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ORIGINAL COMMUNICATIONS.

ART. XVI.—*Two Cases of Intestinal Obstruction from Internal Strangulation, and one case of Inflammation and Perforation of the Appendix Vermiformis.* By GEO. W. CAMPBELL, A.M., M.D., Professor of Surgery, McGill College, Montreal.

The attention of the profession having been of late especially directed to intestinal obstructions from internal causes, by Mr. Benjamin Phillips and Mr. Cæsar Hawkins, in their communications in the 31st and 35th vols. of the Medico-Chirurgical Transactions, and more recently in a very able review of the above and other papers upon the same subject, in the 25th vol. of the British and Foreign Med.-Chirurg. Review, by Mr. George Pollock, I have deemed the following cases worthy of record, as an interesting addition to our present store of information upon this important subject.

The first case, which I met with some years ago, occurred in a young female, 17 years of age, who was suddenly seized during the night with pain in the bowels, accompanied with vomiting and constipation. The retching was very distressing; the matter vomited was at first what had been eaten the previous day, subsequently it was bilious, but it never became fæculent. Three or four stools were at first procured by turpentine enemata, and with momentary relief, but the constipation in a short time became complete, and the injections were passed without admixture. The pain in this case was never very severe; there was no abdominal tension; the tenderness on pressure was slight, and diffused over a large portion of the anterior surface of the abdomen. No swelling nor hardness could be discovered, by careful external examination, in any portion of the intestinal canal, indicating the seat of the obstruction. The countenance, at an early period in the attack, became very anxious, the pulse quick and feeble, and the breathing hurried; there was great prostration, restlessness and want of sleep, but the intellectual

faculties remained clear and unclouded till the last. She said she felt she was dying, but was perfectly tranquil and resigned. Death took place 48 hours from the commencement of the attack. The treatment was at first a dose of calomel and rhubarb, followed by salts and senna; afterwards, calomel and opium, with prussic acid, and creasote to quiet the stomach; large injections were given at an early period, and frequently repeated. The prostration was so great from the first, that neither general nor local abstraction of blood was deemed advisable. Hot fomentations were kept constantly applied, and turpentine was used hot as often as it could be borne.

Post mortem examination. On opening the abdomen, the convolutions of the intestines were found in many places glued together, by firm membranous bands, the result of an attack of peritonitis, from which she had suffered many years previously. There was slight indication of recent inflammation, afforded by a small quantity of bloody serum contained in the peritoneal cavity. A duplicature of the inferior portion of the ileum was formed into a loop, by one of the bands of false membrane previously mentioned. The band connecting the two portions of the gut was about half an inch in length, and of great strength, and the aperture thus formed, was oval in shape, with well-defined, resisting margins, an inch and a half long, by three-fourths of an inch in diameter. Through this opening, nearly three feet of the superior portion of the same intestine had passed, producing strangulation. The strangulated portion was purple in color, but tough and shining, without any evidence of commencing gangrene; it was moderately distended, with liquid and flatulent contents; both above and below the obstruction the intestines were contracted and empty. The peculiarities of the above case, were the absence of severe pain, and abdominal tension, although life was terminated by the obstruction within forty-eight hours from the first symptoms indicating its presence.

The 2d case occurred last winter in the practice of my friend Dr. Wight of St. Johns. The morbid parts were sent to me by that gentleman, along with the following description, which I give in his own words:—

“I have just met with a very singular and, I think, *unique* case of hernia, in a patient laboring under ovarian dropsy. The particulars and history of the case I will furnish you at some time hereafter, but shall only now say that before death my patient suffered much from intestinal pains, colic, &c. &c.; bowels were open till within some days of death.

Post mortem appearances. On opening the body, the ovarian sac was found adhering to the peritoneum in front, and loose behind, excepting at its middle portion. On opening the sac, about nine quarts of thick

yellowish seropurulent, or rather serous fluid, mixed with pus and flakes of lymph, were withdrawn. A regular hernia of the small intestines was then discovered, protruding into the back of the sac, composed of a loop of bowel from 8 to 10 inches in length, of a deep purple hue, and covered with flakes of thick yellowish lymph, just such as is seen in strangulated inguinal hernia. The protruding portion of bowel was really strangulated, being very full of feculent matter, which we could not squeeze out, while the upper and lower portions of intestine were quite empty, and of a natural color; the cavity of the ovarian sac did not communicate with that of the peritoneum. I succeeded in getting the preparation, sac, uterus, ovaries, and bowel, and will send the whole to you, in order to have it preserved by your conservator. Did you ever meet with such a case, or read of one like it? How would an operator have felt, had he attempted, as some had done, to excise the sac?"

Dr. R. P. Howard, who has put up the preparation for the museum of McGill College, describes it as follows:—

"The opening in the ovarian sac is oval, about $2\frac{1}{2}$ inches long by $1\frac{1}{2}$ broad; its edges are tolerably regular, almost as much so as if cut with a punch, except at one point where they are somewhat ragged. There is no evidence of adhesion having existed between the sac and the bowel, which occupied the opening. The knuckle of strangulated intestine consists of about 10 inches of the ileum; it is covered with a thick layer of semi-organized lymph, which constricts it to a certain extent, at the part surrounded by the opening in the sac. The ovarian sac is multilocular, and consists of one enormous cavity, from which are numerous small and large orifices leading into smaller cavities or loculi."

The 3d case was one of inflammation and ulceration of the vermiform appendix, produced by impaction of a small concretion in that body:—

On the evening of the 30th of last July, L. M., a fine healthy boy of 11 years of age, was some hours after eating a hearty meal attacked with pain in the bowels, vomiting, and slight purging. As the symptoms seemed to proceed from deranged stomach, I prescribed copious draughts of tepid water, and, when the stomach was well washed out, a doze of Gregory's powder.

On the morning of the 31st, I found that the purging had ceased shortly after my visit the previous evening, but the pain and vomiting still continued. I ordered a synapism to be applied to the epigastrium, and pulv. rhei, gr. xij., chlorid. hydrarg. gr. ij., to be taken every three hours till the bowels were acted on. I saw my patient again in the afternoon, and found that three powders had been taken without any action of the bowels. There was still vomiting, and pain principally complained of in the right iliac region, which was slightly tender

to the touch ; in all other parts of the abdomen, pressure was well borne. Pulse was 84, soft ; skin cool and moist. A castor oil enema was administered, and ordered to be repeated in two hours, if the first brought nothing away with it. Hot fomentations were applied to the abdomen. In the evening I found no change in the symptoms ; the same remedies were directed to be persevered with, and a draught, with prussic acid was given, to be repeated every three hours till the stomach was settled.

1st August. The bowels were freely moved this morning ; pain and sickness much relieved ; he was able to retain a cup of tea and some arrow root. Medicines were omitted. This comfortable state continued until evening, when the retching again returned. There was slight pain complained of in the abdomen, but it was quite flat and soft, and the pulse only 90 ; fomentations with turpentine sprinkled on cloths wrung out of hot water, were ordered to be repeated, and chlor. hydrarg. gr. vi., opii gr. i., was administered.

2nd. There was occasional sickness during the night, but it was passed free from violent pain, and he had slept a good deal. There was no material change in the symptoms all day ; in the evening I found that the pain was spreading over a larger extent of the abdomen. There was slight tympanitis, the desire to evacuate the bowels was frequent, and the attempts to do so ineffectual ; the sickness was still much complained of ; pulse was 100, without hardness. Hydrarg. chlor. gr. iij., opii, gr. ss., was ordered every four hours ; turpentine was added to the castor oil injections, and as the skin was tender from the fomentations, a linseed meal poultice was applied over the abdomen.

3rd. Passed a restless night, considerable jactitation, pulse becoming more rapid, tongue furred, tenderness extending over abdomen ; no especial fulness to be discovered on the right side, where pain was first complained of ; bowels not yet acted on ; vomiting continuing. Croton oil was given every two hours, in half drop doses, and at four o'clock in the afternoon the bowels were once freely moved, with manifest relief to all the symptoms. This favorable change continued till midnight, when there was a recurrence of the former symptoms, but with increased severity. In the morning of the 4th I found my patient's pulse 120 and weak ; his tongue was coated, and his features were becoming pinched. There was considerable abdominal tension, and constant vomiting. Dr. Holmes, who in the forenoon saw him with me, recommended a large blister to the abdomen, and hyd. chlor., gr. iij., with opii gr. ss., every two hours. From this period he sunk rapidly, and died about three o'clock in the afternoon.

Post mortem examination. On opening the abdomen, the peritoneal

coat of the intestines was generally in a state of intense inflammation, being coated extensively with lymph, which produced adhesions. Wherever the intestines were closely in contact, the adhesions were soft, recent, and easily broken. The peritoneal cavity was filled with a turbid serum, mixed with flakes of lymph. On examining for the cause of this intense and extensive peritonitis, the appendix vermiformis was discovered swollen and dark in color, and occupied, about an inch from the cœcum, by a hard substance, which felt through its coat like a cherry stone. A perforation existed between this obstruction and the cœcum, with soft, livid margins, large enough to admit the point of a goose quill. A diverticulum was found on the ileum, about two inches long, and as large as the finger; but it was empty and healthy. The escape of some portion of the intestinal contents, through the perforation in the vermiform process, had undoubtedly caused the fatal attack of peritonitis. I handed Dr. Howard the appendix, with its contents, for examination and preservation. He states—“I have examined the concretions found in the ulcerated appendix vermiformis; they are three in number; the largest is about the size of a boiled marrow fat pea, and is coated with a thin crust of calcareous matter. On section, it is found to consist of concentric layers, of a dark brown material, which crumbles when dry, apparently composed of intestinal mucous and fæces mixed; it contains no nucleus. The other two are small triangular greyish bodies, of firmer consistence than the preceding, and about the size of grape seed; the true nature of which I cannot make out; but believe them merely small specimens like the first.” This is the third case of fatal peritonitis, produced by impaction of substances in the appendix vermiformis, which has occurred in Montreal within the last few years. The two cases to which I refer, were recorded, the first by Drs. Nelson and Crawford, and the second by Dr. Holmes, in the 2d vol. of the British American Journal of Medical and Physical Science.

I have laid the above cases before the profession without comment, and would only in conclusion remark, that in none of them did the symptoms during life so unequivocally denote the nature and situation of the obstruction, as to warrant operative interference, with a view to its relief; nor do I think the result would have been different, had an operation, in any of them been attempted.

ART. XVI.—*Case of a Carpet Tack in the Trachea for 19 days expelled by Nature.* By J^s. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College.

M. G., a girl of 10 years of age, while sitting beside her mother, who was occupied in *quilting*, took one of the tacks her mother was using, and put it into her mouth, and upon a sudden inspiration the tack disappeared into the trachea. After the alarm was over, the child complained of a pain or prickling sensation in the throat, accompanied by a short frequent cough, occurring in paroxysms. The parents, in a great measure, overlooked the accident for ten days, when they brought her to me. At that time there was no very marked symptom; the cough was trifling and short, without any expectoration. There was a slight mucous rale in the trachea, and some slight pain or soreness about the region of the glottis, but probably from fear; the child did not desire to make any complaint, or allow any examination of the throat. The lungs did not afford any indication of an abnormal condition, and the voice remained unaffected. Failing in detecting any foreign body, I fancied the painful sensation might arise from the scratching of the nail, in passing. I sent the child to my friend Dr. Campbell, to make a further examination, as I knew he had a probang of a new construction. The party, however, returned back to me, saying that nothing could be discovered. I then ordered an emetic, and directed that the child should be brought to me in a few days. As she did not, however, appear to suffer, and she went about and amused herself as usual, the parents did not pay much attention to her. On the morning of the 19th day, she coughed up the tack, and took it to her father, who brought it to show me. It was an ordinary cut tack, of three-fourths of an inch long, very sharp pointed, and somewhat rusted. From that time the cough and irritation ceased.

This case illustrates and bears out the view Mr. Vincent takes of the treatment and resources of nature in cases of foreign bodies in mucous canals, especially in the trachea.—(See Braithwaite's Retrospect, vol. 29, page 157.)

To have undertaken the operation of tracheotomy in the present case, with so little indication of the presence of a foreign body, or its probable seat, and with so little urgency in the symptoms, I conceive would be somewhat of a desperate experiment, even had the parties consented. The trifling weight and sharp point of the tack rendered it little likely to be influenced by change of posture, so successful in the case of the coin in the trachea of Mr. Brunel. In fact, this case had to be left to

the unaided powers of nature, which fortunately proved successful. In all probability the tack was enveloped in mucons when coughed up, but this circumstance I could not ascertain.

ART. XVIII.—*Pickings from some of the Parisian Hospitals.* (Concluded.) By JAMES BARNSTON, M.D., Edinburgh, Extr. Member of the Royal Medical Society, Edinburgh; Member (*ex. of.*) of the Parisian Medical Society, &c.

HOPITAL DES ENFANTS MALADES.—During the month of June 1853, there were no less than 14 cases of fracture in children in this hospital, under the care of M. Guersant, surgeon to the institution. These cases afforded a favorable opportunity to those attending at the time of observing many interesting facts and peculiarities connected with the lesion in question in very young subjects. M. G. took this occasion to make some remarks in his "*Leçons Cliniques*," well worthy of notice, as coming from one who has paid particular attention to the subject, and has had very considerable experience. We here give but a condensation.

We very frequently meet with fracture of bones in young children, and may consider the accident as common, especially between the age of 15 months to 3 years. During this period their parents leave them greatly to their own resources. At first their movements are very unsettled, and the result of forced effort. This is manifestly owing to the deficiency of power in the muscle, and the want of firmness in the bone, whose compact tissue or "shell" is thin and unable to bear much weight or sudden motion. At a later period, a want of the necessary precautions for securing safety against accidents render them liable to falls and the like, which constitute the proximate or exciting cause of fractures. It is well known that gelatin predominates over the osseous substance in young bone, and this is remarkably so in Rachitic children. The bones are soft, flexible, and tend more to curve than break. Nevertheless there is, even in such cases, a frequent liability to fracture. All bones are more or less subject to this accident, but it is much more frequently met with in the long bones. Fracture of the thigh bone is the most common. The average number of fractures treated in this hospital are 80 per annum,—of these about 65 are fractures of the femur. It is very important to find out the extent of the fracture, as well as its direction, which may be transversal, oblique or longitudinal. It is frequently incomplete, that is to say, with the periosteum preserved and stretched,

or, while one side is fractured, the other is merely curved. In diagnosing fractures in children, it is not necessary to manipulate in all cases; on the contrary, it frequently happens, as you have seen, that the evident deformity of the part affords a ready means of recognizing them without any touching; and this is of advantage, for manipulation is apt to cause tearing of the periosteum, besides additional pain to the little sufferer.

Consolidation of fractured bones takes place much more readily and at an earlier period in children than in adults. Firm union occurs, as a general rule, in the course of from 20 to 25 days. The younger the patient is, the earlier is the cure effected. 10 to 12 days will suffice to consolidate the fracture of the humerus of a new-born infant. It is a remarkable fact also that union of the fractured ends of a bone, in Rachitic patients, takes place at an earlier period than in ordinary healthy children, and with equal firmness. It often happens that fractures are neglected, through the carelessness and ignorance of the parents. In such cases, the cure takes place without treatment, and generally with less deformity than might be expected. Nevertheless, when the limb or part becomes mis-shapen, it is wonderful how time, with a little care and adjustment will remedy the evil. In the treatment of recent fractures, some consideration should be made relative to the amount of deformity, as well as to the age and constitution of the patient.

If there should be no displacement, little or no treatment is required. Simple repose, in a favorable position, with due attention to the state of the bowels, is all that demands attention. When there is displacement, the fractured ends of the bones should be nicely adjusted, which is generally easily managed. Contrary to the opinion of Lisfranc, M. G. recommends the immediate application of bandages, in order to retain the parts *in situ*. They should not be drawn too tight, for then there would be liability to accidents, some of a serious nature, such as sphacelus of the skin and muscles, a case of which you have seen, lately entered into the wards, and it is advisable that they should generally be of such kind as can be renewed from time to time, as found necessary. This remark is especially applicable to fracture of the thigh, and in young children. A mobile apparatus answers perfectly well in fractures of the lower leg and of the arm near the elbow, provided there be very little displacement. In fractures of the radius near the wrist, the hand should always be placed towards the ulnar side. The arm should always be bent either a little or to demiflexion, in fractures of the forearm and of the humerus. The broken ends of the humerus can easily be retained *in situ* by three narrow splints, placed anteriorly, externally, and posteriorly. Fracture of the clavicle should be treated thus:—Place a compress under the axilla, bandage the arm and elbows, which is to be

drawn close to the side, cross the semiflexed forearm upon the chest, then carry or bandage firmly from the elbow and arm across and over the shoulder of the opposite side, at the same time heightening the shoulder, whose clavicle is broken. In fractures of the femur, simple bandages rolled round the limb answer all the purposes required in infants, and young children up to 2 years of age. Beyond this period, a compress with splints, two or three in number, should be first applied, and after being carefully and firmly bandaged, additional large splints are required to prevent any displacement and maintain perfect rest and freedom from motion. Nothing need be said of other fractures, as they are treated much in the same way as in adults.

HOPITAL DE LA CHARITE.—It has been occasionally remarked that some physicians who rise to eminence are gifted with more of charlatanism than medical skill. However this may be, no one will doubt for a moment that the persevering efforts of talent, directed in a given line, and towards a given object, will generally ensure success, and with it special celebrity. This conceded, it is but reasonable to believe that those who have devoted time and attention for many a long year to the practice of a speciality, can well attain to niceties of diagnosis and treatment of disease beyond the reach of others, whether experienced practitioners or teachers. This cannot be better illustrated than in M. Piorry of *la Charité*. On entering his wards, and there observing the perfection of the art of percussion, and the extent to which it is carried and depended upon, in the diagnosis of the majority of diseases, one cannot but stand a little amazed at first, were he not inclined to question the procedure altogether as savouring of imposture. A little attention, however, with a careful and frequent examination of the cases will lead to a conviction that there is much truth in the exactitude and precision with which M. Piorry indicates the form and size of the different organs of the chest and abdomen, or maps out on canvas the circumscribed dulness of a partial pneumonia or pulmonary apoplexy, ascertains whether there is hydropericardium or hypertrophy of the heart, eccentric or concentric, measures the dimensions of an hypertrophied liver or spleen, and contrasts the enlarged kidney of one side with the corresponding atrophy of the other. With all deference, however, to his acknowledged skill and accuracy, one cannot but occasionally suspect a tinge of partiality to preconceived views, and a strong tendency to attain a degree of unqualified minuteness and precision that would justify self-laudation, and excite wonder in the minds of his disciples. His diagnosis, prognosis, and treatment, always blend harmoniously, and tend generally to the cure of the patient. His conclusions are always rendered satisfactory to himself and to those who possess implicit confidence in his peculiarities

of doctrine and practice. In order to shew his method in the treatment of hospital patients, the following will suffice.

A patient arrives in the wards; he is introduced to M. P., who immediately subjects him to a lengthened examination, in order to ascertain the physical qualities of every organ in his body. Having satisfied himself that there is a circumscribed induration in the upper part of both lungs, this is carefully marked out with a pencil on a piece of canvas, with various shades, indicating the amount of condensation. A plan of treatment, sanctioned by long experience as most trustworthy, is now adopted; and in such cases as the present, where the consolidation is assumed to be tubercular, iodine is the all-powerful remedy. It is accordingly administered in every possible way; for example:—It is given—1. Internally, in the form of solution, and if the stomach is not well able to bear it after some time, iodine enemata are substituted; 2. In form of vapor, by inhalation, which is resorted to once to three times a-day; 3. In form of ointment, by friction upon the cutaneous surface adjacent to the diseased parts; 4. By means of iodine baths; and lastly, the whole atmosphere is impregnated with the atoms of iodine, by which a constant supply is furnished to act directly upon the tubercular disposition. The patient is thus subjected to treatment, and every successive examination, made with the same minuteness and precision at intervals of two or three days, shews a slight, but yet distinct and satisfactory diminution in the circumference of the induration, till at length the lapse of time intimates a complete disappearance of the dulness and return of the lung to its normal condition. The cure of the patient is effected, and M. Piorry orders him to be dismissed—a living monument of his skilful treatment, and not an unfrequent victim to iodism.

ART. XIX.—*Medical Institutions, &c., of Paris*, By WM. H. HINGSTON
M.D., L. R. C. S., Edinburgh, &c.

HOSPITAL SAINT LOUIS.—This hospital, for the treatment of skin diseases, is situated in the Rue Bichat, Faubourg du Temple; contains 825 beds, generally all filled; but the number of in-door patients is trifling, compared to that of the out-door. The surgical cases, of which there are a great number, are attended to by Malgaigne and Denonvilliers.

Malgaigne's proper theatre is the *Ecole de Medicine*, where students, in addition to being taught surgery, are listeners to the most eloquent dissertations that are to be heard within the walls of a college. They style him "*La Rachel de la Faculté, Le Cicero des Hospitiaux,*" &c.

I have often listened to him with unbounded pleasure and admiration. His clear voice is distinctly heard in every corner of the immense, dark, sombre lecture room. In the St. Louis, his clinic is well attended, especially by strangers, many of whom are forced to come to the conclusion that the medical world came to, long ago, ———. While they admire the fertility of his genius, they regret that the patient's feelings and comfort form such an unimportant item in his calculations.

HOPITAL DU MIDI,—founded by Godfrey de la Tour, in 1613. At the time of its foundation, one bed served for eight patients, four of whom occupied it from 8 p.m. to 1 a.m.; and the other four from 1 to 7 a.m. They received, with their ticket of admission, a severe flogging—were thrust into a dark, close cellar, among other unfortunates—forced to wait months, and sometimes a year, before being placed under treatment—to lie as already mentioned, and finally to receive another severe castigation before leaving. At that time the married and the single of both sexes occupied the same ill-lighted, ill-ventilated dungeons. But now matters are changed, and if the Midi is not so elegant as other hospitals, every inmate of it, has, at least, a separate bed—of which there are 321. Upwards of 3000 are admitted during the year, the mortality among whom does not generally exceed 11. Ricord and Vidal attend. We rarely meet with physicians to the same hospital, holding views so widely different, as are those of M. Ricord from his colleague Vidal. While, on the one hand, Ricord, almost alone and unassisted, asserts the non-transmissibility of matter other than the pus of chancre, and its entrance into the system only by a chancre,—Vidal, with Velpeau, Malgaigne, and a host of lesser stars, have tried hard to confute him, and whether successful or not the curious in those matters must decide for themselves. Ricord, notwithstanding this powerful opposition, still holds forth to a class if anything more numerous than before. He is possessed of great volubility of speech, is remarkably witty, constantly indulges in rough jokes and *double entendues*. His class and visiting hour are looked forward to, as something to be enjoyed, while a roar of laughter not unfrequently announces their termination.

HOPITAL DE LA REPUBLIQUE.—This, though unfinished, is a very pretty edifice, situated between the St. Denis and Poissonnière Gates, and is composed of ten bodies, connected together by arches; six are for patients, the remaining four for baths, laundry, &c. It is ventilated and heated in the same manner as the Hopital Beaujon. The hospital accommodates about 600 patients, but the *service* is never followed.

HOPITAL DE LOURCINE.—Few hospitals were so imperatively called for, as this one, for females affected with syphilis. It was founded for that purpose in 1559; was subsequently, however, a house of refuge, but

finally returned to its original object. It is one of the most comfortable and convenient in Paris; one in which there is every facility for bathing, washing, &c. Upwards of 2000 are treated annually; the mortality among which is 1 in 50. This hospital is not so well attended as it should be; students are fonder of following the surgical cliniques, and those on diseases of the chest. In no other hospital with which I am acquainted, with the exception of the venereal wards of the Charité, in Berlin under Simon, is there the same facilities for investigating for one's self, this branch of medicine, and for examining diseased structures; the opportunity, therefore, should not be neglected, of attending while in Paris the Lourcine, and of receiving the instructions of Cullerier and Gosselin.

HOPITAL DE L'HOTEL DES INVALIDES.—This hospital, I need hardly mention, is for the reception of old soldiers who had been wounded in the field of battle, or otherwise in their country's cause. It was opened for that purpose in 1674. It was not, however, then completed, for the chapel, in which now rests the remains of Napoleon, was not finished until thirty years afterwards. The Hotel des Invalides ranks with the most magnificent edifices in Paris, and is pointed at with pleasure and with pride by those of their countrymen who envy not the comfortable and elegant home of the aged and maimed soldier. It contains nearly 3500 men, of whom nearly 150 are officers. They are divided into 14 divisions, each commanded by a chief, adjutant, and sub-adjutant of division. The first division is formed of officers, among whom is a female, bearing the title of sub-lieutenant, and wearing epaulette and sword. In the hospital of the Hotel the deaths nearly average 1 *per diem*; more than half of whom die between the ages of 70 and 80. Two physicians and three surgeons are in attendance.

HOPITAL DU VAL-DE-GRACE.—On the 1st April 1645, Louis XIV. laid the first stone, in accordance with a vow made by his mother, Ann of Austria; it having pleased the Almighty to put an end to her sterility. It was for nearly two centuries and a half the residence of a religious corporation, when in 1793 it was converted into a military hospital. The first object that meets our eye, after our entrance, and one that must be grateful to the sight of every lover of humanity, is a bronze statue, by David—of him of whom Napoleon said: *c'est l'homme le plus honnête que j'ai connu*—of *Baron Larrey*. This hospital is composed of three squares, and is surrounded by extensive and beautiful gardens, one part of which is a promenade for soldiers, and the other for officers. There is also a botanic garden, for those whose inclination leads them in that quarter. There is a fine collection of anatomical preparations, both wax and soft. Also a museum for comparative anatomy, and a cabinet of natural history cu-

riocities. There are curiosities, however, to which the medical portion of the public attach greater interest, namely, the instruments, &c., that Larrey used in the campaign. The trophies that he brought back with him bear evidence of the scenes he witnessed, while there exists abundant proof of the unbounded fertility of his genius, in the rude contrivances to which he was often compelled to resort on the field of battle.

The hospital can be made to accommodate 4000 soldiers. Previous to 1850, students were educated in the Val-de-Grâce for the army, but since that period, none but physicians are allowed to attend, who are compelled to pass a year there *en service* before entering the army. The mortality in the Val-de-Grâce averages about 1 in 34, and about 220 deaths occur during the year.

The chirurgien *en chef* is M. Larrey, son of the late Baron. In Larrey we meet with a true representative of a class of persons, now uncommonly rare—*un vrai Français du bon vieux temps*—quiet, graceful; exceedingly and really polite—paying due attention to, and courting the opinions of others, and advancing his own without ostentation. He is far from being a dexterous operator, and *on dit* that he inherits the powers of application, though not the talent, of his father. Admission is granted to this hospital but once a week; M. Larrey, however, can, at his discretion, furnish a *carte d'entrée* at any time, and it seemingly affords him great pleasure to do so.

HOPITAL MILITAIRE DU ROULE.—The site of this hospital, (Rue du Faubourg St. Honoré,) is that on which formerly stood the stables of the family d'Artois; but whether for a stable or an hospital, the situation is unexceptionable. It is composed of a series of buildings, forming a hollow square, a portion of which is a garden; contains 700 beds, and mortality is 1 in 19. Seven physicians are attached to the hospital, besides about 20 assistants.

HOPITAL DU GROS-CAILLOU.—Near the Champ de Mars, in a very favorable position, is situated the Gros-Cailloü—a number of buildings enclosing a garden. The whole interior of this establishment is kept scrupulously clean. It receives about 6000 annually; mortality among which is 1 in 29. Nine physicians and their assistants compose the staff of this hospital.

MAISON NATIONALE DE CHARENTON.*—It is surprising what unlooked for results do frequently follow the exertions of humble individuals. When, in 1641, Sebastian Leblanc, in the goodness of his honest and

* The distance of this establishment from Paris (nearly six miles) might almost exclude it from this paper, but it has hitherto been associated with similar institutions, within the city, and I am not desirous of departing from the usual custom.

generous heart, founded the above institution, and looked with pleasure and with pride on the *four* poor sick men, that his bounty fed, and his kindness nursed, little did he dream that nearly half a hundred demented beings would one day be congregated together on the same spot, and within an edifice unsurpassed in comfort or architectural beauty. It is situated in a most delightful part of the country. On one side the forest of Vincennes, and on the other the Marne and Seine. There are numerous gardens, promenades, pretty groves, &c. The males occupy one end of the building, the females the other; mortality is about 1 in 8.5. The number of recoveries (of intellect) not unfrequently amounts to one in 3, and it is thought that many more would recover were it not for short-coming funds compelling their removal.

HOSPICE DE LA VIEILLESSE (MALE).—This hospital is usually known under the name of Bicêtre, and is situated at the distance of a mile and a half from Paris. Almost every public building in Paris has, at one time or another, experienced those vicissitudes of fortune, those convulsive movements, which, unfortunately for the French nation, too frequently occur. The Bicêtre forms no exception, and is intimately incorporated with its country's history. It was a chateau in 1220, then the hot bed of political intrigue—afterwards the seat of diplomatic negotiations—then a retreat for *debauchés* courtiers—subsequently a military hospital—afterwards a general hospital, where diseases of all kinds were *huddled together in delightful confusion*. Idiots, knaves, and prostitutes, with the really and feignedly sick, without distinction of age or sex, were cooped up within its walls, and it was not until 1820 that the Bicêtre became, as it is now, a house of refuge for indigent old age. The situation of the Bicêtre is very favorable—an elevated piece of land, in the middle of an extensive open field. Those who have attained the age of 70 are admissible on recommendation, while those who have attained 79, by right. In connection with it there is a department for lunatics. The indigent and the insane work a certain number of hours a day (unless countermanded by the physicians attending), and to the indigent is returned one-third of the proceeds of their labor. The establishment contains 3120 beds, 100 of which are for the insane. The mortality among the latter is 1 in 6.48, precisely the same as that which holds good among the aged!

In connection with the Bicêtre, there is, for the female insane, a work-house; and an immense farm for the males; the latter work on an average 8 and 10 hours a day. Male and female teachers are attached, who go far towards bringing back dethroned reason.

SALPETRIERE.—An institution similar to the preceding, for females exclusively, above 70, and the insane and cancerous. For the indigent

3441 beds are set apart. Nearly 3000 occupy the Salpêtrière at the same time, and the mortality averages 1 in 7.28. The number of recoveries among those of aberrated intellect is about a third, no coercion, but on the contrary, the greatest gentleness is used towards these unfortunates. The mortality among them averages about 1 in 9.35—a much more favorable per centage than that among the males.

As this is the last institution of the kind that I shall have occasion to mention, I may be pardoned for recording my humble, yet sincere testimony in favor of the *moral* management of the insane, which I had so much pleasure in observing at the above institutions. In no instance did I observe the least fear in the countenances of the demented on the approach of their keepers; on the contrary, their appearance was invariably hailed with pleasure; those who *could* smile *did* smile, and the furious seemed for the moment to forget their fury. On gazing at the faces made cheerful by kindness, I could not but think that there was much truth in the poet's assertion:

"There's a pleasure, even in madness, which
Mad men only know."

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XII.—*Auscultation and Percussion*. By Dr. JOSEPH SKODA. Translated from the Fourth Edition by W. O. MARKHAM, M.D., Assistant Physician to St. Mary's Hospital. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. 1854. Pp. 380. 5s.

Since the period when Lænnec first unfolded to the world his system of auscultation, its beholders seem never to have thoroughly recovered from the effects of its first sight. Were we to enter into the immediate results that followed, it would be merely to recite the oft-told tale of the introduction of every novelty to scepticism and ignorance, of the reception of every scientific discovery by its earliest acquaintances. It is enough to know that the present day opens upon a cloud of Lænnec detractors, enthusiasts, meddlers, opponents, and plagiarists like the one that has irrevocably closed upon their ancestors. The lesson taught by vanity—*cavite et fugite*—appears to be too great for weak mortality to learn and practice. The archetype stethoscopist needs no defence against his successors: a candid inquiry into his researches must conclude with assigning to him the exposition of a new science. And as for predeces-

sors, he was the discoverer, and had none. As well might it be said he borrowed the suggestion from Hippocrates, Hooke, Double, or Corvisart, as hereafter, should a method for preventing hemorrhage during operations be ascertained, that we were its originators, because we now assert that such a procedure is desirable, and may yet be disclosed. The book before us is happily not one of detraction, and we proceed with its examination the more cheerfully.

The Lænnec enthusiasts, who unfortunately too often disadvantageously misrepresent their master, contend that stethoscopic signs are pathognomonic, each being a certain indication of a specific lesion, and every disease having its own peculiar mark; wherefore it follows, that as the thoracic viscera are incident to an immense array of various affections, and these have multifarious phases, there must be a proportionate number of signs, so that their comprehension forms a matter of extreme, if not unsurpassable, difficulty. But this savors too strongly of affectation to be natural, and the practical man knows that such a theory is a misconception. Who is there that has ever yet been able to distinguish the four varieties of the crepitant rale of pneumonia, laid down by Fournet, from their individual shades of difference? We venture to say no one but their author; conceived in his own imagination, they have never misshapen the belief of another. Skoda, we are glad to find, does not pretend to any such refinement; he treats the matter far more simply, and less artificially, holding views upon the value of physical signs closely resembling our own. We maintain that a physical sign is not an indication or sure proof of a disease, but of a structural condition which may be common to several diseases. For instance, gurgling is no evidence of phthisis, but of a cavity containing a fluid, and, as such, may be detected whenever this condition exists, and wholly independent of the disease by which it may be caused. Upon any opposite belief to this, an entire reliance will be placed upon the certainty of physical signs, and all other means of diagnosis be discarded as superfluous. This, we fear, too commonly happens, and it has often been a source of regret to see too much importance, and occasionally a sole dependence placed upon the stethoscope, alike by practitioners and students. A chest disease offers—the patient is a stranger—he is directed to bare himself—an irrelevant question or two is asked—he is ready—the mysterious tube is applied—a sound is heard buzzing in the ear, or deciphered by fancy—a character for proficiency has to be maintained—a look is given, and the first words spoken are the name of the sign and the disease it has identified. Then follow, in rapid succession, prescription and directions, and the inquiry has ended. Now, it is not too much to condemn this ready tact as both unjust and culpable. Suppose, to carry out

the original illustration, gurgling has been heard; in the eyes of the examiner the patient's doom is sealed; he is believed to be in a hopeless stage of consumption, withheld from active treatment, and his descent into the grave facilitated in every way that cunning can devise. But *such a fearful accident would not have occurred had the principle we stated been known, that auscultatory phenomena are only certain indices of structural conditions that pertain to many diseases.* For then physical signs would not, as they never should be, trusted to alone; the attention would not have been taken up with one class of these signs, further ones; as inspection, palpation, percussion, and so on, would have been conjoined, and with all these the rational symptoms would have been carefully elicited, and after a due consideration of the whole, a judgment pronounced, or perhaps cautiously postponed, till the original supposition had been strengthened by a subsequent observation. This is the only method by which certainty in diagnosis can be attained. Had the foregoing case of gurgling occurred to one practising with such talents, he would have revolved in his mind the various causes of the cavity in the lung which the stethoscope had revealed. He would have understood that it might be from bronchiectasis; gangrene; cancer; circumscribed empyema, with bronchial communication; pneumonic suppuration; phlebitic abscess; or pulmonary apoplexy, as well as from phthisis; and not before a diagnosis had been founded upon the *voix d'exclusion* would he have committed himself in expression, or fixed the fate of the sufferer.

Between Lænnec and Skoda there exist many controversial matters. The latter unhesitatingly avows himself in direct opposition to the former, not only upon questions of opinion, but also in objects of description, as examples may be particularly adduced the account of the variations of the thoracic voice, and the divisions of auscultatory signs. Skoda observes, page 73, "I have come to the conclusion that variations in the strength and clearness of the thoracic voice cannot be explained by differences in the sound conducting power of normal and abnormal lung *parenchyma*;" so that the old opinion is rejected which referred bronchial respiration and its alliances to the improved conducting power of a portion of lung that had become solidified or densified, while in its stead there is proposed a new one, which explains these circumstances by the laws of consonance. He considers consonance to be so well known that no definition is given; however, he illustrates it thus:—"The sound of a Jew's harp is scarcely heard in the open air, but becomes distinctly audible when made to vibrate within the mouth; its sound is strengthened in consequence of the air in the mouth consonating with its vibrations." He then proceeds to say, that whenever the voice is

heard louder over any part of the chest than the larynx, the cause is increased consonance within the chest. The medium of consonance is air. The air in the throat, mouth, and nose consonates with the sound generated in the larynx, which further consonates with the air in the trachea, the bronchial tube, &c. The actual difference, then, between the two explanations is that by the first conduction through the respiratory apparatus is made the principal cause of propagation of sound, while by the second the effect is ascribed to transmission through the air residing within the apparatus. The illustration above given is not certainly in favor of the side it is meant to support. We never heard of a Jew's harp sounding when simply put into the mouth and struck. Whenever we practised the instrument in our younger days, we found it required to be held pretty firmly by the teeth, and unless its prongs were in close contact with them, it was mute, despite of all the coaxing applied to its tongue. If the notes, then, of a Jew's harp were heard by consonance, they should be audible when it is made to vibrate within the mouth; but, as they are not so, this explanation is inadequate. The circumstances under which this instrument sounds are precisely those that accord with the theory of conduction. The note produced is diffused over the teeth, taken up by the superior and inferior maxillæ, and conducted by continuity to the bones of the ear, and from thence conveyed to the auditory nerve. This illustration, then, is an unfortunate one for Skoda, and the practical deduction drawn from it cannot be supported. Now, if we go further with the argument, and admit, for its sake, that increased loudness of voice is due to increased consonance, we have to ask, What increases the consonance? It cannot be a greater quantity of air within the chest, for in the conditions when it is supposed to occur there is commonly a notorious diminution in the capacity of the lungs; it cannot be augmented density or increased rarefaction, or any alteration in the air itself, for no such change has ever been suspected, much less shewn to occur; it cannot be from any action, as reflection between the sides of the respiratory tubes and their contained air, since there is nothing to favor this when it is most required, and, in short, it cannot be from any known cause. It now becomes highly interesting to know what Skoda thinks of bronchophony, bronchial respiration, ægophony, and some other signs that occur when inspiration is considerably abbreviated. Bronchophony occupies a conspicuous place in the author's system; he uses the term to signify the thoracic voice generally, and as such distinguishes four kinds—the loud and weak bronchophony; “an indistinct humming;” and amphoric resonance. Loud bronchophony he considers to be the modification commonly called the pectoriloquy, and the weak variety to be the bronchophony of other writers. These two voices, then, should be

in reality one and the same. But experience, however, we believe, proves the opposite. We contend that between pure cases of both there is as broad a line of demarcation as subsists between any two dissimilar conditions, and that the pathological states in which they respectively occur in no way correspond. Less pure examples certainly are heard, such as that called "pectoriloquous bronchophony," by Walshe, but these are merely intermediate links, and such as subsist between all great divisions. If this be not allowed, then, we have only to take a step or two onwards in absurdity, and assert that a lion is a plant, or the oak a stone, because between vegetables and animals, or vegetables and minerals, there can be no distinction, as the *phytozoa* belong to either of the former classes, and some of the *algæ* to either of the latter. We have considered the statements which have led to the opinion that these two are the same, but have failed to find in them anything conclusive. Both are admitted to have their analogies in the respiratory murmurs—bronchial and cavernous. The machinery of the one is that of the other only operated upon either by the agencies of the voice or the breath; wherever alteration of voice consequently exists it will be associated with the same alteration of breathing—bronchophony with bronchial respiration and pectoriloquy with cavernous respiration. Skoda, however, does not take this view of the subject, for he does not carry out the same divisions of the respiration that he did of the voice, as he should to have maintained his principle and upheld his consistency. His division proves this, whatever he may say to the contrary. Thus he divides respiratory murmurs into four: vesicular, bronchial, amphoric, and indeterminate—a sort of *genus incertæ sedis*. The want of correspondence between these and the vocal signs tells, we fear, against the general applicability, and, inferentially, of the correctness of the doctrine of consonance.

The foregoing exhibits some of the divisions used in the work under notice, which, it will be observed are those of Lannec considerably meddled with. We have only space to notice an additional one. The rales are singularly allocated together, as the vesicular, consonating, indeterminate and sonorous or sibilant. Now, we were at a loss to imagine for some time what the second meant, and naturally felt anxious to know what single rale had been dignified in contradistinction to the rest by the name of the author's theory. As some of our readers may feel the same curiosity, we quote from page 165:—"This rale is clear and high, is formed by unequal bubbles, and accompanied by resonance, which has neither an amphoric nor a metallic character." "It indicates the presence either of pneumonia or of tubercular infiltration, being seldom observed in pleuritic effusion." It is difficult to say what old-fashioned rale this is; we would have concluded it to be the mucous or its diminutives the

submucous and mucocrepitant, or all together, judging from the rest of the text, had it not been that these might as readily be included under the indeterminate rales which comprise "all those rales which are neither vesicular nor consonating, and are not accompanied by amphoric resonance or pleuritic effusion." The exceeding uncertainty this entails will be duly estimated by all who have not had the chance of having their minds cleared, in the only possible way, by learning from the author personally, at the bedside, his exact meaning.

XIII.—*The pathology and treatment of Pulmonary Tuberculosis, and on the local medication of the Pharyngeal and Laryngeal Diseases, frequently mistaken for or associated with Phthisis.* By JOHN HUGHES BENNETT, M.D., F.R.S.E., Professor of the Institutes of Medicine, and of Clinical Medicine, in the University of Edinburgh; Fellow and Censor of the Royal College of Physicians, Edinburgh; Member of the American Philosophical Society, and various Medical Societies in Edinburgh, &c. &c. &c. Philadelphia: Blanchard & Lea. Montreal: B. Bawson. 1854. Pp. 130.

The following list contains a few of the remedies that have been recommended for the cure of phthisis within the last few years. Chlorine inhalations, iodine inhalations, mercury, hydrocyanic acid, creasote, iodide of iron, digitalis, sal ammoniac, carbonate of potassa, common salt, chloride of lime, inhalations of the vapour of tar, the production of emphysema by a system of forced respiration, dry cupping or traction, liquor potassæ, the application of a seton, daily vomiting under the influence of emetics, iodide of potass and sarsaparilla, cod liver oil, wet linen rags to the chest, and mechanical extraction of the tuberculous matter through the walls of the chest. These, we have said, are only a few, for were the list completed, it would verily be filled up *usque ad nauseam*. All these appliances, then, and more, have been used, and still the question is not definitely settled, How is consumption to be cured? Each one of the foregoing motley crew has had its day of great things—one or more patrons have introduced it to notice—to it have been ascribed the most wonder-working virtues, and the suddenness with which it has been received into public favor has only been equalled by its rapid decline from popularity. So that the old cry is still raised, and is just as imploring as ever in its demand for satisfaction.

Dr. Bennet is for cod liver oil; he goes for it only, and does not even mention any one of the other remedies that have been equally fortunate

in once enjoying the confidence of the profession as cures for phthisis. He seems particularly anxious it should be known and not forgotten that he was the first to introduce its use into Britain—the first to employ it, and the first to write about it. He is equally desirous it should be widely told, that since his first monograph, he has written a great number of various productions about the remedy, and kindred subjects, that these have appeared both in separate form and in periodicals—in the latter as authenticated communications and as reviews. To avoid the risk of being unworthily overlooked, he appends the name, date, subject, &c., of each: and then observes, as the inflation is about exhausted, any reader who has before met with the remarks contained in the present volume, will know that Dr. B. was “the writer.” Now we do not like this parading of small wares, for the caution is brought vividly to mind, that “conceit in weakest bodies strongest works,” and having an earnest belief in this proverb, it disposes us to be prejudiced against both the Doctor and his work. Nevertheless, we will act fairly with him. At the 68th page he observes, “The following is a summary of my views regarding cod-liver oil as a remedy for pulmonary tuberculosis:—1. Cod-liver oil is, as M. Tauffliab pointed out, an *analeptic* (restorative,) and is indicated in all cases of deranged nutrition dependent on want of assimilation of fatty matter. 2. It is readily digestible under circumstances where no other kind of animal food can be taken in sufficient quantity to furnish the tissues with a proper amount of fatty material. 3. It operates by combining with the excess of albuminous constituents of the chyme, and forming in the villi and terminal lacteals those elementary molecules, of which the chyle is originally composed. 4. Its effects on phthisis are to nourish the body which increases in bulk and in vigor, to check fresh exudations of tubercular matter, and to diminish the cough, expectoration and perspiration. 5. The common dose for an adult is a table spoonful three times a day, which may often be increased to four, or even six, with advantage. When the stomach is irritable, however, the dose to commence with should be a tea or a dessert spoonful. 6. The kind of oil is of little importance therapeutically. The pure kinds are most agreeable to the palate; but the brown coarser kinds have long been used with advantage, and may still be employed with confidence whenever cheapness is an object. 7. I have never observed its employment to induce pneumonia, or fatty disease of the liver or kidney, however long continued, although such complications of phthisis are exceedingly frequent.” This summary, it will be perceived, by any one read in the subject, is very barren of novelty, and by no means exhibits the present state of information. The few items noted are of a most commonplace kind, and possess no claim to originality. . .

There are 26 cases, interspersed throughout, most of which are examples of recoveries; in the instances of death, the fatal occurrence was due to the supervention of some other lesion than the phthisical. They are well calculated to impress the unwary with the reporter's keen judgment and superior management. We have not found among them any pathological observation worth recording.

The last 14 pages are allotted to the discussion of that which forms so large a part of the caption—the local medication of the pharyngeal and laryngeal diseases, frequently mistaken for, or associated with, phthisis. How gladly would a despairing invalid catch at this straw, and resort to John Hughes Bennett, M. D., as his guardian angel. Eight telling cases are here in black and white, and must be quite irresistible in their way. The treatment pursued is that recommended by Dr. Horace Green, of New York; his directions being repeated without the deviation of an iota, affording one more proof of Dr. B.'s peculiarity of genius in setting forth and dressing up the ideas of others.

XIV.—*The Modern Treatment of Syphilitic Diseases, both Primary and Secondary: comprising the Treatment of Constitutional and Confirmed Syphilis by a safe and successful method; with numerous cases, formulæ, and clinical observations.* By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. From the third, and entirely re-written London edition. 1854, pp. 316. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 8s 9d.

Mr. Parker represents the modern treatment of syphilitic diseases to be eclectic. In this he is undoubtedly correct; for, notwithstanding the "cura famis" exclusively followed in Sweden and Denmark, and the horror which the mere mention of mercurial treatment inspires in the mind of the Edinburgh surgeon, the opinion prevails extensively in Europe and America that, while many cases of venereal yield to simple treatment, there are forms of the disease which are refractory to all forms of medication except the mercurial. "There are several circumstances which particularly indicate the presence of mercury in primary syphilis. 1. When a sore remains long open, and shows no disposition to heal under the non-mercurial plan of treatment. 2. When secondary symptoms appear before the primary disease is cured. 3. In well marked indurated chancre, more especially if this have been tested by inoculation. 4. In all primary sores which have yielded a characteristic pustule by inoculation. The indications for the employment of mercury in the two last

mentioned cases is still more pressing, if the primary sores be accompanied by bubo. 5. In certain cases of rapidly spreading ulceration," p. 29.

At the present day, the carelessness with which mercurial preparations are administered to a patient, sufficiently accounts for their occasional failure, the frequency of secondary symptoms, and the ill effects which sometimes arise during the course of their exhibition. Patients, while being salivated, are generally allowed to attend to their ordinary avocations during favorable and unfavorable weather, and to diet themselves as their fancy or inclination prompt. This is decidedly wrong. If mercurials be necessary to a cure, the patient ought to be kept within doors, or, if possible, in bed; he should be subjected to a preparatory treatment, and his diet, both previously to, and during the course of their exhibition, should be carefully regulated by the attending physician.

Our author believes in the occasional communicability of secondary syphilis. In this view he is supported by Bielt, Cazenave, Waller, Lagneau, and more recently Vidal de Cassis. In our number for May, Dr. S. C. Sewell has recorded a very remarkable case, confirmatory of this opinion. From what has been written on the subject, Mr. Parker makes the following deductions:—"1. That it is wrong for one person affected with a secondary venereal taint to sleep with a healthy individual, especially if the former be affected with a form of disease in which there is a breach of the surface. This remark applies to husband and wife, and diseased children and healthy nurses, or the reverse. 2. A diseased child should never be suckled by a healthy nurse, neither should a healthy child be placed with a diseased nurse," p. 48.

The purchaser of this excellent work on syphilitic diseases, will find numerous useful formulae scattered throughout the text, and many cases detailed, illustrative of different forms of venereal, and the results of treatment.

XV.—*The Principal Forms of the Skeleton and Teeth.* By Professor R. OWEN, F.R.S., &c., author of "Odontography," "Lectures on Comparative Anatomy," "Archetype of the Skeleton," &c. &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 1854, p.p. 329. Price 6s 3d.

Professor R. Owen, who among a multitude of honors enjoys the distinguished one of Iluuterian Professor to the Royal College of Surgeons

London, has not merely a European but a universal reputation for his highly scientific and most laborious researches in the minute anatomy of sclerous tissues. He has devoted himself in an especial manner to the thorough elucidation of the structure of bone and teeth, and has enriched posterity with the results he has arrived at by his investigations. The works which the above heading accredits him with the authorship of, are enduring witnesses of his genius and acquirements. Any one alone would have been sufficient to establish his fame and skill. The treatise on Odontography, extended over 656 pages of royal 8vo, and illustrated by 168 plates, contains an elaborate description of the comparative anatomy of the teeth in the vertebrate animals, in which is more especially given a complete account of the structure and formation of these important organs. Previous to its publication, but little was understood of the varieties of structure that presented themselves in different classes of creation, and less was positively known in regard to the most important point in the development of teeth, viz., the origin and mode of formation of dentine or ivory, subjects upon which there is now a clear and full amount of knowledge, owing to the circulation of this book and others grounded upon or taken from it. The treatise entitled "Archetype of the Skeleton" was one of the same character and merit as the preceding. It is of these two illustrious works that the one for which we have to thank Messrs. Blanchard & Lea may be considered as the introduction. They have republished it from a portion of a series now coming out in London under the name of Orr's Circle of the Sciences. It will be found to be, unpretending though it appear, not unworthy of its learned writer, and our readers who, from more pressing duties, have not time to go into the more ponderous tomes, and yet would like to know something of the subject, will find this just what they desire.

XVI.—*Healthy Skin*; a popular treatise on the Skin and Hair; their preservation and management. By ERASMUS WILSON, F.R.S., Author of "A treatise on Diseases of the Skin;" "A system of Human Anatomy," &c. Second American, from the fourth and revised London edition. With illustrations. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 1854. Pp. 285. 5s.

One of the chief objects desired by the publication of the little treatise to which the above heading belongs, is the inculcation of the necessity of a due attention to the skin and its appendages. The importance of cleanliness as a point in hygiene, has been long recognized and insisted

upon by the profession, but the public have been slow in comprehending it, and many can scarcely be said even yet to estimate it properly. Much of their ignorance is undoubtedly referrible to want of education, and therefore, when a work such as the present is placed within their reach, it is to be expected that the instruction derived from its perusal will awaken the desired concern in its matter, and prompt to the employment of the measures it prescribes for adding to personal comfort and salubrity. In the early chapters there is given a correct and full account of the anatomical structure of the investment of the body in clear and simple language, so as to be understood as well by the laity as by those within whose province such a theme more strictly falls. These are succeeded by others, in which the influence of diet, clothing, exercise, ablution, and bathing upon the health of the skin is fully established; agencies which are under the regulation of every one, and by misuse or negligence become rife causes of disease and premature decay. And lastly, the concluding chapters give a succinct account of some of the more common blemishes and defects to which the skin and hair are particularly liable; these are of not unfrequent occurrence, and often judged so slight as not to require the consultation of a physician—hence a few hints upon the best means for removing them will, under such circumstances, be esteemed very opportune and valuable.

CLINICAL LECTURE.

Clinical Lecture on Diseases of the Skin. By H. D. BULKLEY, M.D.,
Physician to New York Hospital.

(From *New York Medical Times.*)

I now exhibit a case to you entirely different in its nature, but one of an intractable character—a case of disease known under the name of *mentagra* in the classification of Bielt, and of *sycosis* in that of Willan; the former name being derived from its seat, from the Latin word *mentum*, the chin; and the latter from the Greek word meaning *fig*, from some fancied resemblance to the inside of that fruit when dried. It is the form of disease popularly known under the name of *barber's itch*. It was placed by those authors in the order of PUSTULES, but is described by Wilson under his second division of cutaneous diseases, those of the *sebiparous glands*. Within a few years, M. Gruby, of Vienna, has discovered a new cryptogamic plant in the roots of the hair of the beard and around that portion within the hair-follicle, in consequence of which he proposes to give it the name of *mentagrophyte*. This has led Neligan,

of Dublin, the latest writer on this branch, to place it in a class which he has arranged to provide for this and porrigo (which is now known to be owing to a vegetable parasite), under the name of *DERMATOPHYTÆ*. The transmission of the seeds of this plant is supposed to render the disease contagious; and hence there would seem to be some foundation for the popular opinion which has long prevailed, that it is communicated by the razor in shaving, as the name of *barber's itch* would seem to imply. What relation this vegetable parasite bears to the cutaneous affection, whether that of cause or of effect, would seem to be yet an open question. It is certain that mentagra can arise without such direct contact from a razor, in some cases at least, as I once had a patient in whose case eating of cheese was sure to bring out an eruption of this nature, and have had other cases in which the patient had not been shaved by a barber for years; and in the present case, indeed, the patient has two brothers who have been in the habit of shaving with the same razor that he has, for several years, in neither of whom is there the least trace of the disease. I could add, also, that I have treated and cured cases without any special reference to such parasitical connection. It would seem, therefore, as though a favorable nidus must exist, in the shape of some predisposition, either local or general, for the propagation of the disease, as is seen in *favus*, in which there is evidently a contagious element of some kind, and which has also its own vegetable parasite, and still is only contagious under certain favorable circumstances, a fact which renders its communication of much less frequent occurrence than would be the case under other circumstances.

Under the former view of the pathology of mentagra, the course of treatment pursued was that of purgatives, laxatives, and alteratives internally, and emollient and sedative applications externally, in the early stage, and more or less stimulating, or more especially resolvent ointments, as the disease became more chronic. Among the ointments used were those of iodide of sulphur and iodide of potassium, of the former 10 to 30 grains to the ounce of lard, and of the latter from ʒ ss. to ʒ j. I have also used an ointment of iodide of lead with advantage, and sometimes creosote ointment. These iodine ointments are most useful after the inflammatory stage has passed, when tubercular indurations only are left. Bathing the part with warm water, two or three times daily, and particularly a douche of vapor of hot water directed to the part for fifteen minutes or half an hour, will be found to assist the action of the resolvent ointments. The beard should be kept closely cut with scissors, and the use of a razor rigidly abstained from. The diet should be light and unstimulating. The result, under the use of the best regulated means, is often quite unsatisfactory.

The treatment, in accordance with the parasitical view of the disease, is much more simple, and of much shorter duration; and is said by its advocates to be not only speedy but certain, and consequently much more satisfactory. It consists in removing each individual hair of the part affected, by means of forceps, without any previous preparation, and then making an application to destroy the vegetable parasite. The removal of the hair in this way is somewhat painful in recent cases, but in those of long standing causes but little inconvenience. As soon as the hair is re-

moved, a solution of corrosive sublimate or of acetate of copper is to be applied by means of a sponge or a fine brush. The strength of the former may vary from 15 to 30, and up to 75 grains to a pint of water, according to the irritability of the skin in the individual case; that of the acetate of copper is directed to be fifteen grains to the pint. When the corrosive sublimate is used of the greatest strength mentioned, it sometimes gives rise to a fine pustular eruption, which soon subsides without trouble. In one case, M. Bazin noticed commencing pyralism from its use. The removal of the hair in mentagra is said by M. Bazin to be followed by an improvement which is really surprising. Even in the worst cases, the cure will be complete in eight or ten days. When no cryptogami or but few are present, the removal of the hair alone may be sufficient; but it is always safe to apply the lotion once or twice. Dr. Jenner, of London, has recently introduced the use of a solution of sulphurous acid gas for the destruction of the vegetable parasites which are now known to infest the hair in this affection, and in some kindred forms of disease of the scalp, of which I will speak more particularly on some future occasion.

Our patient is a man between thirty and forty years of age, of regular habits, so far as I can learn, in the enjoyment of good health, and who has suffered from the disease about six years, having been at times much better than he is at present. The eruption extends over about one third of the lower part of the face and of the upper lip (the parts occupied by the beard), and consists of patches covered with pustules, most of them pierced through the centre by a hair, with more or less induration at the base, the diagnostic mark which distinguishes this affection from impetigo, a disease purely pustular in its nature, and having no connection with any cryptogamic parasite, and unattended by induration about the bases of the pustules.

I prescribed for him some pills, containing blue pill, colocynth, and ipecac. a few days since, two to be taken every second night, followed by a Seidlitz powder the next morning; and directed him to bathe his face in warm water, and then apply, night and morning, an ointment of acetate of lead and stramonium ointment (3 j. to ʒ j.). I then directed him to take a mixture of citrate of iron and iodide of potassium in compound tincture of gentian, intending to treat him for a time as though it were not the contagious form. He feels better than he did, and the eruption is less inflamed, and causes him much less uneasiness, and I propose to continue the same means, or those of the same general character, for a week or two, and then, if there is no evidence of a favorable change, shall remove the hair, and apply a wash of corrosive sublimate, as recommended by M. Bazin.

Our next patient is a young man with lupus; and in connection with his case, and, indeed, I may say, in contrast with it, I will show you a woman with the same disease, presenting such striking differences that you would hardly recognize them as belonging to the same class.

The case which I first show you is one in which the ulceration is confined to the surface, and is characterized by a remarkable hypertrophy of the ulcerated surfaces, a peculiarity which I never before saw to such an extent in this disease. Our patient is a young man twenty years of age, with light hair and complexion, and of strumous diathesis, on whom the

eruption began when he was between three and four years of age. He is unable to say on what part it first commenced. Neither his father, nor mother, nor any other of their children ever had any eruption. His general health has always been good. He has now a patch of eruption on each elbow, on the right knee, the right heel, and the inside of the left knee joint. These patches vary in size and shape, the one on the right elbow being about four inches long, and from an inch to an inch and a half broad, while others are more inclining to a circular form. They are all of a dull red color, with fungous elevations from one quarter to one third of an inch in height, the surfaces of which are more or less covered with ulcerations, discharging a moderate quantity of this purulent matter, which concretes at times into thin yellowish or yellowish-green scabs. Adjoining some of them are small patches of scars, partly white and partly violet-colored, like the cicatrix of a burn, the characteristic appearance following the healing of lupus. In some of the patches the elevated portions are perforated by small openings, from which the matter oozes out when pressed upon. This variety of lupus is evidently of strumous origin, and hence the indication for the class of remedies of known efficiency in that condition of the system. I have therefore put him under the use of iodide of iron; and if I find after a fair trial that he does not improve sufficiently fast, shall also give him cod-liver oil. The form of iodide of iron which I have long been in the habit of using is the syrup, of the strength of ʒ j. to ʒ j., and of this I usually give at first, to an adult, ten drops three times daily, and gradually increase to twenty or twenty-five drops at a dose. In some cases, this remedy causes irritation of the mucous membrane of the stomach and bowels; but by attention to the dose and to the regulation of the diet, its use can generally be continued. At present I shall direct the use of stramonium ointment to the ulcerated spots, and shall, in progress of the treatment, make other applications of a different nature. One which I have sometimes used with advantage is the tincture of iodine, freely pencilled over the patches. A favorite application, at present, and for two or three years past, with Cazenave, of Paris, is the dento-iodide of mercury, mixed with simple olive oil to make a paste, and applied freely to the affected parts. The effect of this is to produce more or less irritation, and sometimes to give rise to erysipelatous inflammation of the part, which is known frequently to modify this disease in a remarkable manner. The diet in these cases should be nutritious and unstimulating, and every attention paid to the improvement of the general health.

The other case of lupus is in a female, forty years of age, a female also of strumous diathesis, in whom the disease at first commenced on the left ala of the nose about nine years ago, when, I have reason to believe, from the history of the case and the remedies used, it was mistaken for syphilis. She has been under my care at different times for several years past, and most of the time with but unsatisfactory results. It is but right to say, however, that during most of the time she has suffered much from privations of different kinds, as well as from mental trials, which have necessarily exerted a depressing influence upon her. The disease has spread gradually from its original seat over the whole of the upper lip and about the corners of the mouth, and from thence over nearly the

whole of the right cheek and a part of the left, and in its progress has attacked the alae of the nose, and destroyed them, and the whole of the end of the nose, and also the septum nasi, and from thence has extended along the posterior fauces, and thence forward upon the uvula and the hard palate; so that she is now, as you see, a pitiable object to look upon. The lip and cheeks, however, cicatrized some time since, in the manner peculiar to lupus, resembling the scar of a burn, producing at the angles of the mouth the unpleasant effect following cicatrizing about these parts, and interfering with the free opening of the mouth. The voice is effected so much by the destruction of internal parts that she can hardly speak above a whisper, and she is often troubled in swallowing, and for many weeks at a time has only been able to use liquid food. The course of treatment pursued has always been of a tonic and alterative character. Iodine in combination with iron, either in the form of the syrup of the iodide, or in that of the iodide of potassium and citrate of iron in compound tincture of gentian, has been persevered in for a long period at different times. Cod-liver oil was also taken for weeks, and, indeed, for months at a time, and in doses of a tablespoonful three times a day, and all with but temporary benefit. During much of the time the condition of the patient has rendered all attention to hygiene almost impossible; and at times she has actually suffered from want of sufficient food, without making her situation known, and obtaining the aid which would have been willingly extended to her. The only local application which seemed to have any decided effect was the tincture of iodine freely painted over the parts, which had the effect of arresting the ulceration of the face, and causing the cicatrization three or four years ago, which has never since yielded to ulceration. Very little has been done for two or three years past, except the occasional use of the combination of citrate of iron and iodide of potassium before alluded to. The stramonium ointment is also occasionally used to allay the irritation of superficial ulceration, which occurs at times, and then disappears to a certain extent.

THERAPEUTICAL RECORD.

(*Virginia Medical and Surgical Journal.*)

Chronic Urticaria.—A severe case of this eruptive disease was lately successfully treated by Mr. Startin, at the Hospital for Skin Diseases, London, in the following manner: ℞ Quin. disulph., gr. xij.; am. sesquicarb. ʒj.; magnes carb. ʒss.; aq. pur. ʒviiij. Ft. mist. A tablespoonful to be taken thrice daily.

The quinine in this formula is undissolved, and is held in suspension by the magnesia. Mr. Startin advises the use of dilute nitric acid to relieve the itching, as being equally efficacious as the hydrocyanic acid, and much less expensive.

Hemorrhage from Leech Bites.—Lestelle, in the *Repertoire de Pharmacie*, suggests the use of the carbonate of iron in obstinate hemorrhages from leech bites, and states that it is very effective.

Lupus.—This obstinate disease has been treated successfully by the London profession, with combination of mercury and cod liver oil in small doses often repeated.

The plan of counteracting the depressing effects of a mercurial course for the cure of syphilis in cachectic constitutions by combining the cod liver oil in moderate quantities is worthy of notice.

Phthisis.—The elegant prescription of Dr. Risdon Bennett is worthy of attention: R. Tinct. ferri. sesqui chlor., gttss. x.; acid. nitrici dil., gttss. x.; syr. zingib. ʒss. - aq. menth. viridis ʒj. Ft. Haust. The cod-liver oil to be prescribed in half-ounce doses to be taken in the above draught is more agreeable to the palate, whilst the union of the mineral tonics have been found of great advantage in staying the progress of this dread disease.

Scrofula.—An opinion prevails at Guy's Hospital that the efficiency of iodide of potassium is much increased by combining it with the carbonate of ammonia. The proportions usually observed are two to three grains of the iodide, with four to five of the ammonia.

The ammonia acts as a gentle stimulant to the stomach, preventing the iodide from disagreeing; also, by chemical decomposition itself being changed to nitric acid, and then by combination with the base of the salt, liberating the iodine in its free form.

Tetanus.—The English journals speak somewhat favorably of the action of belladonna in this dreadful disease. We notice in the reports of the Nottingham General Hospital, a case of traumatic tetanus recovering under the use of extract of belladonna, in half-grain doses, gradually increased to a grain and a half; using, at the same time, three grains as a suppository, and alternating the doses every four hours.

Vascular Opacity of the Cornea.—Mr. Critchett, of the Royal Ophthalmic Hospital, recommends the use of setons and other permanent issues in vascular opacity of the cornea of long standing, and in subjects of cachectic condition. He declares the use of mercurials, depressants, frequent leeching, &c., only aggravate the disease.

His treatment consists in making an issue in each temple and keeping it open for some months, and at the same time allowing a generous diet, and even exhibiting tonics.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

HEALTH OF THE SOLDIER IN CANADA.

Through the politeness of Dr. Henry, Inspector General of Hospitals, we have been favored with an examination of the "statistical reports of the sickness, mortality and invaliding among the troops in the United Kingdom, the Mediterranean, and British America; prepared from the records of the Army Medical Department and War Office returns, 1853." These reports are of a very elaborate nature, and drawn up in the most careful manner; abounding with information of an interesting character, and useful tendency. We are therefore thankful at having an opportunity of selecting for our readers the principal facts that have been noted in the sick career of the troops in Canada, during a period of 10 years' observation from 1837 to 1846, inclusive.

The admissions into hospital averaged 982, and the deaths 13 per 1000 annually. The fluctuations in the amount of sickness were less than even among the cavalry serving in the United Kingdom, notwithstanding the occurrence of certain causes in the earlier years mentioned hereafter, by which they were likely to be augmented. The maximum proportion of deaths was 16.7; it occurred in 1841-42, and was probably owing to the arrival of several regiments from the West Indies. Contrasted with the antecedent term of 20 years, the mortality was nevertheless lower in the proportion of 13 to 16.1 per thousand. This diminution is partly referred to the absence of epidemic cholera in the latter years, by which a loss averaging 2.1 per 1000 was sustained in the former. But other causes must also have co-operated, as improved treatment, and so on, for after making the necessary deduction for cholera, the decrease is nearly 1 per 1000. This is the more remarkable, as it is asserted the soldiers sent to Canada since 1836 were not so well fitted to contend against disease as their predecessors.

The violent and sudden deaths were 302; a proportion of more than double that of any of the Mediterranean stations. Of these deaths the greatest number were from drowning, 123; apoplexy, 38; and intoxication, 25. The cases of suicide were exceedingly few, only 20.

Fevers of the intermittent type were reduced in number to one-third, owing, probably to the gradual extension of cultivation, improvement in drainage, and other local causes. At Sandwich, C.W., 269 cases occurred in 1839, out of a force of 179 men. It and Chatham were aban-

done as stations, owing to their unhealthiness, but the effect of residence there was shown by a tendency to that form of fever on every slight exposure, long after the troops had been removed to other stations.

Typhus fever, though not of common occurrence, assumed a very aggravated character. Of 62 cases, 32 proved fatal, being a larger proportion than in the worst form of yellow fever in the West Indies.

Of eruptive fevers, small pox was particularly severe, 1 in 5 of those attacked having died. Revaccination was performed on several of the men, who did not bear satisfactory marks.

Erysipelas was very prevalent and fatal, especially in 1841, when 12 deaths took place from it. In July of that year, it raged as an epidemic around Quebec, Montreal and Toronto, attacking the civilians as well as the military, and lasted till the following March.

Army hospitals have ever been famous as schools for syphilis and for much of the history of the disease and its appropriate treatment we are indebted to John Hunter, Rose, Hennen, Roe, Guthrie, Ballingall, Judd, and a host of other military surgeons. It would appear there must have been splendid opportunities for observing it among the troops in Canada. Among an aggregate strength of 90,456, there were 10,607 cases of venereal affections, which have been thus classed; 1577 syphilis primitiva; 394 syphilis consecutiva; 3594 ulcus penis non syphiliticum; 1210 bubo simplex; 2858 gonorrhœa; 815 hernia humoralis; 104 strictura urethræ; 1 cachexia syphiloidea; 49 phymosis and paraphymosis.

The etiologist who considers that diseases of the lungs are produced and aggravated by low temperature and severity of climate, will be astonished to learn that the proportion of deaths from them during the same term was, in Malta, 7.9, while in this country it was only 7.4 per 1000. The admissions for consumption and spitting of blood in both these places, respectively, were relatively as 9.8 to 8.4, and the deaths in hospital as 4.3 to 3.8. During three of the coldest months, December, January and February, in 1837-8, four regiments, the 85th, 34th, 43d, and 11th, proceeded over frozen rivers and snowy roads from New Brunswick to Quebec. Each was about 18 days on the route, when the thermometer ranged from freezing point to 25 below zero, in heavy rains, thick snows, gentle breezes, strong gales, and inclement weather of every kind. The only protection the men had was extra clothing; they rode in sleighs by day, and were billeted in barns and houses by night, and, when these could not be obtained, in log huts previously erected for the occasion, and kept continually warmed by fires. And yet only two cases, in separate regiments, of any pulmonary disease occurred. The same immunity was witnessed in the troops in 1837-41, when from the disturbed state of the country they were frequently moved, especially

in winter, and were much exposed to patrol and other night duties. And lastly, by taking two periods, 1837-41 and 1842-6, it appears that acute diseases of the lungs were rather more prevalent, and the mortality a fraction higher, in the first than during the latter; while the admissions from chronic diseases were the same in both; but the mortality was higher during the second, when the men had only to perform their ordinary routine, than in the former, when they were subject to all the harassing duties accruing from the insurrection.

Inflammation of the bowels and dysentery were not one-third so prevalent as formerly. Compared with the infantry at home, during the same period, there is a marked excess in dysentery, diarrhœa, cholera, and indigestion; indeed, the proportion is nearly doubled; but a similar excess nearly always happens to soldiers leaving the United Kingdom and residing in any foreign climate, whether it be temperate or tropical. Epidemic cholera did not occur. Diseases of the stomach and bowels were fewer than formerly, and yet the troops mostly came here from the West Indies, where such affections prevail, instead of being drafted from England, as used to be the practice, thus affording another instance of the rapidity with which the constitution recovers from the effect of tropical service, if not too long prolonged.

Diseases of the eyes experienced a remarkable increase, having been four times more numerous than among the troops at home, and nearly twice as much as in Canada during the preceding twenty years. From 1841 to '4, they were most common. The majority of the cases occurred in London, C. W., and about its neighbourhood.

Intemperance appeared to be more rife in this than in any other command, owing to the cheapness of provisions, leaving a large surplus of pay at the disposal of the soldier. The propensity seemed to increase with succeeding years. Delirium tremens, as to be expected, augmented accordingly; but for further information on this subject, we refer our readers to the April number of the 1st vol. of this Journal, where they will find an instructive article about it, from the pen of the talented gentleman first named in this leader.

McGILL COLLEGE, SESSION 1854-55.

We omitted in our last to acknowledge the receipt of the Annual Announcement of the Medical Faculty of this University, but now take the earliest opportunity to make amends for the oversight. From the changes that the Governors have been pleased to make—four branches,

midwifery, *materia medica*, medical jurisprudence, and practical anatomy, will be taught by different gentlemen to those who were engaged upon them last winter. The remaining chairs will be filled by their former occupants, whose efficiency has long since been established. The facilities afforded by this school for the acquirement of a sound and modern medical education, are probably not surpassed by any other, even in Europe, certainly by none on this side of the Atlantic. Students have for some time back been sensible of this, so that now, instead of beginning their studies here, and completing them elsewhere, the common practice is not to leave the College after matriculation till they have received its degree, and then to visit older places prior to entering upon the responsible duties of practice. Owing to certain regulations that have recently come into vogue, the labors of the student have been materially lightened in the matter of attendance upon lectures and preparation for examination. Formerly, when this final test was single, it became very trying, for being upon all the branches taught, it required a close attendance during the last session upon each class, and a retention in the memory of the minutiae connected with its subject, but now, from the examination being double, the student takes up each half at separate times, and can devote himself more thoroughly to the comparatively few branches thereby comprised, thus saving himself from much physical and mental labor. It is proper to observe that this arrangement is not absolute, for such students as prefer the old method are allowed to follow it, and the same concession is granted in the case of gentlemen who, having pursued their studies at other seats of learning, pass the last year at McGill College, with the view to graduation. This consideration cannot be else than satisfactory. We have reasons for believing that the prospects of the coming session are of a flattering character, and that well-filled benches will encourage the professors in their daily toils.

Further Appointments in McGill College.—The vacancy in the chair of medical jurisprudence, stated in our last number, has been filled by the appointment thereto of Dr. R. P. Howard, whose ability as a medical instructor has been well tested, both in teaching practical anatomy at this institution, and in the private education of medical students—those who are returning to College will, with ourselves, rejoice at his elevation to the professorship. Dr. D. C. MacCallum has been appointed his successor as demonstrator of anatomy and curator of the museum.

University of Philadelphia and Announcement of the Fall and Winter Session of 1854-55.—The Penn. Medical University has introduced a reformation in medical education. The studies are divided into 24 instead of 6 or 7 branches. Several subjects have been added to those usually taught in the schools, such as logic, history, general and medical botany, &c. The time of collegiate education has been extended from two to at least *four* courses of lectures and demonstrations, as is the practice in McGill College, thus setting an example which the other American Colleges must follow before long—the evils of the forcing system of two years outweigh all the pecuniary profits.

Annual Announcement of Rush Medical College.—This announcement sets forth in a perspicuous and satisfactory manner the inducements held out to the medical student to select Rush College as his *alma mater*. We hope its prosperity will continue.

Licentiates in Medicine, C. W.—His Excellency the Governor General has granted a license to Thomas Wheller, of the city of Montreal, and Thomas Cowdry, of Cobourg, to practise Physic, Surgery, and Midwifery, in that part of Canada called Upper Canada.

Simaba Cedron in Intermittent Fever.—We have received a pamphlet from Dr. Purple, New York, containing important practical “observations on some of the remedial properties of *simaba cedron*, and of its employment in intermittent fever.” The *simaba cedron* is a tree which grows to the height of, probably, twenty feet. It is a *habitat* of New Grenada, Banks (near San Pablo) of the Magdalena, and Isle de Caybo, coast of the Pacific. It has long been held in high esteem by the natives of South America, as a sovereign remedy for bites of venomous serpents. Dr. Purple has treated eleven cases of intermittent fever with success, by the administration of the powdered cotyledon of cedron. He gives, to an adult, doses varying from five to twenty grains, repeated every fourth hour for twenty-four or thirty-six hours. “The evidence,” he says, “which has already accumulated in regard to this plant, points to the fact that it possesses important anti-periodic properties, and perhaps, upon further investigation, it may be found to be a valuable substitute for quinine—a desideratum long sought after. Our

own observations have been confined to the cotyledons in powder in intermittent, and in tincture in neuralgia, dyspepsia, and chronic derangements of the stomach, involving impaired digestion. In these conditions, we are satisfied that it possesses curative properties equal to Columba, quassia, or any of the vegetable tonics; and in view of these properties, we feel assured that it is worthy of an excellent position among this classification of the vegetable materia medica."

Medical Attendance on Servants.—The Dublin Medical Press, Aug. 23, records a very interesting trial that recently took place in Mildenhall County Court, England. It was an action instituted by a surgeon against a gentleman for recovery of £11, 0s 6d, the amount of his bill for attendance on said gentleman's housekeeper, who had broken her leg. It was clearly proved, in evidence, that the plaintiff had been sent for by the defendant, to visit his (defendant's) servant; and his Honour laid it down as clear law, that if a master sent for a doctor, he was liable to pay for the attendance. Not only in law, but in justice, did he consider the defendant liable; for he considered it very hard that medical men should not be paid when they are at the beck and call of any person who may choose to send for their assistance; and if they refused to go, they became subject to a general outcry throughout the country for their want of humanity and Christian feeling. He therefore considered the plaintiff entitled to his claim for the whole amount, with costs.

Dr. Peltier's communication will appear in our next.

BOOKS RECEIVED FOR REVIEW.

Carpenter's Principles of Comparative Physiology; a new American from the fourth and revised London edition. 1854. From Messrs. Blanchard & Lea, Philadelphia.

Owen on the Skeleton and Teeth. 1854. From do.

Wilson on the Skin and Hair. 1854. From do.

Bushman's Principles of Physiology. 1854. From do.

Buck on the Surgical Treatment of Morbid Growths within the Larynx. From the Author.

Purple's Observations on some of the remedial properties of Simaba Cedron. From the Author.

Carroll's Observations on the Asiatic Cholera, as it appeared in Cincinnati, in 1849-50.

CORRESPONDENCE.

LONDON CORRESPONDENCE.—No. 3.

LONDON, 5th September, 1854.

A measure, which has afforded the highest gratification both to the graduates in Medicine and to the well-wishers of the University of London, has been passed by Parliament before the termination of the session. This Act is known by the name of "The University of London Medical Graduates Act, 1854," and places the graduates of the University on an equal footing as to status and privileges as the ancient Universities of Oxford and Cambridge. Some of the medical journals consider the London degrees far superior to those of the latter Universities; and this has been acknowledged by some of the highest in the land. It is a question into which I shall not enter; and if we simply consider the facilities which are offered in this metropolis for obtaining a thoroughly sound medical education, and compare them with those of Oxford and Cambridge, it will not require much sagacity to declare which are the best and the greatest. The passage of this bill is the stepping stone to the *great Medical Reform Bill* which is positively to be brought forward at an early part of the next session, as has been faithfully promised by her Majesty's Ministers, and of which I shall inform your readers at the proper time.

The following are a continuation of the hospital reports, &c., commenced in my last.

Strabismus.—The operation for this I witnessed upon a little boy, aged 8 years, at the Central London Ophthalmic Hospital, on the 27th June, by my friend Dr. Robert Taylor, who very neatly performed it, while the patient was under the influence of chloroform. The case was one of convergent strabismus of the left eye, and of interest, in consequence of its having arisen from opacities on the cornea, which more or less interfered with vision, and thus produced this condition as an effect of nature to relieve the obstructed sight. The sight was weak in the affected eye, and a mere speck could be discerned upon the cornea, but not now of any importance. The little fellow vomited two or three times before complete anaesthesia was produced.

Acute Cancer of the Breast—Amputation.—The following case is a good example of acute cancer, running a tolerably rapid course, occurring in the person of a female, aged 35 years, of a pale leuco-phlegmatic temperament. It appears she suffered from milk abscess of the left breast 16 years ago, and 9 months ago she complained of pain and hardness in the same breast, which subsequently increased and spread towards the axilla,

and which, with other symptoms, clearly pronounced the disease to be scirrhus. It commenced to ulcerate only 3 months ago, and on examining the breast at the present time, no discoloration is visible, nor is there any retraction of the nipple; on the contrary, it and the breast appear prominent. The induration of the gland, which is not very great, extends to the axillary glands. She was brought into the operating theatre of Bartholomew's Hospital on the 1st July, and was put under the influence of chloroform until complete anæsthesia was induced, when Mr. Paget, with a scalpel, made a large semilunar incision along the lower and outer margin of the mammary gland; he then isolated the greater part of the tumor by careful dissection, not, however, without unavoidably wounding several small vessels. Another semilunar incision was then made through the skin above the gland, corresponding to its lower one, and meeting at the two ends, thus making the two of an elliptical form. The gland was then removed, and several of the small vessels were tied. As many of the affected glands in the axilla were removed as could be conveniently got at, those remaining, and which extended as far as the latissimus dorsi muscle, having ligatures passing around their bases. This occupied much time, and rendered the entire operation one of twenty-two minutes' duration, although the removal of the cancerous mass did not exceed three or four minutes. The deep wound caused by the operation was well sponged out, the gaping edges were well and firmly brought together, by numerous broad bands of adhesive plaster, from above downward and in a vertical direction, overlying one another, thus acting as if the parts were firmly bandaged, and compressing them together, and the patient removed. Mr. Paget, in his remarks upon the case, stated that its rapidity might be accounted for, from the gland's having been in a previously diseased condition 16 years before, thus converting the present disease into one of an acute form. He drew attention to the absence of retraction of the nipple, the puckering being slight and no discoloration, and that the hardness was not great. He considered it prudent to remove it, but could not say whether the disease would or would not return. He had removed the greater number of the affected axillary glands, but he believed some remained. He was not certain whether the induration of these was owing to scirrhus or scrofula, as there were evidences of the latter in other parts of the body, (he pointed to cicatrices under the chin.) but at any rate he placed ligatures around those left behind, so that they might slough and fall out. The chances of their being scrofulous were favorable towards ultimate cure, and he partly believed them so, from feeling gritty substances in two or three, which he said were common to them. At any rate, even in the event of the return of the disease in a year or a year and a half, the poor woman

would enjoy comfort and health for that period of time, which was certainly something in favor of the operation. On making a section of the tumor, it presented a very beautiful illustration of acute scirrhus, and on scraping the cut surface with the scalpel, it contained the juicy matter so characteristic of this form of disease. So rapid were the healing powers in this woman, that the entire wound was closed in a remarkably short space of time, permitting of her discharge from the hospital quite well.

Excision of Tonsil.—A boy, aged 18, whose left tonsil extended almost completely across the isthmus faucium, and which interfered with deglutition, had it removed in the following simple manner, at King's College Hospital, on the 8th July, by Mr. Ferguson. The tumor was seized with a pair of forceps, the tongue being depressed with the handle and finger; a blunt pointed curved bistoury, the nearest half of the blade of which was wrapped in lint, was then introduced, and the tonsil shaved off, cutting upwards. This operation was performed with the greatest ease, and was very neatly done. Mr. Ferguson is not in the habit of employing any other method, and never uses the tonsillotome. I have, however, seen this last instrument frequently used by M. Guersant on children, at the Hospital des Enfants in Paris, and I think there can be no question about the propriety of using it in them, from the difficulty experienced in keeping them quiet. In the adult, however, with ordinary care, the tonsils are more satisfactorily removed by the bistoury, in the manner described, than with the "guillotine," as it is sometimes called. It must be confessed, that with the latter instrument, as the cutting edge is abruptly drawn through the tumor, there is a liability at any moment of forcibly tearing, instead of cutting through the gland.

Talipes Varus in an Infant.—A child, aged 11 weeks, with a congenital talipes varus of the right foot, was given chloroform. When anaesthesia was produced, Mr. Ferguson introduced a sharp pointed tenotomy knife through the skin, and divided the tendo-Achilles, while that muscle was put upon the stretch. The foot was bound up with adhesive plaster, and subsequently put up in a short splint. This case presented one of the simplest varieties of this form of distortion, and required no other division than that of the tendon mentioned, which will prove quite sufficient for cure. The patient was one of the youngest to whom I had seen chloroform given, but Dr. Snow (who officiated here) informed me that he had given it to an infant as young as 10 days with the most perfect safety.

G.

(Conclusion in our next.)

ERRATA.—Page 150, 16th line from bottom, instead of “than is possessed,” &c., read “than are possessed,” &c.

Page 152, 20th line, instead of “Dr. Hamilton first denied that the ligaments afforded little, if any opposition,” &c. read “Dr. Hamilton first denied that the ligaments had anything to do with prolapsus. Professor Burns, by experiments performed on the dead body, found that the uterine ligaments afforded little, if any, opposition to procidentia, but that the resistive power,” &c.

Page 165, 2nd line, instead of “stone and lime,” &c., read “straw and lime,” &c.

MEDICAL NEWS.

A woman in England has just had her 25th child.—Yellow fever has been again developed at Havana. It is represented as being of a more terrible form than ever.—During a violent storm which lately burst over Paris, the electric fluid entered a room in which was seated a man who had long been paralytic and speechless. It set fire to the bed curtains and did other damages in the room; but instead of injuring the infirm man, it restored him to speech and health.—Dr. Bard, of Savannah, has used tinct. fer mur in doses from 5 to 8 drops every four hours in mucilage with great success, in scarlatina.—The pulse of several domestic animals is nearly as follows:—Horse, from 32 to 38 per minute; ox or cow, 25 to 42; ass, 48 to 54; sheep, 70 to 79; goat, 72 to 76; dog, 90 to 100; cat, 110 to 120; rabbit, 120; Guinea pig, 140; duck, 126; hen, 140.—Prof. Forbes has been appointed to the Chair of Natural History in the University of Edinburgh. He is one of the most eminent and zealous naturalists of the age.—Dr. John Hall is the surgeon-general of the British force in Turkey. Deaths at Kalafat from typhus at one time averaged 30 to 40 per day. The mortality in the Russian army has been so great that the commander-in-chief has ordered all burials to be made at night, so as not to alarm the troops by their sight.—The latest “quickest” cure for enlarged spleen is poke berries and whiskey.—From the latest accounts from the Danube there have been about 600 deaths from cholera in the English army, and 7000 in the French.—The 97th Regiment has lost between 80 and 90 men in one week in the Probus (Greece), by cholera.—From the Medical Circular, dated Aug. 23, we learn that cholera had destroyed 644 lives during the last week in London; during the same time 200 more died of dysentery.—Out of 16,223 subscribers to the public baths of Paris, Bordeaux, and Marseilles, only 2 deaths occurred from cholera.—Advices state that the cholera had disappeared at Bridgetown, Barbadoes, but was still very prevalent in many parts of the island. The mortality has already reached nearly 13,000. The other islands are pretty healthy.—The only ships that suffered from cholera are those which proceeded up to Cronstadt.—13,702 births more were registered during the quarter ending June 30th, 1854, than for the same quarter of the previous year.—Two doctors, in Mississippi, have been arrested and bound over to keep the peace, in consequence of exchanging leaden pills through mukets.—M. Claude Bernard has been elected a member of the Institute of France.—A marble bust of the late Mr. Liston is to be placed as a monument in the Royal Infirmary of Edinburgh.—The corner stone of a Female College, to cost \$125,000, has been laid at Richmond, Va.—The oldest preacher in the States is presumed to be the Rev. Geo. Sawyer, of Garland, Me., now 99 years of age.—A physician in Stafford Co., N. H., has done very naughtily—gone off with a lady and left his wife at home... Gibson, the veteran professor of Surgery in the University of Pennsylvania, contemplates resigning his chair, to take place after next spring.—In the attack on the Stockade batteries on the Danube, in which Capt. Hyde Parker was killed, it is reported to the Admiralty:—“The medical officers have merited our thanks. Dr. O'Hagan, in particular, in the execution of his duty, was in the midst of the fire, and his clothes were pierced with bullets.”—A handsome new infirmary has just been established in Huntingdonshire, at a cost of £9000.