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ORIGINAL COMMUNICATIONS.

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

IV.—JAUNDICE WITH HEAD SYMPTOMS.

Case 1.—*Liver reduced to* 1 *lb.* 14 *oz.*

Isabella Knox, ætat 18, was sent on the 24th September, 1855, into the Montreal General Hospital from the University Lying-In Hospital, where she had been for the preceding fortnight, being, as she believed, within two months of her confinement. Seven months previously, while at home in Scotland, she had been seduced. Gestation followed. She was forsaken by her deceiver, and to escape the wrath of her parents, she emigrated to this city. Her health was unimpaired till the 21st September, when she visited a former neighbour, who treated her freely to whisky. Next morning she suffered from severe headache, nausea, and distressing vomiting, which, however, passed away after lasting a few hours. The following afternoon, a yellowishness of her skin was perceived. Upon each consecutive morning, similar symptoms of gastric disturbance presented themselves, but became better towards noon, and in the meantime the discoloration of the skin grew more conspicuous.

At the hour of admission into the General Hospital, (1 p.m.,) she appeared to have slight jaundice, but not complaining of any urgent symptoms, no immediate remedies were prescribed. She was perfectly intelligent, and promptly returned satisfactory responses to questions asked of her. No appreciable warning gave notice of the change about to ensue. The only symptoms of disordered innervation were a feeling of slight lassitude, an inclination to drowsiness, and a little headache: these, however, in degree were scarcely as great as the analogous sensations commonly experienced by persons affected with an ordinary at-

tack of icterus. During the afternoon and evening, she made no complaint of any ailment, and talked freely to the other patients in the same ward, exhibiting, during her conversation, much tact in parrying the inquiries about herself, and turning aside the inquisitiveness suggested by her condition. After night-fall she vomited, and about 12 p.m. a fit of retching came on which lasted for a considerable time. The only matters discharged were chymous, with some bile, and a scanty clot of dark blood. Towards morning, her stomach quieted, but she became much worse, grew restless and delirious—tossing about, speaking wildly and getting out of bed—so that she required to be guarded, lest she should injure herself.

25th Sept., Noon. Jaundice deeper. Cerebral functions much disordered: she was insensible, in a state like a person intoxicated; in constant agitation, occasionally moaning and mumbling incoherently, at other times soporose, but not profoundly so, as she could be aroused by addressing her loudly. Her answers were then monosyllabic and irrelevant, and they were no sooner uttered than she lapsed into the former mood. No heat of scalp, face flushed; eyes brilliant, pupils large and sensible to the stimulus of light; tongue moist, and partly covered with a creamy fur; no disturbance of stomach; bowels not moved since admission; respiration not noisy; pulse full and quick; urine bilious, passed naturally, but in small quantity. Stethescope applied over abdomen to hear fœtal heart, but no pulsation detected. ℥xij blood were directed to be abstracted from the nape of the neck by cupping; after which she was to be given pulv. ipecac. gr. xv.; ant. tart. gr. j.; and ℞ hydr. chloridi; pulv. jacobi ver. aa gr. ij.; ext. colchic. acet. gr. j. Misce fiat pil sumenda tertia quaque hora.

I did not see her alive again. The continuation of the narrative to the post mortem appearances, I give in the words of my friend Dr. Craik, who in his capacity as House Surgeon officiated during my absence.

"Considerable difficulty was experienced in cupping her, owing to her obstinacy toward all manner of interference, and it was not without the greatest effort that she could be compelled to swallow the emetic. The emetic failing to operate, it was followed in about half an hour by two grains of emetic tartar, which had the desired effect, causing her to retch freely for about ten minutes.

"About eight o'clock in the evening she became very violent screaming at the top of her voice, and throwing herself about to such an extent that a sheet had to be passed over her chest, to prevent her throwing herself out of bed. She was still partially conscious, and strongly resisted the

administration of the pills. No evidences of a living fœtus could be detected by a careful examination with the stethoscope. The urine was scanty, and of a reddish yellow color, communicating a very slight tinge to paper, and yielding a flocculent precipitate on the application of heat and nitric acid.

"About midnight the nurse observed something like labor pains coming on, with discharge of liquor amnii. On examination the os uteri was found moderately dilated, and the head descending.

"After the lapse of a few minutes tremendous convulsions set in with loss of consciousness, the convulsions being so violent as to render it almost impossible to keep her in bed. The pupils were widely dilated, and did not contract even on the application of a strong light. The face was flushed, and the breathing somewhat laborious; the pulse 136, strong and full.

"About forty ounces of blood were immediately taken from the arm, after which there was a decided improvement in most of the symptoms. The spasms became much less violent, and the respiration more tranquil; the pupils contracted on the application of light, and the pulse lost its hardness though it retained its frequency.

"Meanwhile the head descended slowly into the cavity of the pelvis, and on a close examination the bones were found to be quite loose, and the scalp presented all the characters of intra uterine maceration. An arm, and a fold of the funis, could also be felt on passing the finger up behind the arch of the pubis.

"About 2 o'clock, a.m., on the 26th, finding that the head was making very little progress, and wishing to bring the labor to a close as speedily as possible, ʒi of ergot was infused in ʒiii of boiling water, and when cooled about the half of it administered. In about half an hour the progress not being so great as was desirable, it was resolved to introduce a fillet and endeavour to extricate gently by that means, forceps not being at hand, and the violent movements of the patient rendering their application somewhat hazardous. While in the act of adapting the fillet, a strong pain brought the head down sufficiently to enable the fingers to be passed behind it, and to obtain a good hold of the loose and folded scalp, by which means the fœtus was forthwith extracted without difficulty. The placenta followed immediately with a few clots of blood, and the uterus contracted in the usual manner.

"After the termination of the labour she seemed much easier. The spasms disappeared for a time, and she appeared to drop into a quiet slumber. After a short time, however, the convulsions returned in a

moderate form, she was still insensible with the pupils sluggish, and inclined to remain dilated. The pulse was 140, small and very weak.

"Ten grains of calomel with two drops of croton oil were administered, and a tablespoonful of hot brandy punch given every ten minutes.

"When a few doses of the brandy had been given, the pulse increased in volume and strength, though its frequency was not diminished. The spasms returned every ten or fifteen minutes continuing for nearly an equal length of time. With a view of arresting them altogether, she was made to inhale a small quantity of chloroform, which seemed to operate favourably, arresting the spasms almost immediately, and tranquillizing the whole system.

"An hour having elapsed from the time of the administration of the calomel and croton oil without the bowels having been moved,—two additional drops of croton oil were given on a piece of sugar, and the brandy steadily continued.

"The convulsions soon ceased altogether, but symptoms of extreme exhaustion set in. The pulse became weaker and weaker, the face was pale and the surface of the body cold. The pupils were neither contracted nor dilated. As a sort of *dernier resort* ℥i of solution of morphia was given, but without producing any alteration in the symptoms, and about 6½ o'clock while preparations were being made to administer a turpentine enema, she quietly expired."

Necropsy.—*External Surface.*—Skin and conjunctiva deeply stained with bile pigment; mammary and abdominal signs of pregnancy evident; integumental fat of a light orange color.

Head. Section of the scalp only gave exit to a very small quantity of blood; pericranium of a yellowish shade; calvarium similarly stained; detachment not impeded by morbid adhesions; removal of brain not accompanied by any unusual flow of blood; meninges invaded by the jaundiced hue; sinuses not gorged; brain not congested, veins rather empty than full; no effusion of serum or exudation of lymph upon the surface or base; consistence of neurine firm, grey substance not preternaturally vascular; fewer puncta vasculosa in the centra ovalia than are ordinarily observed, white substance faintly obscured by a light buff tint, which is more mottled than uniform; entire absence of fluid in the different ventricles, including the fifth; vascularity of choroid plexus not increased; venæ corporis striati of both sides empty; no extravasation of blood in any part.

Chest. Costal cartilages bilious; both lungs normal; heart healthy, with the exception of trivial hypertrophy of left ventricle; more or less

sanguineous engorgement of all the cavities, and of the aorta; the blood presents the same character in different situations, it is remarkably fluid and dark, being venous and grumous, and has nowhere afforded a decided clot; the valves are of a deep golden color, and the endocardium generally as well as the lining membrane of the aorta, together with the pericardium, participate in this cast.

Abdomen. Peritoneum of the prevailing hue; no fluid in its cavity; mesentery faintly vascular. Liver greatly reduced in size; the entire organ only weighs 1 lb. 14 oz.; atrophy is general, but left lobe is relatively most wasted; this portion in its thickest part does not exceed half an inch; it appears lengthened, flattened and in form resembles the spleen; color not uniform, convexity mostly yellowish brown, interspersed towards the superior border with purplish spots and short streaks of a dark brown color, under surface same general appearance, variegated with a similar punctiform arrangement; in the right lobe, towards its border, there is a congregation of reddish brown marks, disposed in a racemose manner, seemingly produced by blood extravasated in portal canals of minute size; lobus quadratus of a brighter color than the other lobes; consistence of the whole gland singularly altered, it conveys to touch the perception that there is a thin, firm capsule, containing loose diffluent contents; flabbiness so extreme, that interior feels like softened brain; section exhibited at first, surfaces of a deep citron tint, but these, by exposure, became reddish; no traces of suppuration, nor heterologous formations. Gall bladder elongated, flaccid, walls not thickened, but stained of an ochre color, contained greenish black opaque bile, of an oleaginous consistence, to the amount of about six drachms, by exposure to the air, this fluid was rendered greener and more transparent; there were no gall stones, and the mucous membrane was natural. The cystic, hepatic, and common biliary ducts were carefully isolated, and proved, upon probing, to be pervious; their relation to surrounding parts had previously been examined, and no cause likely to reduce their calibre discovered. Pancreas normal. Duodenum not the seat of inflammation; the lining membrane of this gut in common with that of the rest of the alimentary canal, has a yellow tinge, but otherwise healthy. Stomach and small intestines, not diseased; large bowels collapsed and contracted, so as to resemble a small rope, fæcal matter only seen in ascending colon; it was pultaceous, colored, and devoid of any trace of scybalæ. Spleen somewhat enlarged, but otherwise unaltered. Kidneys had rather adherent capsules, and upon their surfaces a few whitish spots were seen; cortical portion peculiarly anæmic; no fatty degeneration. Bladder contained about three ounces of urine,

which was clear, transparent, and of an amber color; its walls possessed the characteristic stain. Uterus presented the usual signs met with in this organ, a few hours after the termination of premature delivery; the peritoneal investment, as well as the still adherent decidua, were of a vivid gamboge color; the right ovarium contained a well marked corpus luteum.

OBSERVATIONS.

The case just recited describes the illness of a young girl, seduced and an outcast, contending against circumstances strongly calculated to cause despondency and anguish of mind—she suffers no derangement of health, till after an intemperate indulgence in alcohol, when the common effects of such a debauch ensue, and are succeeded by jaundice—this last symptom continues only four days, during which it manifests no unusual severity, when head symptoms set in—these rapidly end in a fatal termination, hurried onwards by the concurrent accidence of premature labor, and puerperal convulsions—after death the liver is found extremely light in weight and thoroughly disorganized in structure, indicating a latent disease of long standing, and proving that perfect health is not incompatable with a structural change of the gravest character.

This lesion was first described by Rokitansky and a short account of it will be found in his Pathological Anatomy, under the head of "Yellow atrophy of the Liver." The designation is rather objectionable since it is often applied to the last stage of cirrhosis, and thus comprehends two entirely opposite affections, between which there is no further resemblance than is furnished by the color and size of the diseased organ. The principal distinctions of a pathological kind, are that, while in both, there is absorption of the part this action is consequent in yellow atrophy, upon disorganization of normal substance, and in cirrhosis upon the organization of an adventitious structure—in the former there is a progressive reduction of bulk, in the latter there is an antecedent augmentation of the ordinary volume—in the former the hepatic cells are destroyed, in the latter they preserve their integrity—in the former these cells fail in discharging any function, in the latter they continue to eliminate bile, although in lessened quantity. Their œtiological relations are dissimilar, yellow atrophy is almost invariably met with in youth, and in those who have experienced psychical influences of a debilitating nature, cirrhosis is as constantly observed in senescence, and in those who for years have been habitual drunkards. The symptoms peculiar to each are illustrated in the cases related in this communication, and will be found to be readily distinguishable; and lastly they vary in their

sequelæ; as an example, although both impede the circulation through the liver to an equal degree, yet the same result from this obstruction is not witnessed, ascites is not produced by yellow atrophy but is an unfailing consequence of cirrhosis. This last fact is not easily explained, unless it be assumed there are more elements concerned in the induction of the dropsy, than that popularly accredited. If a mechanical obstacle be competent to bring about a certain effect, when created by one method, it should be equally operative when brought about in any other method. By the agency, however, of concomitant causes the supervention of varying events may be understood. Atrophy of the liver alone will not produce ascites, but with the assistance of cotemporaneous lesions it may readily do so. Thus the seat of cirrhosis is the membrane that surrounds the portal canals, and forms the capsule of the organ, and this is continuous with the peritoneum; any irritation, therefore, originating in the former may by simple extension, be participated in by the latter and hence ascites may be more or less due to excited action, propagated to the peritoneum from the liver. But in yellow atrophy there can be no such diffusion for the disease is confined to the hepatic cells, and does not implicate either Glisson's capsule or the peritoneal envelope, so that it is not afforded any direct communication with the peritoneum.

Jaundice always attends yellow atrophy; it exhibits no peculiarities whereby it can be distinguished from a similar symptom, induced by a less formidable cause; and its duration is variable, for it may be limited to a few days, as in the above case, or be protracted over several weeks. Its occurrence is not readily understood, for by applying the generally received doctrine of jaundice to the present case, many of the phenomena of the latter are not intelligible—thus, 1. The existence of the disorder in the absence of any obstruction to the circulation of bile from the liver or gall bladder to the intestine, as demonstrated at the post mortem. 2. The continuance of biliary secretion as shewn in the full condition of the gall bladder during the formation and augmentation of the jaundice. Both of which positions contradict the presumption, that the jaundice had arisen either from retention of bile in the liver, or from its non secretion by this organ. 3. The jaundice not having been intensified in appearance, prior to or simultaneous with the supervention of head symptoms, as should have been the case, were these symptoms due to an increase in the previous amount of bile in the blood. 4. The condition of the urine, proving that the kidneys had not ceased to extrude bile. 5. The deep yellowishness of the tissues universally, which could only have been caused by pigment derived from the blood. The two circumstances last mentioned, chiefly disprove that there had been any failure, before death, in the elimination of bile from the blood. 6. The apparent performance of

hyper-secretion by the liver, as evidenced in the preceding, while the gland was less than half its natural size;—on the inference that the whole of the bile in the excretions and tissues was, before getting into them, formed in the liver a rebuttal is given to the pathological axiom that atrophied organs suffer a diminution in function proportionate to the decrease in structure. The inadequacy then of the prevalent doctrine to unravel the pecularities of the case under notice, furnishes sufficient apology for any other explanation that may be offered, such as the following. It is now well known that the individual cells of the body, generally, have special functions, that each set is endowed with a power of selecting from the blood, only such materials as are homologous to the tissue it constructs so that muscular cells solely remove the elements of muscle, bone those of bone, &c. Why then was there, in the above case, a deposition of bile matter in these cells, which to them, without exception, is a heterologous substance? It was not the result of a vicarious effort established to free the system of a noxious substance, for the colouration was not confined to the emunctories or excretory surface, but was everywhere in mucous membrane, bone, cartilage, meninges, valves, decidua, &c., equally in parts that were as in those that were not eliminatory. It must, therefore, have been owing to a more general action, such as nutrition, in a state of perversion. Under this view the jaundice presents itself as an *error of nutrition*, owing to the cells of the system at large, having acquired a morbid predilection for biliary elements, which they consequently attracted from the blood. In the case under observation this error was chiefly of a supplementary character, and arose when the secretion of bile was interrupted in the liver, so that there was a compensation rendered by the cells generally, for the imperfect operations of the hepatic cells in particular, and a participation by the cells generally, in the functions considered as the prerogative of the hepatic cells specially. This theory of jaundice being an error of nutrition as now stated, is intended to apply only to such cases as belong to the class of which the above instance is a type, and not to extend to other kinds which are explainable by the commonly accepted hypotheses.

Yellow atrophy of the liver invariably ends in death. This fact is well illustrated by Dr. Budd, in his work on diseases of the liver, in the chapter on "Fatal Jaundice" which contains a few interesting cases of this lesion. The connexion between jaundice, head symptoms, death and yellow atrophy is so constant that the occurrence of head symptoms in jaundice, has been looked upon as a precursor of death. But this prognosis is not invariably true, for head symptoms may super-

vene in the course of jaundice, and be due to some accidental cause as hysteria, delirium tremens, &c., which is readily amenable to appropriate treatment. The head symptoms proceeding from yellow atrophy are, however, always fatal, because they only happen when the blood has reached such a state of discrazia as to be irremediable—this fluid is always found, post mortem, to be of a semi-fluid consistence, and dirty reddish brown color, its fibrin is cacoplastic, its blood corpuscules defective, and its serum redolent in bile—on account of the character last specified, this morbid state is distinguished from others by the name of cholœmia. The head symptoms are not due to inflammation or disorganization of the brain. They are dependant in some unknown way upon the disease of the blood. Probably the alteration in the constitution of this fluid, besides the more obvious differences above mentioned, renders it too highly azotized and super-carbonized. The existence of such a state appears the more likely from the similarity there is between the symptoms and the effects of certain narcotics, apoplexy, &c., during the presence of which the blood is preternaturally venous. This reason seems, also, more satisfactory than the one customarily entertained, by which the symptoms are ascribed to the presence of bile in the blood. For if they were produced by the mere association of these fluids in circulation, they would be met with in every case of jaundice, since there is not one in which this combination does not occur. A modification of this last opinion is, that they are dependent upon an imperfect depuration of the blood. This view is seemingly supported by the condition of the urine that exists in these cases, for it possesses a deep yellow color, but not the dark bilious tinge so characteristic of jaundice, although bile is present yet its quantity is small; and appearances certainly favor the suggestion, that since the kidneys have not separated from the blood so much biliary matter as originally, head symptoms are necessarily induced. But this idea loses much of its importance, from the circumstance that any reduction in the previous quantity of excreta from the kidneys, is abundantly compensated for, by the extensive elimination that is elsewhere advancing in all parts.

Case 2.—Liver enlarged to 6 lb 11 oz.

A. ——, applied at the Montreal Gen. Hospital for admission, 1st Aug., 1855. He was 43 years of age, and until the last nine months had always enjoyed remarkably good health. His habits however have been irregular. For the last 32 years he has taken daily a pint of whisky, exclusively of occasional draughts of other intoxicating liquors. His calling was practised in various towns, and the going to and coming from

these necessarily exposed him often to inclemencies of weather. But before last fall he had never suffered any indisposition requiring medical alleviation. While about to enter his door late of an evening, when the winter roads were forming, his feet slipped and he fell violently upon the ground, striking his right side and rolling round upon his back. The contusions were so painful that he had to take to his bed, and thenceforward his health broke down, and he was incapacitated from engaging in his avocation. He suffered considerably from pains in the abdomen, chiefly in the right hypochondrium, though occasionally in the left, and usually they appeared to shoot across from one side to the other. He was distressed with loss of appetite, uneasiness after taking food, an irregular state of the bowels, and other symptoms of chylopoietic disorder. He was frequently seized with epistaxis, and often had attacks of hæmorrhoids. He had been progressively losing flesh, and latterly thought that his abdomen had become somewhat swollen. Notwithstanding the continuance of these unfavorable symptoms, he neglected seeking any professional aid till the period above dated.

He was received into one of my wards, and upon examination it was observed that the body was much wasted; skin and conjunctiva of a subicteroid hue; dull, rosy discoloration of nose and cheeks; mucous membrane of mouth rather blanched; cutaneous veins of the belly prominent, and especially distinct on the right side; distention of the integument of this cavity from tympanitis; no appreciation of fluctuation; percussion detected an exaggeration of normal dulness over the liver, and in the left half of the epigastric region. He complained chiefly of great debility; inability to sleep soundly at night; diarrhœa, and sharp pains shooting across the bottom of his chest, which were increased by deep pressure over the pecoral region, as well as by palpation. By this latter manœuvre the inferior border of the liver was plainly felt, and in an indurated state, two inches below margins of ribs. His mind appeared weak, and vacillating, and he exhibited considerable restlessness, frequently attempting to leave his bed. He was easily prevented, and induced to remain quiet. His urine had always been scanty and high colored like strong toast water, it gave the usual reactions with the tests for bile, and was redundant in lithates and purpurine. He did not improve, although the bowels became more constipated, and the pains were mitigated, he gradually sank, and died on the 6th August. During the time he was under observation, the intellectual decay became more and more evident. He seemed at first in a state of dementia; when his attention was roused, his replies were at first coherent, but there was a tendency to garrulity, and when not interrupted, he rambled upon irrelevant subjects. Latterly he had spoken a good deal to

himself when not addressed, and was reported to be wandering in his sleep. He was never violent nor unmanageable. These symptoms were the more closely watched, as it was desired to distinguish them from those of delirium tremens; but of this latter disorder he had never had an attack, nor was there any evidence of it while under our notice. The state of intelligence above particularised was not accompanied by fear, delusions, trembling, wakefulness, &c. He gradually lost consciousness and he was comatose for 36 hours before death.

Necropsy.—Only the abdominal cavity was exposed. The liver was greatly enlarged; it weighed 6 lbs. 11 oz. The augmentation was universal and equable. Its surface was smooth, and of a bright tawny color. The enveloping capsule was not thickened. The substance was consistent, and upon section, presented white lines intersecting the cut part with an appearance like the outward part; a portion under the microscope displayed a confused assemblage of oil globules and exudation corpuscles; the presence of fat was also shown by a greasy stain left on paper, and the peculiar inflammability of the latter. The spleen was of full size, dark colour, and firm feel. The kidneys appeared rather hypertrophied, but were not the seat of granular degeneration, or adipose deposition. The mucous membrane of the stomach presented, a well-marked evidence of ardosis: the discoloration was for the most part confined to the splenic extremity of the organ; it was of a bluish color, and interspersed with dark red points, and here and there this papulated condition was varied in a racemose manner, by small streaks of similar character meeting together and diverging from each other. The peritoneum exhibited no traces of inflammation.

Observations.

The relation of cause and effect, between intemperance and cirrhosis of the liver, so clearly present in the case now ended, has become too proverbial to demand more than a passing reference. We have here furnished another of the examples that occasionally occur, showing the enormous quantity of ardent spirits that may be used for a very long time, apparently with impunity. A computation of the quantity drank by the subject of the foregoing details during his lifetime, was, allowing, 672 pints to the puncheon, about 17½ puncheons; and this, too, exclusively of irregular draughts, the quantity of which was unknown. Inebriate though this appear—it becomes moderate in comparison with other examples, which are vouched for by reliable authorities; a writer in the *Brit. and For. Med. Chir. Review* for 1852, says of a man of high intellectual attainments and great mental powers, his ordinary consumption

was from 20 to 25 glasses of raw spirits daily, but that occasionally he exceeded 30 glasses in the 24 hours, and rarely even with the largest quantity became intoxicated. Although when past the age of 50 he was carried off by an epileptic seizure, followed by symptoms of delirium tremens. Sir John Sinclair mentions a Mr. Vanhorn who daily for 23 years drank his 4 bottles; now by the rule of multiplication it is evident he must have put under his belt, during that period, 35,388 bottles, so that as Sir John quaintly observes, he must have resembled a cellar more than a man, for there are many cellars that never contained what this man must have done, viz., 59 pipes of Port.

The effects upon the liver of these deep potations were two fold, and marked by a slow inflammation, and an interstitial polysarcia. This coexistence of cirrhosis and fatty degeneration is not frequently witnessed, and requires close scrutiny before each can be recognized, as even when existing singly I have seen the one so closely simulate the other, as to be actually mistaken for it, when an opinion was formed merely from a casual inspection. The double lesion accounts for the large size the organ had acquired, since judging from precedents, it would not have attained this volume had it been the seat of cirrhosis alone.

ART. XVII.—*Hospital Notes and Observations.* By ROBERT CRAIK M. D., House Surgeon to the Montreal General Hospital.

No. 1.—*Purpura.*

During a residence of many months within the walls of an hospital, where diseases and accidents of all kinds are constantly presenting themselves, I have not failed to meet with many things both interesting and instructive. Apart from the many unique and comparatively rare cases which are from time to time to be observed, and which form an endless subject for attentive study, there is much to be learned from those cases which are almost of daily occurrence; for, being here viewed collectively, and kept constantly under observation, many modifications and peculiarities present themselves, which are not accessible under other circumstances. Much advantage is also to be derived from comparing and testing various plans of treatment, and judging of their comparative efficacy, in different cases of the same disease.

Among the first things which engaged my attention, during my residence in the hospital, were several cases of purpura, admitted towards the end of May, 1854. The cases were three in number, and were all

admitted within one week. One of them, the severest of the three, and which eventually proved fatal, was that of a German emigrant who had arrived only a few weeks previously, from Hamburgh. The other two patients were Canadians; one a labourer residing in Montreal, the other a farmer from the country.

The disease presented nearly the same characters in all, being somewhat different from the cases usually described. The general appearance was that of anæmia, with a sort of subicteroid tint resembling incipient jaundice. In one of them, (the farmer,) the gums were slightly spongy and inclined to bleed, but in the others, all the mucous membranes were p le and without any tendency to hemorrhage. Livid discolorations were present in all three, situated principally upon the lower extremities, and more especially along the shins and around the instep. The spots had exactly the appearance of ecchymosis in the process of becoming absorbed, being surrounded by the different tints seen in such cases.

The principal symptoms of which they complained, were,—stiffness of the joints, especially of the knees and ankles, accompanied by great pain and tenderness. The joints were somewhat enlarged, and the surrounding structures considerably indurated, as if by fibrinous effusion. There was also a great amount of general debility, and any exertion was attended with much pain in the loins and extremities.

I was particular in enquiring about the character of their diet previous to the attack, and found that the German had been subsisting almost entirely on animal food, during the voyage across the Atlantic; but the other two had used a mixed diet throughout the winter, although, from the high price of provisions, it had not been of the most nutritious kind.

The disorder being believed to depend to some extent on inanition, they were put upon a nutritious diet containing a proper proportion of vegetables; and with a view of strengthening the system generally, and improving the tone of the digestive apparatus, a mixture containing a grain of quinine with ten drops of aromatic sulphuric acid, was given three times a day. A stimulating liniment consisting of one part each of tincture of opium and tincture of iodine, to six of compound soap liniment, was rubbed on the joints twice or three times a day.

After this treatment had been continued for about a week, and finding that the improvement was not so great as was desirable, a draught consisting of half an ounce of oil of turpentine suspended in mucilage, was given every second morning. Under this, one of the patients (the hemorrhagic case) improved rapidly, and left the Hospital in about ten

days. The other Canadian also improved slowly, but was not completely convalescent till after a period of six weeks.

The German manifested symptoms of great debility from the commencement, and seemed to make very little progress, although his diet was the most nourishing that could be procured.

The discolorations were more extensive in his case than in any of the others, and he complained very much of intense pain in the back, extending down the limbs. Dry cupping and sinapisms were tried without giving much relief. A warm bath followed by a blister to the loins proved more effectual, and relieved the pains considerably. After he had continued the quinine mixture about a week, there were added to each dose, ten grains of ammonio-citrate of iron, and he was allowed 4 oz. of wine, in addition to the beef tea, eggs, potatoes, &c., which constituted his regular diet. He was also given one of the turpentine draughts mentioned above, but owing to his extreme weakness it was not repeated.

He continued however, to grow weaker and weaker, and although stimulants were given *ad libitum*, he sank, exactly three weeks after his admission.

The post mortem examination shewed the brain almost bloodless, the ventricles containing a considerable quantity of serum having a pinkish tinge. The heart was soft and flabby, and contained fluid blood in all its cavities. The liver was smaller than usual, very pale, but having dark spots upon its upper surface, somewhat resembling those which existed externally. The stomach and intestines also presented some spots, and the mesenteric glands were slightly enlarged. The spleen was unusually small and very pale, its internal structure being harder than usual. The kidneys were also small.

This case is interesting on account of its fatal termination, notwithstanding the employment of means which frequently prove sufficient to produce a cure. The symptoms during life as well as the appearances seen after death, were those of purpura, conjoined with anæmia, no doubt partly depending upon a diseased condition of the mesenteric and other blood-making glands.

No other cases of purpura were observed until May of the present year, when in one fortnight, no fewer than twelve cases were admitted, and at least an equal number treated as out-door patients.

Their history was essentially the same as that of the others, most of them being residents of Montreal or its vicinity, and having been confined to a somewhat restricted diet, consisting chiefly of pork, bread, porridge, &c.

The symptoms also were very similar to those of the former cases, and were nearly alike in all. The same anæmic appearance, with the livid spots and general debility were all present, but the principal complaint was of the stiffness and pain in the joints, together with the enlargement and induration which were conspicuous, especially about the knees, and in the popliteal spaces.

Half the cases were treated by nourishing diet and a mixture containing quinine and nitric acid, a quarter of a grain of the former, with five minims of the latter, and this treatment was continued until convalescence was established, which was after a period varying from three to six weeks.

The others also received a nutritious diet, but it was resolved to give the preparations of iron a fair trial in these cases, and they were accordingly ordered a mixture containing half a grain of quinine and ten minims of muriated tincture of iron, three times a day. Little improvement having occurred at the end of a week, they were ordered a pint of porter daily, and the tonic mixture changed to a drachm of vinum ferri three times a day. When another week had passed without much change for the better, four ounces of brandy was substituted for the porter, and the preparation known as Quevenne's iron given instead of the vinum. The dose at first was five grains thrice in the day, and this was gradually augmented to ten grains.

For a few days there seemed to be some improvement, but the symptoms soon again becoming stationary, it was resolved to abandon the use of iron altogether, and try the effect of salines. The mixture selected was that known as Dr. Stevens' saline powders. Their composition is as follows:—Thirty grains of carbonate of soda, a scruple of common salt, and seven grains of chlorate of potash, are to be well mixed and administered in half a pint of water. One of these was given three times a day. The improvement after a day or two was marked; the livid spots beginning to fade, and the joints becoming less stiff and painful. After a time, however, the improvement became less, and early in August the treatment was once more changed. With a view of testing the accuracy of Dr. Garrod's theory with regard to the pathology of purpura, it was resolved to try the effects of potash, and the following formula was substituted for the powders, viz.:—℞ Potas. bicarb. ℥iv.; liq. potas. ℥vi.; Aquæ ℥viii.; *m* coch. amp. ter die sumend. The improvement under the use of this mixture was rapid and permanent, and at the end of ten days, all the cases were discharged convalescent.

There are several points of interest connected with the above cases, and first, with regard to their origin. It is well known that the differ-

ent forms of purpura are more apt to occur at particular seasons than at others, and can generally be traced to some obvious peculiarity of diet, most frequently to a deficiency of succulent vegetables. In the cases under consideration, although the diet was somewhat scanty, yet in all the cases, with the exception of the German, it contained a fair admixture of both animal and vegetable. In most of the cases, also, the purpuric symptoms developed themselves suddenly, after a longer or shorter period of impairment of the general health, as if the morbid condition of the blood had been in existence for some time, and had only given rise to the external effects on the application of some accidental exciting cause.

These cases also tend to support Dr. Garrod's views with regard to the pathology of this disease, viz.: that it depends on a deficiency of the salts of potash in the blood; for 1stly, If the disease depended on a deficiency of the corpuscles of the blood, it ought certainly to have yielded more readily to the preparations of iron than to those of potash. 2ndly, If it depended on a deficiency of any of the organic elements, it ought *in like manner to have yielded to the varied and nutritious diet* which was plentifully supplied. 3dly, That it did depend on a deficiency of some of the inorganic constituents of the blood is shown by the marked improvement which followed the use of saline medicines. And lastly, That potash was the ingredient which was more particularly deficient, is proved by the fact, that after all the other plans of treatment had been tried with very partial success, its administration was followed by a rapid and permanent cure.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXIII.—*The Diseases of the Heart and the Aorta.* By WILLIAM STOKES, Regius Professor of Physic in the University of Dublin, author of the Treatment and Diagnosis of the Diseases of the Chest, &c. Philadelphia: Lindsay and Blakiston Montreal; B. Dawson. 1855. Pp. 710.

The scope of this work is thus stated in the preface. "The work, then, is not intended as a full treatise on cardiac pathology, nor upon physical diagnosis, but it aims at the rational application of these branches of knowledge to practical medicine." It embodies the result of clinical

observations assiduously and almost continuously made for upwards of a quarter of a century. Its writer many years ago achieved not merely a European but a world wide fame for his valuable book on diseases of the chest; he is also otherwise most favorably known as a profound philosopher, an accomplished teacher, and the wisest of physicians. A work of such character, from such labor, and by such an author, cannot but be highly prized. It will form the haven in which many an anxious practitioner will lay up his doubts, and the oracle to which he will appeal for sound counsel and safe direction. But as men may be too good for praise, even productions like this so far transcend the powers of panegyric, that their characters become lowered by its homage.

The contents embrace 12 chapters, which are assigned to the consideration of inflammation of the heart and its membranes; diseases of the valves of the heart; diseases of the muscular power of the heart; fatty degeneration of the heart; treatment of the organic diseases of the heart; on the condition of the heart in typhus fever; displacement of the heart; rupture of the heart; deranged action of the heart; aneurism of the thoracic aorta; aneurism of the abdominal aorta.

The original advances made by Dr. Stokes in the field of cardiac pathology, are too vast for us in our brief limits, to give them full notice. We must content ourselves with briefly referring to a few of the more prominent. To him is due the merit of first having placed the auscultatory phenomena of pericarditis in a clear light. Before the year 1833, when he communicated his researches on this subject, very vague notions were entertained; even experts such as Dr. Latham applied wrong names and meanings to the signs they heard. Dr. L. considered that a bruit de soufflet, with the first sound of the heart, was an attendant upon rheumatic pericarditis, and his opinion was received until some years after, when it was established by Dr. S. that this sign was an endocardial murmur, thus confirming the opinion of Dr. Elliottson of London, expressed a short time previously to the same effect. Dr. S. has in 37 propositions stated the result of his researches on the above named disease: among them he says: "5. That they, (the signs) present themselves with various modifications of character, but sometimes resemble the sounds produced by extensive valvular disease. 12. That the vital symptoms of acute pericarditis, with the exception of pain, are to be referred more to irritation or excitement of the muscular portions of the heart than to the corresponding states of its external or internal membrane. 20. That the first stage of pericarditis may be observed without the existence of any friction sign. 22. That the length of this period probably varies from 6 to 36 hours. 24. That the existence of air in the sac, whether originally secreted (pneumo-pericarditis,) or intro-

duced by a fistulous opening, modifies the friction sounds in a special manner, producing crackling, gurgling, and metallic sounds, &c. 26. That distention of the stomach with air may give a distinct metallic character to the friction sounds. 28. That lymph may be produced in the pericardium of an almost cartilaginous hardness, as a result of acute disease. 30. That in cases of combination with pleurisy of the right lung not less than five attrition sounds may be produced. Of these two are from the heart, two produced by the ascending and descending motions of the lung, and one from the impulse of the heart against the pleura. 36. That the diagnosis of an adherent pericardium can only be made with certainty in cases where we have observed the phenomena of effusion and organization of lymph."

Dr. Stokes' experience of valvular lesions has led him to many important conclusions. As instances we may mention—that these lesions are of two classes, in one of which the disease has been produced by inflammation, while in the other it seems to spring from a non-inflammatory condition—that a permanently patent state of the orifice is the ordinary result of all valvular diseases, and is sure to follow sooner or later—that occasionally they are not marked by any murmurs, and the latter may be absent as the disease is advancing—that we can rarely make a special diagnosis—that the law which regulates the changes in cavities, after valvular affections, is not yet known—that the diagnostics between the contraction and dilatation of any of the orifices founded on a coustic phenomena, are to be rejected—that organic and anæmic murmurs may co-exist—that a contracted mitral orifice is frequently conjoined with permanent patency of the aortic valves, and that the murmur of the first may disappear as the lesion advances, while the only murmur present is that of the second—that the progress of a case of aortic disease is marked by three stages, only in the second of which is there visible pulsations of the vessels—that practically the disease is of two kinds, according as the left ventricle is in a state of activity or feebleness.

Dr. Stokes' discovery of the state of the heart in typhus fever, and the therapeutical indication founded thereon, are, we presume, known to every one. It is many years since he first laid them before the profession. He has since then extended the subject. His copious details of it in the present work will be found exceedingly instructive.

Aneurism of the aorta is a disease often difficult of diagnosis, as when of small size there is absence of external tumor, and the only symptoms tangible are of a circumstantial nature. It is an affection, too, about which the grossest notions prevail; in the opinion of some it is only present when there is a roaring pulsation, a locomotive whirring, an intense

bruit de soufflet, a wide-spread dulness on percussion, &c. Others again, running into the opposite extreme, have actually asserted, even in print, that the stethoscope could not afford any information as to the fact or not of aortic aneurism. These crudities are, of course, the offsprings of *pure* ignorance. Their projectors are not, however, altogether to blame, for the general literature of the subject has hitherto been defective. We rejoice, then, for that at last there has been published an able article on this class of disease, and we would recommend every one to make himself familiar with the chapter in Dr. S.'s volume. The author significantly observes: "To those whose knowledge of aneurism is derived from written descriptions rather than bedside experience, it may appear strange that a disease of such importance should ever exist without being accompanied by signs which, if not sufficient to determine the nature of the affection, would at all events indicate some important organic disease." He has three classes of cases in which there was a deficiency of physical signs. 1. True aneurism of the arch of the aorta, elongated and fusiform, with or without local dilatations. 2. Large sized false aneurism, at one time marked by signs which subsequently disappeared. 3. Small aneurism not interfering with the trachea, bronchial tubes, or œsophagus.

In his recapitulation of the diagnosis of thoracic aneurism, Dr. Stokes observes, among a multitude of precious deductions—"That the discovery of two centres of pulsation within the thorax, as indicated by impulse, or by single or by double sounds, is the simplest expression of the physical diagnosis. That an extremely weak, almost imperceptible, impulse may attend even a large aneurism of the aorta. That the disease cannot always be detected by percussion. That the first aneurismal sound is not necessarily, as Hope teaches, a murmur." In conclusion we may state, this important addition to medical literature may be had for 15s., and in our opinion never has more literary value been offered for the same pecuniary outlay.

XXIV.—*Elements of Medicine:* A compendious view of Pathology and Therapeutics or the history and Treatment of Disease. By SAMUEL H. DICKSON, M.D., L.L.D., Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina, Philadelphia: Blanchard and Lea. Montreal: B. Dawson. 1855. Pp. 752.

We have examined these "elements" from two points of view—as an exponent of diseases common to the South, and as a compendium of

the Practice of Physic. From the first view the observation has proved to be very instructive. The writer has evidently turned the opportunities to great advantage, that he has been privileged to enjoy in a period of 30 years, during which he has been actively employed in the discharge of the duties of a teacher, and the engagements of a practitioner of medicine. Thus we meet with a capital description of "Pneumonia typhoides"—this strange affection so insidious in its onset and so deadly in its course appears to have prevailed epidemically from time to time in certain states of the Union, as well as in certain parts of this Province. We learn it first appeared in 1806, in a town of Massachussetts whence it spread, winter after winter throughout Canada and the middle states until 1813; it had reached Philadelphia. In the winter of 1814 it first raged in South Carolina, and was there still more widely in 1816, as an epidemic, since which time it has showed itself sporadically wherever it has once found a footing. Most persons' idea of typhoid pneumonia is, that it is an inflammation of the lungs, in patients who are in the latter stage of typhus fever—but this does not express the "pneumonia typhoides" of Dickson. This latter disease shows itself under several forms, most commonly, in a chill succeeded by extreme prostration, then pain, dyspnœa, cough, small quick pulse, delirium, typhoid symptoms ensue, and the pectoral symptoms increase. Less frequently it begins with, conjoint indications of biliousness and pleurisy, there is a short time of excitement, and then quickly supervenes indications of exhaustion. After these certain anomalous varieties are now and then seen in which a decidedly malignant type is present. The sick are apparently struck down with death—others where the person becomes suddenly blanched, the countenance placid, the pulse imperceptible, and respiration gasping—others where the prominent symptom is sore throat, and these last are looked upon as the most fatal of the whole number. The usual mortality is 1 in 10. Post mortem—the chief evidences lie in the lungs, they are found solidified or in a state of red hepatization. Again we might adduce as especially commendatory—the chapter on Periodical Fever: these fevers are described as intermittent and remittent, and bilious including bilious remittent, congestive, country, mountain and infantile—also the chapter on yellow fevers, that on cholera asphyxia, and others in the whole of which the writer describes as it were diseases personally investigated by himself, and with which he has been in constant juxtaposition. It is otherwise however, with the history of affections which are not endemic to the soil, whereon he dwells, and hence from the second point of view a less favorable opinion is left on the mind of the examiner, than from the first. Of most diseases, except his own "exotics," the account is very meagre.

Pleuritis is touched off with 2 pages, phrenitis with 4, measles 3, laryngitis acute, chronic phthisical 1, hœmatemesis 2, &c., &c. Short descriptions, however, are not objectionable, even in big books, if they be synoptical and represent the principal points in the pathology, and therapeutics of the disorders of which they treat. But in the present instance such is not the case. There is only three fourths of a page devoted to Bright's disease—and in that not a word is said about the state of the blood—of the lowness of specific gravity of urine—of the toxœmia in the latter stages, &c.—the pathology is thus tersely given, "the cortical portion of the kidneys granulated, and in a condition resembling the fatty degeneration of the liver." In the few lines assigned to treatment, two pieces of bad advice are given, viz:—In the statement that benefit may proceed from venœsection and mercurial purging. The page and a half allotted to diabetes, contain a most imperfect account of symptoms—the unquenchable thirst, condition of the skin, state of tongue, apple odor of the urine, tests for sugar are all omitted—the terminations are not alluded to, their relation to tuberculosis treated silently, the usual condition of the kidneys not mentioned, and under treatment there is no reference to hydrosulphuret ammonia, carbonate ammonia, and others of the most common remedies. In the two pages and a half which describe apoplexy, no offer is made to even state the pathology of the different varieties, and if the reader knew nothing of the disease but what he here finds, he would suppose it had only one form. Not a word is said about premonitory symptoms, which with numerous other omissions, are hardly accountable in a treatise having any pretensions to be a history of diseases.

XXV.—*Principles of Human Physiology;* with their Chief Applications to Psychology, Pathology, Therapeutics, Hygiene and Forensic Medicine. By Wm. B. Carpenter, M.D., F.R.S., F.G.S., Examiner in Physiology and Comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College; President of the Microscopical Society of London, &c. &c. A new American from the last London edition. With two hundred and sixty-one illustrations. Edited, with additions, by Francis Gurney Smith, M.D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, &c. Pp. 902. 1855. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Dr. Carpenter is an indefatigable laborer in the fields of science.

We are at a loss which to admire him most for; his talent and ability for original research, or his possession of that peculiar mental power, so rarely found in perfection, of collecting with nicely discriminating judgment isolated and loosely scattered facts, and putting them into an available form, by working them into one harmonious and continuous whole. His works on physiology are undeniably, in great part, compilations; but where, we would ask, are the purely original works that at all approach them as exhibits of the present state of physiological science? Indeed, so extensive is the subject, we are convinced that a lifetime would not suffice for any one observer to repeat all the experiments necessary to be performed in a personal investigation of the whole field of physiology.

The edition which lies before us differs somewhat from the former one. The second, third and fifth chapters of the last edition, which treated of animal chemistry, and of the structure and action of animal tissues, have been omitted, whilst several important additions have been made. The chapters left out he purposes embodying in his new work on "General Physiology," which his American publishers, Messrs. Blanchard & Lea, have now in press, and will soon place before the profession. "It has been the author's desire on this, as on former occasions, that his treatise should represent his present convictions and opinions, as completely as if it were making its appearance for the first time; and he has accordingly subjected every part of it to a revision not less careful than that which he would have bestowed upon it, had it less recently passed under a similar scrutiny." (Preface.)

The greatest uncertainty has heretofore prevailed regarding the functions performed by the vascular or ductless glands. The opinion generally received was, that they were diverticula, designed to relieve the vessels of circulation in different parts of the body, from the effects of undue repletion. Individual glands had, however, additional offices to perform. Thus, the thymus was supposed to be in some way mysteriously connected with fœtal development, and Mr. Simon having observed that in the hybernating animals, it increases in size and becomes stored with fat, as the period of hybernation approaches, it was reasonably concluded that, for these animals at least, it served as a storehouse for combustive material to be burned off, in the maintenance of respiration, and the animal heat during their time of inactivity. Recent investigations by Kolliker, Gray, Huxley, Bennett and others, have placed beyond doubt that, as a class, these glands perform some important part in the elaboration, and maintenance of the blood. The great supply of the nutritive fluid

which reaches them, and the activity of the changes which proceed within them, evidenced by the rapid production of cells in their structure from the material afforded, tend to establish this. For, whatever organic forms result from the changes effected in the blood brought to one of these organs, must of necessity enter the circulation, as there exists no other outlet to them from the parenchyma of the gland. Dr. Carpenter infers, from the fact that a change does take place, that the altered material is designed to subserve higher purposes in the economy. The blood which receives the changed material, with the sole exception of the splenic blood, passes at once into the system, without being transmitted through any depuratory organ except the lungs. It is therefore concluded, that the products which are taken up within, and carried by the circulation from the interior of these glands, must be either of a nature to serve as a pabulum for respiration and calorification, or to maintain the nutritive functions of the system. "Now, that they are not destined to prepare a pabulum for respiration, appears from the very small quantity of fat which is found in their substance, except when their period of functional activity has gone by. On the other hand, the albuminous nature of the plasma, and the finely granular appearance which it presents, strongly indicate that a material is here in progress of preparation, which is to be rendered subservient to the formative operations." (p. 166.) Professor Bennett, of Edinburgh, has recently revived the doctrine promulgated by Hewson, viz:—that the vascular glands supply equally with the absorbent glands, the cell-germs, which in the process of development, become blood-corpuscles The proofs in favor of this doctrine are:—That these corpuscles are readily admissible into the veins of the spleen—that, according to Funke and Gray, the blood in the splenic vein contains an undue proportion of white corpuscles—that the functional activity of these organs is greatest in childhood, when the formative processes are most active, and when the colourless corpuscles are in greater proportion than at any other period of life. Lastly, that in the disease of leucocythemia, which consists essentially of a remarkable increase in the colourless corpuscles of the blood, there is nearly always associated hypertrophy of some one of the ductless glands.

In chapter 16, our author has embodied the researches of Dr. D. C. Dalton on the corpus luteum of menstruation and pregnancy. This observer has arrived at conclusions which conflict with those of former investigators; and Dr. Smith in a foot note, shews how his detailed histories and observations invalidate the marks laid down by Montgomery as distinguishing the "false" or virgin corpora lutea. Of the seven characteristics given by Montgomery the first is:—"There is no prominence

or enlargement of the ovary over them." According to Dr. Dalton this is incorrect, for he has found the corpora lutea to produce a perceptible swelling on the surface of the ovary. Second:—The external cicatrix is almost always wanting." As the false as well as the true corpus luteum results from the rupture of a vessel, a cicatrix is as absolute a consequence in one as the other. A cicatrix is, therefore, always to be found in the corpus luteum of menstruation. Third:—" There are often several of them found in both ovaries." This is an important distinction, which receives full confirmation from Dr. D.'s researches. Fourth:—They present no trace whatever of vessels in their substance, of which they are, in fact, entirely destitute, and, of course cannot be injected. The distribution of vessels in the two kinds of corpora lutea is the same. This can be best demonstrated in a corpeus luteum of menstruation when fully developed. Fifth:—" Their texture is sometimes so infirm, that it seems to be merely the remains of a coagulum, &c." This is a good distinguishing mark. Sixth. " In figure they are often triangular, or square, or of some figure bounded by straight lines." The true corpus luteum presents this appearance at an advanced stage of atrophy. Seventh. " They never present either the central cavity or the radiated or stelliform white lines which result from its closure." Dr. Dalton states that the false corpus luteum *invariably* presents a central cavity, " *i. e.*, a space included by the convoluted wall, which space is filled by a coagulum." As it is a question of some importance, medico legally considered, what are the marks which serve to distinguish the corpus luteum of menstruation from the corpeus luteum of pregnancy, " the following practical rules, deduced from a consideration of all the circumstances yet known, may be laid down for the guidance of those who find it desirable to have some standard of judgment. 1. A corpus luteum in its earliest stage, (that is, a large vessel filled with coagulated blood, having a ruptured orifice, and a thin layer of yellow matter within its walls), affords no proof of impregnation having taken place. 2. From the presence of a corpus luteum, the opening of which is closed, and the cavity reduced or obliterated, only a stellate cicatrix remaining, also no conclusion as to pregnancy having existed or fecundation having occurred, can be drawn, if the corpus luteum be of small size, not containing as much yellow substance as would form a mass the size of a small pea. 3. A similar corpus luteum of larger size than a common pea, would be strong presumptive evidence, not only of impregnation having taken place, but of pregnancy having existed during several weeks at least; and the evidence would approximate more and more to complete proof, in proportion as the size of the corpus luteum was greater."

Dr. Carpenter has introduced considerable modifications into the chapter on the functions of the cerebro-spinal nervous system; he has also re-written the chapter on the modes of vital activity characteristic of different ages, and introduced the results of Bidder and Schmidt's researches on digestion, respiration, secretion, and the metamorphosis of tissue, into the chapters which treat of the organic functions.

XXVI.—*A Manual of Pathological Anatomy.* By CARL ROKITANSKY M.D., Curator of the Imperial Pathological Museum, and Professor at the University of Vienna, &c. Translated from the last German edition by William Edward Swaine, M.D.; Edward Sieveking, M.D.; Charles Hewitt Moore; and George E. Day, M.D., F.R.S. Four volumes in two. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

It would be a work of supererogation on our part to endeavor to impress our readers with a favorable opinion of Professor Rokitansky's great work on pathological anatomy. There are few, we are certain, but must have met with extracts from the writings of this celebrated founder of the Austrian medico-anatomical school, and our readers will be pleased to hear that they can now obtain an English edition of his works complete, at a very moderate cost. His opinion on questions of pathological anatomy carries more weight than that of any other pathologist living. This is the natural result of his position and abilities. His facilities for the investigation of diseased structure are unsurpassed, and his powers of observation and generalization are unequalled. The Imperial Royal General Hospital of Vienna, to which he has been prosector since the year 1834, is the largest in the world. It contains 104 wards, and is capable of receiving 2314 patients. "By the laws of the hospital, post-mortem examinations may be made of all who die within its walls." Some idea may be thus formed of the vast number of necroscopic examinations which are made by our author. "To examine all, or one half," says Dr. Wilde, "would be impossible; but generally from four to six bodies are opened daily." We shall, when the case admits of it, as we review other books that come before us, revert to different parts of Rokitansky's work, and place our readers in possession of his views. All, however, who are desirous of becoming acquainted with the present position of pathological anatomy, and who wish to increase their knowledge of the varieties and appearances of diseased structure, should obtain and consult for themselves Rokitansky's Manual of Pathological Anatomy.

XXVII.—*Letters to a Young Physician just entering upon Practice.* By James Jackson, M.D., LL.D., Professor Emeritus of the Theory and Practice of Medicine in the University at Cambridge, &c. &c. Boston: Phillips, Sampson & Co. Montreal: B. Dawson. 1855. Pp. 344.

It is rather a deplorable fact that from men to whom much has been given but little as a rule is to be expected. The advantages they have had are allowed to run waste, and they are content to receive any accruing benefits with only the most selfish considerations. The talent entrusted to their keeping is carefully wrapped up in a napkin, and not put out even to augment by usury. That this is wrong for many reasons might readily be shown. Aside from loftier motives, let a selection be made from the public incitements to a different action, The case is simply this—on the supposition that the party who has received acquires his attainment from predecessors, it is naturally to be expected that he should prepare his successors for receiving it, and transmit it to them for use when it can no longer benefit himself. Property is legitimately transmissible. It cannot be for ever possessed by one party, and lest it turn to an incumbrance, it descends from ancestor to heir. Possession is only for a time, and if not transferred must be lost. Every science owes its erection to facts acquired and retailed by its cultivators, its progress depends on fresh accumulations, and were all who prosecute it agreed on leaving it as they obtained it, without advancing a single step in its cause, it would obviously become stagnant and unimproving. The present position of medicine, which is far more elevated than that of 50 years back owes the difference to the contributions made to its literature by the more zealous of its devotees, but unfortunately they have been a small number, merely exceptional to the mass, for to the vast multitude the deplorable fact first stated is unquestionably applicable. Honorable though the march of intellect has been, how much more honorable would it have been had more collaborateurs joined in the task with those by whom it was accomplished. How much more enlightened and useful would the theory and art have been had more of their servants exercised the talents committed to their care. What a valuable stock would be the record of every man's experience in medicine after a life served in its practice. How inestimable would such a relict be to the junior members who were to succeed him in his sphere of ministrations. Dr. Jackson of Boston, has we conceive, set an example which should be extensively followed. After a practice of more in duration than half a century, he has, for the benefit of his younger brethren, written a book embodying the results of his experience. He has reserv-

ed for commentary the ordinary subjects most likely to present themselves to notice, and only those upon which he believes he has personally attained such information as he found useful to himself. He has chosen the epistolary style as most familiar, and offering advantages over one more didactic. We cordially approve of the undertaking, and recommend the work to general patronage. It contains 17 letters, the first is introductory principally upon medical education—the second is entitled "conduct in the sick room," and the remainder are devoted to the consideration of the pathology and treatment of various prevalent disorders.

XXVIII.—*A Practical Treatise on the Diseases of the Eye.* By WILLIAM MACKENZIE, M.D., Lecturer on the Eye in the University of Glasgow, &c. &c. With an Anatomical Introduction, by THOS. WHARTON JONES, F.R.S., Professor of Ophthalmic Medicine and Surgery in University College, London, &c. With 175 illustrations. From the fourth revised and enlarged London edition. With notes and additions, by A. Hewson, A.M., M.D., one of the Surgeons to Wills' Hospital, &c. &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson. 1855. Pp. 1027.

This work of the eminent Scotch oculist has long enjoyed a character for superexcellence, and though several years have gone by since its first edition was issued, it still maintains the enviable fame of being the best treatise upon ophthalmic medicine and surgery ever published in the English language. In the present edition, it has been amplified by the addition of a large mass of new matter, in which will be found a notice of the most recent improvements that have occurred in its particular department of science. This edition is also superior to former ones, in possessing a much greater number of woodcuts; in containing prominent synonymes of different names appropriately classed under their proper heads, and in having at the end of each article a bibliographical reference to the works in which may be found the best figures of each disease. And lastly, its value has been materially enhanced by the American editor, Dr. Hewson, who has appended numerous new woodcuts, as well as several observations of a practical tendency. These latter chiefly consisting of the description of particular cases of the rarer forms of disease seen by him at Wills' Hospital, and certain modifications of important operations practised either by himself or his colleagues. The publishers have brought the book out in first rate style, and it may be obtained in this city for $5.25. In a country like Canada, where every

practitioner requires to know and treat the diseases of the eye, equally well with those of every other organ in the body, it is a great boon to have at command a volume like "Mackenzie on the Eye," in which he can acquire all the information that he may require to meet his wants, and of the value of which the most convincing testimony is afforded, not only by it having been reproduced in this Continent, but in in its having been translated and published in the three best known languages of modern Europe, viz., in those of Germany, France and Italy.

XXIX.—*Rushton's Treatise on Cod Liver Oil*, giving its curative properties and uses in various diseases. New York: Frederick V. Rushton. 1855. Pp. 60.

Cod Liver Oil; Causes of its frequent inefficacy, and means of removing the same, with remarks upon the superiority of the light brown over the pale oil, &c. By L. J. De Jongh, M.D., of the Hague, late Medical Officer of the Dutch Army, &c. New York: Léopold Wetzlar. 1855. Pp. 48.

These pamphlets have been issued by the manufacturers of two kinds of cod oil. Mr. Rushton is the proprietor of an establishment at Newfoundland. We are told that he observed every precaution which was necessary to the procurement of a serviceable product. But we are not given any information concerning the method of preparation which he followed. We are curtly assured that the pale oil is the only article worthy of confidence, and that as it is the first extracted from the livers, it is therefore the purest. On the other hand, Dr. de Jongh with equal boldness speaks of the superiority of the light brown over other kinds and especially over the pale oil. Like, however, Mr. R., he observes a strict silence as to the process of its manufacture. We may consequently infer that each prepares his own oil after some secret method, which, in order that he may secure a monopoly in its trade, he prefers not to disclose. Both publications are of no value as scientific contributions; they abound in flattering notices of the individual articles, and while under the guise of describing the therapeutical uses of cod oil, yet when the mask is removed, the real intention appears, which is to prove by one, that De Jongh's *is the only variety of merit*, and by the other, that *there is no kind like Rushton's*. We have not been sent samples, and therefore cannot compare their sensible properties, nor speak of their relative value as medicinal agents

CLINICAL LECTURE.

Clinical Lecture on cases of Hæmaturia. By JOHN HAMILTON, Surgeon to the Richmond Hospital.

(*Dublin Hospital Gazette.*)

A man in No. 1 ward with gonorrhœa, and who passes, much to his alarm, large quantities of blood from the bladder, led me to think a half hour will be well spent in passing in review some of the various diseases in which hæmaturia occurs.

For practical purposes they may be usefully divided into

1. Affections of the urethra.
2. Of the bladder.
3. Of the kidney.

1. *Affections of the Urethra.* Any cause producing a solution of the continuity of the lining membrane of the urethra, may cause a flow of blood from the passage along with the urine; its source is readily recognized. In virulent gonorrhœa the mucous membrane becomes so turgid that the delicate vessels give way, and the discharge is bloody; and also, when the patient makes water, the sudden distention of the narrowed passage ruptures those overloaded vessels, and the urine is more or less deeply tinged with blood. I have seen another cause of bleeding from the urethra in gonorrhœa. A young man who suffered much from chordee, was told by some ignorant brute that if he had sexual connexion with the penis in that state, he would not again suffer from chordee. He followed this advice, and ruptured the urethra, from which there was very smart hæmorrhage, and the urine became deeply tinged with blood, and full of small stringy blood-clots. I was sent for to see another young man with frightful hæmorrhage from the urethra, and each time he passed water more than half was nearly pure blood. He thought he would cure a chordee by a way of his own, and accordingly when the penis was in a state of crooked erection, he struck it a violent blow with a heavy wooden ruler, and ruptured the urethra. A stricture formed at the ruptured spot, and it turned out a most troublesome case. A more common cause of ruptured urethra is a fall on the perineum. The fact of the appearance of blood from the urethra, and in the urine, is the surest evidence in this kind of injury that the urethra is ruptured.

I need scarcely mention the violence done the urethra by the forcible and awkward use of the catheter; or the hæmorrhage succeeding the application of the nitrate of silver in substance, when the slough is washed off by the urine, which becomes stained with blood flowing from the open vessels, or that proceeding from the urethra when torn by the sharp fragments of stone after lithotrity.

Now as to the second head, viz., when the *bladder* is the source of the blood in the urine, the most common example is inflammation of the bladder. Here the mucous membrane congested to the greatest degree pours forth blood; more moderate in chronic inflammation, but in acute cases often in great quantity, as in the man in the house. William

Foley ætat. 18, previously healthy, was admitted into No. 1 ward with hæmaturia. A fortnight ago he contracted gonorrhœa, and a few days before admission he became affected with great frequency and pain in making water, which was deeply tinged with blood, the last few drops being nearly pure blood, which came away in strings. The frequency was very urgent, and the bottom of the vessel was full of tenacious slimy deposit. Here the inflammation of the gonorrhœa had spread from the urethra to the bladder, and that acutely inflamed organ had poured out the blood. You had lately an opportunity of seeing bloody urine in a little boy with stone in the bladder. In this case the source is not only from the inflammation of the mucous membrane, but the mechanical injury to it from the action of the stone. I had a gentleman under my care some time since, labouring under scurvy. In addition to bleeding gums, petechial spots, and ecchymoses or bruised looking patches over the body, he had hæmorrhage from the bladder, the urine being very bloody. In what is called fungus of the bladder, that is a malagnant fungoid mass springing from the membrane, there is usually hæmaturia. Of this you will find many interesting examples in Civiale. We have lately had one in the house. The case was taken by Mr. Tyrrell. Anne Brown, ætat. 70, married, and has had children, always healthy, except occasional attacks of rheumatism, admitted into 13 ward, March 5th, 1855, complaining of pains in the loins and inability of retaining her urine for more than ten minutes at a time; it then flows in small jets, accompanied by intense pain along the urethra, and followed by great forcing, which lasted for many minutes. She has a continual dull pain over the pubes, and a burning sensation throughout the abdomen, her features are pinched, and the countenance expresses much suffering. Pulse quick; tongue morbidly clear; urine turbid, high-coloured and alkaline; it contains blood, pus, mucus, and epithelium, with crystals of the triple phosphate. For the last few years she has been troubled with occasional difficulty in passing water, but three months since she became affected with very distressing irritation, and five weeks since she noticed that her urine was mixed with clots of blood, and for seven days she passed almost pure blood; it then ceased to appear with a diminution of the sufferings, but for the last three days the hæmorrhage has returned, and all the symptoms are as bad as ever.

These symptoms were evidently those of inflamed bladder; but as she stated that she had passed a small calculus, I naturally looked for one as the exciting cause. I introduced a silver catheter and struck against a calcareous body; a piece broke off, and getting into the urethra, enabled me to seize it with a forceps and withdraw it. It proved to be a small irregular flat piece of triple phosphate. This operation gave her great pain. A week afterwards she passed a similar piece. I explored the bladder a second time, while she was under the influence of chloroform; and undisturbed by the struggles and cries of the poor patient, I was enabled to arrive at a more decided conclusion, viz., that the disease was not stone, but a fungus at the neck of the bladder. I could distinctly make out a tumour, prominent, fixed, and rough, with a gritty, calcareous summit. A large piece of this calcareous matter loosened, and was

forced by the action of the bladder into the urethra, from which I removed it as before, and found a flat, hollow, irregular, thin plate of triple phosphate, moulded evidently on the fungoid tumour. A good deal of blood followed this examination.

Besides this fungus of the bladder, distressing and hopeless as it is, there is yet another and a worse form of malignant disease, causing bloody urine, viz., cancer. Here is a drawing of a case of this kind. The bladder is large, its walls hard and irregularly thickened, the appearance of the interior is most remarkable, and unlike anything I have ever seen. All trace of mucous membrane is gone, the whole surface being converted into cancerous warts, rather soft, in some places ulcerated, and of a reddish brown colour. There was a small quantity of bloody, turbid ammoniacal urine, such as has been passed during life.

Sir E. Home mentions a case in which the urine was bloody, where an ulcer of the bladder was found that had opened an artery; in another case the top of the prostate was the seat of an ulcer. In enlargement of the prostate gland in old age, with partial or complete retention of urine, the bladder inflames and bloody urine results. I have met with another cause of bloody urine in this disease, which is well worth your attention. A gentleman, æt. 74, six or seven years before his death, suffered from occasional attacks of retention of urine from the enlarged prostate, and was relieved by the passage of the catheter. He also had occasional hæmorrhages from the bladder, particularly for the last three months, during which he required the catheter once or twice daily. At last so smart a hæmorrhage took place, with such alarming general symptoms, that Mr. Cusack saw him in consultation with me. He could with great straining, pass only a few drops of blood, while the bladder could be felt distended above the pubes. A catheter passed into the bladder brought away nothing but a little blood. The supposition was then formed, either that the instrument had not entered the bladder, or that a clot of blood occupied the entire bladder; or, that the eye of the instrument, No. 8, was clogged up with blood. An instrument with a larger eye was then passed and some water injected, it came back tinged with blood; finally, on a second introduction a couple of hours after, a pint and a half of urine, very bloody, was withdrawn, the last part nearly pure blood and quite dark. Little relief followed; he got a rigor, followed by coma and death. You see here a plate, and also a cast of the interior of the bladder. It is very capacious and intensely inflamed, the mucous membrane of a plum colour, with deposition of brownish lymph. But the interesting part is the state of the prostate, fully explaining the excessive hæmorrhage. The middle lobe is much enlarged, as big as a small orange, projecting over the orifice of the urethra. It is split nearly in half opposite this opening, which must have been done by the catheter, which could not enter the bladder without its point striking against the prostate, the structure of which easily allows of being split or torn.

Disease of an organ near the bladder may cause blood to flow into it and the urine to be more or less bloody. I saw, in consultation with Dr. Nalty, a man about sixty who passed fæces in the urine. Wishing to wash out the bladder I injected some tepid water; after this he passed

urine loaded with blood. He died a year after. A malignant stricture of the rectum was found high up, scarcely admitting a goose quill; above the stricture the bowel was dilated, with an ulcerated opening in it, leading by an oblique narrow passage between the rectum and bladder, and finally entering the latter.

With regard to the third division, where the bloody urine takes its rise in the *kidneys*, I must be brief.

The presence of a stone in the kidney may cause it, particularly after the person has been jolted in riding or driving. It may occur only after the stone has left the kidney and is passing along the ureter. Disease of the kidney itself may produce it; my friend Dr. Lees exhibited, at the Pathological Society, a remarkable specimen of fungus hæmatodes of the kidney in which bloody urine was a prominent symptom. So also simple inflammation of the kidney may produce this symptom.

Direct violence to the kidney will also, as you might expect, cause hæmaturia.

Mr. R. G., in December, 1849, was thrown from his horse, which rolled over him, and hurt the loins severely, particularly at the left side, where he suffered great pain. He passed bloody urine. The surgeon in Wales, who saw him soon after the accident, gave medicine, and applied a blister with some relief; but when I saw him, about a fortnight after, he was suffering much pain in the left renal region, and the urine, on examination by the microscope, still showed blood corpuscules. Cupping and a second blister cured him.

Whatever the cause, the presence of blood in the urine is usually readily recognized, either by a general red colour, diffused as a stain through the whole urine, or by a deposit of coagula as dark as black currant jelly. When there has been sudden hæmorrhage into the bladder in large quantity, the blood coagulates, and the large coagulum is slowly dissolved by the urine, which is of a deep, dull red colour, and somewhat turbid. Small clots are passed, which obstruct the urethra, and cause partial and occasional retention of urine. The clot is sometimes so large and so slowly dissolved, that it becomes necessary to pass an instrument with a large eye, and inject the bladder with tepid water, which more rapidly dissolves it. In such cases, where the clot is long in the bladder, and slowly dissolved by the urine, there is a deposit of a very tenacious black mass at the bottom of the vessel. When the blood flows freely from the bladder down the urethra, or comes from the urethra itself, it coagulates in the passage, and long strings of clotted blood are passed, imperfect moulds of the urethra. When the quantity of blood is small, and its presence is doubtful, the microscope offers a very sure means of detection.

THERAPEUTICAL RECORD.

Cholera Tincture.—We take from the *Annuaire Therapeutique*, the following tincture, used by the missionaries, in cholera and diarrhœa. Take the root of angelica, gentian, sweet flag and elecampane, of each, half an ounce; simarouba, two drachms; geneva spirits, one quart. Macerate for eight days, and take it in a wine-glass of sage tea in doses of a half ounce.

This tincture is known under the name of the "Elixir of the Sisters of Charity," and has been used by Recamier and M. Cayol with good effects.

Epilepsy.—Trousseau considers that he has permanently cured twenty epileptics, in one hundred and fifty cases, treated with belladonna. His mode of giving the remedy, as described in his clinical lectures at Hotel Dieu, is to make the pills of the extract and the powdered root of belladonna, an 1-7th grain. A pill to be taken every night for the first month; two pills during the second month; three on the third month, and four during the fourth month. If at the end of twelve months the register shews a diminution of the seizure, the remedy may be persisted in, with great hopes of a perfect recovery in from two to four years. The dose should not be increased, after the physiological action of the remedy is manifested.

Forcible Feeding.—Dr. Szigmundy, *Wien Wochenscrift*, recommends that in trismus, or where persons are unconscious from any cause, food may always be administered, by laying the patient in a horizontal posture, and pouring the food through the nostril. Reaching the pharynx, the movement of deglutition is provoked, and then another spoonful may be administered. This means is easier to practice and causes much less irritation than the use of the stomach pump.

Hydrocele.—Dr. Bedford Brown of Fauquier county Va. reports (*Am. Jour. Med. Sciences*, July, 1855) a case of hydrocele of unusual dimensions (twenty-four ounces of fluid), radically cured by the operation of incision. This method, advocated by Dupuytren in all cases in which there was doubt as to the nature of the tumour, or the condition of the testicle, Dr. Brown considers generally applicable, having found it "invariably successful, without involving the least danger, and giving but little pain."

Typhoid Fever.—Dr. Shute of the Torbay Infirmary, treated during the year 1854, forty-eight cases of typhoid fever in that institution, losing but one patient. His treatment as recorded in the Medical Times and Gazette, was to use brandy and quinine freely, and sustain and nourish the patient. The doctrine of feeding fevers is becoming very generally approved of, and the success in the results of the treatment are encouraging.

Vaccination of Dogs.—We find in the *Deutsche Klinic*, a suggestion which may be of value to the lovers of dogs. In No. 7 of that jour-

nal for 1855, Dr. Saultus states that he is acquainted with a sportsman enjoying some reputation as a trainer of dogs, who vaccinates all the pups on the nose. He contends that this operation entirely protects the animal from the distemper.

Worms.—Dr. Delvaux of Brussels has been experimenting with quinine in cases of intestinal worms, and reports (*Gazette des Hop.*) forty cases of the ascaris lumbricoides radically cured by this remedy in two gram doses, repeated once or twice during the day. Its indication is especially found in sickly children where the usual vermifuges would be inadmissible.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

PURE EXTRACTS.

Our readers may not be aware that *pure* extracts are at length to be obtained. Messrs. Tilden & Co. have brought their plans to such perfection as to have produced articles deserving of this designation. These gentlemen possess in New Lebanon an extensive manufactory for the preparation of these substances. It consists of botanical grounds spread over several miles, in which medicinal herbs grow apace: this is divided into several plots, the largest occupies 10 acres, and is entirely devoted to dandelion. About 5 acres are stocked with hyoscyamus, 2 with belladonna, &c. In the midst of these are steam works, the main edifice of which covers a space of 100 by 135 feet, and is 2½ stories high. Above the basement this is divided into various compartments, wherein are conducted the various operations of pulverization of dried roots, &c., of expression of juices from recent plants; of maceration; of clarification, &c. But the most distinguishing operation is the evaporation. It is conducted in vacuum pans, the largest of which would hold several hundred gallons; the fluid to be concentrated is put in these pans, and then they are closed air tight, and gradually heated to 120 deg. F. by steam: the air in the pans over the liquid is at the same time removed by an exhausting pump, driven by the engine; and thus evaporation is effected in a way less destructive to the active principles than any other. This firm has been latterly doing a very large business, so great is the demand for their preparations wherever they have become known. They prepare annually of ext. taraxaci, 4500 lbs.; hyoscyami, 1500;

belladonnæ, 1500 lbs.; conii, 2000 lbs., &c. They also prepare extracts of imported drugs, and equally extensive; of ext. gentian, 3000 lbs. a-year; sarsaparilla, 1000 lbs.; camomile, 100 lbs., &c. We have latterly been favored with a sample of these extracts; they are prepared in two states—solid and fluid—and put up with great care for exportation. Our trials of them have been so very satisfactory, that we have concluded never to use any others when they are procurable. To druggists in Canada we especially recommend them, for we are sure no one who has once tried them will ever wish to employ any other. Many of the substances now sold as extracts, and manufactured in the common way are nothing better than the vilest trash; for instance, taraxacum, conium, and others, in prescribing which the physician cheats himself into the belief that he is giving remedies of great power, and such as require the use of much circumspection in their employment. To escape this delusion, the *pure* extracts above mentioned must be used. These extracts savor nothing of quackery in their composition. They are all made in strict accordance with the directions of the U. S. Ph.; the advantages they possess are to be referred to the superiority with which the different stages of extraction, evaporation, &c., are accomplished.

ANNUAL ANNOUNCEMENTS FOR 1855-56.

1. Of the Medical Faculty of McGill College.—Signs of progress meet the eye as it scans the pages of this pamphlet. Proceeding from before backwards, we observe—The popularity of the school grows with its age, with one exception the attendance of pupils was, during last term, considerably beyond that of any antecedent one. The Director General of the Army Medical Department has notified the Faculty that during the war, candidates "will be recommended for employment as acting assistant surgeons, provided they produce satisfactory evidence of having all the qualifications which constitute the purely professional part of their education." Three general prizes are given at the end of the session; one for the best examination on the preliminary, one for the best examination on the final branches, and one for the best thesis. The professor of chemistry yearly acquires new instruments;—the cabinet of the materia medica has been greatly enlarged;—lectures on medical police are to be included in those of medical jurisprudence. The library consists of upwards of 2200 volumes and the museum has been enlarged by a number of artificial preparations in wax and composition, from the manufactories of Guy and Thibert of Paris. Arrangements

have been made by the erection of an ice house, &c., to secure an abundant supply of matériel for the prosecution of practical anatomy. The collection of drawings, &c., used as illustrations, also appear to be increased. Of those named, we notice Quain's, Dalrymple's, Cruveilhier's, Hope's, Carswell's, Money's, Willis', Rayer's, Bateman's, Armstrong's, Roupell's, &c. A large number of students are already in town awaiting commencement day.

2. HARVARD UNIVERSITY, MASSACHUSETTS MEDICAL COLLEGE, BOSTON.—This time-honored institution, revered by the names of Warren, Jackson, Bigelow, and others, is now under the teaching of a number of new professors who, we have no doubt, will strive to emulate the fame achieved by their predecessors in their career. The branches, too, have been divided, and in the greater number of hands to cultivate them increased advantages are to be expected. Of the improvements especially noticed, we find additional time has been given to clinical instruction; an augmentation of paintings and specimens; exercises with the microscope; increase of morbid preparations; new facilities for auscultation and percussion; and lastly, ample means for dissection.

3. JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.—We are happy to find that no change has taken place, during the past year, in the medical staff of this eminent institution, and that it is prepared to meet the wants of the coming time, with the same means, as have acquired for it in years before, high honor and lasting fame. May its good works never be lessened.

4. UNIVERSITY OF NEW YORK MEDICAL DEPARTMENT.—This announcement has been commented upon, in previous numbers of our Journal.

5. NEW YORK MEDICAL COLLEGE, EAST 13TH STREET.—This college has only been six years in existence, but already do its classes rival those of longer established institutions. Its paramount advantages appear to be in the members of its faculty being connected with numerous large hospitals, at which great facilities are offered for the acquisition of practical knowledge. Those specified are the emigrant's hospital, which contains about 1,500 beds (how many of them are occupied are not stated). Blackwall's Island hospital where over 10,000 patients were treated last year. Bellevue hospital which accommodates 3500 patients annually. New York hospital 3000 annually, besides Ophthalmic hospital, Eye Infirmary and Dispensaries.

6. RUSH MEDICAL COLLEGE, CHICAGO.—This session "will open with College accommodations, means of illustration, and facilities for instruction much superior to those afforded at any previous session." We are

rejoiced to find this well deserving institution so well sustained and encouraged, and hope its advancement will proceed with years.

7. Tremont Street Medical School.—This appears to be an organization having for its objects the private instruction of medical youth by recitation, questioning, &c., upon the plan called "grinding" or "quizzing," performed by a joint stock company. A goodly selection of the students attending Harvard University seem to have been in want of this *succedaneum* to final examinations, and the numbers year by year increase to the satisfaction of the conductors of the private enterprise.

8. Baltimore College of Dental Surgery.—At this academy a thorough knowledge may be acquired of dentistry in all its branches and to those who think well of it, we would recommend the Baltimore college to their favorable consideration.

TESTIMONIAL TO DR. ARNOLDI.

On the eve of Dr. Arnoldi's departure for Toronto, the following address was presented to him, accompanied by a testimonial, consisting of a gold watch and chain, the gift of twenty-six of his medical confreres:—

Friday, October 12, 1855.

Dear Sir,—The greater part of us, acquainted with you for many years —some associated with you for several sessions in lecturing in the Medical Schools of this city, all appreciating your abilities and esteeming you highly—have heard of your determination to establish yourself in Toronto with much regret; not only because socially, to ourselves and the public, your removal will prove a loss, but because professionally we feel that we often may require and miss your assistance and advice; and yet for these very reasons—apart from selfish considerations—we rejoice that the possession of qualifications like yours must, wherever you may reside, merit confidence and ensure success.

By taste, coolness, dexterity, by anatomical knowledge, peculiarly trained to surgical practice, by long experience, by study, (for you have devoted much of your time in teaching this department of your profession,) specially conversant with midwifery and the diseases of women and children; proficient, in a word, in all the practical branches of medicine, we are confident that even among strangers very soon these talents will be recognized and fully employed; that at once kind and attentive, calm and judicious, you will speedily be surrounded by friends as numerous and patients as trustful as those whom you leave behind.

Your rapidly approaching departure has not allowed us much time for preparation; yet it has been sufficient to purchase, and now to present

to you, a "testimonial", which we trust you will value by the standard of the kindly feelings which have existed between us, and which, most certainly, separation will not in the slightest tend to diminish.

Wolfred Nelson, M.D.	R. T. Godfrey, M.D.	Wm. Wright, M.D.
G. W. Campbell, M.D	Arthur Fisher, M.D.	Alfred Nelson, M.D.
W. E. Scott, M.D.	L. Boyer, M.D.	P. Munro, M.D.
H. Howard, M.D.	J. G. Bibaud, M.D.	W. H. Hingston, M.D.
R. L. MacDonnell, M.D.	A. F. Holmes, M.D.	John Reddy, M.D.
A. H. David, M.D.	R. P. Howard, M.D.	H. Peltier, M.D.
Thos. W. Jones, M.D.	G. Fenwick, M.D.	Robt. Craik, M.D.
S. B. Schmidt, M.D.	D. C. McCallum, M.D.	W. Sutherland, M.D.
W. Fraser, M.D.	O. T. Bruneau, M.D.	

To F. C. T. ARNOLDI, M.D.

To this address Dr. Arnoldi made a very feeling and eloquent reply.

UNIVERSITY MEDICAL STUDENTS' ASSOCIATION.

A new society having the above name has recently been organized among the students' of McGill College. Its objects are to further mutual improvement and friendly intercourse. It is intended that the meetings shall be weekly during the session, and are to be held at the Faculty's Building in Coté Street. At each *re-union* after the despatch of ordinary business, an essay is to be read by a member, followed by a short debate on some question notified at a previous meeting, or by the report of some case or matters of interest noticed at the Hospitals. In addition a lecture or examination will be given by the Patron when present. The subjects to be brought under inquiry are those of a medical or scientific character. The University Medical Students' Association has been so constructed as to retain the chief features of previous societies of the kind, as well as to embody a few new characters which are calculated to enlarge its general usefulness. From our acquaintance with the ability and enterprise of the various office-bearers, we think it opens under flattering auspices; and we feel assured that if the plans of its founders are carried out, it will be a source of much profit and gratification to the members generally. We therefore recommend every Medical Student of the University desirous of self-improvement, to enrol himself under its banner.

PATRON—WILLIAM WRIGHT, M.D.

Office-Bearers—

President,.....Mr. A. H. KOLLMYER.
Vice-President,.....Mr. J. McMILLAN.
Secretary,.....Mr. T. CUNYNGHAME.
Assistant-Secretary,.....Mr. ALEX. KIRKPATRICK.
Treasurer,.....Mr. W. J. HENRY.
Scrutineers,.....Messrs. A. D. STEVENS & L. R. CHURCH.

NEW EXCHANGE.

We have received the first two nmmbers of the "Journal of Public Health, and Sanitary Review; including the trnnsactions of the Epidemiological Society of London." It is published quarterly by Highley of Fleet Street, and the editorial chair is ably filled by Dr. Benjamin W. Richardson, Hinde Street.

We hail with pleasure the appearance of a new Journal, established olely for the purpose of forwarding the great questions of sanitary reform, which are now being agitated in England. The neglect which ublic hygiene has received from British science bids fair to be amply toned for. Judging from the long list of talented writers who have romised to contribute to the pages of the *Journal of Public Health*, its uccess is certain. We have great pleasure in placing it on our exchange ist.

BOOKS RECEIVED FOR REVIEW.

Brown, on some diseases of women, admitting of surgical treatment. London: John Churchill, New Burlington, Street. From the Author.

HOSPITAL REPORTS.

Case of Albuminuria, treated successfully. Reported by Mr. ROBERT HOWDEN.

Dennis Clifford, an Irish laborer, aged 28 years, recently emigrated om Ireland, was admitted into the Montreal General Hospital, by Dr. Wright, on the 24th September, 1855, complaining of swelling over the hole body and particularly of the penis and scrotum.

According to his own statement, he commenced to feel unwell about ix weeks ago, being affected with weakness, thirst, and loss of appetite. About two weeks subsequent to this period, his feet began to swell, and the enlargement continued to move g..dually upwards until it reached the face.

He says that he has not used any alcoholic liquors since he left Ireland about a year and a half ago, but before that time he was in the habit of ing now and then "on the spree," as he calls it.

When the swelling commenced he applied to a medical man in this ity, and received a bottle of medicine; but not obtaining any benefit om it, he was advised to come to the Hospital. He has never passed

any blood with his urine, nor has he ever suffered any severe pain in the region of the kidneys.

When admitted, his face had the sallow, pasty appearance so often found in diseases of the kidneys. The whole body was anasarcous, even the face and eyelids being œdematous. The scrotum and prepuce were enormously distended, and seemed ready to burst, causing him no little alarm. He had some aching in the lumbar region, together with some little tenderness, but so slight as to cause him no annoyance.

His urine was clear and about normal in quantity. Its specific gravity was only 1017, and on the application of heat and nitric acid fully half the quantity became solid.

September 25. Symptoms the same as on admission, excepting that the horizontal posture has reduced the swelling, somewhat in the lower extremities. One of the following powders was to be given every two hours, till a few watery evacuations were produced. ℞. Potas bitart. ʒiii, pulv. zingib. grs x, ext. elaterii gr ss, M in pulv quatuor divide.

September 26. The medicine yesterday operated well, and the anasarca is in consequence very much reduced. The scrotum has nearly resumed its natural size, and the face has lost its flabby character. The following mixture was prescribed:—℞. Potas acet. ʒii, acet. scill. ʒi, tr. Digital ʒss, aqua ad ʒviii. M. capiat cochl, amp, sexta quaque hora.

October 3. The anasarca has almost disappeared. He passes more urine, and his general health is improving. The quantity of albumen in the urine is very much diminished. Continue.

October 8. Complains of costiveness with severe pain in the epigastrium. To omit the mixture for a day or two, and take the following powder at bed time: —℞. Pulv. jalapæ comp. ʒss, hydrag chlor. grs. iii, ft. pulv. stat., summend.

October 10th. Bowels freely moved by the medicine. Epigastric pain entirely gone. To recommence former mixture.

October 12. The urine was tested and found to contain a mere trace of albumen. The œdema is no longer perceptible. Allowed his clothes and a mutton chop.

October 13. Feels much stronger and better in every respect. The first mixture to be discontinued and the following to be substitued, viz. —℞. Ferri-ammon-citratis ʒii, tr cinnam co ʒvi, spt. junip co ʒii, aquæ ad ʒviii. M. coch. amp. ter die summend.

October 16. The urine again examined, and found to be entirely free from albumen, and having the specific gravity of 1023. Requests that he may be dismissed to return to his work. Dismissed cured.