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# THE MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ART. XXVIII.—*Therapeutical Contributions.* By WM. WRIGHT, M.D.,  
L.R.C.S.E., Professor of Materia Medica, McGill College; Phy-  
sician to the Montreal General Hospital, &c.

(Continued from page 290.)

Reverting to the position, previously maintained, that anti-syphilitics were only suitable for regular syphilis; I shall now proceed to point out the outward manifestations which, when afforded by disease of this kind, serve as reliable suggestions for the right use of these agents.

In strict correspondence with the stages of the disorder, as conventionally received, the indications for the remedy are, necessarily, of a triple order: primary, secondary, and tertiary.

*Primary.*—These are denoted by simple chancre and also by the areolar, indurated phagedenic, Hunterian, ulcer elevatura, persistent, and “blue nob.” For, the six last named are, I believe, all varieties of the simple type and proceed, merely, from a disproportion in the different actions which may be observed in it. The areolar, when the exudative (fibrinous) action is unusually active in the circumference. The indurated phagedenic, when this reaches such a degree that the subjacent vessels are compressed, and the contained ulcer is deprived of its proper nourishment. The Hunterian, when the same exudation extends beneath the ulcer as well, as round the edges, causing the sore to appear as if it were set in a cup of cartilage. The elevated, when during reparation the granulations are more or less raised above the level of the surface. Persistent, when there has been a tendency to reproduction of ulceration after cicatrization has occurred, or when the ulcer enlarges on one side and heals on the other. Blue nob of Mr. Colles, when the new cuticle becomes so accumulated as to appear like a mucous tubercle. In every one of these species of chancre, anti-syphilitics may be properly employed. They may also be used in the ulcers of irregu-

lar-syphilis after the removal of inflammation, phagadema, sloughing, &c., each by its own appropriate treatment; for this subtraction leaves, as was before explained, a relict answering to some of the regular characters above given. A necessity for these medicines is also created, in primary syphilis, by bubo. They should be confined to its indurated or ulcerated periods; because they are objectionable in the intervening stage of suppuration. It is well, when the latter is inevitable, to stop their present exhibition, for they are, usually, nugatory in effect during its continuance. If administered for maturing bubo, they will occasionally, though, in my experience, very rarely, cause the swelling to terminate in resolution; far more frequently, the enlargement proceeds; the skin acquires a rose brown color, gets rough and wrinkles; the local feelings increase, softening advances, fluctuation is perceived, and soon after pointing, and with it a change in the redness to a distinctive florid tint—evacuation is not distant, and when it ensues a considerable quantity of, apparently healthy, pus finds exit. This process is rather a slow one, and by interrupting the remedy, during its establishment, while we withhold what would be nugatory, we likewise avoid medicinal accumulations which, gathering strength by the delay, might prove very prejudicial:—after the bubo has opened, anti-syphilitics should be resumed and they will then act upon the ulcer, into which it has been converted, as if it were an ordinary chancre, and as equally well as if they had been persevered in unremittingly. They may be employed in bubo either consequent upon any of the foregoing varieties of primary sore, or in that which is *d'emblée*. The consequent bubo usually presents itself during the second week of chancre—ere which, perhaps, anti-syphilitics will have been given, so that this additional symptom will make no difference in the treatment. If the remedies have been delayed and bubo appear, this occurrence is to be understood as creating a still stronger reason for their employment than existed before.

*Secondary.*—Are seldom attended to until the prodroma have passed away and the characteristic effects of secondary syphilis have ensued. They are indicated in the peculiar affections of the mucous-membrane within the month; in the white patches, ulcerations, enlargement of the tonsils, and other signs of sore throat. In syphilitic iritis, or more properly, ophthalmia, for the inflammation invades the sclerotic, cornea, conjunctiva, &c., as well as the iris. In skin-affections whether the eruption be simply exanthematous, or squamous, or papular, or pustular; in rhagades, eczema, and mucous tubercles. It is very encouraging to witness the rapidity of the decadence of these various affections of the surface, under the action of their appropriate remedies.

perhaps in none does this event supervene more quickly than in condylomata or their modifications; and here, *en passant*, it may be remarked that these formations are not, as is currently reported, confined to the natural flexures or opposed surfaces, for in a case seen by me, in the Glasgow Infirmary, they were present in the mammillary areola, and were the more singular from looking like exaggerations of the enlarged follicles that denote pregnancy. The time at which anti-syphilitics may be required, for the removal of secondary symptoms, is commonly 2 months; although it has been abbreviated to 8 days, and retarded to 18 years, owing to the influence of various causes, as constitution, cold, medicines: and under the latter designation, even the specific cures themselves may be comprised. Acton, the expositor of Ricord, says, if a primary sore gets well without mercury and the patient does not suffer under secondary within six months they never will occur; but if the sore have been treated with mercury, they may appear at any time, even after years, or the patient may escape secondary altogether, and after many years of immunity have passed away, the tertiary form may break out. This observation is not, however, borne out by other writers and can only apply to cases in which mercury has been foolishly administered.

*Tertiary.*—Anti-syphilitics are indicated in sore throat, either inflammatory or ulcerated. In ulceration of the eyelids. In rupia. In simple syphilitic sarcocele; osteocopes; periostitis; ostitis; gummata; incipient disease of the nose, palate or larynx. And in cachexia. These statements are to be received only in a general way, and not without qualification. Thus, in sore throat, anti-syphilitics may prevent the peculiar erysipelatous inflammation from running into supuration, and are useful accordingly; but not so if there be an abscess, for they are powerless in retarding its course, or combating the extensive disease that then prevails in the submucous cellular tissue, pericostium and bone. In the excavated tawny ulcer, they are also often unavailing until a portion of carious or necrosed bone at the bottom, is first removed; when however this is accomplished, closure of the breach generally ensues speedily. The lessons taught by the preceding are confirmed by an observance of the influence of the remedies, when the bones and their investures are, elsewhere, implicated. For example, anti-syphilitics afford great relief to those pains called osteocopes; characterized by being usually fixed, sometimes migratory; acute, lancinating, boring, gnawing, incessant, worse at night, and referred to the surface or interior of subcutaneous and tubular bones; sores like these are relieved by these agents in a manner such as “not poppy

nor mandragora" could approach : and they are equally soothed whether of a rheumatic nature or more decidedly inflammatory ; whether periostitic or ositic. Again gummata, or soft swellings that are the result of periostitis, are discussed and removed with celerity. But on the other hand there are many products of inflammation, especially, seated in bones and of a chronic or sub-acute type, that are not amenable to anti-syphilitic power : they consist in changes of structure and are hopelessly irremediable, under any medicinal method of cure, such as hard nodes, exostosis, spina ventosa, friability or fragility, caries, and necrosis ; of these some, as exostosis, may perhaps be taken away by mechanical interference, others, as caries, may exhaust themselves, when, by comparison, favorably seated—as in the nose, where the morbid action usually ends, after the spongy bones have been destroyed. And lastly, although in a third class, as necrosis, medicines may be impotent in battling with the destruction after its establishment, they may in a more initiatory stage be of the greatest value by preventing the lesion's development—by arresting the preliminary inflammation of the osseous particles or their periosteum or adherent mucous-membrane. Anti-syphilitics are not demanded at any fixed time, for tertiary symptoms, because the latter supervene, at irregularly distant periods, from the primary disorder.

Anti-syphilitics have a yet wider range of application ; owing to the common diseases, an infected individual contracts, participating more or less in the syphilitic character, if not openly, at least so truly, as to demand these remedies for its removal. Many of the affections of the splanchnic viscera, and other internal parts, partake of more or less taint in those who have once been thoroughly imbued in syphilis ; and in such cases anti-syphilitics are strongly indicated.

The great utility of a correct appreciation of the powers of anti-syphilitics is strongly attested by history. After the siege of Naples, it is well known that, syphilis experienced an alarming aggravation. Ruy Dias de Isla, as quoted by Hennen, writing in 1550, rather more than half a century afterwards, says, there was no town in Europe, of 100 inhabitants, where there were fewer deaths than 10, which made about 20 per cent of those diseased, for so demoralized was the age that 50 out of the 100 were diseased. An earlier writer, Ulrich de Hutten, says, hardly 1 in 100 were perfectly cured, as the disease returned on them ; and as an example of its inveteracy, he instances himself in whom the disease recurred after eleven salivations ! Similar instances of malignity or obduracy are not to be found in the 19th century ; and,

in this era, a death from syphilis has never been known to have occurred, in any case, where proper treatment has been pursued.

In the administration of anti-syphilitics, certain general circumstances require to be attended to: necessarily they are not numerous, as each agent requires its own code of laws, and the latter can only be fitly set forth *in loco proprio*. They may be stated, aphoristically, as follows:—

1. Anti-syphilitics are to be administered until the system evinces their specific action; in other words, till they cause a characteristic local disorder.

2. They are to be given in small doses, repeated two or three times a day, and a few hours after meals.

3. After the occurrence of their local disorder, they are either to be administered more sparingly, or to be suspended, because the benefit is not proportioned to the amount of derangement they produce.

4. In case of their suspension, eliminatives are to be used, and the best are iodid potassium, ant. tartr., or salines—they are to be continued until the cure is complete.

5. No topical remedies should be used, to the local affection, capable of changing its aspect, in order that it may serve as an index of the extent of general anti-syphilitic influence exercised.

6. Their curative effects are favored by rest from employment, and a light animal diet; a patient who pursues his out-door avocations, and at the same time lives freely, is with difficulty brought under their agency.

7. If they create gastro-enteritic irritation, they are to be given in smaller doses or in conjunction with opium or hyoscyamus.

8. They are to be interrupted during suppuration, but resumed upon the evacuation of the pus. This process offering an impediment to their action.

Anti-syphilitics are not to be used in any of the forms of irregular syphilis;—in inflammation, phagedena, gangrene, &c. Nor in persons of a well marked scrofulous or arthritic diathesis; nor in invalids suffering from any debilitating cause, as scurvy, inanition, &c.; nor in those labouring under pulmonary consumption, diabetes, or other incurable diseases; nor during the presence of general fever; nor in subjects labouring under spæmia. Lastly, they are improper in caries, necrosis, and other pathological states that admit of no medicinal alleviation.

Almost every article in the materia medica possessing any sapative power, however humble, has on one occasion or another been tried in syphilis. The class of proved anti-syphilitics is nevertheless a small one.

The substances, commonly, used as such are mercury, iodid potassium, gold, antimony, mineral acids, guaiacum, and sassa.

**MERCURY.**—A long and violent controversy has existed about the antisiphilitic virtues of this agent. And as is usual, in human disputes, men have warmly espoused opposite extremes of belief. At one period, mercury was considered to be indispensable in syphilis; at another, that every form of this disease could be cured without it. An undue persuasion, of the truth of the first opinion, led to the extravagant use of the mineral; and an equal conviction, of the sureness of the second, to its utter neglect. Boerrhave directed, that for the cure of syphilis, four quarts of saliva should be spat daily for six weeks, after which a gentler salivation should be maintained for six weeks longer: at the same time the patient was huddled in bed, envaulted within heaps of blankets, caged in the smallest room, and stewed, under hot baths. On the contrary, Morgagni, during the eight years he was a student at Bologna, never saw a physician use an atom of mercury. These are clearly examples of abuse and of non-use of the remedy; and as may be expected, both systems were productive of evil:—under the regime of abuse, some culprits preferred death to the cure, while others in seeking a cure encountered death;—under the sway of non-use, syphilis had become a kind of family property, in which, the sins of the fathers were visited upon the children. At the present day, mercury is either used moderately or not at all. While the evils of the first error are thus removed, those of the second continue. But, in order, to determine upon the real merits of the two sides, the following advantages, of each, should be known.

Without mercury,—1. Syphilis is removed in a shorter time; the duration of the symptoms is greatly abbreviated. This is fully established by extensive experiments conducted, by Dr. Fricke, in Hamburgh General Hospital, and by a report of the French Council of Health, in 1838, founded on the observations of Surgeons, of Regiments and Military Hospitals, in various parts of France. In Hamburgh the mean duration, of cases treated without mercury, was 51 days; and of those with a mild mercurial course 85 days. I must here observe that this extreme intractability, under mercury, has never yet been witnessed by me in Canada—the usual duration of cases here being from 4 to 8 weeks: and I believe surgeons, elsewhere, have met with a similar experience. In France the cure by mercury was  $\frac{1}{3}$ rd longer, than by any other treatment—thus confirming the proposition in its general statement. 2. The proportion of relapses is less after simple treatment, than after the mercurial. The report of the Council of Health of Sweden for 1822, records that half of 40,000 cases were treated without mercury and the

remained with this substance. In the first class, the number of relapses were  $7\frac{1}{2}$  in 100; in the second  $13\frac{1}{2}$  in 100. Dr. Fricke also says, relapses were most frequent, and the secondary symptoms more severe when mercury was given.

The advantages of the mercurial treatment are these: 1. The person is at the end of the cure in good health, if not in better than he had before; indeed patients have been known to grow fat while using the medicine, contrasting very favourably with those who have been treated without it. The non-mercurialized being infinitely the worse in health; owing to the cure without mercury, entailing, as Mr. Colles says, confinement to room, perhaps to bed for weeks, low diet, antiphlogistic regimen and debilitating medicines, and when all is done the person looks as if he had been whitewashed,—meagre and wretched. 2. Mercury cures syphilis. The symptoms may be removed as we have before seen, without it: but they are not cured. And all our views serve to show that syphilis depends upon a particular poison, which retains its virulent effects until controlled by an antidotal power: Gamberini also says, all experience goes to establish that mercury is the true remedy for syphilis. Its occasional failure, in preventing recurrences, is to be referred to the ignorance or unskilfulness with which it has been used. 3. In primary syphilis, if properly given, it may prevent the occurrence of constitutional symptoms. According to the late Sir George Ballingall, the British army reports show that, without mercury 1 in 20 have secondary symptoms, with mercury 1 in 55 cases. It is however uncertain and it has failed, but then again it offers a chance and may be successful. Much depends upon the mode of employment: its abuse increases both the frequency and severity of consecutive results, while its use is attended with the very opposite effect. Before 1814, in Sweden, the system was inundated with it, while the local sore was open, and secondary symptoms occurred in 54 per cent of the cases treated; after that period, however, it was given discreetly, and only 6½ per cent of secondary cases occurred. In Stockholm there were formerly 6 venereal hospitals, now there is but one. 4. In the consecutive disorder it destroys the syphilitic condition of the blood. Mercury has a specific power over the colouring matter. Dr. Farre knew a full plethoric woman who in six weeks was blanched by it, as white as a lily. Again its action on the spissitude of the blood has long been recognized; Huzham said it “will turn the whole mass of blood into a mere watery colluvies.” It diminishes the proportion of fibrin to serum; and according to Dietrich “the formation of albumen and mucus sinks to that of serum.” These effects are observable from its use under ordinary



circumstances; and from the close correspondence they have to those induced by antisyphilitics, generally, we are not only strengthened in the truth of what has been before said upon the *modus operandi* of this class of agents, but also that mercury is, appropriately, a most suitable member. The antisyphilitic action of mercury is, then, in strict conformity, or unison, with its general action as an hæmotic agent. 5. It prevents syphilis from being hereditary. Mr. Hunt has ascertained that, from the non-mercurialization of syphilis, there has been "a fearful increase of hereditary syphilis in every rank of life, in both sexes and at all ages." Admitting the bare possibility of spontaneous emancipation, from syphilitic bondage; the time required is very protracted, indeed indefinite, and most likely will not occur till long after the procreating period has passed: it is of the highest importance to parents, therefore to resort to the protection of the medicine, rather than idle in dalliance with uncertainty. As, then, without interference, the disease will be transmitted from generation to generation—"what a heavy responsibility rests upon the medical man" who withholds the proper remedy.

The disadvantages of the use are necessarily the advantages of the non-use and vice versa. And I think, upon comparison, there can be no hesitation in deciding upon the preference in favor of mercury.

Several cautions deserve to be remembered in prescribing mercury as an antisyphilitic. By immoderate use it will give rise to various evils—principally as follows:—1. It will debilitate and evoke scrofula. 2. It may induce profuse pyalism with ulceration and sloughing of the mouth. 3. Violent purging. 4. Erythema and other skin diseases. 5. Erythism denoted by anxiety in the præcordia, a small intermitting pulse, pale contracted features, languors, shivering, difficult breathing and death. These effects, however, are never observed after its cautious use, except, in some very rare cases, where there exists a peculiar idiosyncrasy, or else susceptibility created by particular diseases as Bright's kidney, &c. Mercury again by indiscreet or too long use is apt to produce a state peculiar to itself, and yet imitative of the symptoms of the original disease. Marked distinctions, however, subsist, and may be recognized by a skilled observer. As an example, take a syphilitic and a mercurial sore, as they appear on the penis, groins, or throat, and the following differences will be found, clearing up the diagnosis, as Mr. Porter has pointed out. Mercurial sores are irregular in shape, and in spreading assume different forms; syphilitic are circular or oval. The edges of the mercurial are often ragged, loose and undermined, instead of being regularly defined, and their borders are often marked with a thin transparent cuticle, giving them a silvery white appearance. The mercurial has no indurated

basis, its surface is sloughy at one spot, deeply excavated, and rapidly ulcerating at another; with exuberant granulations at a third, and exhibiting a tendency to heal at a fourth. Mercurial sores again spread quickly, and they may attain almost any size. They often appear upon the cicatrix of a recently healed chancre, and they heal in one part while they extend in another. The syphilitic, on the contrary, have no silvery areola, are always more or less indurated, have a uniform surface caused by adhesion of tenacious lymph, do not re-open after being healed, except by some accidental injury or re-infection, after attaining a comparatively small size they are stationary, and they do not heal and enlarge at the same time.

Mercury, moreover, will not, at all times, and in all stages, produce its expected effects. If these do not supervene by the end of the third week, it should be suspended. Frequently now, by the use of a warm bath, or by a purge or two, the gums will become affected without the use of additional mercury, and this is safer practice than to persist in continuing the remedy, for from the latter plan there is a danger that suddenly its power may burst with explosive violence on some particular part, as the mouth, bowels, &c. If, after a few days no effect is produced, the mercury may be resumed, and, as a rule, it will not require to be repeated many times before a decided impression is manifested. Occasionally, instead of the usual salivation, I have only been able to procure a slight erythema of the throat, with fetor and metallic taste, and have found this to be as satisfactory as if gingivitis and salivation had occurred. Now and then mercury is prevented from acting by various causes, as its running off by the bowels, too gross living, plethora, febrile disturbance, &c., each of which requires to be understood and specially attended to. Besides the above charges, many others have been laid at the door of mercury; but they are groundless. When it was found that syphilis could be cured without mercury, it soon became fashionable to ascribe many of the ravages to it, which had, previously, been referred to the disease. And, as Dr. Christison properly observes, if we were to credit all that has been assumed by writers, there is not a disease in the nosology which might not be enumerated among the secondary and chronic effects of the medicine. There has, indeed, grown up a class, that might be called hydrargyro-phobists, who endow mercury with the same universal creative power, in disease, that Hahnemannists do to itch.

Mercury may be advantageously employed in the various forms and types of regular syphilis, in which anti-syphilitics generally are useful, and the remarks made upon the latter have a direct application to it.

In primary syphilis, mercury is specially demanded, because it destroys the syphilitic virus, and prevents its fixing itself upon the system; so that admitting it takes longer to cure, the question of election is to be viewed from the point where the danger lies, and this is not so much in the length of time the sore is open, as in the certainty or not of its peculiar poison having been detoxicated. By non anti-syphilitics, the sore heals, and the live virus is received into the system; but by mercury, both sore is healed and poison counteracted. Although all true forms of regular primary syphilis indicate the use of mercury, the remedy is to be looked upon as most imperatively demanded by those in which the greatest degree of induration is present. By general consent, it is most essential in chancres, that are hard, characterised by slowness of progress; and as we recede furthest from these indications, we meet with others in which mercury is pernicious and therefore contra-indicated, viz.: those distinguished by softness, absence of former barrier, and rapidity of progress,—in short the irregular kind.

In secondary syphilis mercury is equally necessary. Mr. Acton, who, as will appear from former quotations, cannot be accused of partiality, says, "notwithstanding all that has been written against this mineral, it is the only remedy that can be depended upon in all cases, and so much am I assured of this, that I have seen the very men, who declaim most bitterly against it, obliged to have recourse to it after all other remedies had failed." We may take the same index of its degree of applicability, as in the former case, viz.: most beneficial when the disease is marked by fibrinous action, and least so when the crisis is suppurative. Hence, it is most serviceable in eruptions of a papular or scaly form; and least so in those of an ulcerative character, such as rupia.

In tertiary syphilis mercury has been considered to be less advisable than in the other forms. The experience, however, of some of the ablest surgeons is still in its favour. Mr. Porter in speaking of diseases of the bones,—which are believed to be the symptoms wherein, of all others, it is least to be depended upon—remarks that when these evidences are the legitimate off-spring of the syphilitic virus, "they are curable by mercury, and by it alone," and it may be safely resorted to, if we find the symptom say, "a node remaining unaltered for a considerable length of time, and the patient neither wan nor worn, weak, pallid, or emaciated." This may be regarded as the most favourable case; but the remedy may also be advantageously employed, even "when the system seems to have suffered to a considerable extent," if the affection be really venereal, without admixture or complication,—resorting to

the medicine more sparingly in accordance with the state of the system. Mercury is used in various ways as by inunction, administration, fumigation, &c. Inunction is the most ancient; it consists in causing the patient to rub in ℥i or ij of ungt. hydrarg. into the axilla or groin, night and morning, until salivation is produced. It was largely followed by the Arabians; but eventually fell into desuetude, as on account of the greater strength required, it was not adapted for weakly persons, and because "many were left in a state of great debility, and either fell victims to premature death, or were rendered feeble for the remainder of their existence." When inunction was abandoned, fumigation took its place; cinnabar in small quantity [ʒ—ʒi] was, nightly, thrown upon a heated iron, and the vapour allowed to come in contact with the skin and bronchial surface; but it was thought prejudicial to the lungs, and besides other inconveniences were felt which were deemed sufficient cause to reject the practice. Since then, these plans have at various times been revived and refallen into more or less disfavour. John Hunter was partial to the external treatment. At the present day the method by administration is that generally followed. The simplest plan is, probably, to prescribe either hydrarg. c. creta. or pil. hydrarg. gr. iij. to v., night and morning, till there is evidence of their action on the mouth. If under their use, the bowels become lax, a small portion of powdered opium, or compound chalk powder with opium, should be conjoined. When powders and pills are objected to, the blue pill may be rubbed up into an emulsion with almond milk. Other preparations that have been selected are calomel, bichlorid mercury, iodid and cyanid of the same base. I think for primary syphilis, the pil. hydr. or hydr. c. creta are most favorable, as they are more decidedly antiphlogistic:—for secondary, the bichlorid or bicyanid mercury, as more alterative; and for tertiary the iodid, as more adapted for the complication of this type with scrofula, that is so often met with. The bichlorid is notorious as having been recommended by Van Swieten. Accounts have been furnished of 4,880 persons who were cured by it alone, in 8 years at one hospital; no deaths had occurred, and no dangerous or severe symptoms had supervened.

Mr. Abernethy proposed the oxid mercury should be used instead of cinnabar as a fumigant, on account of its not evolving sulphurous acid gas, which is both disagreeable and dangerous. It is best adapted for cases of venereal sore throat, as the topical application of the vapor is often advantageous. A simple method of employing mercury in infantile syphilis, is as a plaster made by spreading the ointment over the belly band of the child; subsequently during the movements of the limbs,

the substance is, sufficiently, worked in as to become absorbed. A few years ago, a peniluvium, or local bath of mercury, as the protonitrate or bichloride, dissolved in water was tried, and it was expected that from the medicine being taken up and conveyed through the same glands, as the poison had been introduced into the system, a topical advantage might be gained in addition to the general one; but a few trials caused me to abandon it. It is a mistake to suppose that the more rapidly salivation is induced the better, indeed experience establishes the contrary to be most true. Under whatever form or plan mercury is given in syphilis, ptyalism ought not to be produced before the third week of treatment, as by this protraction we insure the most thorough destruction of the syphilitic virus. Benefit also is not in proportion to the actual amount of mercury given, and it is always advisable to cure with the least possible quantity. When ptyalism occurs, the dose is to be greatly reduced, say one third, and the medicine thus continued till the symptoms have wholly disappeared; after which eliminatives of a non-mercurial nature should be substituted.

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XXVIII.—*The Education of Apothecaries and Druggists.* By A. VON IFFLAND, M.D., Vice-President College Physicians and Surgeons, C.E., &c.

I know no subject which ought more seriously to engage the attention of medical practitioners than that of the education of Apothecaries and Druggists. The qualifications indispensably required for the practice of so important a branch of the profession, ought no longer to be overlooked by those intrusted, not only with the general interests of the medical profession, but with whatever is connected with the welfare of the people.

I need scarcely remark, that, to the accuracy with which the prescriptions of the physician are fulfilled, will frequently depend the restoration of a patient to health, and to the ignorance or carelessness of the apothecary, it is not too much to add his life may be sacrificed; under so important an object in view, no one can deny that the educational acquirements to vend drugs and to practice as an apothecary—and its most essential branch, the fulfilment of prescriptions—are not subjects which should come within the immediate province of the College of Physicians and Surgeons. These acquirements were, in the opinion of the medical gentlemen who framed the act of incorporation, considered of paramount importance, as not only involving, in many instances, the

reputation of the prescribing physician, but what is of greater importance the very life of the patient. And it may be necessary to observe, that while the various clauses of the Bill of Incorporation were under discussion by the committee named at a General Meeting of the Medical Practitioners in Lower Canada, held in 1846, at Three Rivers; for, among other purposes, to superintend all matters connected with the measure, it was suggested by a member [the writer of this article] that the apothecaries and druggists should also become subject to such stringent enactments, as might ensure to the public as well as to the medical profession, men of good education and thoroughly versed in chemistry and pharmacy. No action was taken on the proposition of that member, in consequence of a communication on the part of several highly respectable apothecaries and druggists, that they were about, by petition to the Provincial Legislature, to constitute themselves into a separate corporation, the existing clauses relating to apothecaries and druggists were therefore erased from the bill.

They have, however, it would seem, from the length of time that the medical profession has been incorporated, abandoned the measure then contemplated for their self-improvement, preferring to remain as individuals, or associated traders, and subject, as they assume, to no other responsibility than that of tradesmen.

Justice should, notwithstanding, be done to two [perhaps more] apothecaries and druggists, now extensively connected with that branch of the profession in this city [Quebec]. These gentlemen submitted their acquirements to a close and searching examination before the College of Physicians and Surgeons, and were found fully qualified by that body to become entitled to diplomas. I am not aware of the names of the members of Committee who may have examined these gentlemen, but I am induced to believe that candidates for the license of apothecaries, &c., are generally referred to Drs. Hall and Sutherland, Professors of the University of McGill College, and than whom none can be held in higher estimation for their eminent acquirements on this continent, and the country may be proud of possessing such men as arbitors of the qualifications of those about entering into the practice of this important branch of the medical profession.

Reverting to those apothecaries, &c., who have submitted to an examination before the College of Physicians and Surgeons, it would, in my humble opinion, be an act of gross injustice to them, were they to

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\* \* The committee was composed of Drs. Morrin, Faltichand, Blanchet, Von Iffland, Valois, M.P.P., Arnold, Badgley, Gilmour, Badesaux, to which was added Dr. Marsden.

be placed in the same position for public consideration and patronage as others who are not so qualified by that body.

Under existing circumstances, it would appear that any person, however ignorant he may be of chemistry and pharmacy, and even of the elements of Latin, can at any time open an apothecary and druggist shop. This is assuredly not the doctrine of equal rights and privileges, for while some devote time and expense in qualifying themselves in these two branches, and also submit to the ordeal of an examination; others without being compelled to devote either time, study or expense in preparing themselves are permitted to exercise the same profession with impunity.

It now becomes the imperative duty of the College of Physicians and Surgeons to resort to such means, whether legislatively or otherwise, as may guard against the evils of ignorance and secure to the people the guaranty or safety, that he who practices these branches has, at least, devoted a reasonable time to acquire a perfect knowledge of them, and that his qualification has been tested by the Board of Governors; unless this security is afforded the public, I know not why the same legal remedy now enacted against unlicensed medical practitioners, and that among other penalties, renders them incapable of recovering by suit any debt arising from their practice, should not also be enforced against unlicensed apothecaries and druggists.

It is my intention of resuming this important subject, but in concluding I may be allowed to observe, that I entertain a strong opinion that only such part of the Ordinance 28, Geo. III, as has reference to prevent persons practising physic, surgery and midwifery in Lower Canada, has been repealed by the present act of incorporation, leaving intact as much thereof as relates to persons practicing as apothecaries, and vending and distributing drugs. Under this exception of the Ordinance all apothecaries and druggists practicing without a license, it is unnecessary to add, become subject to the penalty therein prescribed.

Quebec, 27th December, 1856.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXIX.—*Medical Notes and Reflections.* By Sir HENRY HOLLAND, Bart., M.D., F.R.S., &c. &c.; Fellow of the Royal College of Physicians; Physician in Ordinary to the Queen, and Physician in Ordinary to His Royal Highness Prince Albert. From the third London edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. Quebec: Middleton & Dawson. 1857. Pp. 493.

We doubt if there be any other class of diseases less understood, or worse treated than those which are comprised within the comprehensive designation of "dyspeptic"—a term which, though both vague and insignificant, is used to cover a multitude of evils, and also—shall we not say it—a mass of ignorance. It is the common resort of the bewildered practitioner, when tormented by his teasing patient, to declare a cause for the legion like aches and fancies with which he is tormented. It is the haven of rest in which the medical mind lays up its doubts and uncertainties in the demonstration it is compelled to give of things hidden and impenetrable. It is the satisfaction which—though virtually unsatisfactory—still, like oil upon the ruffled waters, lulls the storm that care has awakened, and brings the light that want of information has withheld. Abused, senseless and comforting though it thus be, yet this fashionable word is not always an empty sound, nor meaningless expression. It often has a true application, and an ample signification, but as we have implied, it is not always apprehended aright, and practical mistakes of a serious order inevitably follow. These we opine are referred to in the following passage from the philosophical work, of Dr. Holland, which forms the subject of the present notice. Speaking of gastric diseases, its accomplished author, observes, "they unhappily furnish an arena on which all the worst parts of medical practice find their readiest display. Fraud, intrepid in its ignorance, here wins an easy triumph. Secoded on every side by prejudices, fashions and follies, and taking advantage of the mind and body, in their weakest and most sensitive mood, it deals out precepts and drugs, with a pernicious facility;—sometimes altogether at random;—sometimes and even more injuriously, with one common scheme of treatment applied to the most variable and incongruous symptoms. What reminiscences does such a forcible statement bring before the contemplative eye;—what shades of former celebrities troop before that fancy as the mines explode that its recital springs;—and how painfully



applicable, are the same well-told truths to drug-givers of even to-day, and to the valetudinarians who arrest our daily walk. Were we to ruminate on a single instance in point—on routinism, alone—abundant evidence would be furnished in attestation to the truth of our suggestions. Consider it as it stalks forth among the sick and wearied, “it deals out precepts and drugs with a pernicious facility;—  
at random:—  
with one common scheme of treatment.”

The same scraps of advice are furnished out so unvaryingly that the wonder grows how they maintain their novelty! or the question arises why the patient, who has oftentimes heard them before, should seek their re-acquaintance? Though they have become as familiar as household words, yet are they received as the latest productions under the sun. The patient is obedient, but only to a certain limit; he is confident, but merely upon conditions. He will submit to directions provided they do not disturb his preconceived ideas of what is right. And he will return to his counsellor with renewed supplications, when the previous advice has not been contradictory of antecedent rules. In this way the physician is invited to enter upon the discharge of a round of sayings and dispensings, to which through indolence, or by the force of some other equally controlling agency, he may not be personally objectionable. Most of the great concerns around, if he stay to examine them, seem to express a monotonous course of unchanging action, fulfilling, as mere matters of course, some prominent act of accomplishment, more signal for its singleness of purpose, upon its repeated consummation, than for any other tangible feature. Looking at routinism from another field of view, we must also close our inspection by exempting its pursuers from the condemnation which an abstract consideration entails upon it. The physician has to deal with subtleties which, in spite of the pretensions so ostentatiously claimed for medicine, are not discoverable; lesions the most opposite in their fundamental structure often supervene in the same organ, which, although outwardly, signified by isomeric symptoms, and therefore not during life to be diagnosed, do not show forth the correspondingly appropriate lines of treatment. Paradoxes and puzzles are constantly occurring, and, more surprisingly, they are sometimes afforded by the elements of disease that in themselves are the most simple. The commonest accident, to the vascular twigs within one's sconce, may defy the perception and detection of the most skilful faculty of medicine that ever conferred the *summos honores*. When, therefore, as the vulgar phrase is, “there is nothing to do upon,” when the case is hazy and the landmarks inappreciable, it is to be expected that men will be guided only by certain general laws and cautiously confine themselves

to methods of interference. which, to a superficial observer, must appear ordinary and common place. The fact is, there are certain conditions, which a very few simple expedients will achieve, that place the system in the most opportune state for resisting the advancing invasion of disease and struggling to emancipate itself from the thralldom of the *materies morbi* with which it is already oppressed. Experienced practitioners learn soon to know the circumstances, which are best adapted, for placing the *vis vitæ* in the best position for exercising its salutary tendencies, and trust to the deliverance which, when unshackled from some formerly constraining cause, it is generally able to accomplish. They know that in many diseases, the tide of tendency sets in towards recovery, the *vis*, before-mentioned, is more often a *medicatrix* than a *necatrix*, and that if they give it the assistance and support above implied, she will always be successful against every ill-event! unless, indeed, in the wise ordinations of an over-ruling Providence, a fatality is inevitable, because by Him decreed in His unerring counsels of old.

But while we thus extenuate the physician:—there is another too frequent practitioner of routinism, to whom the same concessions cannot be granted;—we refer to the patient, to a certain class of individuals who abuse the system in their experiments of it upon their own vile bodies. One, who feels not well, takes up the notion that he is bilious, and runs away with it, or else his chief idea of health is founded upon a diurnal sacking of his bowels. And what are the results to which the impression leads: the portrait must be searched, though not very closely, before the lineaments appear. It is called *cathartics abused*, and as we scan it, we learn. The public are naturally fond of humoral doctrines, and most willingly believe that active purging carries off a great deal of poisonous matter, which would otherwise enter the system, and overpower it. When a medical man is called in, who is an advocate for purging, they generally soon fall into his way of thinking; they have a sort of gratification in discharging a large quantity of nasty looking greenish or black stuff, and particularly, if it have a very fetid odor, they feel a sort of self-complacency, they fancy they have discharged a mass of corruption, and they eagerly adopt the advice of the learned Dr., who recommends them another dose of blue pill, under cover of a black draught—they say they are quite ready for it, they are very much pleased at the idea of another disengagement, and experience high gratification in making another attack upon the assumed enemy, who they fancy must speedily collect his forces. They swallow the doctors stuff voraciously, and as they say they find themselves lighter after it, and their appetite improved. They are besides themselves with what

has been done for them, and, indeed, were they to rest contented, all might be well; but no—they imagine they have discovered the means of attaining lasting health, they therefore give way to the pleasures of the table—getting rid of any accumulation that may occur, by, once or twice in every week, swallowing upon their own account, and at their own discretion, an unknown drastic, or a dose of calomel, or blue pill, such as was formerly prescribed by their old family Dr. or some fashionable notable, in large practice, whom dear Mrs. Fidgets recommended, or perhaps equally good, the same prescription was handed across a dinner table, by an old friend, who had used it, twice a week, for five years, and had never known an ache or pain since. Come the evil as it will—the greedy recipient swallowed the tale and then the physic, although, perhaps, quite unsuited to his case. After a few weeks perseverance in it, his bowels became utterly disordered, expelling the natural mucus, urging on the canal to increased action, till at last the whole digestive apparatus was positively impaired. In time, all but worn out—he went for medical aid. He passed from physician to physician, acquiring, as he left each a receipt for a tonic, or a stimulant, or a bitter; at length a permanent irritation was kept up, the whole system sympathised with the state of the alimentary canal, the mind grew peevish and irritable, the viscera became deranged, and at last the poor sufferer dropped down a victim to the early benefit he had received from the proper administration of a suitable remedy—to a use lengthened out to an abuse. The 22nd chapter of Dr. Holland's very valuable work, is on the subject upon which we have been discaunting—it is headed abuse of purgatives. The learned baronet, among a host of practical observations of the first order of merit, remarks, in referring to the evils of the practice,—“the nutrition of the body generally suffers; the processes of digestion are imperfectly performed; the ingesta are hurried forward without the due amount of change and separation taking place, and there is usually decay of flesh and strength. . . . The effect of sudden and violent diarrhoea in depressing the vital powers is well known. Syncope is a frequent consequence; death when there is already great exhaustion, an occasional one. I have seen instances when a strong purgative given directly after a violent and protracted operation, or after a shock to the nervous system from accident, has produced very urgent danger by aggravating the tendency to collapse. . . . In cases where there is the habit of slighter but constant irritation by purgative medicines, the tendency of results is the same, though the immediate effects are less rapid and obvious. The extent of highly sensitive surface, forming the canal of the bowels, gives great scope to

this influence, and few consequences can be stated more certain, than the gradual undermining of the vital powers by the abuse in question."

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XL.—*The Physician's Prescription Book*; containing a list of terms, phrases, contractions and abbreviations, used in prescriptions, with explanatory notes, also the grammatical construction of prescriptions, &c., &c. To which is added a key containing the prescriptions in an unabbreviated form, with a literal translation. By JONATHAN PEREIRA, M.D., P.R.S. Second American from the twelfth London edition. Philadelphia: Lindsay & Blakiston. 1857.

The objects of this little treatise are amply stated in its title page, of which the above statement is a copy. It is intended particularly for medical and pharmaceutical Students; to whom its study will prove of much profit. The large demand, shewn in the number of editions through which it has passed, proves that, at least in England, where it is better known than in America, its merits are extensively appreciated. Thirty years have elapsed since it first came from the hands of its much lamented author, who, during his life-time, was distinguished for his indefatigable zeal, untiring industry and almost ceaseless exertions in facilitating the opportunities of the medical student, for acquiring a thorough and minute knowledge of all subjects connected with the materia medica, dietetics and pharmacy. The amount of labor which this most worthy gentleman accomplished by his own personal efforts was of an Herculean character. A closely continuous application and indomitable perseverance, joined to a remarkable energy of disposition were, no doubt, the instrumental means which gave efficiency to the literary tendencies of a vigorous mind, well stored with the deep lore of science information both general and special. Common-place explanations however, such as these, hardly, altogether meet his case and probably no correct appreciation could be obtained of his profound researches and over-abundant inquiries, unless by one who had been privileged to witness this wonderful author searching out information by day, barely allowing himself time for meals and the necessary business of life, consuming the midnight oil, and devoting the time, when others rest, to still advancing labor, surrounded by books of many tongues and of every age, deep in manuscripts of accumulated number, engaging years upon years in the same unwavering attention and concentration, and at length producing an encyclopædia of, it might be said, everything in the departments upon which he entered.

## CLINICAL LECTURE.

*On the operation of lithotrixy.* By F. C. SKELLY, F.R.S., Surgeon to the St. Bartholomew's Hospital.

[From the Medical Circular.]

In order to appreciate the value of the operation of lithotrixy as a means of removing calculi from the human bladder, we must compare its dangers and liabilities with those of the long adopted mode of extraction of the stone by the cutting operation. If we ascertain by statistics, that one of these two operations is, under the most favourable position of things, the cause and precursor of death in a far larger proportion of cases than the other, it is our duty as good Surgeons and honest members of society to adopt that which experience declares to be the more eligible, because the more free from danger. Suppose a case of stone to present itself to Mr. A., a gentleman who has operated some five times without failure, it might be argued that this, the sixth case, would probably prove fatal, because his success has already exceeded the proportion which statistical inquiry has determined as the standard of results. But the argument would be fallacious, because it is urged at the end of a series instead of at the beginning. The question is this, what are the chances of success attending six consecutive cases of lithotomy in the hands of a man of limited experience? and the answer is, very small indeed. That estimate is very moderate which assigns failure to two out of the six cases operated on by the lateral division of the perineum. Is not this a frightful average? What is it that makes stone in the bladder so large and fearful a disease? It is not commonly so painful in its symptoms, its draughts upon the health are not so great, it is not incompatible with the enjoyment of life,—of exercise, of food, of sleep. Occasionally it is a painful affection, but more commonly it is what may be termed bearable. In truth, it is the operation for the removal of the stone that gives to this disease so fearful a name, so terrible a prestige. We all profess our faith in what is termed Conservative Surgery. What is meant by the term Conservative Surgery? Rely on it, it has no application more clear and apposite than that which demands of us the selection of an operation which is attended by little, as a substitute for another attended by great danger; and between the two operations of lithotomy and lithotrixy, there is really no comparison in respect to their results; the difference is as marked, as that between safety and danger. Conservative Surgery not only pleads the cause of humanity in the retention of limbs formerly consigned to amputation, or the attempted conservation of structures or parts of structures partially severed from the rest of the body, but it includes the principle of treatment which obtains its results with the smallest amount of danger, pain, or even discomfort to the person diseased. I have no personal objection to urge against the operation of lithotomy, I have operated on old and young with something more than average good fortune. I say good fortune, because the issue of a case is so uncertain that it cannot be predicated by the most experienced surgeon. With me that opera-

tion has long since become the exception and not the rule. In common with others, I still cut children for stone, simply because the urethra of the child is too contracted to admit a lithotrite sufficiently small to be compatible with safety. There is also another exception, viz., when the stone is too large to be grasped by the lithotrite; such a case I have never yet met, although I am quite aware of their very occasional existence.

In calculating the probable issue of the operation of lithotrity, we must keep in mind the very improbable recovery of cases in which the kidneys or the bladder itself have become involved. If the kidneys especially have undergone disorganization, whether the one operation or the other be selected, death is the probable result, and it is obvious that a bladder which is the seat, whether of chronic thickening or of ulceration of its mucous membrane is not in a very favourable condition to sustain the violence of either operation; nor do I think one of them very preferable to the other, for the result will be the same. But I wish you clearly to understand that these are exceptional cases; they are not common, but otherwise. In selecting a case for the operation of lithotrity, when so much depends on a healthy condition of these important organs, it behoves us to ascertain, by any and all means, whether there is or is not danger in the background? Has there been pain in the loins, any sense of weight? Has there been hæmorrhage, slight or considerable? Is the person's health good? Does his countenance bear the stamp of disease, or discomfort? Does he carry the aspect of weariness, of suffering, of exhaustion? Does he confess to be a moderately sound sleeper, disturbed not more than once, or possibly twice, during the night to pass water? Has he a pulse good in quality and unobjectionable in frequency, that is, ranging between 65 and 75? Is its frequency readily increased under mental emotion? His skin neither moist nor dry, his appetite good, and in fact, all his functions regular? These points being satisfactorily settled, we come to the organs more immediately the seat of disease. You will examine his urine with all necessary care, test it for albumen, by heat and by nitric acid; test its specific gravity, observe its colour, and ascertain the degree of its acid reaction, *et per contra*. Presuming the inquiry to prove satisfactory we proceed to the bladder; we ascertain its healthy condition by the absence of pain in the hypogastric region, whether permanently or on pressure by the hand. We further judge by its tolerance of urine. We learn on inquiry that from two to four hours are the intervals of micturition, whether by day or night. If a full sized instrument be now introduced into the bladder, we at once ascertain that the urethra is patent, and will admit with a little management on the part of the operator, and less pain to the patient, a lithotrite of size sufficiently large to break any ordinary stone. The inquiry is now completed; and presuming the operation to be undertaken in the course of a few days, all that is required is to counsel your patient to avoid excess of all kinds, whether of diet or exercise, the resort to each and all being dictated by moderation. I protest against the exhaustion of depletion, whether direct or indirect. I equally protest against the exhaustion of repletion. You will equally avoid diarrhœa and constipation. Now with regard to

the operation itself, you have so often witnessed its performance at my hands, that it may appear a work of supererogation again to describe it. Yet I shall do so, because your success is more dependant on *that* than on any other feature in the case. Let me preface this description by an admonition applicable not to lithotripsy only, but to every other operation in Surgery. I allude to the cultivation of lightness of touch, gentleness of manipulation. You will never acquire half so much knowledge by a clumsy, obtuse, and ponderous manipulation, as by the tender and delicate pressure of a single finger. If you would avoid the giving pain, if you would buy "Golden opinions" of your patient, nay more, if you desire to obtain more information, touch lightly. So in lithotripsy, if you have avoided giving pain, you have done well for your patient, and well for yourselves.

Generally speaking, unless the bladder is more than usually irritable, you need not employ chloroform. It may be necessary if the fluid injected be retained with difficulty. Place your patient in a semi-recumbent position on the side of a bed. Support his back and head from the shoulders upwards only, on pillows, or on a chair sloped behind him. Place his feet on two chairs separated as widely apart as he can conveniently retain them, and take up your position between them. Warm and oil a nearly full-sized catheter, say No. 9 or 10, and carry it slowly into the bladder; inject four, five, or six ounces of water at the temperature of from 80 to 90. Withdraw the catheter gently, grasp the lithotrite firmly and pass it down the urethra, also warm and well oiled, and be careful to observe that it is screwed tightly home. When you reach the neck of the bladder, your progress will be arrested, steady pressure for a few seconds will overcome this difficulty, and the instrument will enter the bladder, and move freely in all directions. Do not attempt to open the blades of the instrument until you are quite clear that it has reached the interior of the bladder. When the instrument has fairly entered the cavity, the cross bar of the screw will be within an inch of the orifice of the urethra, and the instrument itself will be horizontally on your hand. Now expand the blades to their full extent, by pressing the remote blade against the opposite wall of the bladder at the same moment, and to the same range of motion that you withdraw the near blade towards you. If you withdraw the near blade only, you will create severe pain by pressing against the neck of the bladder, and hemorrhage will probably follow, sometimes to a formidable extent. Having slowly expanded the blades, slightly raise the handle, and press the remote blade against the base of the bladder, giving the instrument at the same moment a slight snuke, and the stone will almost invariably fall into the grasp of the lithotrite, screw home, then reverse the screw and expand as before, and so on. If this be the first operation, enough has already been done, and it will be quite sufficient to break the stone once across. On all future occasions, the crushing process may be repeated from six to twelve times, according to the degree of suffering occasioned by the operation. If you acquire tact and reasonable dexterity, you may calculate on catching fragments of stone, about eight times out of twelve attempts to do so, and often more. I have repeatedly seized them ten times in succession. Having withdrawn the lithotrite,

consign your patient to bed, and desire him henceforth to pass all his urine over gauze, on which all the fragments may be collected. For the present, leave the bladder alone, and do not require him to pass off the injected fluid; in all probability, he will fail if he makes the attempt. Desire him to drink freely of diluent fluids, but not to deprive him of his ordinary food, if he be inclined to receive it.

A second operation may be undertaken at an interval of from five to ten days from the first, but the period may be determined by the amount of irritation following the first attempt. If slight the operation may be repeated early.

Among other consequences creating the necessity for postponement to lengthened intervals are catarrh of the bladder, stone lodging in the urethra, and abscess in the perineum—catarrh, or the deposit of slimy adhesive mucus, rarely follows the first, and not often the second operations, but it is a frequent concomitant in the progress of the treatment. If this mucus be considerable in quantity, and its secretion be accompanied by much pain, although the symptoms will occasionally yield to diosma, pareira or uva ursi combined with the free use of opium and hip-baths, yet it is much better to repeat the operation carefully at once, and relief both from the local pain and the adhesive mucus is the general result. Particles or fragments of stone may lodge in the urethra, creating a considerable amount of distress and retention of urine. If this lodgement take place within reach of an instrument, the attempt should be made to remove it, and although many tools have been invented for this purpose, I know of nothing preferable to a pair of thin-bladed dressing-forceps a little curved in the blade. The instrument should be closed in passing down, and on touching the stone, the blades are forcibly expanded, while at the same time the stone is pressed forward by the left hand. When firmly seized the fragment should be turned slightly round and slowly extracted.

If the fragment has lodged lower down the canal it is better to return it into the bladder, and you are acquainted with the instrument I employ for this purpose. It consists of the largest sized catheter open at the end from which projects a ball or nob. On sounding the fragment the ball is withdrawn, and the stone is forced backwards, while the membrane of the urethra is protected by the instrument, and I have never failed in giving relief by its simple agency. It is rarely necessary to cut on to the stone with a view to its removal, but it is an operation not often followed by serious consequences.

Abscess in the perineum not infrequently follows the detachment of a portion of mucus membrane from the urethra, or the laceration of membrane by a pointed fragment of stone. Probably a drop of urine escapes into the cellular tissue, abscesses are the result. They may present themselves in the form of a diffused swelling, or of a rounded tumour on the corpus spongiosum, more or less moveable. They do not commonly break, but if not subjected to interference, or to a repetition of the operation, they become absorbed.

Of these three obstructions in the path of recovery, the first is common, and applies to the large majority of cases. The two last are rare, and abscesses especially so. I have never known serious results from



any of them. I acknowledge illness, temporary pain, anxiety, loss of sleep, and of appetite, but the question of this or that patient's recovery has never been raised in my own mind by their presence.

The operation of lithotripsy is making its way in the surgical world, and I have no doubt that, before the expiration of many years, the old operation will become the exception and not the rule of experienced Surgeons.

Two objections are yet urged against it. First the length of time required for its completion, and secondly, the supposed difficulty of extracting the last fragment, by the retention of which a nucleus to a new stone remains behind. As regards the question of time, if the difference were far greater than it is, it would be unworthy of consideration. What is the degree of importance attached to a few weeks' confinement, when compared with the question of danger to life? Literally nothing.

But I suspect, after all, that the difference is not so great as is supposed. If I deduct two exceptional cases in my own practice, which from peculiar occurrences occupied a longer than average period, I can assert, that out of forty-five cases, the mean time during which the persons were under treatment was within eight weeks. Now if we take the average of lithotomy at five weeks, here is a loss of three weeks only, and this I maintain is an evil so inconsiderable in degree as to weigh most insignificantly in the scale against the improved operation.

With respect to the last, fragment of stone retained by the bladder, I am persuaded it is an imaginary difficulty, and not a real one. I have in my possession fragments of stone that have been expelled from the urethra, in magnitude much greater than many calculi detected by the sound, and extracted from the bladders of children. Careful sounding will detect such fragments at any time. If such a fragment remains behind as the urethra will not allow to pass by reason of its size, depend upon it, it is large enough to be struck by the sound. If it be so small as not to be detected by the sound, it will come away, as larger fragments have come away before it. Out of fifty cases of lithotripsy I have never experienced this difficulty, and provided something more than common care be bestowed on the last examination, I do not believe in its existence. But even allowing the possibility of an undetected fragment to remain in the bladder, what evil can arise from its increasing size during the ensuing two or three months? When it has reached a magnitude detectable, it may at once be broken into fragments and brought away by a single operation of the lithotrite.

## THERAPEUTICAL RECORD.

[*Virginia Medical Journal.*]

*Caustic for cancer.*—A new remedy for cancer, in the shape of a caustic composed of three parts of sulphate of lime, one of chloride of zinc, and one of chloride of antimony, is beginning to be very much used.

*Caustic in nævus.*—Dr. Macke recommends the following caustic as a highly useful application to *nævi materni*, especially in young children. Corrosive subl. 4, collodion 30 parts. It is to be applied by a small brush, and desiccation takes place so rapidly that the action of the caustic does not extend beyond the spots it is applied to. A solid eschar, one or two lines in depth, fall off in from three to six days, and the pain induced is inconsiderable, and of short duration.—*Revue Med.* 1856.

*Color of cicatrices in the negro.*—There having been considerable differences in the statements of authors upon this subject, some declaring them to be white, and others that they are blacker than the rest of the skin, M. Beguin, surgeon to a frigate employed in the Indian ocean, took occasion to observe their appearance in several negroes on board. Examined in 21 individuals, they were always found colored, never being decidedly white, even after large loss of substance. Their depth of color gradually increased, and at last, after a variable period, was found to be sometimes less deep, and sometimes deeper than that of the surrounding skin.—*L'Union Medicale.*

*Iodine in hygroma.*—M. Grose has found in sixteen cases of hygroma, the application of tinct. iodine twice a day, upon compresses secured by means of bandage, always attended with success. In very delicate skins the first applications may excite vesication, and then longer intervals may be required, or the iodine may be diluted.—*Moniteur des Hop.*

*Popliteal abscess from angiolenitis.*—M. Chassaignac, while pointing out an example of abscess in the popliteal space due to a traumatic lesion of the tendo-Achillis, explained the anatomical reason of the rarity of the occurrence. There is in fact a very limited region of the foot supplied with lymphatic vessels that proceed to the ham, this being precisely limited to the portion of the skin which corresponds to the tendo-Achilles. The lymphatics beyond this narrow tegumentary zone proceed to the groin.—*Moniteur des Hop.*

*Proto iodine for iron plaster.*—M. Alque speaks highly of the resolvent power of this plaster in the case of white swelling and lymphatic enlargements. Experiment has shown that its employment is much more satisfactory when made by combining its separate elements with the plaster, than by the introduction of the ready-formed proto-iodine. Take of iodine 1, powdered iron filings 2, and pitch plaster 30 parts. Melt the plaster gently, and add the filings, and then the iodide, previously dissolved in 10 parts of alcohol, stirring well with an iron spatula, until a greenish-brown color is produced. It is then spread and cut into strips for application.—*Bull. de Therap.*

*Sebaceous tumors.*—M. Chassaignac observes, that when sebaceous tumors occur in unexpected localities, he has often found a useful means of diagnosis in observing the exceeding degree of paleness which the surface presents when the base of the tumor is compressed so as to throw this surface into relief; this being much more decided than is the paleness of surface of any other description of tumor submitted to the same procedure.—*Moniteur des Hopitaux.*

## PERISCOPE.

*Effect of Belladonna in Immediately Arresting the Secretion of Milk.*  
 Dr. R. H. Goolden has communicated to the *Lancet* (Aug. 9th, 1856) the two following cases, which seem to show that belladonna possesses the power of arresting the secretion of milk.

E. J., aged 28, was admitted into Anne's Ward, St. Thomas's Hospital, with a small child at the breast four months old. At the time of her admission she had swelling and acute pain in both wrists, right elbow, both knees, and left ankle. The knee-joints were distended with synovia, and erythematous patches were on the skin of the knees, ankles, and wrists. She was bathed in perspiration, and the secretion of milk was abundant. According to the regulation of the hospital, the child was removed; indeed, from her helpless condition, it was necessary, considering the difficulty of attending to an infant in a ward with other patients. Soon after her admission she took eight grains of calomel and a grain and a half of opium, followed by a senna draught; and one scruple of nitrate of potassa, ten grains of bicarbonate of potassa, and a half drachm of spirit of nitric ether, in peppermint water, every four hours. The joints were covered with cotton wool.

On the following day, at two o'clock, I found she had been freely purged; the joints were in nearly the same state. She had had no sleep. The breasts had become tumid, hard, painful, knotty, and extremely tender. The superficial veins were distended. Some milk had been drawn, but the process was attended with great pain, and we could not listen to the heart's sounds on account of the tenderness.

A milk abscess, in complication with rheumatic fever, was of all things to be avoided, and unless the secretion could be at once arrested it appeared inevitable. In this strait I recollected that I had somewhere met with an observation (but I can not remember whether it was in an English or foreign journal) that atropine applied externally to the breasts would dry up the milk; and, thinking it reasonable, I caused the areolæ of the breasts to be smeared with extract of belladonna, in the same way that it is used to dilate the pupil of the eye. I likewise ordered the addition of half a drachm doses of colchicum wine, knowing that whenever milch cows eat the meadow saffron in the pasture they immediately become dry; and though I have not much faith in colchicum as a remedy in rheumatic fever uncomplicated with gout, there could be no objection to its use, and it has the sanction of much higher authority than my own.

On my third visit, the following day, the first inquiry was about the breasts. They were all right. But was it colchicum or belladonna that had relieved them? The extract was used before I left the ward; before the mixture was given the secretion of milk had been arrested and the breasts had become soft. The rest of the case has no further special interest. I will only state that there was no heart affection, and that the fever, though very severe while it lasted, was of short duration, and the patient left the hospital quite well in fourteen days.

The second case that occurred to me was uncomplicated with any disease, and as would usually fall under the care of the accoucheur rather than the physician.

A lady, the wife of a clergyman, was travelling with her husband, and, in order to accompany him, had weaned her baby (then seven months old.) Happening to be at Oxford at the commemoration festival, he came to me in great trouble, telling me that his wife had done a foolish thing in weaning the child, and that they were now arrested in their progress in consequence of the state of her breasts. They were tumid, very tender, painful, and hard, with large superficial veins, and the milk had been drawn with difficulty several times with temporary relief. I recommended the application of the extract of belladonna to the areolæ, desiring them to send for a medical practitioner if the inconvenience did not immediately subside, or unless she felt quite well. A few days brought me a letter, giving a very satisfactory account, and thanking me for what she was pleased to call my wonderful prescription. Within two hours she was perfectly relieved, the milk absorbed, and (what is very important) there was no fever or other inconvenience attending the sudden suppression of the milk; and, instead of taking the opening medicines I had prescribed for her, she continued her journey the next morning.

I have not been able to discover that the fact the belladonna is available for the purpose of arresting the milk secretion is at all generally known—certainly it was not to several accoucheurs in large practice of whom I have inquired. The fact is important if true, for then milk abscesses will become a matter of past history, and probably many diseases of the breast may be rendered less complicated by its use.

The two cases I have detailed are not sufficient to prove that it will always be either successful or safe, but they render it highly probable that it is so.—*American Journal*.

*Ergot of Wheat.*—Dr. Robert makes the following statements respecting this substance: 1. The medical and obstetrical property of this ergot is as incontestible as of ergot of rye, and its effects are as prompt, as direct, and as great, 2. Its hæmostatic action appears certain. Dr. Robert has administered it several times against abundant discharges of blood, and immediately after labor it has almost constantly and fully succeeded. 3. In the dose of one or two grammes, according to urgency, it has frequently succeeded in lessening, if not in completely arresting the hemorrhage; and this without appearing to produce any stimulant action on the uterus.—*Gaz. des Hopitaux, March, 1855.*

*Operation for Strangulated Ventral Hernia during Pregnancy—Recovery.* By HENRY F. CAMPBELL, M. D., Professor of Surgical Anatomy, &c., in the medical College of Georgia. Jenny, a negro woman, aged about 30 years, was brought to the infirmary on the 7th of July, 1856, at one o'clock at night. Her master, a physician, had correctly diagnosed her disease as Strangulated Ventral Hernia. He said that she had been suffering for nearly forty-eight hours from the constriction. On account of her condition, four months advanced in pregnancy, and also from not having at command the proper appliances and assistants for operating himself, he had concluded to bring her to this place, a distance of forty miles from his residence.

On examination, we found the patient in a condition of extreme depression; her extremities were cold, her pulse very feeble and rapid and she had vomited excessively. There was a tumor in the umbilical region of size equal to a large orange, and the skin covering it, was tumid and somewhat infiltrated from the frequent attempts made by the Doctor for its reduction.

Of course, under the above circumstances, no time was to be lost. We attempted taxis, but finding it offer no hope and having much reliance on the skill of her master, Dr. G. C. Furse, and of his brother, Dr. Furse, who had both tried that mode and failed, we determined, after consultation, to proceed at once to the operation for strangulated hernia in this region.

*Operation.*—Having given the patient a large portion of brandy, and placed her upon a suitable surface of support in the recumbent posture, and administered chloroform to the amount we considered prudent in her low condition, we made an incision in the vertical direction, the whole length of the tumor. The integument being loose over the tumor and easily separable from the hernia sac, this first incision was made by raising a fold in the transverse direction, passing a long sharp-pointed bistoury through it, and thus cutting out to the surface. Dissecting carefully through a quantity of fat at the bottom of this incision, brought the peritoneum into view, when we again attempted reduction by taxis; this failing, a small opening was made in the peritoneal sac near the centre, and a grooved director introduced, and upon this, the sac was laid open by incision with a probe-pointed bistoury, first in the upward, and less freely in the downward direction. The intestines being now exposed, and presenting what we considered a sufficiently sound appearance, though much darkened by congestion, we proceeded to dilate the opening through which they had passed, which now appeared rather to *one side* the umbilicus than in the exact situation of the umbilicus itself. In making this dilatation, the forefinger of the left hand was introduced above the neck of the sac, an assistant supporting and holding out of the way, the mass of protruded intestine; a curved probe-pointed narrow bistoury was then introduced flatwise upon the palmar surface of the finger, and the incision made upwards and rather to the left side to the extent of nearly a quarter of an inch. The ring, (if we may be allowed to transfer here a word which has become a technicality in another region,) which before was hard and rigid, soon yielded to the pressure of the finger after the knife was removed, and the intestine and also the now empty sac, were readily returned into the cavity of the abdomen. The lips of the external wound were approximated and kept together by three sutures, and the part dressed by the application of a towel wet with cold water, which was to be renewed as often as it became warm by contact with the surface of the body.

Either on account of the obtunding influence of her extreme state of exhaustion or from the anæsthetic effect of the chloroform, the patient evinced but little suffering during the whole of the operation. Her state immediately after the operation cannot be said to have improved upon that before it, her depression continuing until an advanced hour on the following morning.

We referred above to the unusual amount of caution we felt it necessary to exercise in the application of the chloroform in this case: this was suggested to us by the fact that early in the administration of it, the patient manifested decided symptoms of syncope, from which moment we abandoned its further continuance.

A short time after the operation, an injection of warm water was administered to provoke the action of oil previously given by Dr. Furse. This was followed by no immediate effect; probably the oil had been vomited previously to her arrival at the Infirmary.

The first indication she evinced of returning health, was a decided craving for food; and though her bowels remained long constipated and uninfluenced by cathartics, she did not appear to suffer inconvenience from this state, and continued to convalesce without interruption.

About the tenth day after the operation, at her urgent solicitation, we allowed her to rise from bed. The incision having united firmly the only support we deemed necessary at first was a small pad and broad bandage, which was afterwards changed for an umbilical truss. This last, however, had to be abandoned after a short time, as the patient was refractory and would not attend to keeping it on the proper situation, and indeed, from the solid condition of the part, care upon this point did not appear to us as very important.

This patient remained under our care until the 25th of August, during which time, there was no embarrassment of the favorable progress of gestation, which, indeed, as we afterwards learned through Dr. F., continued on to a fortunate parturition, uncomplicated by any untoward incident. At last accounts, she was pregnant again, with but slight threatenings of a return of her former hernial difficulty.

We have the more willingly reported the above case, as we have been for a long time under the conviction that such herniæ are of not infrequent occurrence, a number of this kind having come under our observation.

It is the opinion of Dr. G. M. Newton, Professor of Anatomy in our college, expressed in his lectures on this region, that ventral hernia may be the result of a dilatation of the openings along the linea alba above the umbilicus intended for the transmission of vessels; these openings become enlarged by a deposition of fat around the vessels they transmit, are left patulous on the absorption of the adipose tissue, and thus afford a means of exit to omentum or intestine.

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*Landolfi's Treatment of Cancer.*—M. Landolfi's mode of treating cancer having gained considerable notoriety in Austria, he repaired some time since to Paris, in order to induce the Surgeons of that capital to endorse the favorable opinions expressed by some of the Vienna practitioners. The French Hospital Surgeons accordingly appointed a committee of their body to examine into the ability of the claim, and this was done by assigning M. Landolfi a certain number of patients at the Salpêtrière. The committee, after watching the results of his treatment of these cases, has just made its report, and the following are the conclusions arrived at. From these it would seem that the remedy is

destined to fall into the oblivion that has entangled so many of its predecessors.

1. M. Landolfi's method is made up of both local and internal treatment. 2. The latter, which consists in the administration of chloride of bromine, does not possess the slightest special therapeutical value in the treatment of cancer.

3. The local treatment consists in the application of the following caustic: Chloride of bromine, 3 parts; chloride of zinc, 2 parts; chloride of antimony, 1 part; liquorice powder, 1 part.

4. Of these substances, the chloride of zinc and chloride of antimony, have been long known and employed as caustics. These two chlorides combined in the same proportion as in Canquoin's caustic form the only portion of M. Landolfi's preparation that is really active.

5. The chloride of bromine only acts by raising the epidermis, and exposing the denuded part to the action of the other two chlorides, a result easily obtained by any vesicatory applied just before employing Canquoin's paste.

6. M. Landolfi's preparation is, in fact, only this caustic masked by a coloring and odorous body, which, although it leaves the causticity unimpaired, destroys the precision of application. The chloride of bromine has only spoiled the mixture by rendering it fusible, much more difficult to manage, and much more uncertain in its results.

7. As the caustic so modified does not secure the patient from erysipelas or consecutive hæmorrhage, it can be no longer affirmed that its employment is exempt from danger.

8. Infinitely more painful than most others, this caustic induced most severe suffering, which, in general, lasts for six or eight hours, and may be prolonged for more than twenty-four hours. Opium and other narcotics are powerless against these pains, while their duration forbids our even thinking of employing anæsthetics.

9. The mode of application is quite vicious, and opposed to the rules of art. In place of attempting to at once destroy the cancerous tumor, M. Landolfi attacks it by partial and successive applications—a necessary consequence of employing a caustic the extent of the action of which cannot be calculated.

10. These successive applications, repeated on some patients fifteen or twenty times, induce a total amount of suffering hitherto unheard of.

11. They prolong the treatment indefinitely, and infinitely delay cicatrization.

12. The incessant irritation thus induced is of a nature to favor relapse, as experience has only too well shown, and all know who are imbued with sound surgical knowledge.

13. This method, applied by the inventor himself to nine cases of cancer of the breast and three cases of canceroid, has given the following results:—Of the 9 cases of cancer of the breast, 2 have died, 4 have suffered a notable aggravation of the disease, while in 3 cases in which cicatrization took place, the disease immediately after re-appeared: that is to say, in no case did a cure result. Of the 3 cases of canceroid, a cure

took place in 1; another there was cicatrization with re-appearance of the disease, and in the other, an exacerbation took place that necessitated the amputation of the limb.

To sum up, M. Landolfi's method can only be applied to certain cancers: it is more painful and more uncertain than several other modes of cauterization; and it is, in particular, inferior to Casquin's method; of which it is only an altered copy. Like all the other methods of treatment, it may succeed in destroying certain tumors and cicatrization may follow; but it is quite powerless for the prevention of relapse, which it would seem rather to provoke, and so far from forming a step in advance, it adds but another to the illusions that so abound in the history of cancer.—*Med. Times and Gaz.*, from *Bull. de Therap.*

### *On the Employment of Chlorate of Potass.* By M. ISAMBERT

In this paper, M. Isambert, after giving the history of the employment of the chlorate since its discovery by Berthollet, its disuse, and recent revival by Hunt and others, states that he has of late investigated its therapeutical action in M. Blache's wards, at the Children's hospital, and its physiological effects by experiments upon himself. Passing over these latter we briefly present the conclusion he has arrived at in regard to its medicinal employment.

1. *Gangrene of the mouth.*—On carefully examining Mr. Hunt's observations, he considers it very doubtful whether he has always had to do with true gangrene of the mouth, having rather confounded this affection with the ulcero-membranous stomatitis, in which the effects of the chlorate are truly remarkable. In two cases of gangrene he did not find it very serviceable; and West, who carefully distinguishes between the two affections, seems to have come to the same conclusion.

2. *Ulcero-membranous Stomatitis.*—This term, adopted by Rilliet and Barthez, well explains the nature of the affection, there being in fact, both ulceration and the formation of the false membrane present, the one predominating in some cases, and vice versa. It is a most obstinate affection, having no natural tendency to a cure, and being very liable to relapse. West first employed the chlorate in this affection, and his success with it has been amply confirmed by Blache, Herpin, Bergeron, and others on the continent. Eight cases which have occurred to the author speak equally favorably. Relapse may, however, occur, though far seldom than under any other remedy; and it should, therefore, be continued for some time after the fall of the false membrane. The chlorate, too, is powerless against the alveolo-dental pyorrhœa, or ulceration of the borders of the gum, with purulent issue from the alveoli: pressure being made upon the gum. The mean duration of treatment of these eight cases was from three to five days for the production of the fall of the membrane, and five to ten for a complete cure. When the cure was longer delayed, relapse had occurred, or the alveolo-dental pyorrhœa was present.

3. *Aphtha.*—The vesiculo-ulcerative state of the buccal cavity, to



which this appellation is now confined, is in general a very mild affection, and curable by simple means. Sometimes, however, numerous and confluent ulcers produce much pain, impede feeding, and are very tedious in healing, and induce constitutional disturbance. In a case of this kind the chlorate effected a rapid cure.

4. *Musquet*.—M. Legroux has tried it in several cases of epidemic muguet at the Hotel Dieu, but without any favorable result. During the trials it was found to pass rapidly into the milk of the nurses, and in this way it may be administered to infants.

5. *Scorbutus*.—M. Frémy has found the medicine of use in this disease; and thus we find the moderns returning by another route to one of the first affections the chlorate was recommended for, on the theory of deoxidizing the salt in the economy.

6. *Diphtheritis*.—Observations commenced by M. Blache, and continued by the author, leave no doubt as to the utility of the chlorate. In this affection there is, however, every gradation from the most simple to the most malignant form, a sign of most unfavorable augury being found in the swelling of the parotid and deep-seated cervical glands—enlargement of the submaxillary glands occurring in even the simplest forms. Of thirteen cases, the chlorate was exclusively employed in four, and the cure was rapid, the cases being mild ones. In two, although the cauterization with nitrate of silver was employed at the beginning, the success was attributable to the chlorate. In two others, cauterization was simultaneously employed, but the cure was not more rapid than in the others. The 9th case was a very severe one following scarlatina, and the patient was cured by the chlorate and quinine, without the aid of cauterization. The four others died, but they were cases of a very grave description. The chlorate is, therefore, no heroic remedy, always curing angina maligna, nor is its action immediate; for, although it appears in the saliva a few minutes after administration, it requires at least twenty-four hours, and usually three or four days, before it can effect its purpose. It should, therefore, be commenced with early.

7. *Croup*.—The success attendant on the chlorate in diphtheritis naturally led to its employment in croup. The author relates four cases in which the chlorate seemed to have succeeded, and refers to eleven others, in which tracheotomy was resorted to also, whether because the medicine did not seem to be taking effect with sufficient speed, or that tracheotomy having been already employed, it was given as an adjuvant to prevent the reproduction and extension of diphtheritis. Of these eleven cases, some of which were very severe, there were eight recoveries and three deaths. Between the 1st of January and the end of March, 1856, tracheotomy was performed in M. Blache's wards fourteen times with nine recoveries and five deaths, all the children taking the chlorate, either prior to or subsequent to the operation. If this success be not due to the occurrence of a run of lucky cases, which occasionally occurs in practice, the result is remarkable, as the proportion of recoveries after tracheotomy, at the same hospital, has averaged during the

last six years but one in four to one in five. When tracheotomy has been performed, the use of the chlorate is especially indicated when there is a tendency in the diphtheritis to extend to the bronchi, pharynx or nasal passages. It should be combined with expectorants and considerable doses given.—*Gaz. Médicale. Virginia Med. Jour.*

*Local Anæsthesia by Cold.*—We have seen, on several occasions, some of the minor surgical operations performed when the parts have been in a state of anæsthesia from Dr. James Arnott's freezing mixture. We can call to mind several at University College Hospital, under Mr. Erichsen's care—one especially of removal of the toe-nail from the foot of a young man, in April last, without the slightest pain, Mr. Thomas Wakley has also tried this method in several cases at the Royal Free Hospital, and in every instance the success was quite evident, the patient, when blind-folded, being ignorant of the use of the knife. He has already elsewhere confirmed the evidence of Dr. Arnott on this important subject (*THE LANCET*, vol. i. 1855). More recently, we have seen Mr. Weeden Cooke remove several small growths, in a wholly insensible state, with really very gratifying results. We select three examples from amongst a number, to show the good effect of the freezing mixture. One of these was a fatty tumour, situated in a part of the body where sensation was very acute; and notwithstanding the tumor extended a little distance beneath the skin, no pain was felt, the mere act of freezing the skin alone being sufficient, without extending its effects deeper. This was the first time we had seen a tumour removed in this way, although it has been done before by Mr. Banks, of Forest-gate, who excised an osseous tumour from the leg of an old lady, aged eighty years (*THE LANCET*, vol. ii. 1855). We have already, in a previous "Mirror" (vol. i. 1852), given illustrations of its value in removing the excruciating pain in ulcerated cancer of the breast, in the Middlesex Hospital, under Mr. Shaw's care, of cancer of the uterus, in St. Mary's, under Dr. Tyler Smith. It is most unquestionably a valuable agent where a thin stratum only is implicated, and may be used with advantage when it is unnecessary to give chloroform; but there is not the slightest doubt it will never supersede chloroform in operations upon deeper seated parts. As a palliative in relieving the severe pain of cancer and other diseases, it cannot be too highly recommended. It might be used with advantage in painful cases of neuralgia.

The freezing mixture of Dr. James Arnott consists of equal quantities of ice and common salt, mixed together, (the former well pounded,) and then placed in a bag, the margins of which are attached to a gutta percha ring. By gently touching the part to be rendered insensible with the bottom of the bag continuously for from one to three minutes, the surface becomes suddenly frozen, insensibility follows, and the pain of course disappears. If ice is used without the salt, it obviates the tingling which sometimes ensues on the return of sensibility.

*Fatty Tumour over the Coracoid Process of the Scapula.*—J. B. — aged twenty-one, servant, admitted March 17th, 1856. Has a fatty

tumour, the size of an orange, situated over the coracoid process of the left scapula. Having applied ice and salt in equal proportions, the integument became white in a few minutes, when Mr. Cooke made an incision, unfelt by the patient, over the tumour, which was squeezed out and separated by a few nicks with the scalpel. One suture was put in to draw the parts together, the introduction of which was also unfelt by the patient. Some hæmorrhage occurred the day after, but being soon checked by perchloride of iron the healing proceeded by granulation, and she did well.

When the tumour was removed, although the edges of the wound appeared to have resumed their sensibility, no pain whatever was manifested in putting in the ligature.

*Cancer of the Lower Lip*.—This was a cancerous growth of two month's duration upon the lower lip of a man aged forty-five years. He was in the habit of biting his lower lip, and smoking after it. A sore began to form about two months before; it grew hard, and discharged an ichor from its surface. Mr. Cooke applied a freezing mixture on the 21st of April, and when the part was completely frozen, he removed the diseased mass by a V incision. The patient did not feel the operation, and very little blood was lost, not a ligature being required for a single vessel. Two pins were then put in, and the wound brought together. A microscopic examination showed the ulcerous mass to be composed of epithelial scales and some fibro-plastic and fusiform cells.

*In-growing of the Toe-nail*.—The patient was a young man, with ulceration accompanying in growing of the toe nail, which was extremely sore and painful. It was removed by means of scissors and forceps, when the toe was frozen by the frigorific mixture, on April 21st. A little pain, however, was felt at the latter end of the operation, in a spot where perfect congelation had not taken place. This case did well.—*Lancet*.

*Tannic and Gallic Acids*.—Headland considers that tannic acid is better for external, and gallic for internal use. Tannic acid precipitates both albumen and gelatine, but gallic acid does neither. Tannic acid is supposed to be a compound of gallic acid and grape sugar, three atoms of tannic acid being equivalent to six atoms of gallic acid and one of grape sugar. Tannic acid may be decomposed in the stomach by the conversion of the grape sugar into carbonic acid and water, setting gallic acid free, which passes out into the secretions after exerting an astringent action on various organs and tissues. As tannic acid loses weight by this decomposition, it follows that a dose of gallic acid produces a greater effect than an equal amount of the other. Gallic acid does not precipitate albumen, and therefore is of little use as an external astringent; but a mixture of a solution of gallic acid with one of gum will precipitate albumen, although neither will do it separately. It is probable that gallic acid may unite with saccharine matter in the blood, and thus acquire an astringent power which it does not exhibit exter-

nally, because then isolated. These two acids, and the substances which contain them, are used in diarrhoea, and hæmorrhage. To diminish sweating, gallic is inferior to sulphuric acid, but to act as a remote styptic, it is preferable to the other. Tannic and gallic acids diminish the secretions generally. They are very useful in cases of hæmaturia, where sulphuric acid is all but useless.—*Memphis Med. Recorder.*

*Treatment of Carbuncle.*—Prof. Syme advises, as the only effectual method of cutting short its advance, the making of crucial incisions completely through the whole extent of inflamed skin. Immediately on 'this being done, the redness disappears and the pain ceases, the constitutional disturbance soon subsides, and the affected skin, unless already deprived of its vitality, quickly resumes its natural thickness and healthy action, so as to remove all obstacles from the healing process. He considers the application of caustic the extreme of absurdity. Dr. Blackman, of Cincinnati, says, on the contrary, that his patients have derived the greatest benefit from the application of caustic potash. His rule is, in addition to the incisions, to convert the whole of the diseased cellular substance into a saponaceous compound, and to extinguish the inflammatory action by means of stimulants—quinine—a generous diet, &c.,—and he strongly recommends this treatment. Prof. Syme applies the crucial incision, also, to common boils in this early stage.—*ib.*

*Irrigation in Phagedena.*—A successful experiment has been tried in Guy's Hospital in the treatment of phagedenic ulcers by constant irrigation. The affected limb is placed on some water-proof material, with a reservoir above the bed supplied with warm water, and by means of an elastic tube a stream is kept constantly flowing over the surface of the sore. The discharge is thus washed away as soon as formed, and the ulcer assumes the clean pale appearance of a piece of soaked flesh. The theory is, that phagedenic action is a process of local contagion—the *materies morbi* by which the ulcer spreads being its own pus. Nitric acid relieves the difficulty less perfectly, and with greater suffering, by decomposing the morbid discharge; but to be effectual, the whole surface of the ulcer must be destroyed to a considerable depth.—*Cincinnati, Med. Observer.*

*Singular Case of Foreign Body in the Bladder.*—Mr. Cock, at Guy's has recently had more than one ordinary case of lithotomy under his care; and Mr. Callaway recently was called to a very singular case. A boy, somewhat silly in his manner, was admitted, presenting the ludicrous condition of having a common shophorn, tied to a piece of whipcord, hanging from his urethra! The boy had been pulling at the cord, reminding one in some way of a celebrated lexicographer's definition of a fishing rod; but something which he could not or would not describe.

was at the opposite end, fixed in the bladder. The boy, it is believed, had been reading some bad books, and made a long cylinder of the substance known to tailors as French chalk, which he had been pushing into the urethra, till, probably at the triangular ligament, it was drawn by the perineal muscles into the bladder. Be this as it may, Mr. Callaway had to cut down in lithotomy form, and then extracted a mass of French chalk, not unlike the little finger of one's hand. We mention the case as one of the varieties or "vagaries" of hospital surgery.—*Association Medical Journal.*

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*Circular respecting the most Eligible Spot to Perform Amputation of the Leg.*—With a laudable zeal, the Surgical Society of Paris is collecting facts respecting the above subject, and M. Debout, the editor of the *Bulletin de Therapeutique* has been entrusted with the task of reporting on the same, and of obtaining, from operating surgeons, statements with regard to their personal experience. The aim in view is so praiseworthy, that we are induced to insert a portion of the circular, for further diffusion. Letters should be sent, prepaid, to M. Debout, Rue Therese, 4, Paris:—"M. Arnal, in his paper on amputation of the leg just above the ankle, has collected 97 cases to show the small amount of mortality of this amputation compared with that a few inches below the knee, or at the inferior third; but as doubt still exist, M. Debout, as reporter, requests all surgeons who have had occasion to perform amputation of the leg just above the ankle to forward to him, as succinctly as they may wish, the results of these operations. Any further information respecting the results of amputation of the leg, with reference to the most eligible methods, will also be very acceptable, and will be transmitted to another committee, who are to report on the second subject." As the makers of artificial legs are very anxious to have long stumps to deal with, the questions asked by M. Debout present additional interest.—*London Lancet.*

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*Prohibition of Quackery in Russia.*—The present Emperor of Russia has evidently taken warning by the fate of his father, who is understood to have favored homœopathy, and to have been attended by a homœopathic physician—"hinc illæ lachrymæ." He has prohibited quackery and quacks throughout all the Russias, with an imperial disregard to the vested interests of the undertakers. At a medical meeting recently held in Paris, a vote of thanks to the Emperor Alexander, for setting so good an example, was proposed, and, after some opposition, carried. It was to be accompanied by an honorary diploma of fellowship! We anticipate the reply will somewhat resemble that of King Agesilaus, as Plutarch tells the story. "Menecrates the physician, having succeeded in some desperate cases, got the surname of Jupiter. In his vanity he wrote a letter to the king. 'Menecrates Jupiter to King Agesilaus: health.' The answer began thus—'King Agesilaus to Menecrates: his senses.'"—*Ibid.*

# The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICAE TUERI.

## PROJECT OF THE COLLEGE OF PHYSICIANS, &c., C.E.

We promised, some months ago, to recur to the subject of the general usefulness of this institution. It was then our intention, at a future date, to have enlarged upon certain plans which, presenting themselves to our consideration, appeared well suited for endowing her with character and efficiency. But it appearing to be desirable that these should be reserved until a time nearer to the next triennial meeting than the present, lest unhappily they might be productive of engaging little more than a momentary attention, at a period when amelioration or action were impracticable, we accordingly have hitherto kept silence, and hopefully awaited the advent of the better season. Our justification of this delay seems, as we have caught the spirit of the rules and ordinances of the College, to be fully sanctioned by the expressions of these administrative records, which provide against a material change in the constitution and conduct of the incorporation at any other than a triennial meeting.

Contrary, however, to this restriction, the members, at the last meeting, as reported in a previous number, adopted or passed a motion which, if properly carried out to its fullest purpose, will give to the College new actions and additional powers. It was then resolved, upon the proposition of Dr. Marsden, seconded by Dr. Marmette, "That two members of this Board be associated with the Vice-Presidents in Quebec and Montreal respectively, to meet and report at the next meeting of the Board, a project by which the College of Physicians and Surgeons may be extended in usefulness and importance to the profession and public health in general, with power to add to their number." Whether it be intended merely to fabricate "a project," to be embodied in the next report, or also to give the "project," after it has been matured, an active operation, does not actually appear—the former may alone be contemplated, and so, by being confined to it, legal infringements may be prevented, and at the same time a course pursued altogether agreeable to the rarity with which the meetings are now held, viz., semi-annually, and harmonious with the dull torpor that has marked the continuance of this body since it first came into existence. We heartily rejoice at the move which has at length been made. We say at length, for it has very

long since been instigated, and its urgency pressed upon the public mind. The first record to be found of it occurs in the pages of this journal, and was made by ourselves. And we may be excused for claiming any merit which it affords, lest, through wilful spoliation, it might be taken from us. Our first volume, *i. e.* for 1854, contains several statements of the fact which have the stronger regard upon the attention of those interested, from clearly expressing various methods that, if pursued, would subserve the great desideratum set forth in the motion above quoted. We there suggested that the College of Physicians, &c., should consider various important questions connected with public hygiene and medical police—and that she should urge forward and carry out measures of a salutary tendency for the welfare of our communities. Yet further, we there observed that the College should advance the cause of legitimate medicine, and raise the intellectual standard of practitioners, or rather of such as were her own licentiates. We suggested the propriety of encouraging talent, and offering rewards for deserving merit. And lastly, we alluded to the advantages that would accrue from the College ceasing to be migratory or unstable, and becoming possessed of real estate—having an appropriate building devoted to its uses, with a well furnished library, a museum formed, rich in anatomical specimens, both normal and morbid; and with these the institution of a medical reading room. Our voice was not lifted in vain, though the acknowledgement came but indirectly, and merely “dragged its slow length along.” In the year referred to, one of the governors, (Dr. Peltier,) endeavored to impress his associates in assembly with the benefits to be derived from the board, taking up our first class of proposals: *i. e.* matters of public hygiene, medical police, &c.,—shall we say he was listened to. We hear no more in a public way of these improvements for a long time, not till after some years. In the meanwhile they afforded the subjects of brief desultory conversation in private, but were talked of as more curious than tangible. At length we find the general necessity of the College doing something in the old way prescribed, again possessing the convictions of a few of the energetic of the Governors, and its actual declaration was avowedly expressed in the true spirit of improvement at the last tri-annual meeting. The key then struck by Dr. Morrin had its note prolonged and was wafted to our readers by the pages of our August number. The stirring communication of Dr. Von Iffland must still be fresh in their recollection. At the meeting that succeeded its publication, the College took the matter up warmly, several members addressed the assembly on the subject, and all ended in the resolution before given. In deference to

the gentlemen who were appointed as a committee to report accordingly as to the most fitting manner of carrying out its intentions, we withhold our statement of the plans which, to us, appear most feasible, for extending the usefulness of the College. We shall patiently await the receipt of their "project" trusting it may more than convey all we intended to express, and realize the high anticipation of it, which our knowledge of their capabilities lead us to expect.

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### NEW REVIEW.

*The North American Medico-Chirurgical Review*; a bi-monthly journal. Edited by S. D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College, Philadelphia, and T. J. RICHARDSON, M.D., Professor of Anatomy in the Medical Department of Pennsylvania College, Philadelphia. Philadelphia: J. B. Lippincott & Co., Trubner & Co., Paterson Row; Hector Bossange et Fils, Paris. We have received the first number of this new Review. It was published in January of the present year. It contains 160 pages of reading matter, and will be bi-monthly in its issue. It supplies the place formerly occupied in United States literature by the *Philadelphia Medical Examiner* and the *Louisville Review*, both of which journals have been merged into it. Its articles are distributed over four principal tables: 1. Analytical and critical reviews. 2. Original communications; 3. bi-monthly periscope; the latter, subdivided according to the various department of medicine. and 4. Editor's table. In the introductory notice the writers say of their readers, "We offer them a new journal, fraught with the productions of many minds, each bearing evidence of careful and conscientious elaboration." We have been very favourably impressed by our examination of its contents and welcome it to our exchange list. It is, so to speak, the *Louisville Review* enlarged and improved, and the favourable opinion we have formerly expressed of the latter applies to its representative with increased force and applicability. The price is fixed at four dollars per annum.

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*Fatal mistake in dispensing.*—Not many days ago we learn from a daily paper a sad error occurred, attended with the melancholy loss of two lives. A druggist was handed a prescription to compound of carbonate potass and lemon juice, but unfortunately he read it as cyanate of potass and actually served out this for the first named article. We believe the quantity present was ℥i. of the salt in the mixture, and such a proportion in each dose as to be poisonous. By contact with the



citric acid of the juice and water the cyanate was decomposed and hydrocyanic acid produced, When accused of his mistake in order to convince those present of the innocency of his mixture he swallowed a dose and in a few minutes afterwards was a corpse.

### BOOKS RECEIVED FOR REVIEW.

Rigby on Female Diseases, 1857. Laycock on Medical Observation, 1857. From Messrs. Blanchard & Lea, Philadelphia.

Report on the Use and Effect of Application of Nitrate of Silver to the Throat either in Local or General Disease. By HORACE GREEN, M.D. From the Author.

## MEDICAL NEWS.

**A TRUE PROPHET.**—Miss \* \* \* of Boston, 21 years of age, a believer in Spiritualism, "trance speaker," &c., predicted some time since that she would die in the month of October. But although she was very ill that month, she recovered. Again in a trance, the fatal time was predicted—the 25th of November. The day arrived, and the unfortunate victim of delusion announced that "soon all will be over." At six in the evening she complained of pain in the left side, followed by vomiting and purging, which continued until death.

An autopsy showed that the *prophetess* had made sure work by swallowing a large quantity of *tartar emetic*, which had caused her death, and fulfilled her prediction.

**ANECDOTE OF GARRICK.**—A certain Dr. Thomson, who was a great sloven, was taking breakfast one morning with Garrick. As the servant brought in a plate of hot muffins, the doctor, whose hobby it was to lay all the troubles of dyspepsia upon this favorite dish, cried out, "Take away the muffins, take away the muffins." "Oh, no, (says Garrick) looking quizzically at the shabby doctor," "Take away the ragamuffins."

**BONPLAND.**—This veteran, explorer, now in his eighty-third year writes from Uruguay that he is about to cross the ocean to offer his collections of botany and natural history to the French government, after which he will return to South America, and ere 1 his days at his plantation.

**BREAD STUFFS.**—A chemist announces that the common chestnut furnishes glucose, dextrine, oxalic acid, glue, alcohol, a farina of which excellent bread may be made, and a refuse which is a nutritious food for horses. Another hero of the laboratory mixes eight pounds of wheat flour with eight acorns, mashed, after having been boiled in a solution of carbonate of soda in vinegar, and so produces an economical and palatable kind of bread.

The prize of 30,000 francs, instituted by the Emperor Napoleon for the most notable discovery in science, has been awarded to M. Fizeau for his experiments on the rapidity of the movement of light.—Aluminum is now manufactured on a large scale at Rouen.—The extraction of alcohol from beet root has become an important *industrie*. Last year 18,000,000 of pounds of beet were converted at two establishments in the Pás de Calais.

**LARGE FAMILY.**—Mrs. Greenhill, a London matron of the last century, had thirty-nine children by one husband, all born alive and baptized, and all save two at single births. The last child was born after his father's death, and lived to be a surgeon, practising in Bloomsbury, and author of a work on "embalming." In commemoration of this remarkable fertility the family took for their crest a gryphon with thirty-nine stars on its wings.

—Notes and Queries.