

## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /  
Couverture de couleur
- Covers damaged /  
Couverture endommagée
- Covers restored and/or laminated /  
Couverture restaurée et/ou pelliculée
- Cover title missing /  
Le titre de couverture manque
- Coloured maps /  
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /  
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /  
Planches et/ou illustrations en couleur
- Bound with other material /  
Relié avec d'autres documents
- Only edition available /  
Seule édition disponible
- Tight binding may cause shadows or distortion  
along interior margin / La reliure serrée peut  
causer de l'ombre ou de la distorsion le long de la  
marge intérieure.
- Additional comments /  
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /  
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/  
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /  
Qualité inégale de l'impression
- Includes supplementary materials /  
Comprend du matériel supplémentaire
- Blank leaves added during restorations may  
appear within the text. Whenever possible, these  
have been omitted from scanning / Il se peut que  
certaines pages blanches ajoutées lors d'une  
restauration apparaissent dans le texte, mais,  
lorsque cela était possible, ces pages n'ont pas  
été numérisées.

THE

# MEDICAL CHRONICLE.

---

VOL. II.]

MAY, 1855.

[No. 12.

---

## ORIGINAL COMMUNICATIONS.

---

ART. XXXVIII.—*Contributions to Clinical Medicine.* By JAS. CRAWFORD, M.D., Professor of Clinical Medicine, University of McGill College.

*A Case of Paralysis of the Forearm and Hand Cured by Galvanism.*

Paralysis of the Forearm, arising from pressure-(during sleep) of the head, on the brachial nerves, appears to be of very rare occurrence. The affection has been introduced to the notice of the profession by Dr. Healey in the Dublin Hospital Reports, with the observation that he has not seen it before described, the notice he gives is quoted (as a curious case) in the Medico-Chirurgical Review, and is also referred to by Dr. Todd, in the article Paralysis, in the Cyclopaedia of Medicine,—and by Copland in his Dictionary of Medicine; beyond which I have not been able to find any other case reported. Having lately had two cases, I would desire to put them on record,—from its rarity, as well as the success of galvanism in the treatment.

Mary Kelsie, aged 30, a single woman, was admitted into the Montreal General Hospital, on the 7th Dec., 1854; having lost the power of her right forearm and hand five weeks previously. She stated that she had been much in the habit of sleeping with her *hand* under her head at night; and that to her great surprise she awoke one morning about the beginning of November, and found the *hand* she had lain on, and the forearm, up to the elbow, quite powerless, and nearly insensible.—She could not say how long she had lain with the *hand* under her head, but presumed from her habit, that she had done so, for most part of the night; *she persisted in saying that her head lay on her hand and not on her arm*; she never had experienced any evil effects from so doing before, nor had she ever any Paralytic affection, and although a spare and thin woman, had enjoyed very good health, and with the exception of the Paralytic affection, had no complaint at the time of

her admission. She was temperate in her habits, and regular in her menstrual courses; she was generally employed as a house-servant. The hand and forearm as high as the elbow was powerless, except that she could pronate or supinate the limb; sensation also was almost null, a disagreeable numbness or tingling was felt through the paralysed part; when the arm was extended the hand dropped and could not be raised by a voluntary effort without assistance, unless by supination; the hand in like manner was powerless, and the fingers could neither be closed within half an inch of the palm nor be extended further from it; all power of grasping was lost, and extension was equally defective. She had been under medical treatment during the interval, since she became paralytic, and had been several times blistered, and had used stimulating liniments, and had also used strychnine and other remedies without having derived any benefit from the treatment.—She was forthwith ordered to be electrified daily, to rub the paralysed limb with stimulating liniment, and to wear a bandage and splint for support; in about a week she began to recover sensation in the forearm, and a painful tingling replaced the insensibility. In about three weeks the natural sensation had in a great measure returned, and she had regained considerable muscular power, and before the end of January she could close her hand well and grasp pretty firmly, and had regained perfect sensation. About the time her complaint began to amend, a rheumatic affection seized the deltoid and muscles of the shoulder, which continued more or less till the end of January,—at which time she could hold out the hand with ease, and straight in a prone position and grasp firmly; in fact, she had almost completely recovered from her paralytic state. Having handed over my hospital charge to my successor, I lost sight of her except for an occasion or two; the electricity was persevered in, and she got quite well shortly after.

Thomas Copland, a blacksmith, a powerful muscular man, of very intemperate habits, which vice was so established, that he could not restrain the injurious propensity, whenever he had an opportunity of indulging it. He had been tipping for some days, but to his view, not intemperately, when on the 14th of December, 1854, he lay down on a long wooden bench, to pass the time, being as he stated, *duly sober*, not having drunk any intoxicating liquor that day. He fell asleep with his arm under his head, when after a *lapse of twenty minutes*, he awoke, and to his great astonishment, found his left hand and forearm quite powerless, and in a great measure insensible. On the 17th December he was admitted into the Montreal General Hospital, not having had any professional treatment in the interval, the forearm as high as the elbow, was almost insensible, and he could scarcely feel a pinch or a pricking.

The extensors were quite paralytic, and the flexors nearly so—and he could not close the tips of the fingers within an inch of the palm, nor make any pressure, when trying to grasp any thing; when the hand was pronated it hung down. His health was apparently good, and he did not suffer from any headache or spinal pain, nor (from his report) did his debauches appear to be followed by any penalty; he generally enjoyed very good health, and had at the time of admission no other complaint, but the paralysis.

He was ordered to be galvanized daily, to have a stimulating liniment, rubbed occasionally on the paralysed parts, and to wear a bandage and splint. In a few days the sensibility began to return, and gradually the muscular power also, and before the end of January he had quite recovered from the paralysis, and was discharged from the hospital at that time. In this case, as well as that of Kelsic, the galvanopuncture was occasionally used, but as sensibility returned, the pain it caused prevented its continuance, its effects were most satisfactory.

Neither of these cases exhibited the depression of spirits remarked by Dr. Healy.

That pressure on a nerve for a short time will cause interruption to its function is familiar to all, and most persons must have experienced the disagreeable tingling sensation of the limb, (termed sleep) arising from this condition of the nerve,—on these occasions, however, we have but a very slight indication of a paralytic state of the limb, which soon passes off. If we are right in attributing paralysis to pressure on the brachial nerves, we may nevertheless hesitate to admit that pressure on the *hand* is as likely to be followed by the same evil consequence, as from the very common habit (especially in children) of sleeping with the hand under the head; we should expect a much more frequent occurrence of this affection if this be a sufficient cause. Although it is remarked that the patients so affected were all apparently in health, there may have existed some condition of the nervous system, predisposing it to be easily acted on by a pressure, which, on other occasions, might not be attended by an evil effect. The paralyzing influence of cold, on the peripheral nerves, is more frequently observed, and beautifully illustrates the ingenious reflex theory of Dr. Marshall Hall:

The following case arising from that cause, occurred to me at the time the foregoing were under treatment:—

Malcolm Morrison a stone mason, aged 42, a stout healthy muscular man of very temperate and steady habits, had been employed in building the piers of the Grand Trunk tubular bridge at St Ann's, in which occupation he was obliged to have his hands pretty constantly in the water, which at that season of the year (October) was very cold; he

was suddenly seized with paralysis of the right hand and forearm, and in consequence was obliged to give up work. He was under medical treatment at St. Ann's for about five weeks, and was blistered, and he used stimulating liniments; but finding he did not regain any power of his arm, he came to Montreal and applied for admission into the Montreal General Hospital, where I received him on the 18th Nov. 1854; at which time the hand and forearm were almost quite powerless, only a very slight degree of power remaining in the flexors. He could not close his fingers within an inch of the palm, the hand hung down powerless when pronated, there was scarcely any sensation in the forearm up to the elbow, and he barely perceived a smart pinching; there was no tingling or painful sensation, but something of a numbness; he could assign no other cause for the paralysis than the exposure to cold and wet, and no doubt he was very correct in his views, there being no indication of derangement of the general health. Nothing further was done but the daily application of the galvanic current, and occasionally the electro-puncture and a stimulating liniment rubbed on the arm daily, with support to the wrist; his sensation and muscular power gradually and rapidly returned, and he was discharged on the 5th January, 1855, able to return to his employment. Nothing could be more satisfactory than the effect of galvanism in those cases. I was not aware of the opinion entertained by Dr Healy of the "specific" influence of galvanism in cases of partial paralysis of the arm, *arising from pressure*, till after I had treated those cases. I have every reason, however, to coincide with his opinions as to its remarkable efficacy, and I may add that the benefit arising from its application, in the case which originated from cold and wet, *was equally manifest*. Those cases resemble very closely the paralytic condition arising from the poison of lead to which painters are so liable, and although I have heretofore been satisfied with the sanatory power of strychnine in their treatment; I would however strongly recommend galvanism to have a trial in those cases. Although the cause of the paralysis was very different in these cases, the symptoms were precisely alike.

I may here notice the simultaneous coincidence of so many cases of so rare a character, as somewhat remarkable.

Paralysis from cold is by no means unfrequent. Within the last two years I have treated three cases arising from this cause; one of a boy brought on by bathing in very cold weather. The second, a female in indigent circumstances: she had been exposed to severe cold; after she had been a short time warming herself at a stove, she was seized with a slight *momentary* apoplectic fit barely sufficient to draw the attention of those around her to her state; she immediately perceived her left side hemiplegic. Both these cases got well in a short time.

The third, that of a lady residing at a short distance from Montreal, who having occasion to drive to town on a very inclement day, suffered much from cold: the next day she felt chilly and troubled with a bowel complaint; some slight loss of power in her limbs which passed off, on the following day (which was also very cold); and while she was still suffering from diarrhœa, she again drove into the city, by which exposure her bowel affection was increased, and she was taken so ill as to be obliged to remain at a friend's house for some hours. She returned home that evening, and next morning she observed she was hemiplegic of the left side, and her right leg was also slightly paralytic. She complained of an acute pain at the occiput and upper cervical vertebrae; especially on any motion of the head, to remove which, she was leeched and blistered. The paralysis extended to the right arm, and she had scarcely any power of either side, and had also nearly lost all sensation. In addition to the local treatment, she took calomel gr. ij. three times a day for several days. In a week, her complaint had so far yielded to the treatment, that she had recovered in a great measure the power and sensation of her right arm, and partially of her right leg; and a slight improvement was observed in the left side. Unfortunately erysipelas of a severe character attacked the blistered surface, and involved the mucous membrane of the fauces and throat, which carried her off in about a fortnight.

In speaking favorably of the therapeutic power of electricity, and the still more energetic action of electro-puncture, in local paralysis, I would by no means desire to supersede or exclude the use of strychnine, especially in cases of chronic general paralysis, but I do not set such high value on it, in the local form. I do not, however, see that their combined action would be at all incompatible, nor should I overlook the valuable (and almost universally requisite) administration of mercury in these cases; my object on the present occasion being to record rare cases, and the successful application of galvanism, I have not particularized, in a detailed manner, their treatment.

ART. XXXVIII.—*Case of Extra Uterine Pregnancy, with remarks* By  
W. MARSDEN, M.D., Governor of the College of Physicians and  
Surgeons of Lower Canada, &c.,

The subject of the following case was under the treatment of several medical gentlemen at different periods of her pregnancy, all of whom were equally perplexed in their diagnosis, until its termination; a short time previous to which she became the patient of the late Dr. J. B. Blais,

assisted by Dr. Seguin. To the latter gentleman, as well as to the patient herself, I am indebted for the history and details of her case.

Madame B——, a handsome, intelligent, and lively brunette, now aged thirty four years, of the Parish of Beauport, in the District of Quebec, is the mother of two children, and was attacked with morning sickness, in January 1818, having ceased to menstruate between five and six weeks previously. On a Saturday afternoon, about the seventh week of pregnancy, she fell through a trap door, by which one leg was arrested in the fall, and extended at right angles from her body, causing considerable pain and uneasiness, which, however, soon passed off, and she continued to attend to her domestic affairs, and went to church on the following day, Sunday. On Monday, in the course of the morning, severe intermitting, cutting and lancinating pains in the abdomen, came on, and she was obliged to go to bed, to which she was confined for four or five days, and during that period, warm applications, poultices, &c. were used; and resulted in a mere show, for a moment. From this period, until the expulsion of the fœtus, which occurred in the thirteenth month of pregnancy, she was troubled with constipation, which became more obstinate and intractable as time advanced. She also suffered extreme pain in the lumbar region. She expected to be delivered about the beginning of September, at which time, true to her reckoning, labour pains came on, and the midwife who had attended her on two previous occasions, was summoned to her aid. Three days of active labour followed, accompanied by regular expulsive pains, and she felt the movements of the fœtus distinctly all the time, when all action and movement suddenly ceased, and she felt a dead weight (in her own words), rather behind and to the right side. Vomiting now set in and continued daily, of fœtid green or blueish clayey looking matter, which was sometimes also grey and ashey looking, and sometimes black: but, always very offensive to the smell. From the last period referred to, until the middle of Dec., she was under the care of several medical practitioners, whose treatment, besides general treatment, consisted in a great measure of hot poultices, sinapisms and blisters. From September, when the labour pains ceased, until the termination of the case, the alvine evacuations were of the most offensive character.

The treatment of Dr. Blais, up to the 21st December, offers nothing new or worthy of remark, and had resulted in no clear diagnosis, and it is therefore needless to detail it. At this time, however, Madame B——, who seemed to be sinking, insisted as she had done before, that "the child was in the back passage." A careful examination by external manipulation, and *par vaginam* took place, which is thus described by Dr. S.

The abdomen was large and distended, and had a hard lumpy feel low down on the right side. On the left it was soft, and felt empty. On examining per vaginam, found the os uteri low down, and the cervix uteri long and soft. On passing the fingers up behind the cervix uteri, two oblong hard bodies could be felt, lying in a transverse direction, high up in the rectum.

Dec. 22. High fever, vomiting, skin hot and dry, pulse hard, wiry and frequent. Ordered copious enemata, which were administered. On the 23rd, the right foot of a child came away with one of them. Pains in the loins intense. On examination per vaginam, found that the hard bodies before alluded to had disappeared, and found in the situation they had occupied, "*une bosse molle*," a soft bump or swelling.

On the 24th, finding the patient in an apparently sinking state, eyes protruding, fixed and glassy, insensible and immovable, we resolved to explore the rectum. Having dilated it carefully, Dr. B. introduced the right hand, and passing it far up the rectum, while I assisted in dilating and protecting the parts, he felt and secured the foot and legs of a fetus, and by careful traction removed a female child eighteen inches long, perfectly formed, and only slightly decomposed about the head, right leg and left arm. Ordered emollient injections of mallows, &c. On the 25th and 26th insensibility continued. On the 27th, however, consciousness returned, patient complained of a tearing and cutting pain on the left side of the anus. On introducing a finger into the vagina, found a large body which felt like an abscess. Introduced the catheter, and to our great surprise, drew off upwards of four quarts of healthy pus. On the 28th and 29th, emollient poultices to the abdomen and enemata continued. On the 30th, finding that the tearing pains continued, introduced the hand into the rectum, and extracted with some difficulty the two parietal bones, which were large and hard, and not at all injured, but dark coloured.

From this time, until the 15th of January, 1849, she continued to mend, having no unfavorable symptom, with the exception of retention of urine on two occasions, when upwards of three quarts were drawn off by the catheter. Her convalescence was regular and progressive, the only remarkable feature being extreme weakness of the legs, almost amounting to paralysis. She is now in perfect health, active and cheerful. Catamenia regular and abundant, and enjoys sexual intercourse. Feels as well as she did before her illness.

#### REMARKS.

The foregoing case presents some features of interest, being one of the rarest of those rare deviations from nature's established laws. Extra uterine pregnancy, we have reason to suppose, was unknown to the anti-



ents previous to Albucasis, (*a*) who relates the history of a case, that was evacuated through the umbilicus.

Several modern writers have treated this subject at greater or less length, but Campbell (*b*) seems to have devoted more time and attention to the investigation of the history and statistics of this department of science, than any other that I have met with, and has collected the largest number of cases and facts.

Extra uterine pregnancy, is divided by modern writers into three, four or five varieties; but the earlier authors as Smellie, (*c*) merely mention the fact, that Fœtuses and Embos have been actually found in the cavity of the tube and abdomen, without any marks of exclusion from the uterus; whereas, Hamilton (*d*) only mentions the "ventral conception," and Burns (*e*) describes the seat of conception alone, without any distinct system of classification.

Dr. Granville (*f*) first, and Ramsbotham (*g*) more recently, have divided these cases into four varieties, and their arrangement is I think the best, as there is no case of extra uterine gestation, that is not referable to one of their varieties. Churchill (*h*) makes only three, the ovarian, the tubal, and the interstitial; and to this, Dr. Campbell (*i*) adds another, which he calls, ovario-tubal, but which is only a compound of the other two; Drs. Granville and Ramsbotham, and Dr. Valentin (*k*) in his incomparable work on Physiology, describe the ovarian, tubal, abdominal, and interstitial, of which latter, Dr. G— who had previously given only three varieties, says "it is, therefore, impossible to deny the existence of another distinct species of pregnancy, extra-muros uteri, in which the fœtus is lodged among the interstitial elements of that viscus, and has no communication whatever, either with the cavity of it on the one side, or the cavity of the abdomen on the other; unless ulceration or laceration take place."

Much as I admire simplicity and brevity, I prefer these divisions to Churchill's, in as much as the abdominal variety, is distinct and cannot properly be referred to any of his divisions. Interstitial, does not embrace the abdominal variety, although it may all others not comprehended

(*a*) Liber II, Sect. LXXII.

(*b*) Campbell's Memoir on Extra-Uterine Pregnancy; Edinburgh, 1840.

(*c*) Outlines of Midwifery by A. Hamilton; 5th Edition; Edinburgh, 1803.

(*d*) Burn's Principles of Midwifery; London, 1809.

(*e*) Smellie's Treatise on the theory and practice of Midwifery; London, 1752.

(*f*) Granville's Graphic Illustrations.

(*g*) Ramsbotham's Principles and Practice of Obstetric Medicine; 5th American Ed.

(*h*) Churchill's Midwifery; 3rd American Ed., p. 168.

(*i*) Memoir on Extra-Uterine Pregnancy; Edinburgh, 1840.

(*k*) Text Book of Physiology, by Dr. G. Valentin, translated from the German by V. Brinton, M.D.; 1st London Ed., p. 642.

in the ovarian or tubal. The abdominal is not the result of interstitial deposit or trans., but is attributed to the fact, (*l*) that the fimbriæ of the fallopian tubes, fail to grasp the ovary at the instant the ovum is expelled. Hence, this falls into the abdominal cavity, and sinks to its deepest part, between the uterus and rectum, to undergo its further development. In the case of the interstitial or parietal variety, (which are synonymous terms), the oval has been impregnated and conveyed into the uterus, whereas, in the abdominal variety it has never reached that cavity.

The interstitial or parietal variety is by far the most rare, and has only been known to exist very recently. Ramsbotham says we are indebted to Schmidt of Vienna, (anno 1801), for the first detailed account of this particular species, published in the first volume of the memoirs of the Josephine Academy. Up to the year 1844, the history of only 15 cases of parietal extra-uterine pregnancy are recorded. Since that time a few cases have been added to them, and it has fallen to my lot to see two of the subjects of these cases. The one was Mad. B—s, of St. Gregoire, which was reported by Dr. W. A. Gilmor (*m*) of Three Rivers, in which the entire skeleton of a small fœtus was expelled piecemeal from the anus, in the second year of her pregnancy, which skeleton she has retained; and the other is Madame B——'s case, the subject of the present article. The fœtus, which is in excellent preservation, is in my possession. Of this variety, cases are published (*n*) in which very fetid matter, together with putrid flesh, bones and coagula are discharged by the rectum, vagina, or bladder, but I have only met with one case in which the child was expelled in so perfect a state from the rectum, as in the present case, where recovery took place—the case of Mr. Gifford, (*o*) in which the child was expelled entire and undecomposed by the anus.

A highly interesting case of interstitial extra-uterine foetation complicated with stone in the bladder, is narrated by D. Ross Leitch, M.D., of Leamington, Spa. (*p*) The subject was of dissipated habits, and impaired constitution, and was admitted into the house for the purpose of being prepared for the operation for stone in the bladder, but died before the operation. In this singular case the nucleus of the stone was formed by one of the bones of the fœtus that had penetrated the walls of the bladder. On sawing through the stone which was of triple phosphate, this fact became evident by the tibia being embedded in the stone.

(*l*) Valentin Ut Supra.

(*m*) 1st volume, 1st Ed., Montreal Medical Gazette.

(*n*) Burn's Midwifery; London, 1809, p. 131.

(*o*) Phil. Trans.; vol XXXVI., n. 435.

(*p*) Edinburgh Monthly Journal of Med. Science for Feby., 1845. p. 106.

Of the four varieties of extra-uterine gestation, the tubal is by far the most frequent, as well as the most fatal, the abdominal the least fatal, and the interstitial the most rare (*q*).

The duration of extra-uterine pregnancy will depend upon its situation; thus, if it lie in the fallopian tube, it rarely lasts beyond two months, whereas ovarian pregnancy will last five or six months; on the other hand in ventral pregnancy, the fetus will not only be carried to the full term, but far beyond that period, amounting to several years. Dr Campbell gives the following account of seventy-five cases. It was retained three months in two instances, four in one, five in one, nine in two, fifteen in three, sixteen in two, seventeen in two, and eighteen months in seven; one year in five, two in eight, three in seven, four in four, five in one, six in two, seven in three, nine in one, ten in three, eleven in two, thirteen in one, fourteen in two, sixteen in one, twenty-one in one, twenty-two in one, twenty-six in two, twenty-eight in one, thirty-one in one, thirty-two in one, thirty-three in one, thirty-five in two, forty-eight in one, fifty in one, fifty-two in one, fifty-five in one, and fifty-six years in one.

The probable causes of extra-uterine pregnancy are various and at least are but conjectural. Among the most likely, however, are original conformation occasionally, pathological changes, and accidental occurrences. To the latter of these causes I am disposed to attribute the case now under consideration, viz., to the fall through the trap door, in the seventh week of pregnancy when the fetus was doubtless within the uterus.

Anatomical conformation is supposed to favour tubal or parietal extra-uterine impregnation. But almost all the cases on record have occurred to women who had previously borne a family; and it is presumed if such a shape of the uterus disposed to it, that it would be more frequently met with in first pregnancies.

Among the accidental occurrences, mental agitation on the part of the woman while in the enjoyment of the conjugal embrace is not improbable, as cases are recorded in which this irregularity has followed a shock or surprise received in *cœtu*. The fact that a large relative proportion of unmarried females have been the subjects of this complaint favours the opinion. Campbell says (*r*) that "out of fifteen cases five were unmarried females," certainly a large proportion, and Burdach (*s*) says, "such persons are more liable to be afflicted with extra-uterine gestations than women of regular habits and steady character."

(*q*) Rigby, Lib. of Med., vol. VI, p. 71.

(*r*) Memoire, p. 108.

(*s*) Physiologie, traduit de l'Allemand par Jourdain, 1838; vol. II, p. 135.

The proportion of women who conceive and bear children after these pregnancies is not great, but Churchill states that (1) nine women conceived once during the retention of the extra-uterine foetus; two twice; one three times; one four times; one six times; and one seven times.

The subject of the foregoing case has three sisters married; one older than herself and two younger, who have respectively, seven, five, and eight children. From the present state of health I know no cause why Madame B——r should not conceive and bear again, although I have met with no case on record in which the subject of an interstitial extra-uterine pregnancy has borne again after the expulsion of the extra-uterine foetus.

Cases like the present prove how beautifully nature adapts herself to exigencies, and how powerful are her means of overcoming dangers that we should at the first view be disposed to look upon as insuperable.

Quebec. 21st April. 1855.

ART. XXXIX.—*Rupture of the Uterus, without Pelvic Deformity, at the commencement of Labor—Cæsarian Operation—Death.* By HANNET HILL, M.R.C.S.L., Ottawa City.

The following case, being probably the last extant, showing what value to place on the "Cæsarian Section" in uterine lesions necessitating it, will be read with painful interest by Obstetric practitioners:—

Mrs. K.—, æt 32, of lymphatic temperament, loose fibre, and delicate appearance, but always enjoying good health, was enceinte for the seventh time; hitherto her labors had been perfectly natural, and of ordinary severity, (twice she had given birth to twins). On the morning of December 21, at 3 o'clock, she was *suddenly seized with most severe labor pains*, and about 4 I was at her bedside; on conversing with her, she said at that time she felt but little pain, but that when she disturbed her husband, she had feared the child would have been born before his return from my house, distant about one mile, of such extraordinary severity was the commencement of her labor, but that ever since, she had been, comparatively speaking, almost free from any; reverting to her former parturitions, I recalled to her the fact of their being a little tedious,—perhaps I frightened the pains away; at all events we would await the arrival of a female friend, who would arrange her bed, &c., before doing anything. I sat about half an hour at her bedside, during which time nothing like labor pain was observed,

(1) Ut Supra. p. 173.

but it struck me as rather extraordinary that she was so much colder than females in her condition usually are, the only explanation I could give of this, unsatisfactory as it appeared, was to attribute it to the weather, which was pretty severe. On arrival of her friend, I went into an adjoining room, so that she could have her bed, &c., properly arranged, where I fell asleep, probably I was there half an hour before being summoned to the patient, this must have been about 5, A.M.; on questioning her, there was still no mere appearance of any regular labor pains, but considerable jactitation, and some uneasiness about the front of the belly, which was not hard generally, nor of the size which we should expect with a female, who herself considered she was about to give birth to triplets, as she had jocosely said. I now made a vaginal examination, blood was issuing, but no membranous pouch, lax, or distended could be felt, or any relaxation or dilatation of the os uteri, everything was soft in that direction, except that the head of a child could be felt through the parieties of the uterus at the upper part of the vagina. I must confess I thought it extremely strange. However, in efforts to warm her with hot bricks and bottles, and in persuasive requests to take a little brandy and water occasionally, which, by the way, was repeatedly vomited; perhaps a second half-hour elapsed before I made another examination per vaginam, at this time I applied my left hand on the naked abdomen to see if any auxiliary effort would induce protrusion of the membranes, it failed in doing so, but the attempt sent a chill of horror through my frame, for to the left of the umbilicus I distinctly felt something that appeared like the knuckle of a persons finger, sticking up at right angles to the abdominal parieties; in an instant the horrible truth flashed across me that the uterus had given way at the very first onset of labor, and that the projecting substance was either an elbow or knee of the infant expelled into the cavity of the abdomen. On questioning her as to the existence of this irregularity previous to the accession of labor, and ascertaining that she was sure it never had existed before, I made known to her husband I entertained the greatest alarm for her safety, and requested him to call in Dr. Sewell. On his arrival he confirmed my diagnosis; reaction had come on at this time, some color appeared in the face, and the pulse was much steadier and firmer than it had been, but still the same absence of any labor pains. Her awful situation was communicated to the husband without any reserve; he insisted that nothing should be left undone to save her, and at his urgent request I reluctantly undertook to remove the fœtus by the Cæsarian Section. At 8 o'clock was administered 80 drops of laudanum, and at 10 I performed the operation, assisted by Drs. Sewell and Grant; if ever the blessings of chloroform could be fully realized, it would be in

the performance of this direful vivisection, which is thereby divested of three-fourths of much that is so dreadful, and from which the hand of the operator shrinks with intensive horror. Never have I witnessed the more perfect action of the Anæsthetic, not a sigh or a groan escaped the patient's lips, and when she awoke to the reality after the performance of the operation which occupied but a short time, emotions of gratitude were among the first indications of returning consciousness. On arriving at the abdominal cavity, through the linea alba, the infant was found with its head and shoulders in the left iliac fossa, with the elbow answering to the angular projection that had too truly pointed out the nature of the case, the placenta was lying in the right iliac fossa, as it was detached from uterus, and most probably became so at the moment of the birth of the child into the abdomen; it is almost needless to observe the child was dead, although the placental souffle was to be heard on the right side, which fact fully agrees with the opinion recorded by some Obstetric writers, that it occasionally exists after the expulsion of the placenta, and consequently leaves the explanation of the "*souffle*" for future Obstetric investigation. The child and placenta were removed with as little violence as possible, as also some few clots of blood, the uterus being perfectly contracted; the wound was brought together very nicely by means of the quilled suture, and the patient removed to bed, a wetted cloth applied on the abdomen, and large doses of opium administered at repeated intervals. She was comfortable all day, slept much, and passed a very fair night.

Dec. 22.—Some slight distension of the abdomen, but little pain or uneasiness, some thirst, countenance good, the pulse was becoming rather excited, had passed urine, but no lochial discharge, the opium was continued; at night the countenance was becoming anxious, more abdominal distension and tenderness, some weeping from the womb, pulse had a jerking character, about 125, she was bled to about 16 oz., and calomel was now added to the opium.

Dec. 23.—Countenance much changed, frequent delirium, bowels very loose, abdominal distension on the increase, but not the pain; at 9 o'clock, P.M., she breathed her last, without the supervention of more acute symptoms than those detailed, having survived the operation 59 hours or thereabouts. A post mortem examination took place 14 hours after death; there was little if any attempt at union in the edges of the wound, and also an almost entire absence of inflammation in the peritoneal cavity; the uterus, which was about 6 inches long by four in breadth, exhibited a frightful chasm on its left side, extending from the fundus nearly into the os, on the opposite side a rupture of structure was observed to a slight extent, exhibiting the commencement of a solution

of continuity in that direction also, which was, however, arrested by the violence being expended in the opposite side; the substance of the uterus appeared healthy, but the thinnest part was very visibly that which had given way.

REMARKS.—I look upon the above case as unique, inasmuch as the giving away of the uterine parietics occurred at the “commencement” of labor, and, moreover, with a fully developed pelvis. In common with other Obstetric and general practitioners, my practical experience of this direful and fatal lesion is not extensive, the preceding instance being but the second case I have witnessed; in both instances the lesion had taken place before my arrival with the patients, and in the case to which I will presently allude, the woman could have been saved by the timely use of instruments, but not so in the case of Mrs K., and although the ultimate results were the same in both instances, namely death, yet the lesion itself happened under far different circumstances, inasmuch as in the case under consideration the uterus gave way in its substance from non relaxation and dilatation of the os, here the uterus was distinctly at fault, whilst in the other case I attribute the fault not directly to the uterus, but to the disproportionate size of fetus and pelvis, for although the latter was well and fully formed, yet the fetus was of very large size, weighing over twelve pounds, and could not be propelled through the pelvis, short of an expulsive effort, which positively compromised the integrity of the uterus itself, and so put an effectual stop to the progress of parturition. The facts are briefly as follows:—the woman was in her fourth or five pregnancy, and had been seized in labor during the evening, a mid-wife was called to her, and she had expected the momentary birth of the child, as the head was descending at every pain, which was severe beyond measure, to her astonishment about midnight the expulsive pains ceased *suddenly*, vomiting set in with great restlessness and jactitation, and no more progress took place. I was called to her about 5, A.M., found her sitting in a chair, entirely free from any labor pains, but with much irritability of stomach, rapid pulse, general restlessness and anxiety of countenance, with worrying pains all over the abdomen; on an examination I found the pelvis well formed, the head in the normal position, pretty low down in the pelvis, with occipital tumour from long continued pressure, but there was an entire want of action in the uterus; I looked upon it as a case where the uterus had become tired out from long action, and that stimulation by Ergot of Rye would soon re establish it, and that the labor would terminate in the natural way; the Ergot was repeatedly vomited, and still no action was induced, every other symptom was in *statu quo*; the woman was perfectly certain the child was dead, and I, therefore, re-

solved to hasten delivery with the forceps, which I accomplished with extreme difficulty, having been compelled to tie a rope to the handles of the instrument, so that the husband of the unfortunate patient could assist me in making traction on the child, which was at last brought into the world; it had evidently been dead some hours, and weighed, as I have stated, more than 12 lbs.; after waiting a reasonable time for the extraction of the placenta, and trying the usual methods without success, I introduced my hand into the uterus, when the fatal truth was immediately revealed, a bunch of intestines met my hand, and prosecuting my search after the placenta, it was found with large coagula in the cavity of the peritonem. The pains and uneasiness continued, I left her with large doses of opium to take at intervals, and returned home, having notified the friends of her position. She died after three days, I believe, of acute peritonitis; no post mortem took place. I have little doubt but that the early use of the forceps would have saved this woman's life most assuredly,\* for the force of the uterus being insufficient to propel

---

\*If I recollect rightly Dr. F. Rambotham lays it down as a kind of Obstetric axiom that 36 hours should be allowed to elapse from the commencement of labor ere the forceps should be resorted to; now with all respect to that gentleman (to whom I am indebted for much of my Obstetric acquirements, having been a pupil of his some years ago at the London Hospital) I must beg to differ with him, as also on another point, namely, as to the position which is alone favorable to the use of the forceps, and that is, that until *an ear be felt* the forceps is unjustifiable. I have used this instrument frequently and I never on one occasion was able to feel an ear, and, therefore, cannot help thinking that if the head were so low down in the pelvis as to allow a tactile examination of that organ, that but little necessity could exist for its employment at all; that is my opinion, the result of my own experience and observation. Then, as to time. I do not think any man can lay down precise rules on that ground; I have brought living children into the world with the forceps after three hours labor, and I have brought dead children after thirty or thirty-six hours, and the result of my own experience tends to the early use of that instrument, in frequently saving the life of the infant, and almost invariably relieving the mother from protracted suffering, that might, doubtless, without the use of instruments, but much sooner with. In making so bold an assertion I am aware I shall expose myself to the severe criticisms of many Obstetric practitioners, as inculcating erroneous principles which may be of injurious consequences to young practitioners, but I wish it to be distinctly understood that I by no means sanction or advocate the rash and indiscreet use of instruments,—the aphorism of Denman is replete with good sense "*meddlesome midwifery is bad,*" but I think that practitioners have occasionally carried it a little too far; possibly Dr R. amongst the rest. While on this subject I would record my dissent to the use of chloroform in instrumental midwifery; regarding as I do the slight pain attending the proper forceps as highly conservative in its effects; for its proper application is almost a painless operation, and therefore if the reverse is the case the manipulator may assure himself that something is wrong, for the knowledge of which unnecessary pain is his most certain guide, and a most valuable beacon becomes lost to him, if such susceptibility be destroyed by the employment of Chloroform. This much I intended solely to apply to the application of the instrument after it is in position, and when the work of extraction is to be proceeded with, a discretionary use of the anæsthetic may be justifiable.



the infant through the pelvic straits, became expended on itself, and a solution of continuity took place. Difficult as was the task of extraction, unaided by uterine effort, it would have been comparatively easy of execution assisted by such powerful contractions as were taking place previous to the rupture.

The question, then, naturally presenting itself is, if the Cæsarian operation is justifiable, and under what circumstances. Chiefly, the pupil of Paul Dubois, sets down the mortality as five out of six cases; Dr. Churchill gives the mortality as 1 in 2 $\frac{1}{2}$ ; the author of the "London Practice of Midwifery," published in 1823, states that in England "all the patients have died, there is not a single instance of recovery," yet the same authority quotes three instances where the life of the mother was preserved under the most unfavorable and least scientific circumstances. The first case is that of a woman in Holland, operated on by her husband, who was a sow-gelder by profession; she recovered, became pregnant again, and having declined again to submit to such a triumph of art, was ultimately safely delivered without his interference, to say the least of it, the operation in this case must have been unnecessary. The second case occurred at Rotterdam, here the operator was an infuriated ox, who butted the unfortunate woman and gored her so dreadfully that the child escaped through the wound. An accident of a very similar nature, likewise terminating favorably, occurred in Cordova in Spain; with these and other precedents before us, some having occurred in the United States, we must allow that the operation is justifiable, and in its performance requires in such a case as I have related but little nicety of judgment in deciding between *certain death* and *possible life*. Not so, however, where the pelvis is so deformed and contracted that a living child cannot be born, in which deliverance the choice between destruction of the child and the Cæsarian Section has been proposed; the weight of authority is against the latter, such cases are, and will be, however, of less frequent occurrence since the practice of inducing premature labor has been introduced. Much more might be adduced in relation to this very interesting topic, but this paper has already far exceeded my original intentions.

Ottawa City, April, 1855.

---

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XL.—*Error of position*, being a discussion on the ultra-uterine policy of the American Medical Association. By Professor MILO, Nashville: W. F. Bang & Co., pp. 46.

This document is a strange, a passing strange, one. It is so marvelously ultra-common as to be entirely beyond the range of our understanding. It is written by an American Professor who is not familiar to us, as he prefers a fictitious to his own name, and chooses to sail under false rather than true colors. We would wish he were more bold and less secretive. A wood cut forms a frontispiece to the production, and for ingenuity of device perhaps could not have been exceeded by any scholar of refined mind and cultivated taste. It represents a man in the stooping posture, with his head between his thighs, and the tail of his frock-coat thrown over his back, so as to display in bold relief the nether extremity. The author further exposes his polished wit by subscribing under this picture the words "North American Re-*view*." The point, if there be any, is intended, we presume, to lay in the last word, which is the spelling according to the pronunciation by uneducated down Easters of the English expression *review*. Perhaps, judging from the glances we have given the text, for we have spared ourselves the infliction of a thorough perusal—perhaps we say the author designed this pamphlet as a rejoinder to certain remarks of the Nashville Medical Journal in depreciation of the American Medical Association—which from only concerning our friends on the other side of the line 45, we Canadians need not busy ourselves with. At any rate Professor Bowling seems to have shaken up the choler of Milo to a terrible state of froth, and the latter in turn is exceedingly coarse and abusive to the former. Professor B., who is co-Editor of one of our most valued exchanges, possesses, we are sure, too much good sense to notice such effluvia and too much self-regard to be contaminated by their contact. The text of the *Error of position* is fearfully interspersed with scraps of poetry—no less than three distinct ones being crowded into one page.—We are surprised that we have not, after all this, been favored with an original stave or two, for the least to be expected from so much dipping into the muse offerings was an incidental ejaculation of inspiration. In conclusion we would observe that we shall be happy to make any of our readers in need of entertainment a present of the aforesaid document.

**XLI.**—*Dr. Arnold's letter to J. E. McDonald, M.D., of Kentucky, and his answer*, also, a review of an article published by Professor Eve, upon Dr. January, in the Nashville Medical Journal. By Professor PHILO: Nashville, W. F. Bang.

Our friends in Nashville, actuated by commendable feelings of attention, have also forwarded us another controversial pamphlet with the above superscription; of course we thank them for this distinguished mark, and no doubt we are expected to show our obligations in a critique. But far from us be such an enjoyment for our leisure moments. For of many reasons why we should thus decline, let one suffice, and it is, that we neither know nor care anything about the personal disagreements treated of, and that neither Dr. Arnold nor Dr. McDonald, so far as we can ascertain, have any professional reputation beyond the spot of earth wherein they dwell, but by whose indwellers they may nevertheless properly be esteemed as inestimable blessings. Professor Philo has placed upon his title page three Scriptural quotations which in writings such as his form a new and striking feature and seem very much out of place.

**XLII.**—*Anniversary Discourse* before the New York Academy of Medicine. By John H. Griscom, M.D. New York, 1855.

This discourse was delivered in Clinton Hall during the month of November of last year, and has been published by order of the Academy. Its character like similar ovations tends to discursiveness. It is written in a flowing and elegant style, and being free of the sins of prolixity and of disjunctiveness, may be read without fatigue or wearisomeness. The concluding portion is chiefly taken up about matters of Hygiene and contains many very sensible remarks and judicious observations, which for public improvement might profitably be engraved on some tablet made of material as lasting as brass, and placed in the highway or commons, so that each who passed by might read and come away a wiser and a better person.

**XLIII.**—*Address of the Hon. Dr. Rolph*, delivered before the Faculty and Students of Medicine, of the University of Victoria College, Toronto. 1854-5. Toronto, T. H. Bentley. 1855.

The Medical department of the University of Victoria College is constituted, as most of our readers are aware, by the Toronto School of Me-

dicine, which had previously been incorporated by Act of Parliament. This latter Institution will perhaps be most readily recognised under its familiar soubriquet of "Rolph's School," inasmuch as in its disjointed existence it was well known. We perceive that now its faculty consists of five Professors and a demonstrator. We suppose when practicable, the highly important chairs at present unoccupied will be filled up; for surely no school claiming any degree of utility can be adapted for the instruction of the Medical Student, in which such very essential branches are untaught as chemistry, institutes of medicine and medical jurisprudence. A further deficiency is in the want of a Professorship of either clinical medicine or surgery. These should be remedied as early as possible, as the character of a school often depends for its reputation upon the possession of practical teachers and their ability. The above address was delivered in the early part of the past session, to the students and others of the college. Subsequently a meeting of the class was called, and in reply to their proffered request, the Hon. Dr. R. presented his manuscript for publication. It takes a sort of *coup d'œil* at the most prominent facts in animal and vegetable physiology, and no doubt highly delighted the admiring tyros.

XLIV.—*Catalogue of the Faculty and Students of the Medical College of the State of South Carolina. Session, 1854-5. Charleston James, Williams and Gatsington. 1855.*

The total number of students in attendance at this southern emporium of medicine was 149. As the publication before us merely gives the names, residences and teachers of the students, we cannot say whether the experience of the past contrasts favourably or unfavorably with that of previous winters.

XLV.—*Annual announcement of Lectures. University of New York, Medical Department. Session, 1855-56, with catalogue of Students and graduates*

The announcement exhibits considerable activity on the part of the Medical Faculty of New York University. During the 13 years of its existence it has turned out yearly an average of 107 graduates. Now from the statistics of the last session, it would appear that proportionately this was then something more than one out of every three of the

students who attended. Could it, without an official statement be really credited that a university graduated one-third its class in a single session. Although we have spent several years in college matters, we confess to an inability to account for this wholesale manufacturing of doctors, and we cannot even arrive at a surmise as to how such an extraordinarily great number, in a relative point of view, should thus receive the *summos honores*. We should fancy this premature delivery plan is not to be exceeded elsewhere. Verily, the inducements are great; and we have no hesitation in saying to students,—if you wish to pass—if you *only* want the parchment M.D., go to the New York University, as there the chances are on the first session only two out of three against your succeeding—in the second, the balance is about equal, and in the third, you are sure of your object, or else there is no truth in figures—and in figures, too of the Faculty's own marking down.

XLVI.—*Nineteenth Annual Report of the Managers of the New York Institution for the Blind, to the Legislature of the State. January 1855. For the preceding year. New York: J. Egbert.*

From the above report we make the following quotation, illustrative of the character and progress of the institution. "The institution, they are glad to be able to state, shows every year an increasing usefulness. Its system of instruction, mechanical and mental, has now been tested by long experience, and its pupils scattered through the state, manifest, by their industry and intelligence, the benefit which even the blind derive from education. As mechanics and instructors, they compete in many cases with the seeing. In music, their want of sight, though an impediment, is not a bar to success, and they not unfrequently, on leaving the institution, command at once good situations as organists, choristers, and professors of music."

XLVII.—*Case of Penetrating Gun-Shot Wound of the Heart.* By J. M. Carnochan, M.D., Surgeon in Chief to the State Hospital, Professor of Surgery in the New York Medical College, &c. New York: Edward P. Allen.

This is a reprinted communication from the *American Medical Monthly*. The patient, who formed the subject of the case received, among other wounds, one on the chest, during an onslaught made on him by some five or six persons, armed with Colt's revolvers. Life was protracted for eleven days, and at the autopsy, the bullet was found en

bedded and encysted in the septum, between the ventricles. In consequence of pericarditic exudation, and previous cicatrization, the wound of entrance was not ascertained. In the language of the report, "its locality was only indicated by the sense of touch, for as the wound had entirely cicatrized, there was no outward visible sign of its presence."

## CLINICAL LECTURE.

*Clinical Lecture on Purulent Ophthalmia of Infants.* By Robert Taylor, M. D., M. R. C. S., Eng., Surgeon to the Central London Ophthalmic Hospital.

(*From Medical Circular.*)

GENTLEMEN,—Among the patients whom you have seen to-day, there was brought an infant, two weeks old, both of whose eyes have been destroyed by purulent ophthalmia. Such unfortunate cases are I regret to say, of very common occurrence; in fact, the purulent ophthalmia of infants contribute more than any other disease, or, if we exclude abscess of the cornea consequent upon small-pox, we might perhaps say, more than all the diseases of the eye put together, to swell the list of inmates of Asylums and other charities for the blind. And this is the more lamentable that it ought not so to be. Unlike the purulent ophthalmia of adults, there are few inflammations of the eye which may be treated so confidently—which are so completely under the control of the simplest remedies. How then are we to account for the frequency with which one or both eyes are lost completely, or so much damaged as to be of little use? With regard to many of these infants, the explanation is that they have never been under medical care; the mother has been delivered by a midwife, or by an accoucheur who had ceased his attendance after the first two or three days, without his attention having been called to the child. The disease is supposed to be merely a "cold in the eyes," and they are bathed in warm water, or with a little of the mother's milk, or they are fomented, or, worse still, poulticed, until the obstinacy and profusion of the discharge, and the altered appearance of the eyes, excite alarm, and proper advice is sought, but too late. But this explanation is not always applicable. It is a fact that is continually forced upon the notice of every surgeon connected with an ophthalmic hospital, that many of these unfortunate cases have been from the first under medical care, and that the directions which have been given have been carefully and anxiously complied with. For the bad results in such cases I can account only by supposing that the old prejudice that the study of disease of the eye forms a "speciality" as it is called, to be comprehended only by adepts, is not yet wholly extinct. The means of instruction are not wanting; in addition to the directions contained in every systematic work on ophthalmic disease, the medical journals teem with papers upon the subject; and though I cannot wholly approve of the details of some of the plans

of treatment thus recommended, yet I am certain that there is not one of them which, if carefully followed out, would fail to save the eyes from immediate destruction. No method is infallible; complications may arise which may totally thwart the best directed efforts; but those are of rare occurrence, and I am merely repeating the sentiments of every competent observer when I assure you, that when the patient is brought to you in time, that is, before the cornea has lost its natural brilliancy, the loss of the organ is due, in the immense majority of instances, to neglect on the part of the friends, or mistake on the part of the practitioner.

I need not detain you with an account of the rise and progress of the disease of which you have seen so many examples, in its various stages, and with regard to its exciting cause, which was formerly a matter of dispute, I may merely observe that it is now generally acknowledged to be, in the immense majority of instances, the inoculation of the eyes of the infant with purulent or mucopurulent matter during its progress through the maternal passages. It is excited by the matter of simple leucorrhœa as readily as by that of gonorrhœa, though the inflammation caused by the latter is much more violent and dangerous; and it may probably be stated as a general rule that the violence of the disease is proportional to the amount of inflammation in the mucous membrane furnishing the contaminating discharge. Further, I may remark, that it appears within a few days after birth, seldom later than the third day; and that it must not be confounded with the simple and harmless ophthalmia to which infants of a few weeks old, in common with adults, are liable.

Unless you have had the care of the mother during her confinement, it is seldom that you will have an opportunity of seeing the disease at its commencement; much more commonly you will not be consulted until the eyelids are swollen to such an extent as to render it very difficult to obtain a sight of the eye; or, as was the case in the infant you saw to-day, the swelling is inconsiderable, but the eyelids are relaxed, flaccid, and of a dusky purple colour, and the discharge is thin and sanious. It is a matter of some importance to be able to form an opinion as to the condition of the eye without separating the lids, because, when the cornea is deeply ulcerated, the force which is required to do so, together with the resistance of the child, may rupture the thin corneal lamina which still remain, when the lens, with more or less of the vitreous humour, will be discharged. So long as the eyelids are of a florid red colour, tense, hot, and shining, even though the discharge of thick purulent matter may be streaked with blood, so long may you feel confident that the eye is not seriously injured. But if they be relaxed and flaccid, as from previous engorgement; if they be of a dusky purple colour and cold to the touch, and if the discharge be thin and sanious, it is a certain indication that the cornea is wholly or in a great part destroyed, and you cannot be too careful in your manipulations. In hospital practice, it is better, perhaps, not to insist upon making a minute inspection when there is any real difficulty; but in private practice the friends may not be so easily satisfied, and in such cases the upper lid should be raised by means of a small silver speculum, so that there shall be no danger of undue pressure on the eyeball, and the risk of everthing the eyelids may be avoided.

With regard to the treatment, nothing can be more simple. It consists solely in the continual removal of the purulent secretion by syringing the eyes with an astringent solution. That which is employed in this hospital is, as you are aware, a solution of four grains of alum in one ounce of water. The printed instructions are always given in such cases direct that it shall be employed every half hour; it is not supposed that this order is literally complied with, but ensures its being very frequently used—perhaps once every hour. At the same time, I direct that the lids shall be kept well smeared with fresh lard, so as to prevent their agglutination, and the consequent confinement of the discharge; when this precaution has been neglected, as in children which are brought for the first time to the hospital, you will frequently see a rush of pus, as if a large abscess had been opened, when the eyelids are separated. I have never seen any injury result from the use of the syringe, as is apprehended by some; with proper instructions there are few nurses so obtuse as not to be able to perform the necessary manipulation with perfect safety, and the more that the eyeball lies deeply embedded in, and protected by, the swollen eyelids. The only risk, is to the eyes of the operator, from the spouting up of the injected fluid; but this danger may be easily avoided by directing the stream laterally from either angle of the eye to the other; and in all cases the highly contagious nature of the disease should be fully explained, and suitable precautions should be carefully enjoined. Of the many hundreds of cases which have been treated at this hospital in this simple manner, I think I am justified in asserting that not one has turned out badly, in which the treatment has been commenced while the cornea still retained its brilliancy, and in which the instructions have been followed out with even moderate care. Having, therefore, good grounds for believing in its efficacy, I prefer it to some of the much more energetic methods which are sometimes recommended, and especially to the treatment by powerful stimulants or escharotics, as the sulphate of copper or the nitrate of silver, either in substance or strong solution. Such applications are intensely painful, and though they may undoubtedly arrest the disease, they are liable to leave a granular condition of the palpebral conjunctiva which it is difficult to get rid of, and which not unfrequently leads to serious after-consequences. In weak solution, not exceeding one grain of the salt to one ounce of distilled water, the nitrate of silver is a safe and powerful agent in arresting conjunctival inflammation, and those who have not confidence in the simpler method, may employ it several times a-day, after carefully washing away the purulent secretion by means of the syringe. It is rarely used in the hospital, simply because it is not found to be necessary.

With regard to leeches, which are so very generally recommended, the same remark applies. The most acute cases are found to recover rapidly and safely without using them, and therefore they are discarded. It may be objected that the subjects of Hospital practice are born of poor parents, ill fed, exposed to an impure atmosphere, and therefore weakly and cachectic; and that we cannot reason from them to the children of parents in a higher rank of life. But these debilitating influences do not seem to have much effect until the child has been for some time exposed to them; the offspring of the poorest parents, when free from



constitutional taint, are frequently as robust and well nourished at their birth, as those in more favourable circumstances. Further, many of the little patients brought to the Hospital, are the children of parents earning high wages, well fed and lodged, and who, in many instances, have previously paid as long as they were able, for medical advice. In these cases, as well as in private practice, and I speak not only from my own experience, but also from that of many experienced surgeons with whom I have discussed the subject, methodical application of simple remedies, and the assiduous removal of the morbid secretion, effect a rapid cure. I therefore conclude that the cases in which local blood-letting is requisite, are exceptional.

It is seldom necessary to interfere much by giving internal remedies. At this early age, as a general rule, the fewer drugs that the child is made to swallow, the better. Much more good may be done in most instances, by enforcing regularity and moderation in the times at which the child is put to the breast; a particular in which the lower orders are inconceivably injudicious; and by debarring the mother from the use of spirits or other stimulants by which the quality of the milk is so often vitiated. So long as the cornea is unaffected, and the child is moderately strong, it is quite unnecessary to give medicine unless it should be indicated by disorder of the bowels, or a loaded state of the tongue. In neglected cases, however, when the child is weak and exhausted, and when the cornea is dull, or has already commenced to slough or ulcerate, tonics or stimulants should at once be given to the full extent that can be borne. Extracts of cinchona, and the aromatic spirits of ammonia, are both well suited for this purpose, as they can be given easily, if mixed in a small quantity of milk.

In making these observations, I by no means wish to imply that the practice which is adopted at this Hospital is the only one which you can pursue with safety: there are many other methods, safe and effectual, which are employed both in hospitals and private practice, but these differ chiefly in detail, not in principle. What I particularly wish to impress upon you is, first, the danger of neglecting the first appearance of a purulent or mucopurulent discharge in newly-born infants, under the idea that it is merely a "cold in the eyes"—secondly, that the most acute cases of infantile ophthalmia may be successfully treated by constantly syringing away the morbid secretion, with a mild astringent solution, and that local blood-letting is rarely, if ever, called for;—and thirdly, that powerful stimulating or escharotic applications should be avoided, as being unnecessary, excessively painful, and frequently productive of bad after-consequences.

---

## THE RAPPEUTICAL RECORD.

---

*Cancer of the Breast.*—M. Richmann in the Gazette des Hopitaux for December, reports the successful treatment of mammary cancer by the

local application of iodine. This is not the first time we have seen this remedy favorably spoken of, but we must confess to some doubt as to the correctness of the diagnoses under such circumstances.

M. Richmann applied to the tumour which, he contends displayed all the evidences of malignant disease, a bag of tow saturated in iodine, and at the end of seventeen weeks the tumour had entirely disappeared.

*Cholera—Castor Oil in.*—The *coup de grace* has been given to the castor oil treatment of cholera, by a committee of the London Board of Health, who thus close their report.

From the above abstract, the details of which have been carefully investigated by the committee, it appears that in 89 cases of cholera treated by different practitioners with castor oil, on the plan recommended by Dr. Johnson, 65 were fatal, recovery having occurred in only 15 cases, whilst 6 are still under treatment.

The same experiment was made with this "new remedy" in the Dreadnought Hospital Ship, where of 19 cases, 12 died; whilst in the Glasgow Hospital, after losing 7 out of 9 patients, the treatment was abandoned.

*Excision of the Knee Joint.*—Mr. Butcher in the last number of the Dublin Quarterly Journal, gives a table of thirty-two operations for excision of the knee joint, of which number five resulted fatally, or a mortality of about 15 per cent. He compares this result with the mortality after amputation of the thigh in the London hospital as given by Mr. Erichsen, which shows the proportion to be as high as 20½ per cent, after amputation for disease, and more than 50 per cent, after amputation for injuries, thus demonstrating that the danger of excision is considerably less than that attending amputation of the thigh.

*Hiccough.*—The Dublin Medical Press recommends as a specific for this troublesome affection the internal use of chloroform in small doses. The dose should be repeated as often as the hiccough returns, and two or three appeals to the remedy may be necessary.

*Hooping Cough.*—Since the publication in our last number of the statistics of hooping cough, treated with nitrate of silver, we have observed that Dr. Watson of Glasgow, by uniting Joubert's cases with his own, is enabled to present 167 cases of this intractable disease, treated by the introduction of the nitrate of silver into the larynx. Of this number, 96 were cured in two weeks, 61 in three to four weeks, 9 resisted the treatment, and 1 died.

We lay some stress upon the method of cure here suggested, because the treatment is certainly correct enough in theory, and it is important that it should be carefully tested in practice.

*Inflammatory Rheumatism.*—In the Boston Medical and Surgical Journal for March 22nd, we notice with interest a reported case of acute rheumatism treated with hyposulphite of soda in ten grain doses with the most marked results. Dr. J. H. Warren who reports the case, declares that this remedy has a wonderful power in exciting the secretion of the kidneys, and as an antiphlogistic agent it is worthy of attention. Dr. Warren's case of inflammatory rheumatism was discharged cured on the 8th day.

## The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

### THE TORONTO GENERAL HOSPITAL.

The evil spirit of which we made condemnatory mention in a recent number, continues to agitate the minds of our professional friends in Toronto. Ever signalized by his restlessness, no sooner is he quelled in one turmoil than another is evoked in which his fiendish machinations are even more tumultuous than they were before. Why he should confine his actions to this spot of *Canadian soil, and find in no other* a fitting theatre for the exhibition of his knavish pranks is a circumstance which, while it speaks favourably for the peace of distant parts, tends to cast a shadow of suspicion over the internal condition of his own cherished land. For it might be suspected, we hope wrongfully, that there was some peculiar predisposition which either invited, or else gave remarkable effect to his excitations when they were applied; in short, that there subsisted a characteristic conformation of moral status in the individuals influenced, which delighted in mischief and preferred obliquity to rectitude of conduct.

In the *Colonist* of the 24th of March last, there appeared a letter over the signature of "A Medical Student" which represented the Toronto General Hospital, as an evil that had grown grey in sin, and had reached a climax demanding speedy adjustment. Public feeling was so exasperated that an inquiry was loudly called for, and under circumstances of supposed aggravation, its immediate prosecution was unavoidable. The Trustees accordingly assembled at an early day, and proceeded to verify or disprove the accusation that had been so fearlessly put forth. A large body of evidence was acquired, and certainly the task proved to be one demanding much patience and no little discernment.

The charges made were multifarious, as instances we may adduce the most prominent and outrageous. The Hospital was declared to be kept in a state of disgusting uncleanness; the floor, walls and appurtenances of the wards, were represented to be extremely filthy. The bed-clothes of the patients swarming with vermin, and altogether such a condition of neglect prevalent, as must, upon its perception, prove most harrowing to any person possessed of the least sensitiveness of feeling. For this revolting state of affairs no excuse can be pleaded, for wherever industry with soap and water are to be obtained it would not be found. In palliation it has been urged that there were no baths attached to the Hos-

pital in which the sick could be washed, this, however, is but a partial explanation, and is, in itself, an admission of the inadequacy of the Hospital to the wants of its inmates. We should suppose such an *exposé* as this was never before heard, and were it not for the testimony adduced we could not credit that in an enlightened community of British colonists, in the middle of the nineteenth century, a building, professing to be an Hospital, was not supplied with baths. In the subsequent inquiry as to the truth of this allegation, one of the Physicians stated that baths were obtainable, but that to get them the patient had to be sent "to some other part of the building than the ward he was placed in." This uncleanness seems to have been prejudicial to the interests of the institution; one witness (Mr. Bingham) says, "on going home I found lice on my clothes, and in consequence have foregone the privilege of attending the Hospital." And it is to be presumed that a similar reason prevented other students from taking out their tickets and increasing the funds by their fees.

Another cause of complaint was inhumanity. This trait of barbarianism, we are glad to perceive, is imputed to the sub-officials and not to the medical attendants. It is an error into which vulgar people are likely to fall when placed in posts of small authority, but it is one that, when detected, should be strongly discountenanced, and instantly remedied by the removal of the offenders. The guilty parties on the occasion under notice were an orderly named Burns and a Mrs. Donnelly. Burns in several instances is declared to have treated the patients very roughly, and to have shoved them about, both male and female, in a manner that was not becoming. In one instance he dragged a poor sufferer, exhausted by disease and misery, across the threshold of the Hospital upon the verandah and then violently dashed cold water upon his person. In another he was reprimanded by the Surgeon on duty for the roughness he exhibited in removing the clothes from a patient with a fractured limb. A monster of cruelty like this ought not to have been tolerated for a day and we cannot agree with those who would look lightly upon his harshness by referring it to his having been an old soldier, nor can we acquiescence in the testimony that "he was only fit to be among soldiers," for we think he was not fit to serve his fellow man in any position of life. Mrs. Donnelly seems to have been a nurse, whose forte lay in abusing the patients and too often putting an enemy into her mouth to steal away her brains. Occasionally she allowed her passion to so conquer her that she has said, in allusion to some invalid more wretched than the rest, "I will be the death of him." At other times her judgment has over-ruled the direction of the Attending Physician, thus "Dr. Bovell inquired of Mrs. D. why brandy which had been pres-

cribed had not been given. She said there was wine." Yet this independent lady of superior quality seems not to have been checked, but to have been allowed to run her course undisturbed. Of course, as was to be expected, the students met with frequent annoyances from her, and it is asserted that "*she* often refused to allow them to examine patients."

Another count in the indictment is moral pollution, but we have not been able to obtain any particulars, and sincerely hope it does not extend beyond the impurities comprised in the foregoing implications.

So far the accusations rest with the inferiors, now we enter upon those levelled against the medical staff, and here we deplore that they should ever have been countenanced by the infirmities of our brethren. Some of the Physicians are represented as having been very irregular in their attendance, one in particular, Dr. Beaumont, except during his week for admission came to the Hospital at no appointed hour, so that it was altogether impossible for the élèves to follow his practice or participate in the benefits which they anticipated in selecting this institution for the study of disease. The pupils of one school, Trinity College, were more favored than those of others, and received notifications of operations which was withheld from their rivals. But the remaining charges are of a still more serious nature, and imply an actual breach of professional courtesy in the mutual treatment of individual Physicians. Instead of consultations being general they were restricted to a chosen few, and in one or two instances the exclusions were not merely markedly invidious, but sedulously designed. Of those who were thus withheld from obtaining the privileges which legitimately pertained to their position was Dr. Aitken, whom we look upon as the victim of petty jealousy and shameful oppression. In giving his testimony he says, "some of the *patients* in the Hospital have observed to me that some of the medical officers disliked me, and gave these patients as a reason that I was a young man, and that the other medical men did not like to see me succeed in an operation." Our readers will judge from this at how low an ebb medical ethics must be when the very patients are aware of the likings and distastes of their attendants. And in the propriety of making them confidants in matters of so delicate a nature few right minded persons will be found to acquiesce. Dr. A. had patients actually taken from under his treatment and discharged just on the eve, as it were, when he intended subjecting them to operation: a case of stricture of the urethra is adduced in point. The cause of malignity would seem to proceed from his unfortunately being connected with Rolph's school, for his associate teachers were equally despised. Mr. Lennon says, "a nurse considered, and every person connected with the institution was of the same opinion, that every one connected with Rolph's school was

worse than dirt." The Physicians also had their difficulties with the Trustees—they prescribed brandy but found it not, in lieu whiskey was dispensed, and they were contemptuously told that it was just as good, and much cheaper. Had there been a unanimity of action, and any spirit of independence, they would, we think, have resigned in a body and left the Trustees to treat the sick as best they might. And, lastly, the House Surgeon, Dr. Clarke, did not escape unscathed. He was accused of repeated intoxication and an improper meddling in affairs extraneous to his province.

Most of the preceding calumnies, especially that of Dr. Clarke's intemperance, we are rejoiced to find have not been substantiated, but the inquiry has not yet reached a satisfactory conclusion, and we perceive the Provincial Legislature has determined to take the matter up. Mr. Hartman very recently moved for a Select Committee to inquire into the management of the Toronto General Hospital, but after some discussion withdrew the motion, with an understanding that he would renew it so soon as the Government were in possession of the report of the Trustees on the subject.

### PROMOTION OF QUACKERY BY THE LEGISLATURE.

In a recent number we referred to an Act then about to be introduced into Parliament, which was ostensibly for the *relief* of certain parties practising medicine in the Eastern Townships, but which in reality was merely to permit the individuals in question to evade the law of 1847, by making another law which should place them beyond the pale of prosecution by the College of Physicians and Surgeons, Canada East, for practising illegally or without subjecting themselves to the authorized requirements. Reasons were then adduced why such an unjust procedure should not be executed, and an expectation held out that a remonstrance from the Governors of the College would be forthwith submitted to the Legislature. We regret, however, to find that every effort has been futile, and that there is now more than a probability of the original bill speedily passing the Upper House.

This act of the Legislature wears an ominous import on its face; henceforth a precedent has been established which will sanction the most outrageous defiance of the authority of the only corporation that exists in Canada for the protection of legally qualified Physicians; for

any one who can command the exertion of an M.P.P. may fairly expect to be treated in an equally considerate manner, and be legalized to practice physic without cost and without ability. He need not possess attainments, nor even the semblance of preparatory study. He will only require to be measured by, and compared with, the parties who have been *relieved* this session, and a parity of circumstances being proved, he *forthwith* is ordained a licensed doctor. In this manner a general invitation is held out to all who choose to avail themselves of it, and undoubtedly applications will be numerous. For who with any aspiration to the name of a medical practitioner, who that finds education an impediment, and capacity in deficiency, will restrain his ambition after this bill becomes law. He only has to remember, and be encouraged in his enterprise, that the parties favored in 1855 were Messrs. Bangs, Cutter, Wills, and Hutchinsen; that the first two were not graduates of any College, and possessed no testimonial of professional proficiency; that the last two had certificates, or as perhaps they consider them degrees, from Colleges on the American border of a very inferior character, and from which the same *honor*, without any personal sacrifice may be purchased at a small sum. These are the only standards of excellence he has to attain, and then upon the principle above announced, he must obtain his desire: and it requires no lengthened explanation to shew that under auspices, so highly favorable as these, very many pretenders will be awarded the same footing as Physicians who have been regularly licensed.

A beggarly competition in the struggle for public patronage must follow, and medicine be brought down to the level of the most ignoble employment. A premium has been offered for ignorance, and skill has been regarded as unworthy of appreciation. The Acts of one Parliament appear as foolishness to the next. A College empowered by incorporation has been so regarded as to appear in the light of a snare and a delusion. The trade of physic is fast becoming free to adventurers, and the promotion of quackery is the work of the Legislature.

*Dr. Gibb's Appointment.*—It will please Dr. Gibb's numerous friends in Montreal to learn that he has lately been appointed Physician Accoucheur to the St. Pancras Royal General Dispensary, London, vacated by the retirement of Mr. Greerhalgh. Dr. Gibb's talents and perseverance will command, and are eminently deserving of success.

*Highley's Catalogue.*—We have received through the hands of Dr. Gibb a catalogue of scientific works published by Mr. Highley, Fleet Street, London. This we have placed with Mr. Dawson, Great St. James Street, where our readers can consult it.

#### OBITUARY.

We regret to announce the death, at the early age of 45, of Dr. Robt. MacGregor, Glasgow. Of mild and unassuming manners, he was highly esteemed by all who had the pleasure of his acquaintance. We spent one or two evenings in his company while on a visit to Europe, and were favorably impressed with his unostentatious conduct. There was none of that repulsive hauteur or offensive dogmatism about him which renders many who have achieved a name in medicine actually disagreeable to approach.

“Dr. MacGregor was a native of Ardehattan, Bonaw, near Oban, Argyllshire. After receiving such elementary instruction as could be imparted in his native village, he was sent, when about 15 years of age, to Glasgow, in the University of which he successfully cultivated classical literature, and acquired the rudiments of medical science. At this period he became the pupil of the late Mr. John Stirling, an able and accomplished practitioner, a dexterous operating surgeon, and an enthusiastic teacher of anatomy in the Portland Street School of Medicine. Under such tuition the strong natural talents of young Macgregor were evoked and matured to such a degree that he became the intimate friend and companion, and ultimately the colleague, of his accomplished preceptor. Before entering on the duties, however, of lecturer on chemistry in the School of Medicine already referred to, Dr. MacGregor had resided for several years in the Glasgow Royal Infirmary as Superintendent and Apothecary; in which institution he conducted those investigations into the nature of Diabetes, which at once stamped him as an accurate observer and an original thinker, and acquired for him a European reputation. The experiments and observations which he made on Diabetes were presented to the scientific world in the form of a probationary essay to the Faculty of Physicians and Surgeons of Glasgow, when he became a member of that body in the year 1837. To Dr. MacGregor belongs the merit of unfolding the true nature and pathology of the dreadful malady just named, and of directing the medical profession to sounder views and more rational practice. This just tribute to minute



observation, untiring industry, and logical inference, has been willingly conceded to our lamented friend; and in all the standard works on medicine which have since appeared throughout the civilized world, the name of Robert MacGregor has been identified with Diabetes.

He was also Physician to the Glasgow Infirmary, where he made some observations on the amount of Carbonic acid given off by the Lungs during the presence of the eruptive fevers.

For a considerable time past, the health of Dr. MacGregor had been much shaken. An inflammatory attack of the lungs, caught, we understand, from emerging on a cold night from the heated wards of the Infirmary, caused his life, about two years ago, to be despaired of; and, although he afterwards rallied so far as to resume his professional labors, the seeds of disease were irrecoverably implanted in his constitution. The end has at last come. His body was removed to his native place, according to a wish he had expressed—that he might sleep his last sleep by the banks of his own beloved Loch Etive.”

#### BOOKS RECEIVED FOR REVIEW.

Snow on Cholera. John Churchill, London. From the author.

Harvey on the Ear. Henry Renshaw, London. From the author.

Brodhurst on the Lateral Curvature of the Spine. John Churchill, London. From the author.

Chauning's Cases of Polypus of the Womb. Boston. From the author.

---

#### CORRESPONDENCE.

---

#### BRIEF REMARKS ON THE CHARGES MADE AGAINST THE ARMY MEDICAL DEPARTMENT, WITH REFERENCE TO THE TURKEY EXPEDITION.

By A MEDICAL OFFICER.

(*To the Editors of the Medical Chronicle.*)

GENTLEMEN,—The correspondents of the London papers, who write from the Camp at Sebastopol, especially the Times, have been eloquent in their abuse of everything done there by the British, during the pre-

sent momentous siege, from Lord Raglan to the youngest Assistant Surgeon and Commissariat Clerk. Lord Raglan will, doubtless, be able to defend himself at a fitting time, and the Commissariat will also, I presume, do the same. I wish to say a word or two for the Medical Department, in which I have passed the greater part of my life.

It is well known, that since the peace of 1815, a most rigid economy has ruled in the War Office, and indeed pervaded almost every branch of the Government. Curtailing expense and saving money have been the dominant motives with the Secretary at War, and I have been informed, and believe, that his clerks have had a direct interest in this, receiving a per centage on all reductions they could discover or effect. Under this influence, the Medical Department, and doubtless others, have been reduced to a state of inefficiency, on the occurrence of any emergency, during the long peace we have enjoyed. This has been demonstrated, as relates to the former, in the course of several distressing epidemics of yellow fever and cholera. Yet, when war with such a power as Russia was impending, it seems to have been considered impertinent to enquire whether our emasculated establishments were adequate to meet the great danger.

When the Eastern Expedition had been determined on, and was in course of preparation, Dr. Andrew Smith, the Director-General of the Medical Department, was kept in the dark, and received imperfect information from Government, both as to the strength and destination of the troops. In February 1854, he was directed by the Duke of Newcastle to afford medical aid, medicines, &c., to a force 10,000 men going to Malta; a fortnight afterwards he was officially informed that this force would be doubled, and would proceed to Constantinople. He had scarcely time to begin to act on this communication when he received a third intimation, viz., that 30,000 men would go to Constantinople, and ultimately to Varna.

Under these circumstances Dr. Smith appears to have exerted himself in a very zealous and judicious manner. He selected some of the best and most active officers under his command at home, and warned them to prepare for immediate embarkation to Malta, and called from the colonies others to take their duties. He prepared a large stock of medicines, and surgical appliances, such as lint, bandages, &c., for the same destination, and according to his orders sent them to the Tower for shipment. When Dr. Smith was informed that the force would be doubled, and tripled, he proposed two additional supplies of medicines, for Constantinople and Varna, increased the number of medical officers to accompany the expedition, and ordered nearly every cavalry Assistant-Surgeon to do the same.

At this time it was generally believed that the allied French, English, and Turkish armies would relieve Silistria, cross the Danube, and attack the Russian on its left bank. Under this impression Dr. Smith sent three medical officers to Vienna, with instructions to call there on an eminent physician, who had made two campaigns on the Danube, and learn from him, and by their own observations, the medical topography of the country about to be the scene of military operations. They were directed to descend the river, survey the country carefully on both sides, proceed by Schumla to Constantinople, and then prepare and transmit separate and full reports.

I know those three gentlemen well. One of them was my Regimental Assistant-Surgeon in 1827. They were men of general and professional ability. They forwarded valuable reports, which the Director-presented to the Secretary at War; and I believe they were sent to Lord Raglan.

During the Peninsular War, especially in the great battles, the British means of conveying the wounded to the rear were defective, and inferior to the French. There were some spring wagons appropriated to this duty, but they were not scientifically adapted to the purpose, and besides, were too few in number. And when the seat of war lay in rugged or mountainous countries the waggons could not approach the wounded, and mules were required. I know that this was strongly urged on the Duke of Wellington by Sir James McGrigor, his chief medical officer, after the battle of Vittoria; and that a long official correspondence on the subject followed. But the defect was apparent, and a new transport organization was projected. It is very probable that if peace had not ensued so soon after, this desideratum would have been accomplished. But the cessation of the war, the pressure of the economical interest, and the hope of long undisturbed inter-national relations extinguished this, and many other military improvements.

Mr. Guthrie, the eminent London Surgeon, concurrently with Dr. A. Smith, the Director General, called the attention of Government to the necessity of establishing some transport like the French ambulances, when the Turkish expedition was in preparation last year; and the latter gentleman devised a wagon, which was submitted to the military authorities, and approved by them. I have been informed that eighteen of these vehicles were sent to Varna. A corps of drivers was necessary, and steps were taken to organize them as soon as possible. Here the Government appears to have made a great mistake, which produced serious bad consequences. Contrary to the strong and repeated objections of Dr. Smith the drivers were chosen from the military pensioners, men of long service, between forty and fifty years of age; discharged for

inefficiency in action, and of intemperate habits. In a few weeks they were found useless; and during the Varna cholera half of those weakened and predisposed by drunken habits, became its victims. On the embarkation of the army at Varna for the Crimea, the wagons were left behind; partly from limited transport, it was said but mainly, I suspect, from the bad conduct and inefficiency of the pensioner drivers. The want of these carriages was felt at the battle of Alma, and the blame fell on the scape-goat of the Horse Guards, the Medical Department.

The Cholera, as is well known, was destructive at Varna and its neighbourhood; and its bad effect on the troops that contracted the disease, but escaped death, were afterwards painfully apparent before Sebastopol. Convalescents thus reduced were weakened both in body and mind, predisposed to Diarrhœa, and peculiarly unfitted for the hard work, privations, and exposure to cold and wet in the trenches, during a long winter siege.

An extensive relapse of cholera took place early in the siege. During this time every medical officer that Dr. Smith could lay his hands on was ordered out, and additional supplies of medicine and medical comforts were forwarded to the Tower for shipment. If some of these arrived late, at wrong destinations, or were lost altogether, the fault did not lie with the medical department. Its Chief, according to his orders and language, transmitted every medical package for foreign service to the Tower, carefully directed, and apprised the officer to whom it was consigned, by Post, of its approaching shipment, and prepared him to take charge on its arrival. This was done in every instance. If, in the hurry and confusion of this great and impromptu expedition, medicines and surgical necessaries went astray, the blame did not lie at his door.

The want of medical officers was complained of at Alma and Balaclava, but this is not to be wondered at. In an engagement every wounded man is apt to consider himself neglected if he is not at once attended to, not reflecting on the wants of others under the same circumstances, and the necessary limitation of the number of Surgeons. We had some hard work in the Peninsular war, and I have heard the same complaints made; but nobody of any intelligence now repeats them. No doubt the fearful cholera epidemic, and the sanguinary engagements near Sebastopol, following one another so fast, demanded greater medical assistance than the Peninsular fighting. And it was afforded. At the Varna embarkation the proportion of medical officers to strength was one half greater than the average of the three last Peninsular campaigns. And considering the War office reductions this fact is most creditable to Dr. Andrew Smith.

The state of the British Hospitals at Balaklava and Scutaria has attracted much attention, and was, doubtless, very unsatisfactory and discreditable for some time. But many persons who exposed the irregularities and foul condition of these establishments, wrote their criticisms on a mere comparison of those temporary hospitals with the regular long established hospitals of Paris and London, without taking into consideration the peculiar difficulties to which they were exposed, and the incessant arrivals of sick and wounded with which the officers and servants were overwhelmed. And there were other disadvantages not generally known. The French, it appears, had the first choice of the buildings intended for hospitals, and, whilst the British waited for permission from the Turkish government, our prompter allies took possession of the best at once without leave, as they had done forty or fifty years before in other countries. The rejected buildings made very indifferent English hospitals, and as the Turks are a filthy people, notwithstanding their baths, great repairs and repeated purifications were necessary, which required time, and this could be ill afforded amidst the daily arrival of hundreds of dying patients.

Never was more severe work performed by medical men, or greater zeal and devotedness shown than during the Turkish expedition, and I may add, never was more successful surgical practice seen than after the battles of Alma and Inkerman. I have it from good authority that eight-tenths of the men recovered on whom capital operations had been performed, a proportion, I believe, much above the result of London or Parisian hospital practice. And the devoted surgeons suffered according to their unremitting exertions. In one month at Scutari eight died. I have received two letters from medical friends of mine at that station, one of which says,—“We are abused in the London papers but I don't regard it. I never worked so hard, nor witnessed such general devotedness to the sick. For the last four days and nights my labor has been incessant, and I have not left the hospital even to take a meal.”

Yet these meritorious gentlemen have been calumniated almost incessantly in the newspapers. The agents and correspondents of the London journals, without definite or full information on military and medical matters, and possessing little judgment to use it, if well informed on such subjects, have painted every thing British connected with the Eastern expedition in the most dismal colors, pandering to a vile propensity in the public mind to find fault. Nor have they been content with exaggeration, but to my certain knowledge have violated truth, and in several instances. Even a very worthy man, I believe, S. G. O., of the *Times*, or the Rev. Mr. Osborne, has done this, carried away, doubtless, by the impulse of the circle around him. When giving his evidence

before Mr. Roebuck's Committee, this gentleman stated that Dr. Spence, President of a Committee sent out by Dr. Andrew Smith to Constantinople and Balaklava to report specially on the Military Hospitals, was Dr. Smith's son-in-law. Thereby insinuating that no impartial report could be expected from so near a relation. I observe that Dr. Smith has publicly contradicted this untruth. The Director General has no child, and my intimate and excellent friend Spence, who was well known to several persons in this city, and perished in the *Prince* at Balaklava, died a bachelor.

The superiority of every thing French over every thing English in the Turkey expedition is uniformly asserted by these writers, and dilated on with much apparent zest. This appears to be at present a popular theme in the newspapers, and the state of the French Hospitals is triumphantly referred to in proof of its truth, relative to the Medical Department. It is probable enough that, considering the earlier establishment of the French Hospitals at Scutari, and the other advantages they possessed, as above noticed, and the fewer admissions into them, when the British Hospitals were formed, the comparison may at first have been favorable to our gallant allies, but I suspect this is no longer the case.

I can assert with confidence that the superiority was on the other side during the Peninsular campaign. In 1814, after the battle of Orthes, a French Hospital, full of wounded, was entrusted to my charge, its medical attendants having retired with the army two days before. I never witnessed any thing so bad as the state of that hospital generally; and the surgery was pre-eminently disreputable. Thirty patients had lost arms or legs— one or two an arm and leg. Of these about one-fourth had died, and most of the remaining stumps were attenuated cones, each with three or four inches of bare bone at its apex. The greater part required re-amputation to save life, the vital powers not being able to throw off the dead bone. Some thus recovered, but with difficulty.

This was in 1814; at that time out of Paris there were few Physicians or Surgeons of eminence; and I know that in the south of France it was not unusual to send a hundred leagues for a Surgeon to perform a capital operation. Things have no doubt improved much since that time, and distinguished professional men may now be found in Bourdeaux, Toulouse, Lyons, and other secondary cities. Still, I think, not in the same proportion as in towns of this class in Great Britain and Ireland.

Our Regimental Hospitals are nearly faultless, but in Military General Hospitals the anomalous and invidious position of the Purveyor is calculated to do mischief. Purveyors are Hospital Commissaries entrusted with the duty of providing food for the patients. Though nominally under the orders of the Senior Medical Officers, they are, *de facto*, the

agents of the Secretary at War, correspond directly with the War Office, and consist for the most part of its confidential *employés*, charged with the duty of preventing waste, and promoting economy. It is not wonderful, therefore, that some of these officers should abuse their privileges, refuse to purchase articles sanctioned by the principal Medical Officer, and even make unfavorable reports of him to the War Office, and accuse him of thwarting the economical views of the Secretary at War.

As one proof of the extent to which the system of shabby economy has been carried by the War Department, I may state the following small fact. Whilst the head quarters of the writer's regiment were stationed at Enniskillen, in Ireland, in 1823, he was detached at Cavan, forty miles distant, being then an Assistant Surgeon. One day he received an official order to proceed immediately to head quarters, the Surgeon having been attacked with sudden and dangerous illness. The writer started in the mail coach an hour afterwards. In a few days the Paymaster applied to the War Office for authority to pay twenty-three shillings, the fare of the coach. This was refused, on the ground that the Surgeon's horse ought to have been sent for the Assistant Surgeon, and expense thus saved. It was asked, how was his baggage to be conveyed? The final reply was the horse should carry both! The amount has never been paid, and probably some War Office clerk has been remunerated for suggesting this small saving, by a per centage on the twenty-three shillings.

I have little doubt that many of the complaints of the British Hospitals in Turkey and the Crimea arose from a fear of displeasing the War Office authorities by any remarkable outlay, and a concurrent apprehension that it would not be sanctioned. Indeed the minds of Purveyors, and Medical Officers also, must have been narrowed by being trained in a system of pinching economy, and could not easily expand and adapt themselves to the exigencies of the time. They ought to have reflected that the pressure of public opinion, would make even the War Office liberal, and that their persistence in their old stinginess might now be highly disapproved.

During the Winter the want of food must have caused great distress in the Camp Hospitals at Sebastopol, and indeed it appears strange how any patient could recover in a thin tent, at a temperature about zero of Fahrenheit. I wonder in the general outcry against the Medical Department that this was not laid to their charge.

With respect to the exertions of Miss Nightingale and her companions,

whilst it must be admitted that these have been most meritorious, it may reasonably be doubted whether their ministrations have not been misplaced. Most revolting scenes must have shocked them, and I am surprised that their mental powers could have remained unimpaired amidst all the horrid sights and sounds around them. Doubtless they have been supported by those high principles and that steadfast faith which encouraged martyrs at the stake. Their eminent purity and disinterestedness have crowned their exertions, but long experience has shown that women of a lower character cannot be generally employed in Military Hospitals without evils of the worst kind, and subversion of all discipline.

Whilst the substantial proofs of public sympathy with the sufferings of our troops in this war, and the relief extended to their relations, cannot be too highly praised, it may be questioned whether in some respects this sympathy has not been carried too far, and founded on a mistake. It seems to be the public opinion in England that sick and wounded soldiers necessarily require the comforts and luxuries of delicate females. Now, in the course of 44 years experience, in war and peace, and most parts of the world, I have witnessed the recovery of some thousands of these brave fellows, and received their thanks, yet they never enjoyed the assistance of lady nurses, nor the benefit of muslin bed-curtains, white counterpanes, feather beds, Champagne, or Eau de Cologne.

The Secretary of State for War, it is said, proposes an important change in the government of the Medical Department. The Medical Board in future is to consist of an equal number of eminent civil medical men and medical officers. It is reported that Dr. Andrew Smith, the Director General, has been asked to preside over this Board, and that he has declined, preferring retirement from the service. There is one point in which the civilian members will probably be deficient, namely, quick perception and exposure of the art of simulating disease, or what is commonly called "malingering," in which many soldiers are adepts. This requires a long acquaintance with the habits of soldiers to attain. About forty-five years ago a coalition Board of the description now contemplated was in office, but not long, for irreconcilable differences of opinion took place, and it fell to pieces. And it is not improbable that Lord Panzuro's Board may be equally short-lived, and that the chief authority shall again be placed in a Director General.

Montreal, April, 1854.