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CANADA
MEDICAL JOURNAL.

ORIGINAL COMMUNICATIONS.

Lectures on the Pathology and Treatment of Joint Diseases. By LOUIS
BAUER, M.D., M.R.C.S., Eng., &c.

III.

CLINICAL CHARACTER OF JOINT DISEASES.

All joint diseases have some symptoms in common. Of these pain is the most prominent; usually the first to appear, and the last to disappear. Clinical observation discerns two kinds of pain—one emanating directly from the diseased structure; the other proceeding in a circuitous manner from the spinal cord, and manifesting itself in parts not directly connected with the affected articulation.

The former is known by the term of *structural* or *inflammatory pain*; the latter as *reflex*. The structural pain varies in extent, intensity, and duration, according to the tissues implicated, and to the nature and extent of the malady. In some instances the pain may occupy but a small and circumscribed place; in others it may be diffused over the entire articulation, and extend even beyond it.

Its intensity may vary from the sensation of heat and soreness, to the degree of burning, lancinating and pulsating; and be equally variable in its continuance.

The morbid condition of the affected structures does not always furnish a satisfactory explanation of the degree of pain; but too often one is out of keeping with the other. Thus, for instance, a mere ephemeral rheumatic synovitis, and in hysteric affections, the pain, for the time being, is very intense and largely diffused, whereas, in hydrarthrosis but little inconvenience to the patient arises from a similar source. The general affection of an entire articulation, with advanced disintegration of the various tissues, may exist for months, and yet be attended with comparatively little suffering, whilst on the other hand, affections apparently trifling, may create a storm of symptoms and intense agony.

In structural pain therefore, but a conditional semiotic importance can be attached. In this respect the same axiom rules as in the healing art generally—"that but the congruity of symptoms is the base of diagnosis."

Notwithstanding all this, some general rules can be recognised as a guide at the bedside:

1st. The structural pain is commonly proportionate to the nervous endowment of the tissue affected.

2nd. The pain increases and diminishes in proportion to the progress and regress of the disease.

3rd. The pain is rendered more intense by false position of the articulation.

4th. The pain increases when the affected structures become subject to centrifugal distension by effusion of whatever composition, and to irritation by pus, loose sequestra, and foreign bodies.

5th. The pain is augmented by touch and motion.

6th. Whatever induces and increases pain, hastens the advance of the articular disease, and vice versa.

The so called reflex pain is obviously of a neuralgic character. Being excited by the local disturbance, the morbid impression is conveyed to the spinal cord, the common centre of irradiation; thence it is reflected backward to the muscles appertaining to the affected joint, and sometimes to the next articulation; as for example, the almost pathognomonic pain at the knee in coxalgia.

The latter mode is rather an exception, and an isolated clinical fact, which may be explained in this manner: "that the same nerve (obturator) supplies both joints with sensitive fibres, warranting the supposition of irradiating in the closest proximity."

From the fact that the reflex pain occurs commonly during night and the sleep of the patient, it must be inferred that the trophic or ganglionic province is principally, if not exclusively involved. But a few exceptions have come to my notice to which I shall refer in due course. You are perhaps aware that I was the first observer of these reflex pains; at all events, I was the first who called attention to them, and explained their character and operation. Perhaps they might have escaped my observation as well, had I not for a time shared the same roof with patients of this class, and had not thus an opportunity been afforded me for studying this singular symptom in all its bearings.

One night, after having left my patients profoundly asleep with the lights lowered, my attention was suddenly attracted by a peculiar shriek emanating from the sick room. Within half an hour the shriek was twice repeated.

Though well acquainted with the different voices of my little patients, I could not discern to whom the cry belonged. It was in so peculiar a note, high, shrieking and short, commencing with a full intonation, and terminating as abruptly. In entering the room, I found everything and everyone as quiet as I had left them shortly before. The only noticeable change was an acceleration in the breathing of one of the patients.

Whilst thus contemplating and watching him, he again uttered the same shriek, rose into a sitting posture, rubbed his eyes, stared around with a terrified expression, and sunk back upon his bed, continuing his scarcely interrupted sleep. In another ten minutes this scene was re-enacted, with almost the same concomitants. During several of these paroxysms I observed a peculiar quiver of both the adductor and flexor muscles of the thigh. The rest of the joint was evidently disturbed by it, and the pain accompanying the quiver must have been of an agonizing character, for the patient automatically grasped the affected limb, as if to arrest the involuntary movement. His rest for the balance of the night was disturbed by moanings, and repeated attempts to changing his position. I found the aspect of the patient much changed on the following morning; he looked pallid, haggard, and prostrate; he was of morose and irritable temper, his pulse excited, and his appetite indifferent. The tenderness of his joint had signally increased. Whilst the abduction was more difficult and painful than before, the entire group of the adductor muscles was as tense as if possessed of tonic spasm.

In continuing my observations for successive years, I have seen this very symptom in almost every aggravated case of joint disease in structural affections of the spine, and in acute periostitis in the proximity of joints. In all these cases it is invariably of the same type, though varying in intensity. The greatest violence of reflex pains we observe in morbus coxarius, and in affections of the knee joint.

It is rather remarkable that the patients thus afflicted do not remember these nocturnal pains, and that the shrieks of different patients are almost invariably of the same note and duration.

It may well be said these shrieks are as characteristic of joint disease, and as important in its diagnosis, as the peculiar croup tone in diphtheritic laryngitis, and the cries of a parturient woman in the last period of confinement.

As already remarked, these reflex pains occur almost exclusively during the night, and whilst the patient is dormant.

In a few exceptional cases, however, I have met the symptom under inverse circumstances. In one case (Schindler) the pains continued for several days and nights, and kept the affected member with but short

intermissions, in a constant state of clonic spasms, and until the flexors of the leg had been divided.

They may be met with, irrespective of time, when contracted muscles are put upon the stretch.

Whenever the reflex pains prevail, the patient suffers most severely; loses flesh and appetite; becomes anæmic, and prostrate, and the disease of the joint progresses with marked rapidity.

According to my clinical experience, the reflex pains chiefly accompany bone diseases, and in these they are most severe. In synovitis they are certainly much milder, if at all present.

In some instances the reflex pains assume the character of genuine neuralgia, and follow the course of the principal nerves; in others they discharge their violence upon certain groups of muscles, painfully oscillating and cramping them, leaving them in a state of cataleptic tension.

With the symptom of reflex pain, two others are very soon ushered in:—

1st. *Attenuation of the affected member.*

2nd. *Muscular contraction.*

The wasting of the affected extremity is as common a symptom of articular diseases as it is conspicuous. The adipose tissue becomes rapidly diminished, and finally extinct; the muscles lose their bulk and normal contour, the bones lose in circumference and length; the extremity assumes a cylindrical shape; its growth is arrested; the animal heat is below the standard of the body, and in cold weather the extremity presents that mottled appearance which is so common in paralysis.

The symptom of attenuation is co-ordinate with that of muscular contraction, and never observed without the latter.

Among the many hypotheses advanced in explanation of this symptom, that of Barwell is about the most superficial, ascribing it to the permanent compression of the capillaries within the muscular structures. At best this theory would apply to the waste of muscles, but leaves the other structures of the extremity out of account.

Without entering into a digest of the various opinions, I shall content myself with offering my own. It requires, indeed, no great pathological acumen or diagnostic sagacity to reduce that symptom to its proper source. It consists not only in the diminution of substance, but the arrest of growth is so prominent, that impeded innervation and impeded nutrition must be charged with the mischief, for which pathology furnishes ample analogy.

In club-foot, for instance, the very same conditions prevail, the same attenuation—the same arrest of growth and development—the same

reduction of temperature, co-existing with muscular contraction and mal-position.

The muscular shortening in joint diseases is well known to careful observers, but its pathological character has as yet not been fully appreciated by the profession. In carefully analysing the facts in the premises, I shall encounter no difficulty in establishing views fully consistent with the nature of the symptom in question.

1st. I have already adverted to the influence of the reflex pain upon certain muscles appertaining to the affected articulation, setting them into a most agonising quiver. This symptom is, indeed, so common, that its peculiarities may be ascertained beyond a shadow of doubt.

2nd. When these muscular spasms subside, they leave its structure in a state of rigor, or stationary retraction and tenderness, which, however, gradually disappear, if no new spasms set in.

3rd. Every attempt at elongating the so retracted muscle, by gradual extension, is very painful, and not rarely it is resisted by returning spasms.

4th. Faradayism renders the state of so retracted muscles still more tender, and not seldom gives rise to greater and painful shortenings of the muscular belly.

5th. During anæsthesia the muscular retraction relaxes and allows full extension, which, in some instances, may be successfully perpetuated by appropriate appliances. In others, the retraction re-appears with the cessation of the anæsthetic effect; the muscle remains tender and jerking. If, under these circumstances, the extension be persisted in, the articular disease becomes aggravated.

6th. Persistent retraction terminates in structural changes of the muscle, and destroys its expansibility, both physiologically and experimentally. Faradayism produces scarcely any excitation whatever, and chloroform anasthæsia exercises no marked influence upon its tension. Thus the muscle, having attained its maximum of contraction, and that contraction being rendered permanent by organic changes of its structure, the term *contracture* has been fitly applied to that condition.

Dr. Benedict, of Vienna, maintains that a constant galvanic current possesses the power not only to reduce the contraction, but to establish the physiological expansibility of muscles so affected. I have, however, not seen a single case at his clinic in the general hospital of that city that could be accepted in proof of his views.

Nor can the successful *brisement forcè*, without myotomy, pass as evidence, since the violence generally employed is quite sufficient to tear asunder all resisting structures—myolemma or muscular fibres—thus

virtually accomplishing the same results as would be produced by dividing the contracted muscle.

7th. The subcutaneous division of the contracted muscle overcomes both resistance, spasm, and attending pains.

8th. The division of contracted muscles exercises the most beneficial influence upon the affected extremity, in promoting its nutrition, growth, and development. Even the muscles themselves become more bulky and susceptible to the action of Faradayism.

The contractures of muscles, force of course, the affected extremity into a position corresponding to their respective traction, and they become therefore the source of malpositions.

In all joint diseases some muscles, or group of muscles are invariably contracted to the exclusion of others. Thus for instance, in morbus coxarius, we find the adductor muscles of the thigh, and some of the flexor muscles materially shortened. Among the adductors, the pectineus; and among the flexors, the tensor vaginæ femoris, are the most implicated. In consequence of these contractions, the affected extremity is unduly flexed, and adducted and rendered apparently shorter than its fellow, the disparity being increased by the elevation and rotation of the corresponding side of the pelvis. In affections of the knee joint the biceps muscle is commonly the only one contracted, and but exceptionally the remaining flexors become involved. Hence the affected member is more or less flexed at the knee joint, and in the higher degree of flexion, the leg is rotated on its longitudinal axis, and the toes everted. This position implies an anatomical derangement of the respective parts of the joint, the external condyle of the tibia receding, and the internal, protruding in front of the joint. In affections of the tibio-tarsal, and tarsal articulations the peronei muscles are retracted, and thereby the foot rotated so as to give it the position of talipes valgus. In affections of the wrist joint we meet with contractions of the flexor radialis and ulnaris, with abnormal flexion of the hand; sometimes but one of those muscles is shortened, and the hand has a corresponding leaning in its direction. In affections of the elbow joint the biceps muscle and the pronator teres are involved keeping the forearm in a state of pronation and flexion. In affections of the shoulder joint we notice the contraction of the pectoralis major, with adduction of the arm to the body, &c.

It is self evident that the contraction of certain muscles in certain joint diseases is by no means accidental but governed by the supply of co-ordinate nervous fibres. Schwan by his very careful and minute dissections, has fully established the fact, that such a co-ordination of nerves exists, supplying joints and muscles. And Hilton, another reliable ana-

temist, has affirmed that anatomical arrangement. But even without these anatomical facts, clinical observation would be justified in such an inference.

In most joint diseases there is more or less immobility. To a certain extent the immobility is of a voluntary character employed by the patient to obviate the pain caused by the exercise of the affected joint. Frequently, and in advanced cases, the immobility may arise from hydraulic pressure upon the articulating surfaces, by effusion into the joint, as may be seen in the second stage of hip disease, and in some affections of the knee joint with unyielding and thickened walls.

The deposits of osseous material around the joint, and osteophytes, will produce the same effect. Muscular contractions are a material impediment to the mobility of affected joints.

I have already referred to malposition of the respective affected articulations, as one of the general symptoms attending articular diseases, and adduced its most prominent cause. There are however other causes which occasionally bring about that result. One of them is the gradual disintegration of the epiphysis. Next the separation of the epiphysis and its dislodgement from the shaft. Another, the fracture of the epiphysis eventuating in joint disease. The last though not least is effusion within the articular cavity. The experimental injections into joints made by Weber and Bonnet demonstrate that liquids forcibly thrown into the articular cavities through an aperture of a stationary bone will force the moveable part of the joint into certain positions denoting the greatest capacity of the articulation.

Similar changes in the position of joints are produced in the living body by effusions.* But in order to accomplish this the walls of the articulation require to have been rendered unyielding to the process of inflammation, in which case the effusion acts like a wedge driven between the articular surfaces. As long as the walls remain flaccid, or retain their healthy elasticity; an immense quantity may be accumulated in the joint without any effect upon its position, as is the case in ordinary hydrarthrosis.

Last, I have to mention fever, as one of the common symptoms of joint diseases. This symptom is merely of temporary duration, and accompanies only the higher grades of these affections, their inflammatory periods, or at times when a mighty local irritation exists, be this through foreign bodies, sacculated pus, or the like. It generally subsides with the removal or alleviation of the local disturbance. In all these instances the fever is

* Collateral with more or less perfect immobility.

strictly symptomatic. Rheumatic affections of joints are however, ushered in with marked febrile excitement, which seems to form an essential part of the morbid process.

Profuse and continuous suppuration of joints is mostly attended by hectic fever, which presents the usual characteristics. But rarely do we meet with pyæmia, caused by affection of the joints. I do not think that I have seen more than a dozen cases, in all in my practice. The latest refers to a little girl, eleven years old, of very delicate constitution. From causes unknown, she was attacked almost simultaneously with an affection of the left tibio-tarsal joint, and periostitis of the corresponding tibia, both disorders eventuating rapidly in suppuration. A few weeks after the first attack, a large abscess had formed during one night, at the left hip, another soon afterwards made its appearance below the right clavicle, soon to be followed by a third in the right hip.

It is yet doubtful in my mind whether this case does not come under the head of spontaneous pyæmia, a form which is seriously doubted by some authors, or whether pyæmia resulted from the original affection.

Notes of a few interesting Cases occurring in Practice. By FRANCIS WAYLAND CAMPBELL, M.D., L.R.C.P., London; Member of the College of Physicians and Surgeons of Lower Canada; Physician to the Montreal Dispensary and Hospital for sick children; Member of the Dublin Microscope Club; Member of the Royal Medical Society of Edinburgh, &c., &c.

Puerperal Convulsions.—On the morning of February 14, 1866, I was requested by my friend Dr. Craik to take charge for him of a Mrs. D., wife of a city Missionary, who was then in labour, as he was called by a professional engagement to leave the city. I visited the patient about mid-day, and found that very early in the morning, labour pains had set in, and had continued with considerable regularity. On examination the os was found to be dilated to the size of a shilling—and the presentation natural. This was her first child, and to all appearances she was strong and healthy. She was in good spirits, and I left her promising to return in a couple of hours. On visiting her at two o'clock—the pains were stronger and more frequent, and on examination I found the os dilated to rather more than the size of a half-dollar, and that the waters had burst. Anticipating from appearances a tolerably speedy delivery, and being anxious that I should stay, I determined to remain. The pains continued tolerably regular, and with considerable

force till about half-past three o'clock, when, without the slightest warning, she was seized with a terrible violent convulsion. I at once sent for the forceps, but, before they arrived she was seized with a second fit, more violent than the first, the face becoming almost black, so intense was the congestion. On the cessation of the convulsions, she was extremely violent, attempting to throw herself out of bed, screaming at the top of her voice, and with both hands attempting to tear the vulva. At four o'clock precisely, I administered chloroform, and when thoroughly under its influence, I applied the forceps, and extracted a fine average sized living female child, which is still alive, (April 1867). The uterus contracted well, and I had just delivered the after-birth when Dr. Craik arrived. He had only been in the room a few minutes when the patient was seized with a third convulsion, equally as severe as any of the preceding. We both agreed upon the advisability of bleeding, and I accordingly took from her arm fully twenty ounces of blood, the effect being most marked. During the fit and intervals the pupils were greatly dilated, and it was not until after venesection that consciousness returned. After waiting an hour, and there being no return of the convulsions, we left, having previously ordered for her a mixture, giving her twenty minims every three hours of tincture of digitalis.

February 13, 9 p.m.—Dr. Craik and I met in consultation. Patient has had about an hour's sleep. No recurrence of the convulsions. To have a small quantity of gruel containing a little milk. Not having passed water since the morning—a catheter was introduced, and about twenty ounces of urine drawn off. It was examined the same night, and found to have a sp. gr. of 1020. On testing for albumen it contained an enormous quantity, the urine in the test tube becoming almost solid. We examined the condition of the patient's feet, which were slightly oedematous, and the face was somewhat pasty. Pupils somewhat dilated.

February 15.—During last night had a rigour which lasted fully half an hour. Considerable discharge from vagina. There is slight tenderness on pressure over the whole of abdomen, tongue coated, pulse 124 with a tendency to hardness. Pupils still dilated, ordered a turpentine stupe to be applied to abdomen, followed by a hot linseed poultice—vagina to be syringed out with hot water, and to have a powder containing one grain of opium, and two grains of calomel, every three hours.

February 20.—Rather better, no rigours, and the abdominal tenderness has been relieved by the stupe and poultice. Tincture of digitalis to be discontinued. From this date, the patient continued steadily to improve, until the 20th, when, without permission she got out of bed for a few minutes to arrange the things in the room. At

four o'clock on that day I was sent for and found that shortly after returning to bed, pain had commenced in the abdomen, and had constantly increased in severity. On examination, there was considerable tenderness all over abdomen, but more particularly in the left iliac region. Considerable difficulty in passing water, tongue coated, pulse 104 with a tendency to hardness. Countenance anxious. To have thirty drops of tincture of opium at once, and a turpentine stupe to the abdomen. To have a calomel and opium powder at six o'clock. At eleven o'clock saw patient with Dr. Craik,—much about the same. Thirty drops of tincture of opium to be repeated.

February 22.—Patient much better, pulse reduced to 92. From to-day the patient steadily improved, and on the 7th March was allowed out for a drive.

On the 27th January, 1867, I was called to attend her again in accouchement, Dr. Craik her medical attendant, being engaged at a similar case; on my arrival I found the child born and dead. My opinion is that the child had been dead for about a week, which is corroborated by the fact, that, for about that time she had noticed the presence of several of the signs which denotes the death of the child. Singular to say, had had no convulsions, although as I am informed by Dr. Craik there was considerable oedema of the legs, with abundance of albumen in the urine. I am informed that she is again pregnant, and expecting her accouchement in November next. I hope she may escape as luckily as she did in her last, although I hardly think it is to be expected.

Lodgment of two Pins, measuring three inches each, in the Urethra.—On the evening of the 22nd March, 1865, E. L. called upon me, stating that the previous evening, while *en route* to visit a lady acquaintance, accompanied by two of his friends, he was thrown down, and a large shawl-pin was forcibly thrust into his urethra. The reason of this somewhat novel procedure, he informed me, was that the two who thus assaulted him were rivals of his for the affections of this young lady, and knowing or fearing his success, determined thus to render useless his reproductive organ. On examination, I found an uncommonly large and placid penis, giving evidence of its owner being addicted to the habit of masturbation. In the urethra, with half of its body in the bladder, could be distinctly felt a large shawl pin, which had evidently been introduced with its head first. The bladder being full of water, I directed him to empty it, in the hope that the force of the stream would do something towards dislodging it. This procedure being unsuccessful, I oiled my right-hand finger well, and introduced it into the rectum, and, with the left, attempted by manipulation, to force it out. As can

very readily be imagined, this was a work of no little difficulty, as the sharp point coming first, continually pierced the mucus lining of the urethra. During half an hour I managed to move it about a quarter of an inch, but beyond this it baffled all my exertions to stir it. A considerable hemorrhage resulted, (and not having any instrument such as I deemed necessary for the case in my possession,) I drove with him in a sleigh to the Montreal General Hospital, where I borrowed a long narrow pair of forceps. Dr. Drake, house surgeon, was kind enough to give me his valuable assistance, and we both made several ineffectual attempts to extract it. After numerous failures, which caused considerable hemorrhage, we at length succeeded in bringing to the light a strong shawl-pin, measuring exactly three inches in length. On examination, much to our astonishment, we discovered that a second pin occupied a position almost similar to that of the first. Numerous attempts were made to extract it in a similar manner; but owing to the torn and lacerated condition of the mucus membrane, we found it impossible to move it more than about an inch. We accordingly thrust it through the urethra; and, when all but the head of the pin was out, I cut down with a scalpel, and relieved it. For about a quarter of an hour there was a good deal of hemorrhage, but it finally ceased, and the patient was sent home, with instructions to keep his bed, and to apply hot fomentations to the part. He was ordered the following mixture: ℞ mag. sulph. ʒ ss., ant. tart. gr. ii., aq. ʒ viii. M.; a tablespoonful to be taken every four hours. Next morning, upon visiting him, he said he felt quite well. There were not any signs of inflammatory action. Only took two doses of the medicine, as it made him vomit. Still to remain quiet. Next day he visited me, saying he felt quite well, and on the third day he resumed his occupation. There is no doubt in my mind but that the first pin had been used for the purpose of producing irritation, and being seized by the urethral muscles, passed beyond his reach. The second pin was doubtless used in attempting to get out the first, when it, in its turn, was carried out of sight. This, I informed him, was my opinion, which he indignantly denied. It has not, however, shaken my belief.

Traumatic Peritonitis.—Jeremi Focault, a carter in the employ of Mr. John Campbell, cooper, was driving a cooper's two wheeled waggon containing about fifty empty barrels to Redpath's Sugar Refinery, on Monday afternoon, July 23rd, 1866. While sitting on the side of the shaft, he became drowsy from the intense heat, and slipped off, falling on the ground with his face upwards, the wheel of the cart passing over his abdomen, between the umbilicus and the margin of the floating ribs.

He was carried home, and shortly after seen by a medical man, who ordered him a dose of castor oil, and the application of hot linseed poultices. On Tuesday morning I was requested by Mr. Campbell to take charge of the case. On visiting him I found him in the following condition:—General appearance of uneasiness, and referring great pain to his right side, a little below the margin of the liver, which is exquisitely tender to the touch, but bears pressure moderately well over the other portions of the abdomen. Tongue covered with a creamy fur; pulse 90, and of moderate volume; skin hotter than natural; patient is nervous and anxious to know what are his chances of recovery. The castor oil had not operated. ℞ hyd. chloridi, gr. $\frac{1}{2}$ pulv. opii, gr. ii; one such powder to be taken every three hours. 3 p.m.—Vomiting has set in; pulse 100 and full; skin very hot; abdomen tense and tympanitic on percussion over its entire extent. The slightest attempt at pressure is very painful, and exquisitely so below the margin of the floating ribs on the right side; ordered two turpentine stupes to abdomen, followed by hot linseed poultices to be changed every hour. To have beef tea and powders to be given every two hours. 11 p.m.—Symptoms getting worse. Countenance somewhat pinched, pulse 120, and smaller. He is lying on his back with his legs drawn up, and cannot bear the weight of the bed clothes. To have beef tea at frequent intervals, and calomel to be increased to a grain; another turpentine stupe to be applied. July 25th, 10 a.m.—Patient passed a restless night. lies in same position as noted at last visit; pulse 140 and very small; vomiting frequently; tongue brown and dry; skin somewhat cold. Same treatment. Bowels not moved since accident. 3 p.m.—Dr. Squire saw the case with me. Patient's features pinched; face of a bluish color; eyes sunken; surface of body covered with cold perspiration; voice hollow, and cannot speak above a whisper; tongue brown, but hardly so dry as at last visit; great abdominal distension. Tympanitic on percussion, except on left side of median line, where Dr. Squire thinks there is light dulness. It is however, not very distinct; pulse 146; vomits about every half hour. Continue treatment, and to have brandy and soda water every two hours. 10 p.m.—Evidently much worse; so indistinct is his voice that it is with difficulty what he says can be understood; Bowels have moved once; body covered with cold clammy perspiration; vomiting has been incessant, and thirst intense; for which he was ordered small pieces of ice to suck; pulse has increased to 150, and is very thready, and at times irregular; dulness on percussion is now quite distinct all over abdomen, which seems distended to its utmost capacity. Every thing seemed to point to a speedily fatal issue. Same treatment continued, and to have a dessert spoonful of brandy with the

same quantity of water every hour, with beef tea at frequent intervals during the night.

July 26, 10 a.m.—Fore part of this morning was very restless, but about five o'clock he had, for the first time since the accident, an hour's continuous sleep. The pulse has fallen to 125, and is stronger; tongue is moist, and his general appearance shows an improvement. Says he feels better, but still complains of a good deal of pain in abdomen. Hot poultices to be continued; calomel and opium powders to be given only every four hours, and calomel to be reduced to half a grain, and opium to one grain.

July 27th.—Patient decidedly better this morning; pulse has fallen to 110; can now stretch his legs and bear slight pressure; tongue shows indications of cleaning. From this date the patient gradually improved until the 3rd of August, when, without the slightest warning, violent diarrhoea set in, which resisted treatment. On the 4th, as I was unwell and confined to the house, Dr. Craik saw him for me, and informs me he was then in a complete state of collapse; the evacuations being almost rice water in their character. On the 5th he had somewhat rallied, but towards the evening gradually got worse, and died on the morning of the 6th August.

I was anxious for a *post mortem*, but the friends would not listen to such a proposal.

Accidental Poisoning by Aconite. Recovery.—Mrs. C. H., a well-known actress, sent for me on the 13th January, 1866, for an attack of acute gastritis. On the 18th she complained of severe neuralgia, for which I ordered the following liniment: chloroform, ζ i; tinc. aconite, (Fleming's); tinct. opii. \bar{a} ζ ss. About midnight on the 16th, Miss R., who had just returned from performing at the Theatre, was asked by Mrs. H. for a table-spoonful of the mixture which she had been taking for several days. The lamp being low, and not being aware that a liniment had been ordered, Miss R. by mistake gave her a table-spoonful out of the bottle containing the liniment. At once she exclaimed, "I am poisoned!" A messenger was immediately despatched for me, and within fifteen minutes from the time the dose was swallowed, I was in attendance. She was almost pulseless, extremities cold, great restlessness, and complaining of much numbness in the tongue, mouth, pharynx, and fingers. Two drachms of sulphate of zinc were speedily given, which not acting with sufficient promptness, I followed by a large tumblerfull of mustard and water. This brought on violent efforts to vomit, but without ejecting anything worth speaking of. I accordingly obtained a few feathers, and tickling the fauces, soon induced copious vomiting, which I

kept up for three quarters of an hour. I then gave brandy and champagne alternately. After about two hours' copious stimulation, during which time the emesis continued to some extent, the pulse rose considerably, and a general warmth pervaded the body. About 3.30 a.m. (three hours from the swallowing of the poison) she was so much better, that I considered her out of danger, and left.

January 17. Made my visit to-day at eleven, and found my patient doing very well, though still weak. In the course of a few days she was quite well, and took part in a performance given by the officers of the garrison at the Theatre Royal, on the evening of the 22d January. The quantity swallowed was two drachms of chloroform and a drachm of tincture of aconite and the same quantity of opium.

Limosis and Parageusi. By W. MARSDEN, M.D., Ex-President, and Governor Col. Physicians and Surgeons L. C.; Hon. Fel. Medico-Bot. S. Lond.; Cor. Fel. M. S. Lond.; Hon. Fel. Path. S. M.; Hon. Fel. Med. S. and Syc., Nat. Hist. Bocks.; Hon. Fel. Med. Chir. Soc., New York, &c., &c.

Such cases as the following are very interesting, and shew how much more important a part fluids play in the economy of nutrition, than solids. Here we have milk doing the work of nutrition as well as bread, beef and potatoes; and why not? Milk appears to partake of the nature of both animal and vegetable food. Milk contains casein, fat and sugar, and we have the casein or curd, and the fat or butter representing the fibrin and fat of beef, and at the same time a large proportion of sugar which is much increased by "molasses and sometimes a large lump of sugar," which represents the starch of wheaten bread.

The general pathologist is sometimes embarrassed to find a significant term or names for certain morbid conditions of the human economy, or perplexed to find a system of nosology to which to refer certain cases of diseased action; and such is my position in the present instance. In the case I am about to narrate, there is *morbid taste* as well as *morbid appetite*, which renders a classification more difficult or complex. It will at any rate I think be conceded, that it is entitled to a place among the "*cas rares*."

Many persons from birth, or some after period of life, are capable of taking an enormous quantity of food into the stomach, without any habit of indulgence, but who do not increase in bulk in proportion to the quantity taken; on the contrary, are often meagre and emaciated. Others

from mere habit eat very much more than is necessary to carry on healthy vital action, and suffer correspondingly. Others again live on an inconceivably small quantity of food, and enjoy perfect health. Others live and thrive upon a solitary article of food constituting a monivorous class, if I may be permitted to originate a term; and others live entirely on fluids and continue healthy. I am acquainted with a strong healthy active and lusty farmer, who resides in the District of Three Rivers, that has lived for very many years entirely on milk, whose taste is perfect, and who enjoys his food exceedingly. I cannot at present, (but may hereafter) refer to some interesting cases of this latter kind, for which I have been consulted; but will now confine myself to a solitary case, for which I am indebted to A. A. Andrews, M.A., M.D., of Windsor, Canada West, which I transcribe literally. It was addressed to me, dated August 26th, 1866, and is as follows: "Engrossed as I know you are on the subject of cholera, I do not suppose that one disease wholly absorbs your study, but that matters of general interest in the profession obtain a share of your attention, and a very singular case having come under my notice yesterday, I have determined to transmit you an account of it.

I was requested to see and prescribe for a patient of my friend Dr. Donnelly. It was a well-marked case of jaundice. The patient informed me that she had never eaten in her life. "Je n'ai jamais mangé de ma vie." Taking this to be a mere *façon de parler*, and to signify merely that she had habitually a poor appetite, and for as long as she could remember had never made a hearty meal, I paid no particular regard to the statement, but closer investigation elucidated the following relation, which I have every reason to believe *literally* correct.

Clothilde Chauvin, æt. 25, married four years since, to Joseph Mayeux; both parties born and residing at Pointe des Roches in this county. When she was about three month sold, she had whooping cough very severely, and the vomiting that attended it was protracted, and brought her to death's door. On weaning, any attempt to give her solid food even in the most trifling quantity, and in the most attenuated form, was invariably followed by immediate vomiting. Bread, crackers, flour or arrowroot in the *smallest* quantity added to her milk, never failed to be at once rejected. Her death from inanition was expected from day to day and from week to week, but instead of dying, she throve wonderfully. It was then confidently predicted she could not survive her seventh year, but she passed that period without any sickness worth a moment's care. The age of puberty was then allotted as the utmost possible limits of her life, but she attained full womanhood without knowing what it was to be

sick. Her (would be *savant*) friends now assigned her majority as the period of her assured death, but she preferred marriage, and at 21 was married to the aforementioned Mayeux, and at 23 became a mother. She is now far advanced in her second pregnancy—the first time that she remembers ever to have been sick. I asked her what her weight was, and she appealed to her husband, who said he believed it was one hundred and forty pounds. I am inclined from the size and solidity of her arm to believe he underrates it. Working in the harvest field she says, no girl ever went before her; playing on the hay mow, neither boy nor girl could handle her. “What do you live on?” I asked. “*A bowl of milk with two tablespoonfuls of molasses three times a day and sometimes a lump of sugar which I suck.*” I observed to her, that if she had not tried to eat, she could not tell whether she could swallow or no. She said “she had tried again and again, and that she *could swallow very well.*” “Then it seems you do eat, only you reject what you have eaten.” “Instantly,” was the reply. “How long is it since you made the last attempt to eat?” “Seven or eight years.” “Have you eaten nothing since you were married?” “No, nor for many years before—no kind of solid food has gone inside my lips, nothing but milk, molasses and sugar.” “Fruit, raspberries or strawberries?” “I have put them on my tongue to see if I could taste them, but never attempted to swallow one, *but I have no taste, I can taste nothing.*” Whether this last statement is *absolutely* true I did not ascertain by special enquiries, but she led me to suppose that, salt, vinegar, or gall alike failed to produce any impression: in fact, that the gustatory nerves were paralyzed or wanting.

I would have pursued my inquiries, but she had 24 miles to ride, and I did not feel warranted in taking up more of her time.

The mere fact that existence has been maintained for 25 years on this diet is not so amazing, as the large amount of physical strength developed under it. Of the truth of the whole narration I have not the least doubt, and I think it a really surprising case. In appearance she resembles a stout well developed French “Habitant” woman. The doctor adds “I begin her history, as she gave it to me, with the whooping cough, though, how far (if at all) that is connected with the case, I am not prepared to say.”

I hope to be able to return to this subject again.

CORRESPONDENCE.

Lodgment of a Lead Pencil upwards of six inches in length, in the Bladder and Urethra; successful extraction through the Perineum.

By the late THOMAS WALTER JONES, M.D., Physician to General Hospital, Montreal.

To the Editor of the Canada Medical Journal.

SIR—My lamented friend, the late Dr. Thomas Walter Jones, when in England two or three years back, placed in my hands the notes of the following two cases, for publication in one of the Medical Journals. As they never appeared, I think the best medium for communicating them to the profession is your well known Journal, more especially as the cases occurred at Montreal.

I am, Sir,

Your obedient servt.,

GEORGE DUNCAN GIBB, M.D.

London, March 18th, 1867.

Of the various freaks to which the male urethra is subjected, the following is perhaps as extraordinary an instance as any recorded, for it resulted in the lodgment of a wooden lead pencil over six inches long in the bladder, with a small portion of it projecting into the urethra. It was owing to this latter circumstance that extraction through the perineum proved comparatively an easy proceeding. Had it been wholly lodged in the bladder, its removal as a firm unbending body would have offered probably considerable obstacles.

Michael Creigh, a native of Ireland, aged 48 years, applied at the Montreal General Hospital, in December, 1862, for surgical assistance. He stated that he had a foreign body in his private parts which caused him great pain; he was in a semi-flexed position, and said he could not straighten himself as the body was piercing the back of his bladder. He was immediately stripped of trowsers and placed on a table with knees bent up. On being interrogated, he said he had been a victim of self-pollution for many years, and that the ordinary manner of practising it had lost its effect upon him, and that he had taken to the introduction of a foreign body into the urethra in preference. He said he was a stevedore by occupation, and had always a large pencil with him, and this instrument was what he was in the habit of using. This pencil had slipped from his fingers, and had gone into the bladder, so that it was press-

ing against the back of the viscus, whilst the upper end was coming through under the scrotum. Upon examination a hard substance was found presenting itself as the patient had stated. The usual forceps was introduced to withdraw the pencil with the assistance of the finger in the rectum, but the head of the pencil being rounded, it always slipped off, and the neck of the bladder spasmodically contracted around it. It was impossible to move the body; the head of the pencil was besides partially enveloped in a fold of the urethra which prevented the perfect application of the instruments. I determined therefore to cut down upon the pencil and extract it through the perineum.

The patient was placed in the position for lithotomy; the head of the pencil presented itself nearly midway between the anus and scrotum; an incision was made through the raphé into the membranous part of the urethra, when the head was seized, with a little difficulty, by a pair of strong forceps, and the entire body extracted. It required some force to withdraw it; there was slight hemorrhage from the transverse artery of the perineum, which required a ligature to control it. The after treatment was the same as for a case of lithotomy, and the patient left the hospital in a week, quite well, with a strong determination not to try any more "pencilling by the way."

The pencil was six and a quarter inches long, a quarter of an inch in diameter, and called in trade "No 3 Rehbacks Express Pencil."

Phasia or Loss of the Power of Expression, from Hemiplegia of the Right Side of the Body.

Isabella Ord, aged 32, a native of Ireland, was admitted into the Montreal General Hospital, on the 15th November, 1856, under my care, with complete paralysis of the upper and lower extremities of the right side of the body, accompanied by loss of speech, although there was perfect freedom of motion in all the muscles of the tongue and parts adjacent. From her husband it was learnt that this paralysis had attacked her on the fifth day after her last accouchement, and was preceded by rigors brought on by walking barefooted across the cold floor. She is the mother of seven children, and had always recovered well from previous confinements. Unfortunately on the occasion of her last, she was very poorly provided for, there being no stove in her room, and not even a sufficient supply of bed clothes.

The heat of the affected side was natural and moist, and the sensation not much impaired. The muscles were not flaccid; the pupil natural, eyes bright; the tongue moist and when protruded no inclina-

tion to either side; she understood questions when put to her, but only answered yes or no, without having any command over the utterance or indicating what she really wished to say. This was proved by the shake of the head, which correctly indicated what she meant, although the tongue did not utter it correctly. She generally uttered yes or no several times for the same thing. Would open and close her eyes when told to do so. The pulse was small and not quick. No apparent pain in head, or increased heat; no intolerance of light; she remained quiet on her back, with perfect command over the sphincters. The bowels were easily acted upon by medicine.

On the day after her admission a blister was ordered to be applied to the back of the neck. The following is a synopsis of her subsequent history and treatment whilst in the hospital.

Nov. 18.—The blistered part was dressed with savin ointment; and half a grain of the iodide of mercury was ordered three times a day.

Nov. 23.—The iodide of mercury was suspended, salivation had occurred. Frequent ablutions of warm water to the mouth and gums, subsequently alum gargles and nitrate of silver topically were necessary to arrest it.

Dec. 10.—A sixteenth of a grain of strychnine ordered three times a day, and biniodide of mercury ointment to be rubbed into the neck.

Dec. 14.—Considerable vesication has followed the use of the ointment, it was therefore suspended. At this time she had acquired some power in her leg, being able to draw it up in bed; the faculty of speech too was slowly returning, she was able to say a few words.

Dec. 18.—Friction of the affected parts, with the hospital liniment, conjoined with tincture of Cartharides.

Jan., 2, 1857.—Slight twitching of the muscles, strychnine to be suspended. At this time electricity was applied to the arm. The first application was scarcely felt, but being persevered in, she began to acquire strength in the arm, so that by the 20th she was able to draw the hand on to the breast. On applying the electricity over the region of the deltoid muscle the patient complained of great pain and tenderness in that part. There has been no apparent wasting of muscular substance, either in the upper or lower extremity.

Feb. 3.—Ordered sulphate of zinc and quinine, three times a day. She was allowed to sit up, on the 2nd March. In the middle of April, she was put on minute doses of strychnine—1-50th of a grain.

June 7.—She left the hospital, being now able to speak plain, with the exception of a slight impediment. She could move the arm up to the head, although she was still unable to open or clench the hand.

She became pregnant afterwards, and was delivered of a child and recovered her health perfectly. She died July, 1858, quite easy, conversing until a moment before death.

Cas de fécondité prolongée. Par M. le DR. LONGPRE, Papineauville, C. E.

Dme. Léon Goulet, de Curran, H. C., âgée de 36 ans, n'a pas d'enfants, mais est mariée depuis dix ans, et est malade depuis trois ans et trois mois.

1o. Ses menstrues sont supprimées; 2o. Elle commence à enfler au 5e mois de sa maladie, une tumeur est douée dans son sein; 3o. Au 10e mois de sa maladie, elle est prise comme de douleurs d'enfantement qui durent trois jours, alors éjections d'eau qui lui font douter l'hydropisie, et l'enflure diminue un peu; 4o. Ses menstrues reparaisent au 12e mois de sa maladie et elle est toujours bien réglée depuis jusqu'à deux mois avant sa mort qui est survenue le 1er avril dernier; 5o. Depuis le 12e mois de sa maladie, à intervalles, elle souffre horriblement de ses entrailles, et de son côté, rétention d'urine et extrémités inférieures toujours froides; 6o. Elle perd l'usage d'un bras, au 24e mois de sa maladie, elle éprouve de grandes douleurs. Trois abcès s'ouvrent sur cette extrémité et coulent jusqu'au moment de sa mort; 7o. Mal de tête et pas de repos, par moments, du commencement à la fin de sa maladie; 8o. Appétit toujours bon et intestins toujours réguliers jusqu'à quatre semaines avant sa mort. Appelé à faire l'autopsie avec mon confrère, A. McLanon, M.D., nous procédons.

Les petits intestins adhérents à la matrice qui est dans un état de décomposition à son fond, et la matrice elle-même adhérente au péritoine. L'os utérus stricturé. Un foetus à terme et sans décomposition que la dite Dame avait conçu et porté depuis trois ans et trois mois.

Telle a été la durée de cette maladie, et tel a été le résultat de notre autopsie.

REVIEWS.

Clinical Observations on Functional Nervous Disorders. By C. HANDFIELD JONES, M.B. Cantab.; F.R.C.P., London; F.R.S. Philadelphia: Henry C. Lea. 1867. Montreal: Dawson Brothers.

In the introductory chapter, the author says: "Of all the parts which go to make up the wonderful whole of the human body, there is none to which a deeper and more mysterious interest is attached than to the

nervous system ;” and with truth he might have added, and none the treatment of which was more unsatisfactory. It is true that within the last few years such men as Brown Sequard, Radcliffe, Jones, and others, have thrown considerable light upon this class of affections—yet, for all our additional information, we still are compelled to treat empirically that class of diseases, which are often conveniently called “*Nervous.*” It is, however, only by a constant accumulation of facts that we can hope to be able to understand nervous diseases as thoroughly as we comprehend those of the chest. The work before us, we are told, is little more than a truthful record of experience, and an endeavour to view that experience in the light of scientific research ; and this, we think, is its great value. It is copiously illustrated with cases, all of which seem to have been selected with a special view of drawing conclusions from the action of the remedies administered. This is a feature which renders the book a particularly valuable one to the busy practitioner. The work is divided into thirty-nine chapters, embracing among them chapters on Cerebral Anæmia, Anæmia of the Spinal Cord, Delirium Tremens, Tetanus, Epilepsy, Sciatica, Angina Pectoris, &c. In the chapter on delirium tremens, Mr. Jones, after giving the opinion of Dr. Marston, that the disease is generally due to the sudden cessation of the stimulus after a long debauch, says :—

“ He argues, I think, convincingly and conformably to the analogy of other similar agents, that the nervous system becomes habituated to the constant use of alcoholic stimulus, so that, although more or less injured by it, it feels seriously the deprivation. Probably most of us have some familiar experience of a similar kind. Thus men who have been accustomed to take wine or beer moderately have tried to leave them off for some reason or other, but found their efficiency for work so much impaired thereby, that they were obliged to resume their usual allowance. This is on a minor scale much the same thing as occurs in some cases of delirium tremens. On the other hand, it seems to me that if this disease was invariably the direct result of alcoholic poisoning, the good effects of abstinence ought to show themselves very speedily and decidedly, so as to put the matter out of all question.”

Speaking of the treatment of the disease, Mr. Jones says :—“ Tartar emetic boldly exhibited is often our sheet anchor in delirium tremens, especially when there is evidently active determination to the head. In some cases it may be given alone, in others combined with opium.* * * The action of the antimony appears to be chiefly sedative. Its direct influence is to reduce the vascular excitement of the brain, soothe the nervous system, and diminish muscular power, and its more indirect

action is exerted on the functions of the skin, kidneys, and intestinal canal. * * * * *

Believing as we do that delirium tremens, except in cases of acute occasional excess, is much more than mere alcoholic poisoning, we cannot doubt the propriety of administering judiciously the ordinary so-called stimulants. If the system appeared to be in a state requiring them, we should sanction their use without any reference to the causation of the disease."

The volume is a most admirable one—full of hints, and of practical suggestions; and all who read the work will, we are sure, rise from its perusal feeling better able to treat that class of disease, which come under the title of "Functional Nervous Disorders."

The Functions and Disorders of the Reproductive Organ in Childhood, Youth, Adult Age and Advanced Life, considered in their physiological, social and moral relations. By WILLIAM ACTON, M.A. M.B. Second American from the fourth London edition. Philadelphia: Lindsay & Blakiston. Montreal: Dawson Brothers.

It is rather more than two years since we noticed in our columns the appearance of the first American edition, and while we then took occasion to speak in the very highest terms of the ability of its author, and the enthusiasm which he had thrown into his work, we expressed our dissent from the general way in which he treated the social and moral aspect of the question. We are glad to notice that in the present edition this fault has been in a great measure overcome, and we believe this result is due to the fair and honest criticism which it received from the Medical press. In the preface to this last edition, the author says, "I may perhaps be permitted to repeat that the largest part of the time and pains it has cost me, has been bestowed on the minute weighing of every sentence, in the hope that in my treatment of a subject so novel and difficult, and in many respects painful, nothing may remain to which fastidiousness itself can fairly object." We believe the time thus occupied has been well spent, and we can now fully and conscientiously recommend this work. Within the last year, the subject of masturbation has excited a good deal of attention among the profession, and the philanthropic generally, and various remedies have been suggested to abate its prevalence, which is said to be astonishingly great. Mr. Acton goes into the causes which give rise to this most pernicious habit with great care; but we think he has omitted one cause, which in our opinion operates very strongly upon the young mind so susceptible of impressions. We

allude to the habit which many parents have of allowing their children of both sexes to sleep in one bed till they attain a considerable age. It is an evil fraught with gigantic results, and we would have the voice of the profession raised against it. Mr. Acton has given the latest opinions upon every subject embraced under the comprehensive title of his book, and those of our readers who may desire to get the fullest and latest information on the functions and disorders of the reproductive organs, should obtain this volume from our publishers.

Surgery.

LIGATURE OF THE BRACHIAL ARTERY.

(UNDER THE CARE OF DR. FAYRER.)

G. G., a Hindoo, aged 20, was admitted into the Medical College Hospital on December 3, 1866, with profuse hæmorrhage from two deep incised wounds on the posterior and outer aspect of his left forearm. They were inflicted in the night, with a sharp knife, by a thief whom he was attempting to arrest in his house. The wounds were several inches in length, deep, and dividing the integuments, supinator and extensor muscles, and several arterial branches. Nine ligatures were applied by the House-Surgeon on admission, and the arm was placed at rest on a pillow. He bled again on December 6. This hæmorrhage was arrested by pressure. After this, although he was considerably reduced by the first loss of blood, the wounds took on healthy action, and he appeared to be doing well. But, from a movement of the arm during the night, when he probably struck the wound against some hard substance, bleeding recurred on December 15 from several points. Ligatures were applied, but would not hold, the granulating tissues were so soft and brittle. Acupressure was tried, but also failed; pressure was equally unsuccessful. As he was very weak and losing blood rapidly, I put a ligature on the brachial artery at the bend of the elbow, which at once completely commanded the hæmorrhage.

December 18.—There has been no return of hæmorrhage. The wound is looking healthy, and his general condition is improving. Temperature of the arm slightly diminished.

20th.—He is doing well. Wounds healthy. Temperature of forearm still low, but vitality perfect. He looks and feels much better.

21st.—A sharp attack of hæmorrhage occurred to-day from the wound, arrested by pressure.

23rd.—No more bleeding. Is doing well.

25th.—Doing well. Ligature on brachial artery came away to-day.

28th.—A collection of pus has formed above the wound, very near the elbow-joint. Pus evacuated.

31st.—No extension of the mischief. Wound looks well. He is improving in general health.

January 1, 1867.—He is doing well. Wounds healing. Passive motion of the elbow-joint ordered, as it has stiffened from inaction.

10th.—The wounds are all rapidly cicatrising. A faint thrill of pulsation can be felt in the radial artery of the left wrist.

15th.—He is nearly well, and is rapidly regaining the use of his arm and his general good health. A faint pulsation is perceptible in the radial artery of the injured limb.

Remarks.—This is an interesting case. It shows the advantage of ligaturing the main artery in certain traumatic cases where the bleeding vessels cannot be secured at the seat of hæmorrhage. The softness of the tissues here rendered any attempt to ligature the bleeding points useless, and left no alternative but that of deligation of the main trunk. Hæmorrhage, as might have been expected, occurred on the sixth day, but during this interval the progress of repair had so far advanced that pressure was then sufficient to control the subsequent bleeding. The time gained was therefore of the greatest advantage, and allowed the reparative changes to be so far completed that when hæmorrhage recurred it was easily arrested by pressure. It is interesting to note the gradual return of circulation in the radial artery. The ligature on the brachial being applied in front of the elbow-joint and below the “*anastomotica magna*,” the collateral circulation was soon re-established.—*Medical Times and Gazette.*

ON SPRAINS IN CHILDREN.

M. Guersant recommends that cases of slight sprain should be treated either by binding wadding around the joint, or by methodical kneading or shampooing (*massage*). This last may be resorted to immediately or some hours after the accident, provided always that there be tumefaction and infiltration of the soft parts, a bandage moistened with a spirit lotion and a little extract of lead being afterwards applied. The hands having been greased with lard, gentle and prolonged pressure should be exerted on the limb from below upwards, the *séances* being repeated more or less often according to the severity of the sprain. In slight cases the patient is enabled to walk after one or two of these; but when the sprain is more severe, the shampooing may have to be repeated for several days. Where there is great swelling and severe pain, leeches should be resorted

to; or cold may be kept applied by means of wet compresses or continuous irrigation. At the end of a few days a bandage should be lightly applied, to be followed when the swelling has all subsided, by a starch bandage, which may be retained for a fortnight, month, or even longer.

M. Guersant especially alludes to the sprains produced in children by the mischievous practice of suddenly raising them by a single arm, the limb being more or less twisted into a state of pronation or supination, with distension or stretching of the joints at the wrist and elbow taking place. It is very rare for fracture or dislocation to be produced in this way, but the appearances may be such as to cause alarm to the friends of the child, and sometimes even to the medical attendants. In ordinary cases, there is no appreciable deformity present, but the movements of the parts give great suffering to the child, and on the execution of these a sound is sometimes heard, without seeming to proceed from any precise spot, such as might be produced by the sliding of articular surfaces on each other. Quite suddenly, after the execution of some of the movements, the child ceases to complain; and without our seeming to have done anything to remedy the defect, he becomes enabled to move the arm as before the accident. Sometimes, however, the pain persists, and there may be great tenderness around some one of the articulations. It is not always possible to make a correct diagnosis in these cases; but when neither fracture or dislocation can be detected, a sprain may be said to have been produced—*i.e.*, a sliding of the articular surfaces with distension of the ligaments; or, in other words, a tendency to a dislocation which has not been effected. The accident is not always confined to the wrist or elbow, and may implicate more than one joint. The arm should be kept at right angles, either in supination or pronation, according to the preference of the patient. The child then complains no more, and in three or four days is cured. If at the end of this time pain persists, a starch bandage may be applied for eight or ten days.—*Bulletin de Thérapeutique.*

VALUE OF ARSENIC IN HEMORRHOIDS.

In the March number of this Journal we called the attention of the profession to this new application of arsenic.

We have just received from an intelligent medical friend, of long professional experience, the following note which confirms the statement made by us at that time.

Dear Doctor : Some eight weeks ago I had an attack of hemorrhoids, which so far incapacitated me for any physical exertion that the exer-

cise of carrying the least burden, or even continuous walking for any length of time, would be the cause of great pain and external tumefaction. Having had, within the last twelve years, repeated attacks of the kind, which were only relieved by nature's dangerous method, *suppuration*, or by extensive local depletion by leeches or the lancet, I expected in this instance a like termination. About two weeks ago I concluded to try Fowler's solution, though I must confess with only the slightest degree of faith in its efficacy. I used ten drops of it three times a day. On the third day I felt partially relieved, and four days after was fully restored.

I know the import of the *post hoc propter hoc* fallacy in reasoning, have heard say that it takes more than one swallow to make a summer, and am as slow of belief in new remedies as any one, but I am fully persuaded that I have been relieved of this most troublesome disorder by the agency of the arsenical solution so timely brought to light in your valuable Journal. J. C. B.—*Cincinnati Journal of Medicine*.

A SILVER FORK SWALLOWED AND DISCHARGED BY AN ABSCESS IN THE HYPOGASTRIC REGION.—RECOVERY.

By DR. A. H. VAN ANDEL.

A woman, aged 64 years, and affected with melancholia, was admitted August 31st, to the Asylum for the Insane at Zutphen. Some days before her entrance, she had swallowed a silver fork. She was desirous of following the example of a recent patient, who had committed suicide by swallowing a fork, and on whom gastrotomy was performed, the patient dying a few days subsequently. When the patient was seen, she was very calm, and expressed a desire to be operated upon as soon as possible. Repeated examinations were made, to discover the presence of any foreign body in the stomach. The shape and direction of this organ left me no doubt that the fork was actually in the stomach, and that its point was directed forward and upward, the handle a little backward and in the direction of the pylorus. There was no complaining of pain, but a feeling of uneasiness in the epigastric region. Neither the general nor local condition of the patient presented grave symptoms. No active treatment was employed. On December 6th, the points of the fork—which, up to this time, could be felt with the fingers—were not noticeable on palpation; and there was observed on the left side of the abdomen, a little above the umbilicus, a tumor somewhat of the size and shape of a gravid uterus of four months. Beyond this, there was no severe symptom. The tumor remained in the same condition for many months; but in April, it be-

came less regular in outline. In place of being convex, it now presented a depression at its lower part, which was painful to the touch, and the skin was adherent over it. In the month of May, an abscess formed, on a level with this depression, about three fingers' breadth above and to the left of the umbilicus. Swelling, puffiness, and redness of the skin increased; and on June 9th, the abscess opened spontaneously, permitting a little pus, and some brownish-colored and fetid fecal matter to escape through the minute openings. A careful examination of the fistula failed to discover any traces of the fork. "On June 12th," says M. Andel, "I was witness to a rare sight. The four prongs of the fork were projecting two thirds of their length through the walls of the abdomen, on a level with the fistula. M.M. Darchys and Zehn can verify this. On careful manipulation, the fork could be wholly reached by reason of the intervention of the walls of the abscess. Two incisions made, one on either side of the prongs, allowed the removal of the fork, which had a perpendicular direction, as was ascertained. The handle was covered with fecal matter, brown-coloured and stinking. Being washed it was of a grayish-black colour, and numerous crystals were deposited about the middle of the shank. A chemical examination showed that the color was due to the sulphuret of silver, and that the crystals were formed of calcareous phosphates. The fistula was dressed, and the discharges, which flowed away on the following day, were examined with care, but found to contain only fecal matter. The opening of the fistula became smaller; the discharges diminished; and on July 14th, cicatrization was complete.

The *Journal d'Amsterdam*, from which we take this account, accompanies it by some remarks worth reproducing. "The author," says our cotemporary, "lays stress upon the reasons which induced him not to perform gastrotomy, and upon the happy and unhoped-for results of his expectant treatment. Furthermore, the case is not without analogous examples. Michel Hagar reports that Dr. Sonderland had under observation a young woman nineteen years of age, who swallowed two iron forks, which were discharged by an abscess ten months subsequently. Again, Fedeli notices the case of a woman eighty years of age, where an iron fork remained in the alimentary canal for two years, and was discharged by an abscess in the right hypochondriac region. Schwab, on the other hand, extracted by gastrotomy a fork which had remained two hundred and twenty-nine days in the stomach of a young woman twenty-four years of age. From all these facts, to which, doubtless, other analagous ones could be added, it follows that the best policy in such cases is not to resort to gastrotomy, but to leave the expulsive tendency of the body to work out the result."

The very remarkable absence of any grave symptoms was wholly in support of the plan adopted by M. Andel.—(*La France Medicale, January 9th, 1867,*)

URACHUS PERVIOUS AFTER BIRTH.

Dr. G. J. Townsend relates (*Boston Medical and Surgical Journal*), the following case of this: "I was asked to see a little negro five days old, of mixed parentage, and was told he was passing his water through his belly. On inspection, sure enough, every time the infant cried or made an great exertion, the urine bubbled freely from the umbilicus. The cord had separated normally, and the child was in every other respect vigorous and healthy. There was very evident ulceration of the surface, left by the separation of the cord. The question whether the urethra was pervious was solved at the time of the visit in the affirmative, a fair stream spirting forth *per vias naturales*.

The presence of ulceration at the orifice of the abnormal duct rendered the process of obliterating it very simple. The ulcerated surface was freely cauterized, and the edges of the opening were brought into close apposition and kept there by a strip of adhesive plaster, firmly applied in a longitudinal direction. This was still further secured by a compress of cork covered with wash leather, and kept in place by being stitched to a close-fitting swathe.

The presence of ulceration in this case may be thought to have some bearing upon the question as to the manner in which the cord separates, whether by a process of ulceration or absorption. But the ulceration was evidently an accident here, and caused by the acrid fluid passing constantly over a new and delicate surface, and was healed at once by the arrest of the flow.

The patient was well in four days, when the swathe was removed.

Cases of this kind are believed to be very rare, the urachus shriveling up in the human fetus in the earlier stages of foetal life."

A CASE OF OSSIFIED TONSIL.

A careful examination showed the mass of the tumour to be movable, except at its superior and posterior extremity, where it was firmly attached, and upon the superior surface of the anterior extremity it had impinged so long upon the investing tissue, that it had become denuded for about a line and a half in length, by a line in breadth, leaving exposed

ed a shining eburnated surface. From this exposed surface I was led to diagnose calcareous ossific degeneration of the tonsil, and decided upon its immediate removal.

The case being to me, and I presume to the profession, an anomalous one, I had nothing but general principles to guide me. Deeming the administration of chloroform inadmissible on account of the vascularity of the tissue and its proximity to the larynx, I made a free incision from the base to the exposed point described, then grasped the apex firmly with a pair of ordinary bullet forceps, and twisted the mass around several times, not only to break up its adhesions, but also to produce complete torsions of any nutrient vessels which in that situation would be difficult of ligation, and then withdrew the mass without any difficulty, the hemorrhage being much less than anticipated.

The tumor when removed measured thirteen lines in length from base to apex, and eleven lines in diameter at its broadest point—and weighed one hundred and forty grains. Its whole shape and proportions are that of a well developed amygdal; its texture is that of the cancellated bone, with several eburnated points of a line or more in diameter on the surface indicated various *nuclei ossei*.—*Cin. Lancet and Observer*.

THE INTERIOR OF THE URETHRA VIEWED BY A MAGNESIUM LIGHT.

By E. ANDREWS, A.M., M.D., Prof. of Surgery in Chicago Med. College.

The invention of the endoscope, simultaneously by a French and by a Dublin surgeon, has opened a new field, both in the pathology and treatment of the urethra. The endoscope consists of a lamp, a perforated mirror, and an urethral tube. These, when combined, throw a condensed light into the urethra, and enable the surgeon to inspect every part of it. One of the important fruits of this instrument is, the discovery that the chronic inflammation remaining after certain cases of gonorrhœa is granular in its character, and is, in fact, the same disease as granular conjunctivitis, granular laryngitis, and granular inflammation of the cervix uteri.

Some months ago, I had an endoscope constructed after the Parisian plan, and used it with some degree of satisfaction; but there is often a deficiency of light in these instruments, rendering the view unsatisfactory, unless all parts are in perfect order. Seeking to overcome this evil, I one day procured some small magnesium wire, which, when held in the flame of a lamp, burns with a white light, whose brilliancy dazzles like the glare of the sun at noonday. Introducing the endoscope into the urethra of a patient, I caused a friend to insert the wire into the flame of the

lamp. The result was to illuminate the urethra magnificently. The mucous membrane, with every little fold or patch of varied color, was as plainly in view as could possibly be desired. It could not have been seen any better, had it been dissected and laid in the sunlight. By gradually withdrawing the tube, the whole of the canal may successively be seen as it collapses across the end of the tube. Seeing the perfection of this illumination, I have ordered a spring and some small wheel-work attached to the lamp, so that the wire may be made to advance into the flame without the help of an assistant. In this way, no doubt, the difficulty of the illumination will be fully overcome, and the urethra can be inspected almost as easily, and quite as perfectly, as the tongue.

THE PERMANGANATE OF POTASH IN THE TREATMENT OF CARBUNCLE.

By THAD. L. LEAVITT, M.D., Germantown, Pa.

The beneficial effects accruing from the local use of permanganate of potash in the treatment of sloughing ulcers, phlegmonous erysipelas, and hospital gangrene, having been most thoroughly tested and proved during the last year of the war, in army hospital life, it occurred to me that its peculiar remedial qualities would alike prove successful in that most painful and distressing lesion, carbuncle, originating, as it also does, from a depressed vitality, and a morbid condition of the blood. The most satisfactory and encouraging results have been obtained in the only cases in which I have had an opportunity to employ it.

Mrs. R., *æt.* about 60 years, was visited, during the absence from town of her family physician, and found suffering terribly from a carbuncle located upon the left shoulder-blade, just above the spine of the scapula, and occupying the supra-spinous fossa. Loss of sleep, constant pain, and a naturally nervous temperament combined, induced a mental disturbance almost amounting to delirium. The tumour was in its sixth day, with all the general accompaniments, of the size of a hen's egg, tumid, tense, and shining. A free crucial incision had been made two days before, but with no relief; dense areolar tissue, puffy granulations, and sanious oozings crowded the track of the knife, with no appearance of separation or healthy action. The pulse was quick and compressible, 110 beats in the minute; countenance anxious and expressive of great pain; bowels regular. A strong solution of the permanganate of potash (3 ss. to f. ʒj.) was immediately applied with a brush, and a dressing saturated with it, covered with oiled silk, placed upon the shoulder. Anodynes,

beef-tea, milk-punch, tincture of the chloride of iron, and quinia were administered. The same evening, the patient was again seen, and expressed herself as feeling much relieved; pulse 98, and gaining in volume and elasticity. The next morning the dressing was removed, and already, although but twenty-five hours had elapsed, true pus had begun to form, the intense pain had subsided, and the patient to use her own language, declared it "a miracle;" the pain had vanished, the fever was gone; she had slept well, and felt some appetite for food. A few days longer the potash was continued; the slough separated, and the wound healed in the short space of one week.

Mr. C., *at*. 50 years, shoemaker; was visited July 30th, 1866. Had been sick three days, was found suffering intensely from a carbuncle, situated upon the abdomen just below the umbilicus, of the size of a large walnut, and involving the surrounding structures in an erysipelatous inflammation. Bowels constipated; high fever; pulse 120; heavy breath; tongue furred; anxious countenance; great restlessness and general uneasiness characterised his principal symptoms. Hop and laudanum poultices had been applied, but he had been gradually growing worse, and approaching the position described, the tumor increasing daily, the parts becoming more dense, and at last an ichorous pus exuded from several small openings. Mild purgation, after which supporting and stimulant treatment was instituted. A slight incision was made, and the permanganate applied, as in the previous case, the dressings being removed once in twenty-four hours. This case was seen seven days successively: the 13th August he returned to his work, the severity of the suffering having been arrested after the first application.

Mrs. A., *at*. about 49 years, having suffered a few days from a supposed furuncle, and the pain becoming intolerable, called in medical aid. There was found upon the inner face of the left thigh, just below the nates, a well-marked, though small, carbuncle; a very slight incision was made and the potash dressing used. No constitutional treatment at all was inaugurated; in three days all signs of carbuncle had disappeared and the line of incision was healing nicely.

The results in this case were mutually gratifying, from the fact that about six years ago the patient suffered from a series of carbuncles appearing in succession, along the spinal column, from the back of the neck to the region of the lumbar vertebrae, and, lasting all through the winter months, her dread and fear of similar suffering were very great. The permanganate of potash has been eminently successful with me in the treatment of chronic ulcers. The following case, of many years' duration and which had resisted all efforts, yielded to the remedial qualities of this preparation.

Arthur M., tavernkeeper, *æt.* 45, had a chronic indurated ulcer, of sixteen years' standing, extending over the superior face of the right leg, about four inches below the tubercle of the tibia, and spreading backward on both sides to the malleoli, covering a surface of about twenty-eight square inches, deep and burrowing in some localities, and in others merely superficial; the whole leg and foot were much swollen and anasarcaous, the toes merely protruding from a shapeless mass of flesh, closely resembling the foot of a young elephant. An ichorous discharge of a horribly offensive character, together with filthy dressings, augmented the destruction of the surrounding parts.

The advice of an eminent surgeon had been secured a few weeks previously, to the effect that but one alternative remained, amputation; and indeed, all appearances favored such a decision. Proper abstinence, tincture of iron and good diet were directed. The local use of a strong solution of the permanganate of potash and judicious bandaging have already done so much for this case that, at the date of writing, the tenth application of the potash, six square inches, will more than cover the small amount of ulceration remaining, so rapid have been the healing process and the formation of firm, healthy tissue; and, in a few days more, we can confidently prognosticate a complete cure — *Amer. Jour. Med. Sciences.*

DANGER ATTENDING EYE WASHES CONTAINING PREPARATIONS OF LEAD.

From practical observations, made at the Hospital of Saint Sauveur at Lille, upon the evil effects of Collyria containing acetate of lead, quite frequently employed as an astringent in light cases of ophthalmia, a precipitate of lead was observed upon the cornea, a layer of chloride of lead which renders it dim, and forms erosions upon it, by destroying its epithelium. Vessels are developed upon the cornea, as it were, to resist this morbid process, and the precipitate, after its disappearance, leaves behind it an ulcer of the cornea and pannus, which it is often very difficult to remove—in fact a greater evil than that which it was first intended to remedy. The sight of the right eye was thus completely lost in a case, for whom the following collyrium had been prescribed: sub. acetate of lead, ℥ss; Sydenham's laudanum, gtt xx; distilled water. ℥v. This is barely useful in some cases of pannus; and even blennorrhagic inoculation, instituted in Belgium, seems preferable in these cases; in proof of which several cases have been published in this "Revue." It is then safer to erase it entirely from the list of eye washes.

REMOVAL OF ENTIRE ULNA.

A boy, aged 17, entered the Massachusetts General Hospital July 8th, 1866. Six weeks previously, without known cause, while working on a farm, as he had been many months, was seized with severe pain in his arm, followed by swelling. This was deemed phlegmonous erysipelas by his physician, who made incisions and evacuated a quantity of pus which was followed by improvement, but fistulous openings remained, and through these dead bone was reached by a probe. On enlarging one of these near the elbow, to give free vent to the discharge, the whole upper articulating extremity of the ulna was found loose, and was removed; and by an incision carried down the arm, the entire shaft and the lower articulating extremity were also removed, in a necrosed state. The new bone round the old was of so recent formation as to permit being cut by the knife, and allowed the sequestrum to be drawn out without force. At the present time, Aug. 26, the wound has nearly healed, and there is extensive development of new bone. Neither the elbow nor radial articulation have shown any disposition to inflame, and very good motion already exists. The general health, which had been much impaired by two or three years' service in the army, is greatly improved. It is probable that the duties of a cavalryman, which he performed, were too much for so youthful a subject, and may perhaps have been the cause of his affliction.—*Boston Medical and Surgical Journal.*

Medicine.

DETECTION OF LUNG-TISSUE IN THE EXPECTORATION OF PERSONS AFFECTED WITH PHTHISIS.

Dr. Samuel Fenwick gives the results obtained from the examination by the microscope of the expectoration of one hundred real or suspected cases of phthisis. The plan hitherto recommended of searching for pulmonary tissue in sputum has been to spread it on a flat surface, and to pick out of it with needles any portions that might appear likely to contain elastic fibre. He has, on the contrary, been in the habit of liquefying the expectoration by boiling it with a solution of pure soda, and then placing the fluid in a conical-shaped glass, when every particle of elastic tissue falls to the bottom, and can be removed and placed under the microscope, as is done in the examination of urinary deposits. In this way we have easily found 1-100th part of a grain of pulmonary structure after it had been mixed in bronchial mucus; and he calculates that 1-4000th to 1-6000th part of a grain may be detected in any expectoration that may contain it. In thirteen out of twenty-three cases in which

tubercle was suspected to be in the first stage, lung-tissue was found in sputum. In seven of the twenty-three cases, there was no physical sign of tubercle, but its existence in the lung was suspected from general symptoms only; and in the expectoration from these there was no pulmonary tissue. In sixteen cases there were stethoscopic signs leading to the belief that tubercle was present; and in thirteen of them the elastic fibre was found in the mucus coughed up. There were twenty-four cases in which auscultation and percussion indicated softening of tubercle in the lungs, and in all pulmonary tissue was present in the sputa. In fifteen the physical signs were of a doubtful nature, and seven of these presented microscopic evidence of ulceration of the lungs. In twenty-five cases the stethoscope indicated cavities, and in all these there were fragments of lung-tissue in the expectoration. In two cases the author had diagnosed enlarged bronchial tubes, and in neither of them was there any appearance of elastic fibre in the sputum. In sixty-nine cases he counted the numbers and size of the fragments of lung expelled. In one specimen, coughed up in twelve hours, 800 fragments were found; and often 50 or 60 fragments were detected, where, from stethoscopic signs alone, no great destruction of lung could have been anticipated. The proportion of bronchial tubes the author found to be least in the stage of softening, and greatest where the stethoscope indicated cavities. The greatest proportion of fragments of single air-cells was found in the first stage, and the largest proportion of large fragments of lung where cavities existed. The author concluded his paper by giving a number of practical directions as to the best method of conducting the examination of the expectoration, in order to find with quickness and certainty any pulmonary tissue that may be present.—*Med. Times & Gazette.*

TROUSSEAU'S SYRUP OF LIME IN THE TREATMENT OF ACUTE RHEUMATISM.

DR. CHARLES E. BUCKINGHAM, of Boston, writes as follows:

“Having for a year past used what I consider a new remedy for rheumatism, and with better success than from any other remedy, I consider it proper to ask the profession to make a trial of it. It is the syrup of lime, made according to Trousseau's prescription, as found in Parrish's Pharmacy. I have used it, according to the severity of the case and the age of the patient, in the dose of ten (10) drops, to forty-five (45) drops, and repeated in from two (2) to six (6) hours, as symptoms have seemed to demand. In but one (1) case has any opiate been required from the beginning. Two (2) cases were complicated with Bright's disease, as

indicated by the great abundance of albumen and the casts, as seen in the urine. In one of these the albuminuria entirely disappeared, and in the other it has been largely diminished.

"There has been no constipation, but generally looseness of the bowels, after a couple of days' treatment.

"The medicine is best taken in unskimmed milk, in quantity from a table-spoonful to four (4) ounces, according to the size of the dose of syrup.

For the information of our readers, we copy from Parrish's Pharmacy the prescription alluded to in the communication above :

"CALX SACCHARATUM, SYRUPUS CALCIS.—Trousseau used the following proportions for producing a solution of lime by the aid of sugar : 1 part of slaked lime, 10 parts water, and 100 parts syrup are boiled together for a few minutes, strained and diluted with four times the weight of simple syrup.

"This syrup has an alkaline taste and reaction, and is the solution of a chemical compound of sugar and lime. It is used for the same purposes as lime-water, but on account of its causticity it is necessary to dilute it considerably. It is given to children in the quantity of twenty or thirty grains during the day ; adults take from two to three drachms during the same time."

Parrish's formula as above given is incorrect.

"Trousseau's own statement is of a syrup saturated with lime. "*Il se prépare en saturant le sirop de sucre par le chaux et en filtrant.*" On looking at Parrish, I find that it is to be made of *slaked lime*. This is entirely wrong. *It should be made of caustic lime*. The best formula would be to mix two (2) ounces of lime unslaked and eight (8) ounces of sugar together in the mortar, and pour over the mixture a wine pint of boiling water. Filter and add boiling water enough to make up the pint. By the use of boiling water, the operation is more rapid, and the formation of lumps is avoided. Of this I have given as much as forty-five (45) drops every two (2) hours in one case of acute rheumatism. Generally thirty-five (35) drops in half ($\frac{1}{2}$) a tumblerful of milk every three (3) hours have been enough. The diet in my cases has been left to the patient's choice."—*Boston Med. and Surg. Jour. Feb. 28.*

INDOLENT ULCERS.

By D. A. MORSE, M.D.

The most satisfactory mode of treatment for an Indolent Ulcer, around which the tissues are indurated and the surface black, with considerable congestion, is to fill the excavation with a powder composed of—as a

whole—ten parts: seven of acet. plumbi, one of pulv. opii, two of calomel. Morphine may be substituted for opium. This, while it excites proper action in the parts, relieves pain, unloads the vessels, and will sometimes change the color of surrounding parts, in twenty-four hours, to a bright red. In varicose ulcers the lead has a good effect upon the dilated vessels. Apply adhesive plaster to the limb that the pressure may aid in relieving congestion. The straps will depress elevated edges. The ulcer will heal kindly.

CROUP TREATED BY SULPHUR.

The *Brit. Med. Jour.*, quoting from the *Gaz. Méd. de Paris*, states that M. Laganterie, from observing the effect of sulphur on the oïdium of vines, has been led to administer it in several cases of croup. He mixes a teaspoonful in a glass of water, and gives the mixture in teaspoonful doses every hour; the effect he describes as wonderful. The disease is, in effect, cured in two days, the only symptom remaining being a cough, arising from the presence of loose pieces of false membrane in the trachea. Mr. L., says, that he has followed this plan in seven cases, all being severe, especially the last, in which the child was cyanotic, with protruded rolling eyes, and noisy respiration.

ON THE TREATMENT OF DELIRIUM TREMENS BY INDIAN HEMP.

By HENRY J. TYRELL, F.R.C.S.I., M.R.I.A., &c., Surgeon to Jervis-Street Hospital.

Mr. J. K., æt. 40, was admitted into Jervis-street Hospital on the 15th of January last.

Upon examination I found him in a very excited, nervous condition; his pulse 90, very weak and compressible, pupils dilated, tongue covered with a white creamy fur, stomach very irritable, bowels confined, urine scanty and high-coloured—s. g. 1020, skin cool but sweating; although he had no sleep for the last three nights, still he was quite rational, and gave me the history of his case (which in this country is a very interesting and unusual one) with great accuracy and minuteness. He said he was not an habitual drunkard, and remains as long as eighteen months without tasting any kind of spirit, but that when the desire for drink comes on he is unable to resist it. Some years ago, to avoid taking any, he commenced to use opium, and soon he required as much as four ounces of the tincture daily, to keep up the excitement which was requisite to enable him to pursue his profession as a newspaper editor.

At no time did the opium produce a soporific effect. As the opium was undermining his constitution he gave it up about a year ago, and was a strict temperance man until about a month before he came to hospital, but during the last month he consumed a quart of brandy daily. He stated that he had had delirium tremens twice, and that on each occasion the Indian hemp cured him, and that if I wrote to Dr. White, of Downpatrick, under whose care he had been, I would find he was speaking the truth.

As the use of opium was out of the question in the present case, I determined to give the capsicum treatment a trial, and accordingly I ordered two boluses, each containing 30 grs. of capsicum—one to be given every third hour. His stomach rejected the first, the second he did not vomit; they did not give any relief, as on the next day, the 16th, he was much worse in every respect, had no sleep, and his mind was evidently affected. I ordered him 3 draughts, each containing m 20 of the tincture of cannabis indica, one to be taken every third hour. He had the first at four p.m., after the second he became very excited; at eleven p.m., he got the third, and at one a.m., he fell into a deep sleep which lasted about four hours.

When I saw him at ten a.m. on the 17th, he was quite a different man; the nervous excitement was gone; he expressed himself as quite well, but very weak and hungry. During the day he drank two pints of strong beef tea, and in the evening he took another draught, as he was afraid he would not sleep without it.

He remained in hospital two days longer to recruit his health, and left on the 20th quite well. As the treatment by the Indian hemp was so satisfactory, I wrote to Dr. White to test the truth of Mr. K.'s statement, and he kindly informed me that he treated Mr. K. on two occasions with the Indian hemp, and that the effect was marvellous. The dose he gave was forty drops every hour and a-half, and that he was obliged to increase it to eighty drops before sleep was produced—altogether he used in the first attack one ounce, and in the second a little more of the tincture.

Whether there was a difference in the strength of the tincture, or that the attack for which I treated him was only beginning, it is remarkable that 60 m was only required.

I am not aware that the use of Indian hemp has been adopted in delirium tremens, at least I do not find it mentioned in the books I have consulted; and I certainly would not have prescribed it, had not the patient mentioned its use to me; and although opium-eating is very uncommon in this country, at least in hospital patients, still it is of great

importance to have a medicine which may be used instead of it, when that drug is unsuited from idiosyncrasy or any other cause.—*Medical Press and Circular*.

March 13th.

NOTES ON ARTIFICIAL PRODUCTION OF OXALURIA.

By DYCE BUCKWORTH, M.D., Assistant-Physician to the Royal General Dispensary; Medical Tutor, St. Bartholomew's Hospital.

It is well known that certain articles of diet induce a temporary form of oxaluria. This fact has been most frequently observed after partaking of rhubarb; however, turnips, sorrel, and tomatoes likewise contain oxalic acid in various combination within their tissues. In the case of rhubarb that has been softened by parboiling, octohedral crystals of oxalate of lime may be set free in water by simply teasing out the fibres.

Now, if the urine be examined within an hour or two after taking any of the above vegetables, abundant octohedral crystals are found suspended in it—that is, they exist in the bladder before emission, and are certainly not produced afterwards. It is the exception that any noteworthy symptoms are set up by this temporary oxaluria; sometimes, however, irritation is referred to some part of the course of the urethra. In these instances soluble oxalates of soda, potass, and ammonia, as well as insoluble oxalate of lime, are introduced into the circulation, and we need only conceive the occurrence of a simple transformation, founded on the predilection of oxalic acid for lime, to account for the oxaluria.

I desire, however, to direct attention to the results of some experiments which I performed at the suggestion of my friend, Dr. Arthur Leared. They were devised and carried out in the first instance by that gentleman, who laid the details of them before the Profession in an able lecture on oxaluria delivered in November, 1865, at the Royal Infirmary for Diseases of the Chest.* Although these experiments have for their immediate object the artificial induction of oxaluria, yet they have an important bearing on the pathology of the confirmed or permanent form of oxaluria—a grave disease.

Dr. Leared is, I believe, inclined to the view held by Beneke—that the important symptoms of severe oxaluria, as with those of so-called phosphaturia, are to be attributed more to the drain of lime from the system than to the effects of excess of oxalic or phosphoric acids respectively. His experiments consisted in examining the morning urine of

* In vol. ii. of the *St. Bartholomew's Hospital Reports* (1866) I have recorded these experiments at length, but without reference to Dr. Leared's researches.

health after standing twenty-four hours, in order to prove the absence of oxalate of lime. At bedtime he took f. ζ iij. of aqua calcis. On examination of the urine passed the following morning he found an abundant deposition of oxalate of lime. On another occasion he took at bedtime, after carefully examining the urine as before, gr. iij. of oxalic acid well diluted with distilled water. The examination of the morning urine next day, in this case, showed no evidence of oxalate of lime. Dr. Leared repeated both of these experiments several times, and always with the same results.

I likewise repeated them, and with the following slight modifications. After examining the morning urine that had stood for twenty-four hours, to satisfy myself of the absence of oxalates—I was taking a holiday on the Devonshire coast at the time—I took f. ζ iij. of aqua calcis at bedtime. In an hour afterwards I passed urine. This after standing eight hours, showed a characteristic mucoid deposit of oxalate of lime. In the morning urine of next day, only a small deposit of this occurred. I should mention that I employed the microscope on all occasions. I found the same result after taking f. ζ j. of aqua calcis in my own person, and also in the case of a strong healthy man. Thus far my results confirmed those of Dr. Leared.

I next proceeded to observe the effects of oxalic acid. I made a dilute solution of gr. iij. in water, and took a third part of this at bedtime. Feeling cramping pain in the stomach, I confess I did not like to finish the draught. In an hour I passed f. ζ ij. of urine, and in this, after standing over night, I found a characteristic mucoid deposit, and recognised myriads of octohedral crystals. On another occasion I took gr. j. of oxalic acid in f. ζ ij. of distilled water. Passed urine an hour afterwards, Result same as in last experiment, and I experienced no gastric unseainess after taking the dose. It thus appeared that an artificial oxaluria, could be produced by the respective ingestion of caustic lime and oxalic acid.

It will be seen that my results with the latter do not accord with those of Dr. Leared, and at present I am unable to account for the discrepancy. I simply put forth the facts, not, however, without some diffidence, since they do not tally with those obtained by so well-known an observer as Dr. Leared.

The results are certainly remarkable. Let it be remembered that aqua calcis contains only gr. ss. of caustic lime in the ounce, and that from gr. j. of oxalic acid abundant depositions of oxalate of lime occurred in each case.

The experiments are well worthy of repetition, though it is hardly to

be expected that many will volunteer assistance in partaking of oxalic acid.

In conclusion, I may remark that the result with lime water seems to favour the belief that oxalic acid is a natural constituent of the blood, and for experimental evidence on this latter point the Profession is indebted to the labours of Drs. Garrod and Parkes.—*Med. Times and Gazette.*

70 Wimpole-street

Midwifery and Diseases of Women and Children.

CASE OF MENSTRUATION IN THE MALE.

MESSRS. EDITORS.—Permit me gentlemen, through the medium of your Journal, to lay before the profession the particulars of an anomaly, which will doubtless prove interesting to your readers.

In the month of December, 1855, while attending the medical lectures of the University of Louisiana, I formed the acquaintance of a young gentleman, who was then a student in the same school. His character and attainments were such as to commend themselves to my admiration, which subsequently ripened into friendship and intimacy.

On one occasion, in a moment of extreme melancholy, and under the influence of the confidential relations existing between us, he communicated to me, that though not possessed of the usual organs, he periodically performed the simulated functions of menstruation; and that this deviation from the laws of nature, in his person, was not only inexplicable, but the source of the most painful and gloomy reflections. I enjoyed peculiar opportunities of observation, which were faithfully improved. He had been the victim of this vicarious function for a period of three years, eliminating an apparent catamenial secretion, with the same regularity, and attended by the same indications by which it is characterized in the human female.

The fluid exuded, flowed from the sebaceous glands of the deep fossa behind the corona glandis, and was of a sanguineous appearance, homogeneous and thick. The quantity of this exudation varied from one to two ounces during each hemorrhagic period, and the duration of the periods from three to six days. The subject was then about twenty-two years of age, of a lymphatic temperament, and had never been contaminated by venereal disease. Though not prone to the indulgence of lustful passions, he was not innocent of having sometimes yielded to their promptings, which were especially potent immediately preceding his periodical purifications. I was made the sole repository of this gentleman's gloomy

secret, and have not been heretofore permitted to divulge it; and even now the injunction of silence is but partly removed.

Medical literature abounds with the recital of strange and unaccountable departures from the boundaries, to which Nature has restricted this and kindred functions. The mammary gland in man, though only rudimentary in structure and conformation, has been known to rival its congener in woman, developing lobes, vesicles, excretory ducts, and areolar tissue. Its lactiferous function has been perfected, under certain auspices, to such a degree as to yield its peculiar nourishment for an indefinite time. Women have been known to menstruate through unusual channels, and at unusual times—the anus, the mouth, the nose, the ears, ulcerated surfaces, and the very pores of the skin have been made tributary to this sexual function. Females have menstruated during pregnancy, during lactation, in old age, and even in the tender years of infancy; while others, in the vigor of life and in robust health have never menstruated at all.

But this case, so analagous in all its features to the catamenial phenomenon, has no parallel that has fallen under my notice, and I believe stands alone in point of its wide divergence from Nature.

Hoping that the subject matter of this paper may awaken inquiry, and perhaps arouse intelligent discussion, or that it may elicit the publication of similar phenomena, I have the honor to be, very respectfully,

V. O. KING, M.D.

STERILITY AND DYSMENORRHOEA.

Mary H. L.—came to me first in May last. She was 32 years old; had been married four years, but had no children. Though she was in perfect health, she suffered severe pain each month, at the moment the menstrual period came on. The uterus was filled with blood, which caused intense bearing down pains, which would force out this fluid, thus giving her some relief. On examination I found inflammation of the mucous membrane of the uterus. The uterus was in its natural position, but the cervix very long, and had the peculiar conical form which usually causes sterility. The cervix was so long and small, that the spermatozooids would not enter, nor the menstrual fluid pass out, without pain.

I recommended slitting open the cervix about a quarter of an inch, and dilating the canal every day, to prevent the adhesion of the newly cut edges while healing.

Since the operation was performed, she complains of feeling "very much worse;" and says "*she has had no menstrual discharge, and suffers from constant nausea and vomiting.*" I have commonly had the same result from this simple incision of the cervix.

Medical Jurisprudence.

MALPOSITION OF THE KIDNEYS.

Reported by Dr. JAMES H. BUTLER, Demonstrator of Anatomy in the University of Maryland.

On the 14th of November last, a *body* was brought into the dissecting-room of the University of Maryland, presenting an extraordinary malposition of both kidneys.

The subject was a negro man, apparently about thirty years of age, nearly six feet in height, well formed and developed, and but little changed by sickness. The disease from which death had ensued was evidently pneumonia, both lungs being found in a hepatized condition.

When the students who were engaged on the *body* had advanced to the examination of the abdominal viscera, an abnormal position of the urinary organs was observed; for the kidneys, instead of occupying the lumbar region, were found situated in the pelvic cavity.

Both kidneys were united, or fused into one, with a central line or raphé making a longitudinal fissure over the surface of the organs, better marked on the posterior than on the anterior part. In length, they extended from the lower border of the fourth lumbar vertebra downward over the promontory of the sacrum to the middle of that bone—in all, five inches; and in breadth measured three and three-fourth inches. The ureters sprang from the pelvis, which occupied the central anterior part of the organs, and then passed off on each side, and emptied into the bladder at the usual site.

The tumor, thus formed by the kidneys, could be readily felt by examining with the fingers *per rectum*.

The arteries supplying the organs were four in number—above, a single large trunk came from the aorta, just at its bifurcation, immediately in front of the *sacra media* artery, passed downward, and before entering the substance of the organs, broke up in five small branches; on the left side, two arteries came from the left internal iliac, near its commencement; on the right side, an artery passed into the organs from the right internal iliac.

Believing that such a condition as I have described has never been presented in any pathological work, I deemed it proper to lay it before the profession as a remarkable circumstance, and one which doubtless gave the person no trouble, and was in no wise connected with his death.

—*New York Medical Journal.*

Materia Medica and Chemistry.

CHLORIDE COMPOUNDS OF CYANOGEN.—A. Gautier recommends the following method for preparing solid chloride of cyanogen without recourse to the liquid chloride. A slow current of chlorine is passed through a solution of one part of cyanhydric acid in four parts of anhydrous ether. Viscid drops form on the sides of the vessel, and after twenty-four hours become crystalline groups. He finds that the solid chloride melts at 145° , and solidifies at 130° . The bromide may be prepared in like manner.—*Bull. Soc. Chim. Paris*, v. 403.

SPECIFIC HEAT OF GRAPHITE.—V. Regnault has determined the specific heat of several specimens of natural and artificial graphite. Graphite from Canada, No. 1, gave a mean number .19866; from Canada, No. 2, mean .20198; from Canada, No. 3, mean .19113; from Siberia, mean .19879. Graphite from gas retorts, after being heated, while hot, gave mean .1968; the same kind of graphite, after being heated in a current of chlorine, gave .2000; and that from Canada, No. 3, after like treatment, gave .1977. Hard burnt clay gave .1940; therefore the ash in graphite (consisting principally of clay) has no appreciable effect on the results obtained.—*Am. Chim. Phys.* (4). vii. 450.

NAVASSA GUANO.—This material, which is found on the island of Navassa, situated in the Caribbean Sea, is not, like the Peruvian guano, a product of birds, but a mineral, differing from apatite by not containing chlorine and fluorine, and by containing organic matter. A company at Baltimore, U. S., work the quarries, and subjoined is an analysis by Dr. Ulex, at Hamburg:—Moisture, 1.6; organic matter, 10.4; SO_5 , 31.2; lime, 34.5; CO_2 , 3.3; alumina and peroxide of iron, 19.0—total, 100.0. It is stated to be imported into England.—*Polytechnisches Centralbat.*

A NEW CLASS OF COMPOUND AMMONIAS ($C = 12$, $O = 16$), BY A. WURTZ.—Pseudo-amylurea, under the influence of potash, splits into carbonic anhydride, ammonia, and iso-amylamine; this body, after distillation from caustic baryta, boils at 78.5° corr. (amylamine boils at 95), and has sp. gr. 0.755 at 0° (amylamine at 0.815); its aqueous solution precipitates metallic oxides, and redissolves cuprous oxide; if shaken with bromine, $C_5 H_{12} B_2 N$ is formed; the chloride, platino and aurochlorides were prepared, and are crystallisable. As in the pseudo-alcohol, so also in this base, the individuality of the amylene noticeable is preserved, as indicated by the formulæ:— $C_5 H_{10}$, $H(OH)$ = amylenia hydrate; $C_5 H_{10}$, $H(NH_2)$ = iso-amylamine; $C_5 H_{11}$, (OH) = amy-alcohol; $C_5 H_{11}$, (NH_2) = amylamine.

Canada Medical Journal.

MONTREAL, APRIL, 1867.

TO OUR SUBSCRIBERS.

We are forced to call on subscribers to send in to the publishers without delay the amount of their subscriptions. The Canada Medical Journal will have completed its third volume in the course of another number or two; and its continuance will depend on the response which is made on the part of subscribers to this appeal. On reviewing our subscription list it is discouraging to notice the long list of delinquents; many of whom have continued to receive this journal since its first issue and have never paid for a single copy. These are facts put in as plain a manner as we are capable of inditing, and no right thinking man will differ with us in condemning this neglect; but we are willing to believe that it is an unintentional oversight on the part of those who still appear on our books as defaulters. We would put it to each member of the profession that a continuance of a want of response to this appeal is unjust to themselves and to the interests of the profession generally. We can hardly believe that so many members of our honorable profession deliberately intend receiving this journal just so long as the publishers will forward it without having any idea of paying for it, and yet it does seem as though many were thus acting. The amount asked from each subscriber is a trifle, but the aggregate is an important sum to the publishers, and will decide their action in the continuance of this enterprise. To those of our subscribers who have come forward and sustained us, we return our thanks. We have laboured in the interest of the profession, and have assumed considerable personal responsibility of a pecuniary nature. In opportioning to ourselves the task of the editorial conduct of this journal, we did so in the interest of the profession at large; we did regard it as a slur on our love for our profession, that we should be unrepresented in Canada in *medico* periodical literature. Our task has been no light burthen, and in the conduct of this journal we have aimed at making it the organ of the profession generally without

reference to those sectional difficulties which unhappily exist. We have endeavoured to avoid all things of a personal nature and have steadily refused to admit into our columns anything which was not of general interest to the profession; how far we have succeeded it is for our readers to say. To you, then gentlemen, we leave the issue, if you are desirous of seeing the journal continue and of its becoming ultimately a medium of communication of scientific research, you must sustain us, if not, we can only allow the *Canada Medical Journal* to sink into oblivion and become one of the things that have been.

We have received from Dr. Kollmyer of this city, a copy of a *Chart of Chemistry* published by him, and from the press of John Lovell. It contains a summary of all that is required to be known of elementary chemistry both organic and inorganic, arranged in a form that is at once convenient for reference and calculated to impress it upon the memory. The old notation is retained as being the one still in general use particularly on this side of the Atlantic, but the latest ideas are embodied with reference to the symbols and decomposition of the different substances. We consider the chart as an exceedingly valuable help to the memory not only of students, but of apothecaries and medical practitioners.

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

To the Editor of the Canada Medical Journal:

SIR,—Being anxious to do all I can to carry out the requests of the Committee of Organization for the *International Medical Congress*, which have been conveyed to me through their General Secretary, Dr. Laccoud, I sent the following announcement to the *Leader* and the *Globe* of Toronto, with the view of making known the matter as speedily as possible to the profession of Upper Canada, the former of which papers had the kindness to give it a place in its next issue. I would now beg the favour of your journal, in order to reach as many of the profession as may be:

“An International Medical Congress will be held in Paris, to be opened upon the 16th August next, and to be continued for two weeks. The object of the congress is to collect information on certain specified subjects, and to advance the science of medicine, at the same time to promote a fraternal feeling among the profession of different countries by bringing face to face as many representatives as possible.

"The undersigned has been appointed by the Committee of Organization a Corresponding Delegate, whose duty is 'to solicit and gather important facts and communicate them to the General Secretary.'

"In the first place, members of the profession are invited to become members, of which there are two classes, 'home and foreign.' Foreign physicians are admitted to membership without 'any pecuniary contribution,' by simply intimating their desire to do so.

"The Committee are desirous of securing a large number of members to take part in the discussion, and likewise of receiving communications upon the subjects to be discussed during the session. Among these are some upon which Canadians may be able to supply valuable information.

"Gentlemen desirous of becoming members are invited to intimate the same immediately, and any one willing to contribute is also respectfully requested to communicate with the undersigned.

"Information as to the programme of subjects will be gladly furnished.

Address,

WM. CANNIFF, M.D.,

Corresponding Delegate, &c., Belleville.

Belleville, April 23rd.

DR. RICHARDSON'S METHOD OF PRODUCING LOCAL ANÆSTHESIA.

WE are glad to be able to state that within the past three months the profession of Montreal have very largely employed Dr. Richardson's anæsthetic spray producer in minor surgical operations, and with the very best results. In the majority of cases the ether recommended by Dr. Richardson was employed, although we believe rhogoline was used in one or two instance. The latter seemed to act more rapidly in freezing the part; but our impression is, that, owing to its dangerous qualities, it will never be so generally employed. We have ourselves employed the ether frequently in minor operations, and with decided success. Lately we notice its benefits have been extended to the lower animals, and we feel sure all who prize that noble animal—the horse—will rejoice at what we copy below from a late number of the Medical Times and Gazette.—For the benefit of our country readers, who may desire to purchase the spray producers we would direct their attention to the advertisement on our cover of Mr. Ebenezer Muir, druggist, who has them and the ether for sale.

LOCAL ANÆSTHESIA AND THE ROYAL SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS.

In accordance with its legitimate function as a public body, the Royal Society for the Prevention of Cruelty to Animals has, we are glad to see,

considered the subject worthy of its serious consideration. On Tuesday last Dr. Richardson met the committee of the Society by appointment, and after demonstrating local anæsthesia and performing experiments on himself, Dr. Sedgwick, and Dr. Fraser, proceeded to read a report on the operations which had been painlessly conducted on the horse and on other of the inferior animals. The operations of nerving, of firing, of removing tumours, of castration, and applying caustics to open and irritable surfaces, were all, the author showed, easily and readily performed under local anæsthesia; indeed, he maintained that if the members of the community demand it, every animal so valuable to man as to be considered the proper subject for a Surgical operation may now be subjected to such operation without any physical suffering. A very interesting point was also brought forward by Dr. Richardson, having reference to the degrees of common sensibility possessed by different animals, as shown by the readiness with which their sensibility was capable of extinction on one uniform process of experiment. It was explained that no two animals possess the same degree of sensibility, and that no animal has so distinct and high a degree of sensibility as man. After man, the horse, amongst the domestic animals, is most endowed, and after the horse, the dog and the guinea pig. Rabbits have a low sensibility. Descending to animals much lower in the scale of creation—viz., to frogs and leeches—the diminution of sense power is so marked that hardly a comparison can be instituted between them and man. Professor Tuson, of the Royal Veterinary College, having been called upon by the chairman, gave striking and valuable corroborative evidence of the complete success of the local anæsthetic process in cases of firing. He had seen as many as forty lines cut in the leg of the horse with the actual cautery, without any indication of pain. He believed that in veterinary Surgery the use of the ether spray was not only a means of preventing pain, but an economy to the operator.

—*Medical Times and Gazette.*

MEDICAL NEWS.

DEATH OF PROFESSOR GOODSIR.

THIS very eminent anatomist, who for a number of years has filled the chair of Professor of Anatomy in the University of Edinburgh, at the early age of 52 years, expired on the 10th of March, after a somewhat tedious illness. Twelve years ago his health gave way under the closeness of his application, and from that time till he expired he

never enjoyed even tolerable health. Notwithstanding this he was constant in his lectures, and a regular attendant in the dissecting room. Few who have had the pleasure of listening to his lectures will forget his tall and well-built frame, and the intent earnestness and enthusiasm with which he entered upon his subject, at times being quite oblivious to all going on around him. He was also no mean artist, as his colored diagrams on the class black-board gave ample evidence. There are numerous candidates for the vacancy, caused by his death. None can, however, be more competent to fill it than Mr. Goodsir's anatomical demonstrator, Mr. Turner.

MEDICAL HUMOR.—At a late medical dinner in London, Sir Charles Locock, who has been nearest to the Queen in some of her most trying moments, was facetiously toasted as the "earliest friend" of the rising members of the Royal family. He was also congratulated on the honors he had attained, after numerous and arduous "labours," and as her Majesty was at a loss what additional title to confer, the company suggested "Lord Deliverus!"

Dr. J. Marion Sims has recently returned to his home in New York, after a residence, in Paris and London, of several years, during which time he had a remarkably successful Professional career. His extraordinary aptitude in uterine surgery has been the admiration of European surgeons, and though he carried some of his peculiar ideas a little too far, his talents have been acknowledged by all, and he returns with substantial proofs of their appreciation.—*Medical and Surgical Reporter.*

HEALTH OF THE PRINCESS OF WALES.

Each day during the last week has been one of satisfactory progress in the condition of Her Royal Highness. Natural sleep during the night has also been fully restored. On Wednesday the Princess had a refreshing sleep of seven hours. The swelling and other inflammatory symptoms in the knee-joint have greatly subsided, and it is much less sensitive on being handled. The general health has throughout been well maintained; and there is, happily, no room for further anxiety than that which attaches to the doubt as to the possibility of restoration of the natural movements of a joint which has been so roughly invaded by an insidious, prolonged, and severe inflammation.—*British Medical Journal, April 27th.*