such cases the probabilities of success are too small to warrant our undertaking an operation. Lastly, the constitution should influence our prognosis. It is decidedly more favourable in thin, long-necked children, than in those of an opposite conformation. In determining whether we shall operate in a given case, we have to ascertain whether the after-treatment, as regards watchfulness

skillful nursing, &c., can be secured—matters which, however easily provided for in a large town, and in a hospital, may not be attainable in a country district; and yet upon them the result may entirely depend.

2. As to the operation itself, the reporter enters into the details and the difficulties of its performance, which we need not repeat. He says he always resorts to chloroform, which renders the operation far more easy of performance; and he has never, even in extreme dyspnœa, found any ill effect to result from its employment. At first the dyspnœa is increased by the inhalation, but the narcosis is speedily established, and then the breathing becomes much calmer than before.—*Brit. and For. Med. Chir.-Rev.*, July, 1860, from *Deutsche Klinik*, 1859.

POPLITEAL ANEURISM SUCCESSFULLY TREATED BY PRESSURE APPLIED IN A NOVEL MANNER.

DR. T. CLARKSON MOFFAT relates (*American Med. Times*, 14th July, 1860) the following interesting case of this.

“On the 22nd of March there came to the Seaman's Retreat a coloured man—a sailor by profession, a native of Pennsylvania, aged 51 years. He had arrived from Calcutta in the previous month, and came to the hospital for a cure of rheumatism, with which he had been considerably afflicted for about eight months. He complained chiefly of the right knee-joint, which, he said, was very much swollen, especially behind, and for which he had been using a variety of remedies, both internally and locally. He had followed the sea for a great many years, and had been addicted to most of the vices which are common among men of his class. His complexion was that of a dark mulatto. He was about five feet ten inches in height, thick set, broad shouldered, and weighed about 180 pounds. The affection of the knee-joint was of about six months' standing—beginning first as a small tumour between the hamstrings, and gradually increasing without occasioning much inconvenience except stiffness. He attributed the difficulty to a wrench in lifting, at which time he experienced a sensation as of something giving way. He was found, on careful examination, to have a pulsating tumour in the right popliteal space, of the size of a large orange. On consulting with Dr. Isaacs, of Brooklyn, it was decided not to ligate the femoral on account of suspected atheromatous disease, but to try first the effect of compression as devised and successfully practised by Dr. Fountain. In a few minutes, with the aid of a carpenter, we erected a structure consisting of a stick of timber about four inches in thickness by eight in width—one end of which was secured to the top of an upright post of the same dimension. This post was fastened firmly to the door, and lashed to the iron crossbar at the head of the bed. It was about six feet in height and bevelled at the top to receive the stick first named; these were firmly nailed together. The large piece of timber about twelve feet in length rested at the lower end upon a strong table, placed at the foot of the bed, thus forming an inclined plane over the bedstead placed lengthwise underneath it. The patient was then placed upon the bed in the supine position with his leg slightly flexed—somewhat everted—wrapped in thick layers of cotton, and placed in a long fracture box; a compress made of adhesive plaster wound tightly into a roll, about an inch in length and three-eighths of an inch in diameter, was then placed upon the femoral at the inferior angle of Scarpa's space. Upon this rested the lower end of a perpendicular piece of wood about an inch square, the upper end of which was bevelled to meet the inclined plane before described.

“The pressure was commenced at eight in the morning. The degree of pressure was regulated by drawing the upper end of the perpendicular down the inclined plane to a greater or less extent, as might be required. The hand of the operator was kept upon the stick, and thus secured an equable pressure, even though the patient moved his limb, as he sometimes did a very little. A second compress and upright were placed

over the artery as it crosses the horizontal ramus of the pubes, and when the pain from pressure in one was too great to be borne comfortably, the other was used, and thus alternately compression was kept up until five in the evening, when pulsation could be no longer felt in the tumour.

"The patient complained but little for the first two hours. Three doses of opium were given, which gave him so much ease that he slept somewhat before the operation was completed. Moderate compression was kept up for eight hours longer, after which the patient was kept for several days quietly upon his bed. The tumour at first very hard and slightly tender, gradually diminished in size; his leg and foot in which he had experienced benumbing and prickling sensations, gradually regained their natural feeling, and on the 20th of April following he left the Institution perfectly free from any trouble of the joint—with only a small walnut sized tumour in the popliteal space. We have had no tidings of him since.

"The great simplicity of this plan of compression, which is always available, must be palpable to every one. That it is far easier for the patient and unspeakably more so for the operator, cannot be questioned. It would also seem reasonable to infer, that the compression itself, made at about one point, is more uniform and certain than has yet been secured by any other method."

MEDICINE.

DISINFECTING POWERS OF HEAT.

The committee had endeavoured, by means of written inquiries, to obtain the best information on the following points:—1. As to what was already considered to be known and determined in relation to this question; 2. As to the extent to which a belief in the truth of the affirmative proposition had been entertained and acted on; and 3. What had been the practical conclusions arrived at in those cases in which the principle had been admitted into practical application?

The late Dr. Henry, of Manchester, at the solicitation of a merchant of that town, made a series of experiments with the view of devising some certain and effectual method of disinfecting cotton of the contagion of plague, without impairing the tenacity of the fiber or rendering it in any way unfit for the purposes of manufacture.

That heat might possess disinfectant power, suggested itself to Dr. Henry from reflecting on the observations of Dr. Russel, and other writers on the plague, that this disease appears to lose its contagious property during the prevalence of very high degrees of atmospherical temperature. Chemical reasoning also appeared to strengthen the probability, that a temperature raised to no great extent, would suffice for the decomposition of infectious matter, as being products of organic life, and consequently of a complex nature, and owing their existence to affinities which are nicely balanced and easily disturbed, and ready under the influence of heat, to have their atomic arrangements modified, and their character and properties disturbed.

Dr. Henry ascertained; first, that the cotton, silk, and wool may be exposed for several hours to any temperature under 212° Fahr., without being in the slightest degree damaged; secondly, that vaccine lymph does not lose its characteristic properties by exposure to a temperature below 120° Fahr., but that it is rendered totally inert by exposure to a temperature of 140° Fahr.; and, thirdly, that four children, between the ages of six and thirteen years, who were well ascertained not to have had scarlet fever, wore with impunity jackets worn during the height of the eruption by scarlet fever patients, and afterwards corked up in bottles, and exposed to a dry heat, varying from 200° to 206°, for a period varying from two to four hours. Dr. Henry likewise tried some experiments on his own person, with the infection of typhus fever, flannel waistcoats being similarly employed with negative results; but on these he did not lay much stress.

These experiments afford the chief ground, and the only scientific basis, of a belief in the disinfecting power of heat; and they derive great weight from the well known scientific accuracy of Dr. Henry as an observer and experimenter, and the philosophic caution by which he was distinguished.

After seeking and obtaining information from various sources, the Committee arrived at the following inferences and conclusions:—

1. The experiments of Dr. Henry, although insufficient for the purpose of scientific demonstration, afford strong presumptive evidence that heat, near the boiling temperature, does possess the property of destroying infection claimed for it by the discoverer.

2. Although no carefully conducted experiments on this subject appear to have been instituted since those of Dr. Henry, yet, so far as the inquiry has extended, wherever the principle has been acted on, the result has been satisfactory. The argument being in its nature cumulative, this theme gained additional force, since first propounded, though, from lack of observation, it has not made that progress which the friends of science and humanity might hope for.

3. Nothing has been added to the literature of the subject since the very able original papers were published; and the professional mind has shown too great indifference, and has not realized the great sanitary importance of the discovery.

4. The credit of the profession is involved, and it is incumbent on its members, who alone possess the means and opportunities of accumulating evidence, not to allow this question to continue in its present unsatisfactory condition, but to take measures for its practical solution.

5. The required proof and public confidence in its sufficiency, can only be attained by a widely extended trial of the power of heat as a disinfectant, under the recommendation and observation of the members of the medical profession.

6. It would tend greatly to insure the accomplishment of this object, if the Epidemiological Society could be induced to take up the inquiry and recommend it to the consideration of its members. It would be for this—the York Medical—Society to consider whether it might not be desirable to report their proceedings to the President of that Society.

7. Measures should be taken to induce the members of the profession generally to give their attention to the subject, in order to insure a numerous and widely extended series of observations, conducted under the supervision of medical men, which may be made available as evidence.

8. As nothing would be so likely to facilitate every other measure which it might be considered desirable to adopt for the furtherance of this inquiry as the being able to recommend to the profession and the public some simple and expensive apparatus, it would therefore be desirable, as a first step, to appoint a committee to consider the best construction of an apparatus for conducting the process of disinfection by heat—*British Med. Journal*, April 7, 1860.

RAW MEAT IN CHRONIC DYSENTERY.

By J. D. WILLIS, M.D., Royalston, Mass.

The patient was a child eighteen months of age. He was one year old when first attacked with dysentery. He was eleven months old when weaned; immediately after he began to decline. I was first called to see him September 17th, 1850. I found him very much emaciated, and unable to help himself much, with skin so shrivelled that he appeared like a little old man. His abdomen was protuberant, and presented all the symptoms of *tabes mesenterica*, which appeared to follow as the sequel to *muco-enteritis*. His appetite was capricious; and what little he did eat, was either undigested in its passage or vomited. There was *diarrhœa*, with frequent discharges of pus and blood,

attended with feverishness and atrophy. Hard and irregular lumps were perceptible in the abdomen. Various remedies, which are usually recommended in like cases, were tried, but with very little benefit. As a last resort, I ordered him to have the pulp of raw beef, as suggested by Dr. Weisse. He took one tea-spoonful of the pulp once in four hours. It sat well on the stomach; the patient soon began to improve in strength and flesh. The dejections diminished in number, and became more healthy. This was the only treatment, with the exception of Dover's powders and McMun's elixir of opium. For some time the stomach would not bear any other diet; but the last time I saw him, Jan. 24th, 1860, he was able to eat the same food as did the family. He has become very fond of the raw beef, and weighs many pounds more than when I first called to see him. He acts lively and appears quite healthy. After the stomach became able to bear it, I gave cod liver oil, and the syrup of phosphates twice a day.—*Boston Med. and Surg. Journal.*

AN EXTRAORDINARY CASE OF ASCITES.

By SAMUEL M. KING, M. D., of Monongahela City, Pa.

Last November I reported (vol iii. p. 178) a case of ascites, that of Mrs. Adams, which is remarkable for the large amount of serum effused, and the number of times the operation of paracentesis abdominis was performed. A continuation of the report may be of interest to the reader.

From February 1st, 1854, to October 18th, 1859, she had been tapped over fifty times, and the amount of fluid discharged was 628 gallons, 2 quarts, 1½ pints. From that time the record runs as follows :

	Gallons.	Quarts.	Pints.
Previously reported.....	628	2	1½
Nov. 22nd, 1859, drew off.....	12	2	1
Dec. 20th, " ".....	13	—	—
Jan'y 17th, 1860, ".....	13	1	½
Feb. 15th, " ".....	13	1	—
March 17th, " ".....	12	2	1
April 15th, " ".....	13	—	1½
May 16th, " ".....	13	2	1
June 14th, " ".....	13	2	—
July 11th, " ".....	12	3	1
Aug. 7th, " ".....	14	1	—
Sept. 8th, " ".....	13	—	1
Amounting in all, up to this time, to	774	0	½

Mrs. Adams continues to enjoy tolerably good health for one in her situation. In some respects she has improved since the last report: a cough that annoyed her very much for years, has ceased entirely for some months.—*Med. and Surg. Reporter.*

ON GLYCOSURIA AS AN ACCOMPANIMENT OF MARSH FEVERS.

By DR. BURDEL, Physician to the Vierzon Hospital.

Dr. Burdel regards marsh poison as a myth, and looks upon marsh fever as a result of a perturbation of the cerebro-spinal centre and the sympathetic system, adopting very nearly the same phrase as the one by which Bernard defines glycosuria. The author of the present paper, in his researches into the nature of marsh fever, has confirmed the above view of its character by ascertaining in the majority of cases the presence of sugar in the urine.

Dr. Burdel employed the test with liquor potassæ, Felling's liquids, the test with bis-

muth and potash or carbonate of soda, and the yeast test. It was especially in the first commencement of the attack that the quantity of sugar was considerable: it diminished gradually towards the termination of the paroxysm, and generally disappeared entirely during the interval. The closer the attacks approach one another, the larger the amount of sugar.

In 80 cases of well-marked intermittent fever the author uniformly found sugar, in 30 other cases, in which the fever was at first intermittent and subsequently became remittent, the sugar was present, but only in small quantity and for a brief space. In 2 cases of intermittent fever following typhoid fever, a considerable quantity of sugar was shown to be present.

In the case presenting the largest quantity of sugar, as much as 10 per 1000 was found.—*L'Union Médicale*.

ON URÆMIA.

By PROFESSOR JAKSCH.

The author of this paper holds that there are two varieties of uræmia which should be carefully distinguished; one being caused by the decomposition of urine and absorption of carbonate of ammonia into the blood (ammonæmia), the other being the variety which accompanies Bright's disease of the kidneys. He has seen the former occur under the following circumstances: 1. In torpor and paralysis of the bladder; 2. In dilatation of the pelvis and calices of the kidney in consequence of the ureters being blocked up; and 3. In renal abscess, renal tuberculosis, and sacculated kidneys.

The following are the main differences characterizing the two forms of uræmia; we shall, to save circumlocution, use the word ammonæmia as the name of the one, and Bright's uræmia as the name of the other:—

1. In advanced ammonæmia the urine discharged from the bladder manifests a strong ammoniacal odour, which Professor Jaksch has never noticed in any stage of Bright's uræmia.
2. Dropsical symptoms, either acute and febrile, or chronic and febrile, have not been observed in ammonæmia.
3. Advanced ammonæmia is characterised by persistent dryness of the mucous membrane covering the mouth and fauces, as if every particle of moisture had been removed by blotting paper; the membrane looks dry and shining, and the dryness even extends to the mucous membrane of the nose, the conjunctiva, and even to the chordæ vocales; these symptoms do not occur in Bright's uræmia.
4. The distinctly ammoniacal odour of the air exhaled, and of the cutaneous secretions of patients affected with ammonæmia, does not occur in Bright's disease.
5. Patients suffering from ammonæmia always show a marked dislike to meat, and especially brown meats, even if their affection has not advanced very far; a feature rarely seen in the other variety.
6. Professor Jaksch has never observed in Bright's disease the violent intermittent rigours, simulating intermittent fever, which occur in ammonæmia.
7. In none of the cases of ammonæmia were convulsive or epileptiform attacks, nor croupy or diphtheritic exudations noticed.
8. Disturbed vision, as produced in Bright's disease by exudation on the retina, does not appear to take place in ammonæmia.
9. Chronic ammonæmia is characterised by a uniformly pale and sallow complexion, and by gradually increasing emaciation; very acute and advanced ammonæmia is associated with very rapid wasting of the features, and muscular debility amounting to paralysis.
10. In all cases of ammonæmia which run a rapid course there was vomiting, with concurrent or consequent diarrhœa; in chronic ammonæmia both phenomena were often entirely absent, or only occurred temporarily.
11. In ammonæmia, whether acute or chronic, Professor Jaksch has always seen death occur after sopor, varying in duration from several hours to several days.

The author of this valuable and interesting paper, gives numerous cases illustrative of his views, and enters very fully into the various questions connected with diagnosis and treatment, for which we are unable to make room:—*Medico Chirurgial Review*.

A CONTRIBUTION TO THE STATISTICS OF RE-VACCINATION.

By Dr. MORIZ GANSTER.

The author gives the results of 561 cases of re-vaccination performed during the years 1858 and 1859, upon individuals varying in age from three to thirty years. The following are in the main the conclusions drawn from the analysis :—

1. More than one half of the re-vaccinations produced some effect. 2. The result was perfect in but little more than one-seventh of the entire number. 3. Of all the persons re-vaccinated nearly four-fifths exhibited the scars of previous vaccination; the 21,4 per cent, which showed no marks, were not limited to any particular age. The largest number of cases in which the marks were absent occurred in the decennium from twenty to thirty years. 4. When the scars were well marked, re-vaccination failed altogether in rather more than half the cases; it was entirely successful only in one-twentieth. 5. When the scars were imperfect, re-vaccination was successful in one-tenth of the cases. 6. When the scars were altogether absent, re-vaccination produced an effect in two-thirds of the cases; the perfectly successful cases being considerably more numerous than the unsuccessful ones. 7. The ratio of success in these three classes of cases was as 1 : 2 : 7. 8. The following periods are arranged in the order of successes characterising each, commencing with the most successful.

3 and 4 years of age.	
25 to 29	“
15 to 19	“
5 to 9	“
10 to 14	“
20 to 24	“

From which table it appears to follow that the protective power of vaccine does not extend only to the fourteenth year, but also to a much higher age.—*Med. and Sur. Rev.*

ON THE THERAPEUTICAL USE OF THE OXALATE OF CERIUM.

By CHARLES LEE, M. D., House Physician to Blockley Hospital.

About a year since, Prof. Simpson, of Edinburgh, first called attention to the medical use of this preparation, theretofore rarely known, even in the chemist's laboratory. Presented under such high authority, it is not surprising that in a few months there should be made, both in Europe and America, numerous trials of its efficacy in different gastric affections. It was used by Prof. Simpson, so far as I can learn, only in the vomiting of pregnancy. (*Med. Times and Gazette*, Sept. 1859.) But more recently it has proved useful in so much wider a field, that it promises to assume a permanent place among the mineral tonics, and, as such, some account of its therapeutic application may not prove uninteresting.

As regards the preparation itself, but few words are necessary. Its base, *Cerium*, was first isolated by Berzelius and Heisinger, in 1809; together with lanthanum and didymium, it is obtained in considerable amount, as the mineral *Cerite*, from the mines of Sweden; and in this country it has been found, in the mineral allanite, in the interior of New York, and near Bethlehem, Pa.

From either of the sources, it may be obtained by means of the mineral acids and sulphuretted hydrogen at a high temperature, and finally precipitated by a solution of oxalic acid, as described in an interesting paper by Mr. Mayer, of New York. (*Am. Jour. of Pharm.*, January, 1860.)

As thus obtained, the preparation is a white granular powder, an oxalate of the protoxide of cerium, inodorous and tasteless, insoluble in water, alcohol, and ether, but freely soluble in sulphuric acid, by which, as Mr. Mayer remarks, it may be distinguished from the other salts of the earths.

When I first began to use the cerium, I limited it to cases of advanced pregnancy, which had resisted all the ordinary remedies, such as creasote, hydrocyanic acid, ice, bismuth, &c. I specify *advanced* pregnancy, for in no case have I seen this troublesome symptom appear before the fourth month without yielding to creasote, or prussic acid or better still, minute doses of dilute sulphuric acid and brandy. The following cases will illustrate these remarks.

CASE 1. Louisa M., æt. 32, was admitted to the obstetrical ward, 16th March, 1860, in the eighth month of her second pregnancy, For three months past, she has had at least two or three spells of vomiting every day, with utter distaste for food, and for some time has been under treatment in the city, without relief. When I first saw her, on April 3d, she was ordered to remain in bed, and to take one drop of creasote in emulsion every three hours; no improvement following in the next two days, this was changed for hydrocyanic acid, and subsequently for a mixture of dilute sulphuric acid and curaçoa.

After the lapse of a week, her condition was unchanged, with the exception of increased debility. All previous treatment was stopped, and a pill of two grains of oxalate of cerium was given every third hour. On that day she vomited once, two hours after taking the first pill; the following day she took the same amount before each meal, with no return of the vomiting. The cerium was continued one day more, and from this time until her confinement, April 22d, she enjoyed excellent health in every respect.

CASE 2. Hannah S., æt. 21, primipara, was admitted to the same ward, April 5th, apparently in good health. But in the course of a week, perhaps from restriction to the plain house diet, she was seized, on rising from bed, with severe vomiting, amounting, in a few days, to violent retching, and returning at frequent intervals, on her making the slightest exertion. For three days she was treated with opium, creasote, and subnitrate of bismuth, and kept perfectly at rest; but as no change was perceptible by the 19th, I resorted to the oxalate of cerium, giving every second hour a powder containing one grain of the cerium with a few grains of sugar. After the third dose her vomiting ceased entirely; but fearing a relapse, a similar powder was given before each meal for two days longer, with as complete success as in the former case.

CASE 3. Charlotte L., æt. 28, was admitted May 16th, in a state of extreme nervous prostration. She expected to be confined in six weeks, but during the last four months she had suffered from such incessant vomiting, as to keep her in daily dread of an abortion. In her former pregnancies the same thing had occurred, once to such an extent as to induce labour at the seventh month; and then, as now, the vomiting would begin without any assignable cause, both during the day and night. For many weeks, she had eaten only one meal a day, and was disgusted by the mere sight of food, which was sure to bring on her vomiting. Her great nervous debility, and the apparently uncontrollable character of her emesis, induced me to prescribe the oxalate of cerium at once. She took at first two grains, and afterwards one grain every two hours during the day; but the first dose alone seemed necessary, for from that moment the vomiting never returned. The patient said it acted "like a charm," and until the child was born (at full term), her appetite remained excellent, and she felt quite as well as before her pregnancy.

CASE 4. In this case, though similar to the foregoing, the cerium was less happy in producing a permanent effect. When administered, it readily arrested the vomiting for a few hours, or during that day; and, by keeping the patient under its influence, to a slight extent, the emesis was held in check, until it gradually passed off entirely.

But, as I have remarked, the efficiency of oxalate of cerium appears by no means confined to the relief of vomiting in pregnant women. In the vomiting that often accompanies phthisis, in pyrosis, hysterical emesis, and the various dyspeptic conditions of the stomach, especially in atonic dyspepsia, I have found the effects of this remedy no less encouraging. In the following cases it was given to check the vomiting of phthisis.

CASE 5. C. F., æt. 58, was admitted to the phthisis ward about the end of March 1860. He gained slowly in strength up to the middle of June, when he lost his appetite and suffered from constant nausea and vomiting. This was always brought on by a severe spell of coughing, or by eating a single cracker, and the nausea remained even when the stomach was empty. Various remedies had been tried without relief, and on July 10th, he took, for the first time, one grain of cerium before each meal; he vomited once that evening, and once the following day, but henceforward improved rapidly, in great measure regaining his appetite; and although the vomiting sometimes returned when the cerium was stopped, a few grains of the medicine always promptly arrested it.

CASE 6. James S., æt. 31, far advanced in phthisis, with slight valvular disease, had the vomiting well marked, when admitted, July 16th. He was extremely feeble, and could eat nothing; ordered Huxham's tincture and codliver oil, which only sickened him more. He was treated then with cerium, in doses of one grain every two hours; his vomiting ceased after the third dose, and during the ensuing four days that he was under treatment, his appetite was nearly restored; but no final report could be made of this case, as the patient was soon after removed from the hospital by his family.

CASE 7. Conrad G., æt. 20, entered the medical ward, with inherited phthisis, enfeebled from night-sweats, loss of appetite, and occasionally vomiting, greatly increased by violent coughing. On July 18, I ordered him a grain of oxalate of cerium an hour before each meal; in two days he said he felt better than for many weeks; he no longer vomited; his appetite had returned, and, with his increasing strength, the night-sweats rapidly diminished in severity, and recurred only at long intervals.

CASE 8 was one of hysterical amenorrhœa, characterized by violent convulsions, succeeded by gnawing pains in the stomach, with severe nausea and vomiting. I tried in vain to arrest this, and restore the patient's appetite by gastric sedatives, tonics, and nerve stimulants, but with no effect. The cerium was then prescribed in one-grain doses, with which—suspecting worms in the alimentary canal—I combined four grains of santonine; this was given every third hour, and by evening the vomiting and gnawing sensations in the stomach ceased, and, though they returned once or twice after subsequent convulsions, a few doses of the cerium invariably put a stop to the symptoms, as long as the case remained under my charge.

Finding the cerium so excellent in repressing vomiting, I tried its effect in fourteen cases of atonic dyspepsia, and uniformly with the same gratifying results. These cases were carefully selected, and only after an exact diagnosis, was the cerium treatment adopted, for benefit could not reasonably be expected, where the dyspepsia was dependent on malignant, or other organic lesions. And here it is worthy of remark that, whether in relieving the nausea, or simply restoring the appetite, the effect of the medicine was perceptible almost as quickly as in the cases first quoted. The same point is emphasized in the paper of Prof. Simpson, already referred to, and it was indeed this fact—the rapidity of its therapeutic action—that especially engaged my attention, and, after repeated experiments with this view, I was inclined to regard it as peculiarly characteristic of the cerium.

In reference to the view of its therapeutic nature expressed by Prof. Simpson, who considers it a *sedative tonic*, I think it just to state that I endeavoured to test its validity in several cases of acute and subacute gastritis, both idiopathic and supervening on debauch, or delirium tremens, but in none could I detect any amelioration of the symptoms. I make this remark with no disposition to impugn the opinion quoted, and only to record my experience so far as it extends; for, I have neither the inclination nor the data sufficient to build a theory upon the therapeutics of an agent as yet so little known as the oxalate of cerium.—*Amer. Jour. Med. Sciences.*

STUDY ON THE SLOW POISONING BY PREPARATIONS OF LEAD, AND OF ITS INFLUENCE ON THE PRODUCT OF CONCEPTION.

M. Constantin Paul, an *interne* of the Paris Hospitals, has drawn up a valuable memoir on the effects of lead-poisoning upon the product of conception. We will relate one of his observations as an example, and present a summary of his researches. In February, 1859, a woman entered the Necker Hospital, who had been for eight years working as a polisher of printing type. She was suffering from metrorrhagia, and had an evident saturnine cachexia. She had enjoyed good health, and had been delivered of three children, happily before taking the occupation of polisher. Since then her health has been much shattered by lead-diseases. Three months after entering upon this trade she had the first attack of colic, and four years later another. At this time she became pregnant, and bore a dead child. Three years later still, she bore a child which died at the age of five months. She had eight pregnancies all terminating in abortion at two or three months, attended by excessive metrorrhagia. She recovered in M. Bouley's wards under tonic and restorative treatment.

This case led M. Paul to extended inquiries in the type-foundries and elsewhere. He found that those women almost alone who handle the type are affected by saturnine diseases. In a first series of observations, he found that 4 women had had 15 ascertained pregnancies—of these, 10 ended in abortion, 2 in premature labour, 1 in still-birth, and one child died within twenty-four hours.

In a second series of cases, 5 women had borne an aggregate of 9 children at term before exposing themselves to lead, and had had no abortion or other accident of pregnancy. Since exposure to lead they had 36 pregnancies; of these, 26 ended in abortion at from two to 6 months; 1 in premature labour; 2 in still-birth; 5 children died, 4 of which within the first year; and 2 children were living, 1 being puny and ailing, the other only three years old.

In a third order, a woman had, during her employment in a type-foundry, five pregnancies, all ending in abortion. She quitted the business and bore a healthy child.

In a fourth order, is the case of a woman who, having left the trade for two periods, bore during these intervals of freedom two healthy children; returning to the trade had two abortions.

In a fifth series, M. Paul shows that the same disastrous influence is felt when the fathers handle lead. In 7 cases, every woman had an abortion; of 32 pregnancies occurring during the husbands' exposure to lead, 12 children were born prematurely. Of 20 living children, 8 died in the first year, 4 in the second, 5 in the third, 1 after the third year, 2 remained living.

In a sixth series the author shows that where the lead affection was less marked there was a corresponding diminution of the injurious effect upon the product of conception.

M. Paul has not neglected to check these results by comparing them with the history of the general population. The general official vital statistics are not in our opinion entitled to unreserved confidence as an element in a scientific pathological enquiry; but there can be little hesitation in admitting that pregnancy, under ordinary circumstances, is much less frequently abortive than M. Paul has so clearly ascertained it to be amongst the population working in lead.—*Brit. and For. Med. Chir.-Rev.*, July, 1860, from *Archives Gén. de Méd.*, May, 1860.

ON THE THERAPEUTICAL METHODS OF PREVENTING PITTING OF THE FACE IN CONFLUENT SMALL-POX.

During the last five years Dr. Stokes has employed gutta serena and collodion in a considerable number of the cases of confluent small-pox, for the purpose of preventing pitting of the face. In most of the cases the crust came off in large flakes or patches,

composed of the dried exudations and the covering material, leaving the skin uninjured. This kind of treatment was most successful in cases of a typhoid character, but appeared to be not so well adapted to those presenting a more sthenic type. Dr. Stokes considers that the application of poultices over the face is the surest method of preventing disfigurement in small-pox. Their use should be commenced at the earliest period, and continued to an advanced stage of the disease. In most cases they may be applied even over the nose, so as to cover the nostrils. The plan should fulfil three important indications of treatment—namely, to exclude air, to moderate the local irritation, and to keep the parts in a permanently moist state, so as to prevent the drying and hardening of the scabs. The best poultice is formed of linseed meal, which should be spread on a soft material, such as French wadding, and covered with gutta percha paper or oiled silk. The conclusions to which Dr. Stokes arrives are the following: 1. That the chances of marking are much greater in the sthenic or inflammatory than in the asthenic or typhoid confluent small-pox. 2. That, considering the change in the character of disease observed during late years, we may explain the greater frequency of marking in former times. 3. That in the typhoid forms of the disease the treatment of the surface by an artificial covering, such as gutta percha or glycerine, will often prove satisfactory. 4. That in more active or non-typhoid forms the use of constant poulticing, and of every other method which will lessen local inflammation, seems to be the best mode of preventing disfigurement of the face.—*Dub. Quar. Journ. Med. Sci.*, Feb. 1860.

PATHOLOGY AND TREATMENT OF CHLOROANEMIA.

Dr. Eisenmann, from an extensive observation of this affection, concludes that it is especially developed under the influence of constitutions which predispose to nervous affections. It is especially met with at a time of life when all kinds of neuroses are very prevalent, its appearance being ushered in by nervous phenomena, at a period when as yet the blood has not undergone the slightest change. Such change may even be absent when the disease has reached its full development, nervous symptoms being observable, however, during its entire course. It is curable by agents which exert a special action on the spinal marrow; and when left to itself, it often gives rise to chronic or even fatal, spinal affections. All these considerations lead the author to the final conclusion that chlorosis is a primary nervous affection, the change in the blood being a secondary phenomenon due to morbid innervation. Guided by these views he treated several cases of the complaint by means of tincture of St. Ignatius' bean, with great success. Wishing, however, to effect a more prompt recovery than that which takes place when the bean alone is given, he associated it with ferruginous preparations, adding also rhubarb, on account of the constipation which is usually present. The following is the formula he employs: Powder of St. Ignatius's bean, 1 gr.; lactate of iron, or iron filings, iij. gr.; rhubarb, iii. gr. to iv.; and oleo saccharate of peppermint, iv. gr. This is repeated twice a day. When the stomach is irritable, the iron is left out. This compound cures far more rapidly and effectually than do mere preparations of iron.—*Med. Times and Gaz.*, July 14, 1860, from *Bull. de Thérap.*, t. lvii.

THE MYRZINA AFRICANA IN TAPE-WORM.

Dr. J. G. Adams presented to the New York Academy of Medicine, a specimen of the seed of the Myrzina Africana sent by Dr. Bore of the Union Dispensary, Alexandria. The article is used very extensively by the natives of Upper Egypt for the extermination of tape-worm. The seed is finely powdered, and from ʒ iv. to ʒ j. given for a dose, mixed in a little water. This is taken early in the morning before the usual time for evacuating the bowels. In the course of an hour after, a large dose of castor-oil is administered.

MISCELLANEOUS.

THE ARSENIC-EATERS OF STYRIA :

By CHARLES HEISCH, Lecturer on Chemistry at the Middlesex Hospital.

At the last meeting of the Manchester Philosophical Society, I observe that Dr. Roscoe called attention to the arsenic-eaters of Styria. Having for the last two years been in communication with the medical men and other residents in the district where this practice prevails, I shall feel obliged if you will allow me through your journal to make known the facts I have at present collected. The information is derived mainly from Dr. Lorenz, imperial Professor of Natural History, formerly of Salzburg; from Dr. Carle Arbele, Professor of Anatomy in Salzburg; and Dr. Kottowitz of Neuhaus, besides several non-medical friends. If human testimony be worth anything, the fact of the existence of arsenic-eaters is placed beyond doubt. Dr. Lorenz, to whom questions were first addressed, at once stated that he was aware of the practice, but added, that it is generally difficult to get hold of individual cases, as the obtaining of arsenic without a Doctor's certificate is contrary to law, and those who do so are very anxious to conceal the fact particularly from medical men and priests. Dr. Lorenz was, however well acquainted with one gentleman, an arsenic-eater, with whom he kindly put me in communication, and to whom I shall refer again more particularly. He also says that he knows arsenic is commonly taken by the peasants in Styria, the Tyrol and the Slazkämmergut, principally by huntsmen and wood cutters to improve their wind and prevent fatigue. He gives the following particulars :

The arsenic is taken pure, in some warm liquid, as coffee, fasting, beginning with a bit the size of a pin's head, and increasing to that of a pea. The complexion and general appearance are much improved, and the parties using it seldom look so old as they really are; but he has never heard of any case in which it was used to improve personal beauty, though he cannot say that it never is so used. The first dose is always followed by symptoms of poisoning, such as burning pain in the stomach, and sickness, but not very severe.

Once begun, it can only be left off by very gradually diminishing the daily dose, as a sudden cessation causes sickness, burning pains in the stomach, and other symptoms of poisoning, very speedily followed by death.

As a rule arsenic-eaters are very long lived, and are peculiarly exempt from infectious diseases, fevers, etc.; but unless they gradually give up the practice, invariably die suddenly at last.

In some arsenic works near Slazburg, with which he is acquainted, he says the only men who can stand the work for any time are those who swallow daily doses of arsenic, the fumes, etc., soon killing the others. The director of these works, the gentleman before alluded to, sent me the following particulars of his own case. (The gentleman's name I suppress, as he writes that he does not wish the only thing known about him in England to be the fact that he is an arsenic-eater; but if any judicial inquiry should arise which might render positive evidence of arsenic-eating necessary, his name and testimony will be forthcoming.)

"At seventeen years of age, while studying assaying, I had much to do with arsenic and was advised by my teacher, M. Bonsch, Professor of Chemistry and Mineralogy at Eilseben, to begin the habit of arsenic-eating. I quote the precise words he addressed to me; 'if you wish to continue the study of assaying, and become hereafter superintendent of a factory, more especially of an arsenic factory, in which position there are so few, and which is abandoned by so many, and to preserve yourself from the fumes which injure the lungs of most, if not all, and to continue to enjoy your customary health and spirits, and to attain a tolerably advanced age, I advise you—nay, it is absolutely necessary, that besides strictly abstaining from spirituous liquors, you shall learn

to take arsenic; but do not forget, when you have attained the age of fifty years, gradually to decrease your dose, till from the dose to which you have become accustomed, you return to that with which you began, or even less.' I have made trial of my preceptor's prescriptions till now, the forty fifth year of my age. The dose with which I began and that which I take at present, I enclose; they are taken once a day, early in any warm liquid, such as coffee, but not in any spirituous liquors. The doses sent were No. 1, original dose, three grains; No. 2, present dose, twenty-three grains of pure white arsenic, in coarse powder. Dr. Arbele says this gentleman's daily dose has been weighed there also, and found as above. Mr. — continues: "About an hour after taking my first dose (I took the same quantity daily for three months), there followed slight perspiration, with griping pains in the bowels, and after three or four hours a loose evacuation; this was followed by a keen appetite, and a feeling of excitement. With the exception of the pain the same symptoms follow every increase of the dose. I subjoin as a caution, that it is not advisable to begin arsenic-eating before the age of twelve, or after thirty years." In reply to my question, if any harm results from either interrupting, or altogether discontinuing the practice he replies, "Evil consequences only ensue from a long-continued interruption. From circumstances I am often obliged to leave it off for two or three days, and I feel only slight languor and loss of appetite, and I resume taking the arsenic in somewhat smaller doses. On two occasions, at the earnest solicitations of my friends, I attempted entirely to leave off the arsenic. The second time was in January, 1855. I was induced to try it a second time, from a belief that my first illness might have arisen from some other cause. On the third day of the second week after leaving off the dose, I was attacked with faintness, depression of spirits, mental weakness, and a total loss of the little appetite I still had; sleep also entirely deserted me. On the fourth day I had violent palpitation of the heart, accompanied by profuse perspiration. Inflammation of the lungs followed, and I was laid up for nine weeks, the same as on the first occasion of leaving off the arsenic. Had I not been bled, I should most likely have died of apoplexy. As a restorative, I resumed the arsenic-eating in smaller doses, and with a firm determination never again to be seduced into leaving it off except as originally directed by my preceptor. The results on both occasions were precisely the same, and death would certainly have ensued had I not resumed arsenic-eating." One of the most remarkable points in this narrative is, that this gentleman *began* with a dose which we should consider poisonous. This is the only case of which I have been able to obtain such full particulars, but several others have been mentioned to me by those who knew the parties and can vouch for their truth, which I will briefly relate.

One gentleman, besides stating that he is well aware of the existence of the practice, says he is well acquainted with a brewer, in Klagenfurth, who has taken daily doses of arsenic for many years. He is now past middle life, but astonishes every one by his fresh, juvenile appearance; he is always exhorting other people to follow his example, and says: "See how strong and fresh I am, and what an advantage I have over you all! In times of epidemic fever or cholera, what a fright you are in, while I feel sure of never taking infection."

Dr. Arbele writes: "Mr. Curator Kursinger (I presume curator of some museum at Salzburg), notwithstanding his long professional work at Lungau and Binzgau, knew only two arsenic-eaters—one the gentleman whose case has just been related, the other a ranger of the hunting district in Grossarl, named Trauner. This man was, at the advanced age of eighty-one, still a keen chamois hunter, and an active climber of mountains; he met his death by a fall from a mountain height, while engaged in his occupation. Mr. Kursinger says he always seemed very healthy, and every evening regularly, after remaining a little too long over his glass, he took a dose of arsenic, which enabled him to get up the next morning perfectly sober and quite bright. Professor Fenzl, of Vienna, was acquainted with this man, and made a statement before some learned society con-

cerning him, a notice of which Mr. Kursinger saw in the *Wiener Zeitung*, but I have not been able to find the statement itself. Mr. Krum, the pharmacist here, tells me that there is in Sturzburg a well-known arsenic-eater, Mr. Schmid, who now takes daily twelve and sometimes fifteen grains of arsenic. He began taking arsenic from curiosity, and appears very healthy, but always becomes sickly and falls away if he attempts to leave it off. The director of the arsenic factory before alluded to is also said to be very healthy, and not to look so old as forty-five, which he really is.

As a proof how much secrecy is observed by those who practise arsenic-eating, I may mention that Dr. Arbele says he inquired of four medical men, well acquainted with the people of the districts in question, both in the towns and country, and they could not tell him of any individual case, but knew of the custom only by report.

Two criminal cases have been mentioned to me, in which the known habit of arsenic-eating was successfully pleaded in favor of the accused. The first by Dr. Kottowitz, of Neuhaus, was that of a girl taken up in that neighborhood on a strong suspicion of having poisoned one or more people with arsenic, and though circumstances were strongly against her, yet the systematic arsenic-eating in the district was pleaded so successfully in her favor that she was acquitted, and still lives near Neuhaus, but is believed by every one to be guilty. The other case was mentioned by Dr. Lorenz. A woman was accused of poisoning her husband, but brought such clear proof that he was an arsenic-eater, as fully to account for arsenic being found in the body. She was, of course, acquitted.

One fact mentioned to me by some friends is well worthy of note. They say: "In this part of the world, when a graveyard is full, it is shut up for about twelve years, when all the graves which are not private property by purchase are dug up, the bones collected in the charnel-house, the ground plowed over, and burying begins again. On these occasions the bodies of arsenic-eaters are found almost unchanged, and recognizable by their friends. Many people suppose that the finding of their bodies is the origin of the story of the vampire." In the *Médecinischer Jahrbuch des Oesterreichischen Kaiserstaates*, 1822, *neuest Folge*, there is a report by Professor Schallgruber, of the Imperial Lyceum at Grätz, of an investigation undertaken by order of government in various cases of poisoning by arsenic. After giving details of six *post-mortem* examinations, he says: "The reason of the frequency of these sad cases appears to me to be the familiarity with arsenic which exists in our country, particularly the higher parts. There is hardly a district in Upper Styria where you will not find arsenic in at least one house, under the name of hydrach. They use it for the complaints of domestic animals, to kill vermin, and as a stomachic to excite appetite. I saw one peasant show another on the point of a knife how much arsenic he took daily, without which, he said, he could not live; the quantity I should estimate at two grains. It is said, but this I will not answer for that in that part of the country this poison is used in making cheese; and, in fact, several cases of poisoning by cheese have occurred in Upper Styria, one not long since. The above-mentioned peasant states, I believe truly, that they buy the arsenic from the Tyrolese, who bring into the country spirits and other medicines, and so are the cause of much mischief." This report is, I believe, mentioned in Orfila's *Toxicology*, and one or two other works, but I have not seen it quoted myself; it is interesting, as being early and official evidence of arsenic-eating. Since I received the above information, a gentleman who was studying at this hospital, told me that, when an assistant in Lincolnshire, he knew a man who began taking arsenic for some skin disease, and gradually increased the dose to five grains daily. He said he himself supplied him with this dose daily for a long time. He wrote to the medical man with whom he was assistant, and I have been, for a long time, promised full particulars of the case; but beyond the fact that he took five grains of arsenic, in the form of Fowler's solution, daily, for about six years, and could never leave it off without inconvenience, and a return of his old complaint, I have as yet not received them. I have delayed publishing these facts for some time, hoping to get information on some other points, for which I have written to my friends

abroad ; but as considerable delay takes place in all communications with them, I have thought it better to publish at once the information I have already received. All the parties spoken of are people on whom the fullest reliance can be placed, and who have taken much pains to ascertain the foregoing particulars. The questions which still remain unanswered are these :

1st. Can any official report be obtained of the trials of the two people mentioned by Drs. Kottowitz and Lorenz ?

2nd. Do medical men in these districts, when using arsenic medicinally, find the same cumulative effects as we experience here ? Or is there anything in the air or mode of living which prevents it ?

3rd. Can any evidence be obtained as to how much of the arsenic taken is excreted ? To show whether the body gradually becomes capable of enduring its presence, or whether it acquires the power of throwing it off.

I have proposed to the gentleman who furnished me with the particulars of his own case, either to make an estimate of the arsenic contained in his own urine and fæces during twenty-four hours, or to collect the same and forward them to me, that I may do so ; but as yet have received no answer.—*Pharmaceutical Journal. Edinburgh Med. Journal.*

PRESERVATION OF BODIES FOR ANATOMICAL PURPOSES.

Professor Budge has found that bodies may be admirably preserved for a long period of time, whether for anatomical purposes, or for courses of operative surgery, by injecting into the carotid a preservative fluid composed of pyroligneous acid and sulphate of zinc, of each from eight to twelve drachms to seven pounds of water. Bodies thus injected have kept well during eight weeks of intense summer heat, without giving rise to any putrefactive smell, the muscles retaining their red color, and though a little softened, admitting of good dissection. The injection does not prevent the subsequent injection of colored matters ; and the knives used in dissection scarcely suffer at all.

ON THE PRESERVATION OF LEECHES.

BY MR. GEORGE GLANFIELD.

The importance of preserving in health and vigor this useful little animal, the leech, has induced me to lay before your readers a plan which I have pursued for some years with unequivocal success.

There are many, who I presume, are not possessed of either an aquarium or "Vayson's Domestic Marsh," for the purpose of keeping leeches, and to them I beg to recommend the following method.

I place the leeches in an earthenware vessel, half filling it with river, or where that cannot be had, rainwater ; into this I place a handful of well washed tow ; I renew the water about twice or three times in a week in summer, and once in winter, each time washing the sides of the vessel, and taking the tow out, well washing it under the water-tap, in order to rid it of the epidermis which the leech appears to throw off every few days, renewing the tow occasionally ; and by this very simple means I can keep leeches in health, far better than by any other plan I have ever adopted—and I have tried many—my deaths not averaging more than half a dozen in so many months, where they used to be that number sometimes in a day during summer.

I can endorse the recommendation of Dr. Frodsham with reference to placing the leeches in camphor mixture after having been used, a plan which I saw years ago pursued, and for hospitals and dispensaries it would prove a great saving.—*Pharmaceutical Journal, Aug. 1860.*

THE
British American Journal.

MONTREAL, DECEMBER, 1860.

ANNOUNCEMENT OF VOLUME II.

This number concludes our first volume, and it remains for our subscribers to say, to what extent our promises, at the commencement of it, have been fulfilled. If there has existed a dearth of original communications, we can safely say that the fault does not lie at our door. We have invited them by all the means in our power, and for the sake of the profession generally, we must say that we regret that there has existed such little disposition, on the part of Medical men generally, to impart to their neighbours, fellow-workers in the same field, the results of their experience. We hope better things for the future. In the ensuing volume we propose to devote a portion of a page to an announcement of the Births, Marriages, and Deaths among the members of the Profession and their families, for which purpose we would esteem it a favor to be put in possession of a newspaper containing any such announcements. We propose also to devote space, commensurate with their importance, to reports of cases occurring at the Montreal General Hospital, and the other Hospitals in town if we can get access to them. By the kind co-operation of a gentleman fully qualified to make the reports, interesting we are assured of those of the Montreal General Hospital; and either the January or the February number will contain a list of the Licentiates of the Medical Board of Canada West since the year 1850. This as yet has been from want of time, only partially prepared. Our object is to make the Journal useful to every individual member of the Profession in these British American Provinces, and by rendering it to its fullest extent a home production to attach to it every professional man.

But as the Journal will be regarded as the exponent of professional progress in British America, attention will naturally be directed to the original papers which each number may contain, and it is by them that the truest evidence of progress and advancement can be furnished. We feel that, during the year now closed, we have not received that general support in this department which, from past experience, we thought we had a right to presume upon. But we do hope that a more general interest in the original department will in the future be felt by the profession generally; and that it will prove itself a more faithful reflex of what we know is the case, its steady advance in scientific progress.

DIPHTHERIA.

A disease affecting the fauces appears to have been prevalent for some months past in the Townships of Medonte, Orillia, and a few other places in Canada West. In the *Northern Advance*, a paper published at Barrie, C.W., there appeared a letter from Dr. Ardagh, about ten weeks ago, on this subject, which would have better seen the light in the pages of this Journal. His object would not have been served as well, in all probability, thereby, that of giving general as well as local diffusion to his peculiar treatment, which is detailed at length, and in which we perceive nothing novel. More lately in the same paper, of Nov. 28, an editorial announcement appears that a species of sore throat is raging epidemically, and described by the *Huron Signal* as "alarming," in that section. It says, "within three weeks, in a neighbourhood of two square miles, there have been twelve deaths, and near twice that number severely ill." The Editor further says, that "it is characterized by a stifling in the breast, accompanied by laborious breathing. The tonsils and other parts of the throat become violently inflamed, producing suppuration, which generates in such quantities that it would seem as if the patient were literally choked to death." Such symptoms resemble, to our mind, those of Tonsillitis; and on reading Dr. Ardagh's letter alluded to, which seems to have been intended to convey the idea, that the treatment which he adopts was peculiarly successful, we can perceive nothing like the genuine symptoms of the epidemic, if such there was. We have heard of cases of diphtheria in Quebec and in this city, some having occurred, it is alleged, upwards of twelve months ago; but we have seen nothing, nor have we heard of anything, tending to prove that diphtheria, as it has been witnessed in France and in some places in England, has appeared anywhere in our midst. In all the places in which diphtheria has as yet appeared, it has prevailed epidemically. We are not aware that it has appeared anywhere sporadically; and we are therefore inclined to doubt the existence of the disease in any part of Canada as yet, or at least until its peculiarities as described by Bretonneau, &c., are demonstrated.

SMALL-POX IN PHILADELPHIA.

The *Philadelphia Enquirer* of Nov. 30th contains a distressing account of the prevalence of small-pox in some of the suburban districts of that fine city, whole families being at the time prostrated with it, with little likelihood of recovery, while the number of deaths has been generally very great. It alludes in terms of the highest praise to the professional visits of a young physician of the name of Dr. Penrose, who has charge of the indigent poor of the third poor district. It remarks that "he deserves the highest commendations for his attentions to these poor persons." The medical profession presents to our mind, no more beautiful picture than this, of one of its members fearlessly discharging his duties in the abodes of suffering, misery, and death, himself running every risk of his own life by contracting one of the most loathsome and contagious diseases known in our catalogues, and alleviating, by his ministrations, the distress of the unfortunate patients, when all others flee. This is what we call heroism of the highest order. The heroism

of the soldier on the battle-field, when exhibited, is perfectly appreciated in a nations' gratitude. His chances of escape from "the winged messengers of death" are so great as to have become a question of calculation. But to enter the abodes of contagious disease, suffering and death, where every breath inhaled is charged, or at least impregnated with deathly material, capable of reproducing the disease from which it emanates, is a bravery of the truest character, immeasurably surpassing the former in all its characteristics. Yet mark the contrast in the reward: while the soldier receives his substantial reward while living, the physician is unnoticed; and should death supervene, the soldier's grave is honoured by a nation's tears and tribute to his worth, while the poor physician is borne to his narrow house, "unwept, unhonoured, and unsung," except among the few, the very few, who felt and recognized his worth.

Such it has been, such will be the lot of our profession. To discharge such duties we are solemnly pledged, and it is well that we must look for our true recompense, in a conscience approving us that we have faithfully performed them; and to the Christian, such an approval in the sight of God and man, possesses a charm and value which no earthly remuneration or recompense can outweigh.

ARREST OF A MEDICAL MAN FOR MURDER.

A short time ago, a man of the name of Clarke died suddenly under peculiar circumstances at Bear Creek in Canada West. A coroner's inquest was held, and two persons, one of whom was a Dr. Thom, were arrested under his warrant, and committed to Jail. We now learn from the *Sarnia Observer* that the result of a further magisterial examination into the circumstances of the case, has been the full committal of Dr. Thom to take his trial. It appears that the prussic acid obtained by Simpson, the other party alluded to, was administered to the deceased by Dr. Thom. We forbear particular allusion to the Coroner's Inquest at present, but hope that some kind friend will furnish us with a report of the trial when it takes place.

THE TOLU ANODYNE.

We have to thank Mr. Hunnewell for a sample of this new preparation of the Indian Hemp. It possesses a fine green colour, and seems to be nearly if not altogether deprived of the large quantity of the resinous matter which abounds in the ordinary pharmaceutic tincture of the same officinal substance. Having added about ten drops to a little water, a pale greenish and very slightly turbid mixture ensued, but without any immediate apparent precipitation. This slight turbidness is undoubtedly due to the presence, still, of a little resinous matter, which becomes apparent enough when the fluid was permitted to evaporate to dryness.

But the difficulty which has arisen in our minds with regard to this new preparation, consists in the fact, that the object of the process through which it is put, if we have understood it correctly, is to get rid of the resin, which has been always regarded as the active principle of the drug; and yet that it should still retain its narcotic properties, and be capable of inducing its usual physiological effects.

There is another difficulty about it which we should like to see removed. Why has our esteemed contemporary the Boston Medical Journal been so remarkably silent about it? Can that Journal furnish no evidence of its powers as an anodyne, preferable to opium?

Since the sample has come into our possession, we have used it on three or four occasions, but our experience with it has as yet been too limited, to warrant correct conclusions.

We have for years past used the Tincture of the Cannabis in certain uterine affections with great satisfaction as regarded the result, but with little pleasure to the patients who had to take it; and we would therefore hail with delight any new formula for exhibiting it, in which its disagreeable adjuncts in regard to taste, &c., are gotten rid of.

APPOINTMENTS IN THE MEDICAL FACULTY, MCGILL COLLEGE.

Consequent upon the translation of Dr. McCallum to the chairs of Medical Jurisprudence, and Clinical Medicine, Dr. Craik was, at a late meeting of the Governors of the University, nominated to the Professorship of Clinical Surgery.

At a subsequent meeting of the Faculty, the Demonstratorship of Anatomy, vacated by Dr. Craik, was filled by the appointment of Horace Nelson, M.D., formerly Professor of Surgery in the University of Burlington, and lately Editor of "Nelson's Northern Lancet," a periodical which attained a deservedly high standing.

CORRESPONDENCE OF THE BRITISH AMERICAN JOURNAL.

To the Editor of the British American Journal.

SIR,—I read with pleasure, not unmingled with sorrow, the well-merited and touching obituary notice of our late lamented and highly-esteemed *confrère*, A. F. Holmes, M.D., as well as the feeling and appropriate preface to Dr. D. C. MacCallum's excellent Introductory Lecture, delivered at the opening of the Faculty of Medicine, University of McGill College, on the same subject, in the November number of the *British American Journal*. In reviewing the literary and scientific labours of our lamented but not lost brother, you say in a foot note: "We are informed that he was the author of several important papers, which appeared in the *Boston Medical Journal*, before any medical periodicals originated in Canada. We are not acquainted with the titles of these papers, nor can we get access to them." Having read some of the articles alluded to at the time of their publication, with great interest, as they were on a subject that then as well as subsequently occupied a great deal of my time and attention—**CHOLERA**—I am happy to be able to refer your readers to them.

The first is to be found in the *Boston Medical and Surgical Journal* for March 13, 1843, vol. 8, Nos. 4 and 5. It is entitled, "The History of the Cholera at Montreal," and consists of a series of queries and answers, published by Martin Payne, M.D., of New York, to whom they were addressed. The paper which was originally a most elaborate one, is abridged, and thus introduced by Dr. Payne.

“Some time ago I applied to my friend A. F. Holmes, M.D., of Montreal, for certain information respecting the Cholera Asphyxia as it has occurred in that city, and have lately received from him a very ample and interesting reply. It is submitted entirely to your judgment whether the following abbreviation of the material facts may be acceptable to the profession.

Dr. H. having methodically replied to each enquiry, I shall not depart from this arrangement, but endeavour merely to adapt his statements to the limits of your Journal.”

This paper, which is worthy of a place in the pages of the *British American Journal*, not only from its *data*, but its historical connexion with an eventful epoch in the sanatory condition of your city, is at your disposal if you desire it, and exhibits a characteristic minuteness and accuracy of facts and details worthy of imitation; and although some of the *opinions* there enunciated by the writer had changed before his decease, the article is no less valuable on that account, inasmuch as a large proportion of the medical profession can now exclaim on the same subject, “*tempora mutantur, et nos mutamur in illis.*”

The other paper, which is no less interesting and valuable, is on the same subject, and has reference to the former one. It is contained in vol. 8, No. 15, and is entitled, “Choleraic Diarrhæa unattended with pain,” and is signed A. F. Holmes, M.D., Professor of Chemistry and Materia Medica, McGill College, Montreal, 9th May, 1833.”

W. MARSDEN.

Quebec, 29th Nov., 1860.

(We should be happy to receive the volume alluded to.—ED. B. A. J.)

“WILLCOX MARBLES.”

To the Editor of the British American Journal.

A detachment of nearly one hundred specimens of this splendid collection lies on the table in my library, and is visited by the lovers of natural objects with great interest. The entire collection embraces four hundred and twenty-six varieties, and is without denial the finest and most extensive collection now existing. The specimens are in tablets of $2\frac{1}{2}$ by $3\frac{1}{2}$ inches in size, beautifully polished and an ornament to any collection. Every mine, Column, Cathedral or Studio in the world has made its contribution, and Malakite, Onyx, Sardonyx, Granite, Fossilite, and Conglomerate shine in crystal beauty, and to the naturalist, volumes of interest exist.

This collection is for sale at a very low price, and I am waiting for the Patron of Science who would like to add this to the treasures of science as a private or public collection, and all are invited to examine the specimens for curiosity or purchase. All who are visiting Boston are invited to examine them.

JOHN L. HUNNEWELL,
No. 3 Mount Vernon Place.

Boston, Dec. 1860.

BOOKS, &c., RECEIVED.

- RECHERCHES SUR LES MONORCHIDES ET LES CRYPTORCHIDES CHEZ L'HOMME, par M. ERNEST GODARD, Interne des Hôpitaux de Paris, Membre de la Société Anatomique. Paris: Victor Masson, 8 vo. pp. 38, 1856.
- ETUDES SUR LA MONORCHIDIE ET LA CRYPTORCHIDIE CHEZ L'HOMME, par M. ERNEST GODARD, Interne des Hôpitaux de Paris, Membre de la Société de Biologie et de la Société Anatomique. Paris: Victor Masson, 1857, 8 vo. pp. 180.
- RECHERCHES SUR LA SUBSTITUTION GRAISSEUSE DU REIN, par M. le DOCTEUR ERNEST GODARD, &c., &c. Paris: Victor Masson, 1859, 8 vo. pp. 29 et 3 plates.
- RECHERCHES TERATOLOGIQUES SUR L'APPAREIL SEMINAL DE L'HOMME, par ERNEST GODARD, Docteur en Médecine, &c., &c. Paris: Victor Masson, 1860, 8 vo. pp. 148.
- A PRACTICAL TREATISE ON THE ETIOLOGY, PATHOLOGY, AND TREATMENT OF THE CONGENITAL MALFORMATIONS OF THE RECTUM AND ANUS, by WILLIAM BODENHAMER, M.D., New York: S. S. & W. Wood, 1860, 8 vo. pp. 368.
- COMPENDIUM OF HUMAN HISTOLOGY, by O. MOREL, Professor Agrégé à la Faculté de Médecine de Strasbourg, Illustrated by twenty-eight plates, Translated and Edited by W. H. VANBUREN, M.D., Professor of Gen. and Descript. Anatomy in the University of New York, &c. New York: Baillière Brothers. Montreal: Dawson & Son, 1861, 8 vo. pp. 207.
- AN EPITOME OF SURGERY, by G. BREADNELL GILL, M.D., late House Surgeon at the London Hospital. New York: Baillière Brothers. Montreal: Dawson & Son, 1860, 18 mo. pp. 94.
- THE POCKET ANATOMIST, being a complete description of the human body for the use of Students, by M. W. HILLES, formerly Lecturer on Anatomy and Physiology at the Westminster Hospital School of Medicine, &c. Philadelphia: Lindsay & Blakiston. Montreal: Dawson & Son, 1860, 18 mo. pp. 263.
- ON DISEASES PECULIAR TO WOMEN, including Displacements of the Uterus, by HUGH L. HODGE, M.D., Professor of Obstetrics and Diseases of Women and Children, in the University of Pennsylvania, with original illustrations. Philadelphia: Blanchard and Lea. Montreal: R. & A. Miller, 1860, 8vo, pp. 480.
- REPORT OF THE SUPERINTENDENT OF EDUCATION FOR LOWER CANADA, for the year 1859. Translated and printed by order of the Legislative Assembly. Quebec, printed by Thompson & Co., 1860.
- ANNOUNCEMENT—Medical Faculty. Queen's College, Kingston, Canada. Session 1860-1. Kingston, 1860.

A Call.—The original of the following, to the word or letter, has been handed in by one who has much medical experience, if not in royal circles, at least in "court" practice. Anything which varies the monotony of the usual eleemosynary message of—"please call as soon as possible,"—must be refreshing:

"Doctre please Bring your toole to waxaniat the Babey ass the small pocks are spreading in the necks Cort is peperment and oil good for the Collik in the Bowels."—*Med. and Sur. Reporter.*

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT MONTREAL IN NOVEMBER, 1860.

By Archibald Hall, M.D.

Day.	DAILY MEANS OF THE										THERMOMETER.		WIND.		RAIN AND SNOW.			GENERAL OBSERVATIONS.
	Barometer corrected and reduced to F. 32°	Temperature of the Air.	Dew Point.	Relative Humidity.	CLOUDS.		Maximum read at 9 P.M.	Minimum read at 7 A.M.	Direction and Force from 0 Calm to 10 Violent to 16 Hurricane.	Rain in 24 Hrs read at 10 A.M.	Snow in 24 Hrs read at 10 A.M.	Total rain and melted snow.	Inch.	Inch.	Inch.			
					Ozone.	Amount.										General description.		
1	30.339	65.5	59.5	0.10			70.5	61.2	Calm.	0.10						Faint Auroral Light.		
2	30.363	52.9	47.9	0.06			61.2	50.0	N.N.E.	3.3			0.01		0.01			
3	30.057	55.4	47.0	0.06			63.0	47.8	E.S.E.	1.6			0.01		0.01	Rainbow p.m., aur. streaks		
4	29.682	50.1	42.1	0.73			57.0	45.0	W.S.W.	3.6			0.36		0.36			
5	29.708	46.0	37.5	0.55			54.9	38.0	W.N.W.	2.0			0.02		0.02			
6	29.777	43.0	37.5	0.83			49.3	39.2	W.N.W.	2.3								
7	29.947	40.0	37.5	0.73			43.7	36.7	W.W.	2.3			0.40		0.40	Auroral light. Slight frost.		
8	30.025	40.5	35.6	0.66			47.5	34.1	W.N.W.	1.0			0.02		0.02			
9	29.639	39.4	36.3	0.81			43.9	37.2	N.N.E.	1.0								
10	29.577	44.2	38.6	0.60			41.8	35.6	N.E.	3.3								
11	29.643	45.9	40.6	0.66			49.2	32.4	N.	1.6			0.25		0.25			
12	29.900	46.1	35.0	0.10			50.2	40.0	W.	1.0			0.07		0.07			
13	30.074	46.1	35.0	0.60			53.3	42.4	N.	1.6			Inap.		Inap.			
14	30.077	58.3	33.3	0.50			45.2	34.5	S.W.	1.6						Hour frost.		
15	30.161	41.4	35.5	0.10			46.8	34.4	W.S.W.	1.0								
16	29.832	36.9	35.9	0.66			43.5	34.5	W.S.W.	1.0								
17	29.392	35.9	35.9	0.90			38.0	32.3	N.E.	2.0						Frost.		
18	29.254	45.1	31.5	0.86			40.4	32.3	N.N.W.	1.6			0.30		0.30			
19	29.436	35.2	37.9	0.88			45.2	35.0	S.	2.0			0.01		0.01			
20	29.746	38.2	32.1	0.81			43.8	34.5	W.S.W.	3.0			0.11		0.11			
21	30.029	39.7	26.5	0.69			36.4	30.0	W.S.W.	3.6			Inap.		Inap.	Hard frost.		
22	29.810	32.7	26.5	0.70			37.9	26.0	S.S.W.	1.6								
23	29.189	39.2	33.5	0.82			42.2	34.0	S.	4.3			Inap.		Inap.	High wind at night. Heavy gale during day and following night.		
24	29.828	34.1	14.5	0.84			47.0	23.2	W.S.W.	5.6			0.68		0.68			
25	30.300	25.1	15.8	0.82			30.0	20.3	S.W.	4.0			1.00		0.04			
26	29.831	35.3	31.8	0.84			29.8	17.3	S.W.	2.3			Inap.		Inap.			
27	30.081	37.1	20.9	0.87			45.4	25.5	W.S.W.	1.6			Inap.		0.57			
28	29.688	31.0	24.6	0.87			34.0	21.4	W.S.W.	1.3			0.02		0.02			
29	29.341	34.7	30.7	0.86			37.8	23.8	S.W.	1.3						Fog early a.m.		
30							37.4	32.5	Calm.				Inap.		Inap.			
S's													2.26		6.00			
M's	29.727	39.75	33.77	0.81			45.56	34.66										

ABSTRACT OF METEOROLOGICAL OBSERVATIONS AT TORONTO IN NOVEMBER, 1860.

Compiled from the Records of the Magnetic Observatory.

Day.	DAILY MEANS OF THE					THERMOMETER.		Dew Point at 3 P.M.	WIND.		RAIN AND SNOW in 24 hours ending at 6 A.M. next day.			GENERAL REMARKS.		
	Barometer reduced to 32° Fah.	Temperature of the Air.	Relative Humidity.	Amount of Cloudiness.	Max. read at 6 A.M. of next day.	Min. read at 2 P.M. of same day.	General Direction.		Mean Velocity in Miles per hour.	Rain.	Snow.	Total rain and melted Snow.	Ozone in 24 hours ending 6 A.M. of next day.			
1	29.772	58.88	79	0-10	64.5	53.2	58.0	N.	55 E.	11.71				1st, 2nd, & 3rd very warm being 18° 4, 17° 1, & 11° 0, above their respective av. 3rd fine rainbow at 4.30 p.m. Display of col. aur. at night. Cold stormy day, wind in furious squalls W.S.W. Well defined lunar halo. Do. Do.		
2	29.720	57.37	87	5	60.2	57.2	52.5	N.	78 E.	16.36	0.125		.125			
3	29.4817	51.02	82	10	51.0	51.0	50.0	S.	7 E.	9.43	.412		.412			
4	29.425	40.57	61	Sun day	49.0	40.8		S.	56 W.	15.35	.050	Inap.	.050			
5	29.575	36.33	73	Sun day	46.8	39.9	30.0	S.	67 W.	9.10						
6	29.8170	36.33	78	Sun day	44.2	31.8	34.5	N.	81 W.	8.45						
7	29.8545	34.07	77	Sun day	40.4	29.0	32.2	N.	63 W.	8.04						
8	29.5172	34.70	77	Sun day	40.2	30.5	31.5	N.	40 E.	4.35						
9	29.2998	39.95	85	Sun day	43.5	31.2	39.0	N.	50 E.	15.14	.818		.818			
10		39.45	80	Sun day	40.5	38.2	38.5	N.	13 W.	11.98	.065		.065			
11		45.4	80	Sun day	45.4	38.0		N.	30 W.	9.17						
12	29.4920	41.28	74	Sun day	49.5	37.0	37.5	N.	33 W.	10.48						
13	29.7388	39.45	82	Sun day	47.2	33.8	39.0	N.	29 W.	7.45						
14	29.8188	39.37	78	Sun day	48.0	30.5	42.5	N.	72 W.	4.16						
15	29.8338	39.32	85	Sun day	47.3	32.5	39.0	N.	31 W.	5.65						
16	29.8335	40.58	84	Sun day	43.4	37.0	36.5	N.	36 E.	2.19						
17	29.4332	43.22	94	Sun day	45.5	41.0	42.5	N.	14 W.	3.12	.150		.150			
18		39.33	71	Sun day	42.0	35.5		S.	43 W.	13.37	.055		.055			
19	29.9568	39.33	71	Sun day	43.6	39.2	30.5	S.	69 W.	13.36						
20	29.3075	32.25	75	Sun day	39.4	33.0	23.0	N.	81 W.	13.90		Inap.	Inap.			
21	29.5225	30.45	83	Sun day	36.2	24.0	28.0	N.	89 W.	8.88		Inap.	Inap.			
22	29.5873	36.33	77	Sun day	40.0	30.2	30.5	N.	27 W.	14.87	.200		.200			
23	29.2042	39.17	89	Sun day	30.7	33.8	37.0	N.	33 W.	15.31	.132	Inap.	.132			
24	29.1743	17.93	79	Sun day	27.5	15.6	11.5	N.	67 W.	27.42		Inap.	Inap.			
25		20.2	78	Sun day	20.2	13.2		N.	74 W.	18.40						
26	29.7115	26.97	83	Sun day	41.0	16.0	24.5	N.	12 E.	11.56	.180	1.5	.330			
27	29.6107	33.87	78	Sun day	41.0	26.2	24.0	N.	83 W.	14.21						
28	29.6947	24.82	71	Sun day	34.8	23.0	21.5	N.	60 W.	5.34						
29	29.2678	36.27	76	Sun day	43.8	27.0	35.0	N.	46 W.	7.47	.290		.290			
30	29.0033	31.60	83	Sun day	37.2	33.5	33.0	N.	34 W.	15.39	.092	0.4	.132			
S's																
M's	29.5226	37.95	80	7	43.23	33.53	34.71	S. 89° W.	11.09	2.569	1.9	2.751				