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THE MEDICAL CHRONICLE.

VOL. IV.]

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[No. 7.

ORIGINAL COMMUNICATIONS.

ART. XX.—*On the Prevention of Pitting in Small Pox, by a strong solution of nitrate of silver.* By ALEXANDER ROWAND, M.D. Physician to the Marine and Emigrant Hospital, Quebec.

John Henry Smith, lumberman, aged 20; well proportioned and athletic, was admitted under my care, at the Marine and Emigrant Hospital, Quebec, on the 23rd of April, 1856. Three days after admission, an eruption of small pox made its appearance, which soon became confluent. Three days after the eruption presented itself, I applied a solution of nitrate of silver all over the face, of the strength of one drachm of the salt to an ounce of water, which was much stronger than I had heard of having ever been employed before. This was done with the view of preventing pitting, which appeared inevitable, from the severity of the disease and its tendency to confluence. For, in addition to high fever and constitutional excitement, the cutaneous inflammation ran a severe course, in some parts assuming an erysipelatous character, terminating in subcutaneous abscesses. The patient experienced a grateful sense of cooling from the application, which also relieved the distressing itching, and tension from which he suffered, and he begged earnestly to have the wash again applied. The practice was pursued daily till the 13th of May, when it was discontinued. The blackened cuticle now began to peel off, leaving the face perfectly free from pitting, while the hands, in which the disease had been purposely allowed to follow its course, were deeply and numerously scarred.

Other striking beneficial effects were observed to follow the use of this strong solution, besides the prevention of pitting—the inflammation about the face and head became diminished, and the itching and heat were lessened, whilst the application caused no pain, gave rise to no disagreeable odour, and was not followed by any secondary fever. The patient recovered completely from the disease, and is now a servant in the Hospital.

In addition to the above advantages, I believe an important step is attained towards the patient's safety by so materially diminishing the intense inflammatory action about the head, and in such close proximity to the brain; and I am so strongly impressed with its utility in this respect that I shall apply it not only to the face, but all over the scalp, in all future cases.

Having every reason to be gratified with the result of treatment in the foregoing case, I mentioned the circumstance to my friend Capt. Reeve the commandant at Grosse Isle quarantine station, and strongly urged him to recommend a trial of the same plan in the quarantine hospital, when an opportunity should occur. He did so, and it was accordingly tested in four cases, during the following months of June and July, with the most satisfactory results.

These cases have been reported in the October number of the *Montreal Medical Chronicle*, by Dr. Von Iffland assistant physician at Grosse Isle, and I have received letters from that gentleman and from Capt Reeve and Dr. George Douglas, the medical superintendant of the station, acknowledging that it was from me they obtained the first idea, as to the utility of a strong solution of nitrate of silver in the ectrotic treatment of small pox. I am well aware that weak solutions of the same salt have been recommended, but from their weakness, they proved irritating and inefficient, and have consequently been abandoned. The solid stick of caustic has been applied to each punctured vesicle, but this process was found to be painful and tedious, and in confluent cases almost impracticable.

None of these objections apply to the strong solution of one drachm to the ounce of water. Its application is free from pain, it has been proved to be highly efficacious, and its employment can be entrusted to a common nurse, or attendant on the patient. Moreover, I would recommend its application to the mouth and fauces. I do not, however, recommend its application to the cornea when attacked with the small pox pustule, as that organ demands special and separate treatment from the surgeon.

I have ventured to publish the above case from a firm belief in the superior advantages of the remedy in preventing pitting, and likewise as an antiphlogistic agent of great potency, for I am fully convinced that its more general use will not only prevent much disfigurement, but tend materially to lessen the danger to the life of the patient, and I trust I shall also be pardoned for claiming to be considered the originator of the plan, a step which has, however, been rendered unnecessary by the frank admission of my friend Dr. Von Iffland.

Of course my readers are not to suppose that in the foregoing case, or in those reported by Dr. Von Iffland that constitutional treatment was neglected.

XXI.—Nitrate of Silver in Small Pox. By A. VON IFFLAND, M.D.,
Vice-President College Physicians and Surgeons, C.E.

In my article published in the October issue of the *Medical Chronicle*, on the ectrotic or abortive treatment of small pox, with a *solution of the nitrate of silver*, you cannot but have perceived, that I assumed no other merit, than that of successfully testing the application as suggested to me, by Dr. George Douglas, (and to whom, as I therein observed, it had also been suggested). Indeed, I did not in the least, attempt to discover any new fact, but merely verified one, already *expressed*, and now, I am happy to announce, even *tried* by a distinguished member of the profession,—Dr. Alexander Rowand, and, I have therefore only to hope, that I have been chiefly instrumental in awakening general attention to it, and thereby, extending the benefits of so important an ectrotic in that loathsome and disfiguring disease, the *small pox*.

The importance of obtaining a modifying power over the variolous pustule, had engrossed my attention for a number of years. I have brought to the test, independent of what may have originated from my own mind, almost every means, which had been considered by several gentlemen prominent in the profession, as efficacious in preventing the maturation of the pustule, and the subsequent pitting. The sulphur ointment, tincture of iodine, mercurial ointment, thickened with starch, and even the pure nitrate of silver, have all, from time to time, been employed by me, but with no very satisfactory result, at least, they more or less, possessed such properties, as to render them, if not dangerous, highly objectionable, and sometimes impracticable in *confluent small pox*.

It now remains with me to observe, that nothing but a sense of moral obligation to the human family, as well as the interests of science, has induced me to recommend most earnestly to the members of the profession, a solution of the nitrate of silver, in the form prescribed in my article as the safest, and most efficacious application, which in the present state of our knowledge, can be employed as an *abortive*, in the incipient, or more advanced stage of the eruption in *small pox*.

For this important and valuable application, second only in consideration, to that of vaccine inoculation, the claim of priority (in Quebec*) appertains alone to *Doctor Alexander Rowand*, and I am happy, in common with his numerous professional friends, to recognize it. His zeal and activity in the cause of practical science is well known, and his labors in the field, cannot fail to bring forth useful fruits.

Grosse Isle, 23rd October, 1836.

* (The parenthesis is ours.—Eds. MED. CH.)

XXII.—*Removal of large Adipose Tumour from Right Labium.* By Dr. R. WIGHT, St. John's, C.F.

Madam B—, aetat 68, French Canadian, a hard working woman, consulted me about the removal of a growth of the genital organs, and gave the following particulars:—30 years ago was delivered very quickly of her third child; immediately after which she discovered a large hard swelling of the right labium pudendi, for which little or no treatment was adopted. During the succeeding eight years, had several children, and experienced some little trouble from the tumor, which continued to increase slowly and steadily, interfering more or less with each act of parturition. For the past 22 years, that is since the cessation of the catemenia, the tumor has increased more rapidly, and from its great weight and size, causes much pain, and gives her a very peculiar, waddling gait, remarked by all who see her going or coming from market, or while engaged in harvest work.—Has derived no benefit wearing a suspensory bandage, or any other contrivance of a similar nature.—

On examination, the tumor presented itself between the thighs, extending from the vulva to the knees, attached to the right lab: pudendi by a large pedicle, 6 inches by five in diameter—three inches long and gradually expanding into the body of tumor, which measured 14 inches in length and 26 inches in circumference. The pedicle was formed by the drawing down of the labium pud: the inner or perineal aspect being covered by the fine red and delicate mucous membrane of vagina, whilst the outer or crural was coursed over by numerous and tortuous veins. The skin covering the tumor itself was very coarse, and resembled that of elephantiasis. She complained that latterly the dragging down pain was constant and intolerable, and “felt as if the weight of the tumor would draw every thing out of her:—General health good, glands of groin unaffected, and patient very anxious to have the enlarged mass removed.—

Having determined, that it was not malignant, but most probably an adipose tumor, and removable by knife, I obtained the assistance of Dr. Kingdom, R. C. R. and Dr. Bissonette and on the 10th inst. removed the same.

After placing the old woman on the table, as for lithotomy and bringing her under the influence of chloroform, a knife, such as is used for amputation of the forearm was carried through the pedicle, a little towards the inner aspect, and by pushing it downwards and inwards, an internal flap was formed. Replacing the knife where it entered, and carrying it downwards and outwards an external flap was formed, and the body of the tumor completely detached and removed. Several arteries spirted

freely, but were instantly restrained by the application of, as many fingers, six required ligatures, and as soon as the oozing ceased, the edges of the flaps were approximated, five points of suture made, cold water dressing applied, and the patient placed in bed on her back. During the operation, she lost about twelve ounces of blood, union by the first intention took place throughout the wound; on the fourth day the sutures were removed, and on the eighth the ligatures came away, the cold water dressings were changed for warm, cicatrization perfected, and she is now up and engaged in her usual domestic affairs.

The growth proved to be an adipose tumor, with its cyst of condensed cellular membrane, and weighed 12½ lbs.—It is now in course of preparation for the Museum of McGill College.

It is very seldom that the surgeon meets with such an enormous disjunct tumor of labium pudendi—I have not been enabled to find the record of any such.—The swelling which the patient discovered immediately after delivery, thirty years ago, was probably “thrombus,” formed by the rupture of one or more small veins; the fluid parts of which being absorbed, left the more solid; these became organized, and being supplied with vessels from a adipose tissue, gave that character to the tumor. How it could have been mistaken for hernia is remarkable, having the history and progress of the case so clearly described by the patient, not to mention its situation and absence of impetus on coughing, &c. &c.

S^t. Johns, C. E., October 20, 1856.

XXIII.—*Case of Spina Bifida, with Post-natal Hydrocephalus*, in which the operation of Paracentesis Capitis was performed 17 times.
By J. B. GIBSON, M.D., Clarenceville, C.E.

On the 17th December, 1855, attended Mrs. N—in her confinement. She was delivered of a male child, which, upon examination, was found to have a tumor that was situated low down in the lumbar region, of the size of a couple of goose eggs. It was soft, impressible, and fluctuating, presenting all the ordinary character of the swelling, familiarly known as hydro-rachitis, or spina-bifida; a third of its surface, however, was peculiar, from presenting a raw appearance, and discharging a thin, watery fluid. Co-existent with this local condition, the lower limbs were partially paralyzed. These circumstances caused me to give a very unfavorable opinion as to the probability of the child's surviving for any great length of time. The tumor was dressed with ung. simplex, and I left it, expecting that I should soon hear of the death of the infant.

On the 28th December, I was sent for to see the child, as the parents were anxious to have something done for the tumor; and hoping that it might in some way or other be made to heal, I prescribed a mild astringent lotion, without, however, any further expectation than that it would lessen the secretion constantly pouring out from the exterior. The result supported this view, for under the use of the application the abraded surface cicatrized. Almost simultaneously with the stoppage of the discharge, the head began to enlarge, although I was unaware of such being the case until re-sent for on the 28th January, 1856, I then discovered that the infant was labouring under well marked symptoms of hydrocephalus. The medical treatment (mercurials, diuretics, &c.,) usually adopted in such cases was tried but without deriving any benefit from it, as the head kept on enlarging until the 24th April, when it had attained the size of $26\frac{1}{2}$ inches in circumference, and 17 inches from ear to ear over the vertex; it was furthermore remarkably tense, so much so that, to the anxious eyes of the parents, it seemed on the point of bursting. No amelioration occurring after a continued perseverance of the above remedial measures, but the case becoming rather the worse, at the earnest solicitation of the parents that something more might be done for the relief of the child from its evident distress, I advised puncturing the Brain; another physician was sent for in consultation, and on the 14th April I performed the operation in the usual manner. Half a pint of a transparent colourless fluid was drawn off, and the head was then carefully bandaged, the child apparently experienced much relief from the operation, and none of the evil results occasionally witnessed were entailed. The paracentesis was repeated on April 19th, 26th; May 5th, 19th, 23rd, 29th; June 9th, 16th, 23rd; July 8th, 15th, 23rd; August 1st, 11th, 18th, 25th, making in all 17 times; the amount of fluid drawn off at each operation gradually increased until it measured a pint. But besides these copious evacuations a yet larger quantity of serous liquid absolutely escaped, since after each operation an unknown leakage drained away for 1 or 2 days until the puncture healed, and it probably exceeded the amount measured at the time of the operation. After the tapping of the 26th August symptoms of encephalitis manifested themselves, and the child died on Sept. 1st. No post-mortem examination was performed as I did not think it necessary to urge the propriety of it, in opposition to the feelings of the parents. Nor was there any reason to expect the presence of any deviation from the pathological peculiarities of similar cases. The cranial bones were distinctly disarticulated from each other and floating as it were on the fluid beneath. I was inclined to believe that the encephalitic symptoms were rather of the cerebral than the meningeal type,

and arguing from this it is to be assumed that the hydrocephalus was of the ventricular type, or that species in which the brain is distended into a bag of thin nervous pulp in contradistinction to the second variety, in which from the fluid being extra-peripheric in location, the brain is flattened down towards the basis cranii in a laminated like manner. If this opinion be correct the case is further interesting by shewing how much injury the brain can sustain without a serious result, for from the effect of the 16 operations, antecedent to the last, the recovery was perfect. The fluid was secreted with amazing rapidity after its abstraction, so that the original volume of the head was but very temporarily reduced; that withdrawn on the 11th, 18th and 26th August, was of a dark reddish color, at all other times it possessed the properties and appearance answering to the description of it above given. The preceding case is encouraging to future operators, by assuring them with what extraordinary frequency and comparative impunity paracentesis capitis may be undertaken. As a surgical procedure, simply, the puncture created is neither destructive nor untoward, and under this consideration the case adds another link to the chain of evidence that already has been collected by inquirers in substantiation of the little apprehension that is to be entertained of the consequences of encephalic wounds when placed under favorable circumstances. So long as the system possesses strong recuperative powers, it is capable of effectively defending itself from the covert invasions of the inflammatory conditions, we are taught, must necessarily co-exist during the progress of reparation from such injuries. And how forcibly is this truth impressed upon the mind of the observer in witnessing recoveries without the entailment of a single bad symptom, after losses of brain-substance from violence, such as in the catastrophe described by Dr. Harlow, (Ranking's abstract, 1849,) of an iron bar passing harmlessly through the skull; or again, as is perhaps less often noticed in the perfect exemption, from ulterior consequences of a dangerous kind, that patients enjoy who die afflicted with a hernia cerebri, since in them it is quite common to see portions of the protruding brain actually cut away by the surgeon, or the same parts slough from their outward exposure, and yet in neither case is positive harm incurred. Examples like these seem confirmatory of the proposition advanced, by shewing not so much depends on the condition of the parts or its importance to life, as rather on the anterior or concomitant states of the vital powers. For if now the opposite states be contracted, states of life in which these energies are depressed or worn out by previous disease as in fever, or oppressed by an accumulating train of sickly events, as in scrofula, we find that their inherent recuperation is incapable of exertion or else in the struggle to assert its dominancy, it is

led by the inclinations of disease into a perverted action. It is under unpropitious circumstances like these that the slightest injury or wound turns out bad and ends wrong. Of this abundant proof could be adduced. Applying then these reflections to the case above reported, we would seem to have an explanation of the final establishment of encephalitis, for as long as the recuperative powers were sufficiently competent, the danger of the operation was averted, but as they grew enervated by the protraction of the original disease, then reparation was supplanted by a fatality—the simple restricted inflammation of the former passed uncontrolled into an action of a higher grade. Extending now these observations to the general question of the propriety of paracentesis capitis in cases of hydrocephalus, it would seem we had an easy guide offered us for our determination of the uncertainty in any individual case, by giving a due estimation to the condition of the constitution of the patient. This certainly appears to be a trustworthy indication, and I think the facts now advanced—demonstrate that the operation in itself is not dangerous and is not precluded from employment as some surgeons once supposed by any such fear. Nor would it seem that one form of hydrocephalus more than another, is preferable in an operative point of view, in opposition to the opinion that has been elsewhere expressed, which contends that in the external variety there is less risk of subsequent evil than in the internal form, because the preceding serves to shew that in the latter the supposed source of danger has in reality no existence. And in conclusion I would remark it is well for practitioners such an equal immunity should prevail, for, I believe, it will be generally granted, it is impossible during life either to diagnose the one kind of intra cranial dropsy from the other, or to fix correctly upon the precise seat of encephalic inflammation, whether it be meningeal, or cerebral, or both.

XXIV—*Powerless Labour*—great sloughing of the *vagina*. By S. J. STRATFORD, M.R.C.S., Eng., Auckland, New Zealand.

About 4 o'clock on Wednesday, 7th May, 1856, I was called upon, by Mr. D, residing in Auckland, to go and see his wife, who was in labour. I was told that Dr. P. was in attendance—had been called at about 5 o'clock on Tuesday morning—said that he should not be wanted for some time—went away and returned about 4 A.M. He now remained as the pains were becoming severe; they gradually increased, and by 3 or 4 P.M., they were very severe—so much so, that the women in attendance, were urgent that the labour should soon terminate. Dr. P. now

stated that the child's head was coming along well, and was so low down as to be within *less than* an inch of the world. The pains still continued excessive, and upon enquiring the reason that the child did not come along, Dr. P. stated that the bone behind delayed it, but it would soon come. Still the pains were extremely severe, and all parties expected the immediate arrival of the child; which the Dr. promised should be *here directly*, for 8 or 10 hours.

When I arrived, I saw Dr. P., who desired me to make an examination. I did so, and found the tumefied scalp of the child, slightly protruding at the os externum during a pain. I now examined the os coxygis and found it unyielding. It was evident that the head was arrested against it, and could not pass. It should be said that this was the first labour, and the patient stout and well made, but upwards of thirty years of age. The perineum was soft and yielding, with a copious fetid discharge, which gave out a bad odour into the room. The parts were not hot, and dry, but appeared particularly flabby and insensible. I found the patient dreadfully excited, throwing about her arms, and imploring assistance. This excitement was so severe as to approach convulsions; and the attendants said that she had been raving, so that they became excessively frightened. Dr. P. and myself entered into the next room to consult. I pointed out to the Dr. the danger of the case, and recommended the immediate employment of the forceps. Dr. P. now declared that he had an insurmountable objection to the use of forceps on first cases. I was surprised at the declaration, and declared that unless they were used, and that speedily, some severe injury must be the result, if it had not already occurred. Still he objected. I spoke of ergot of rye, and it was agreed that it should be exhibited; but if that was not sufficient to advance the head, would he not use the forceps—he said, no! I then stated that I judged the symptoms so urgent, that I would take upon myself the responsibility of using the forceps, if he still declined—as I was sure that a little assistance would bring the head of the child past the os coxygis; speedily effect the delivery, and put the woman comparatively out of danger. As soon as the infusion of ergot was ready, it was offered the patient to drink, but she objected to take it unless we gave her chloroform. She said the pains would come back again, and they would be more than she could bear. At last she was persuaded, and had scarcely swallowed it, when the Dr. declared that he was sick and tired, and would go home. He did so.

I now got the patient removed to a larger and more commodious bed, than the one she was lying in; sat down and watched her attentively: I saw that she was getting wild and incoherent; the skin was bathed in a cold sweat. The pains returned occasionally, but, notwithstanding

the ergot of rye, was valueless. Pains more of a grinding than forcing kind, showing that the labour was declining. I watched attentively the operation of the pains upon the head of the child; the head slightly descended, but it was with trifling impulse, so that they were not able to force the head past the os coxygis, which was plainly the obstructing cause. I should also remark that the patient's face was swollen, her countenance excessively anxious and discoloured, the lips were blue, and the upper lip greatly swelled, which the attendants declared was from biting it during her excessive pains; they said these pains had lasted day and night; they said she was so much easier that they felt quite relieved, for she had pulled them about with extreme violence.

Finding no effectual pains to follow the ergot of rye, I at once resolved to relieve the patient with the forceps. She prayed that it might be done speedily. I did not examine if the child was alive or dead, for the head was so low that I was sure that I could give immediate assistance. After the usual preparations, I introduced first one blade and then a second, with the utmost facility; immediately brought them to a lock, and had a slip-knot tied around the handles. During the operation I desired the woman to tell me if I gave her the slightest pain—she complained not, and I was surprised with what facility I locked the instruments, without an assistant hand to guard the perineum, which is apt to be pinched by the handles of the forceps—so lax was the woman's perineum. Waiting for a pain, I now enquired if the introduction of the instruments had given her any inconvenience; she said not the slightest. A pain came by one or two movements with the instrument, and by a small amount of traction, the head of the child passed the os coccygis (at least that portion that lodges against the bone), at one pain, and descended low enough for me, by pressure behind the os coccygis, to retain it in position. The forceps were now quickly removed, and assisting the next pain with my hand, the head was born. I hurried the body along as fast as I could by hooking my fingers into the arm pits, but it descended very slowly, notwithstanding that abundant pressure was maintained above the pubes. The body was now born, the external parts yielding with the greatest facility, so much so, that I am perfectly certain that there was not the slightest laceration.

Attention was now given to the child; a hot bath was in readiness, and I proceeded to employ artificial respiration, but I found the child dead and *stiff*. When I tried to bend the arm it would not yield. The body was firm and incompressible, and it was evident that the child had been dead for a considerable period.

We now returned to the mother, and soon after assisted the after-birth, which came readily away. A bandage and towels were applied,

and the patient now expressed her gratitude for the relief she felt, and declared her belief, that she never could have been delivered without the use of the instruments. That they gave her no inconvenience, to be compared with the horrid pain she had experienced, for the last twenty-four hours.

When the child was born, it was observed that the unpleasant smell was greatly increased, and offensive brown-looking matter covered its skin, and ran from its mouth.

I now left the patient in a state of comparative repose, but when I returned in the evening, the attendants pointed out that the bad smell was very unpleasant. I advised them to examine if they could find any cause for it—they did so—and called me to see the dreadful state of the parts. One mass of slough, presenting the most frightful appearance, I ever saw in such a case. I particularly examined to see if I could find any laceration of the parts; they were black, but firm and continuous.

The next day, finding the patient had not made any water, I endeavoured to introduce the catheter, but could not find the orifice, the parts were so swollen and charged. I used hot fermentations, &c., and after a little time she made water pretty freely, but not to my satisfaction emptying the bladder. In a day or two the slough began to separate, and I now tried again, and drew off considerable water, and continued the use of the catheter until the tone of the bladder was restored.

The parts were now almost completely cleaned, and have regained their normal sensibility; for, curious to say, that when I examined them on the second day, she had scarcely any feeling in the parts, so insensible had they become, from the pressure or irritation of the child's head. The patient has often complained of pain at the extremity of the bone, (the os coccygis) and this appeared to be increased on going to stool, as though the bowels had been injured in some degree, by the pressure of the child's head.

It is worthy of remark that she had a slough upon the arm, from an injury received during the violence of her struggles, and is still deficient in the power of the left arm from the same cause—while the ribs into which the abdominal muscles are inserted, are still in considerable pain upon any inordinate motion—showing the enormous amount of power expended in the vain attempts, before the head of the child passed the os coccygis.

From the facts now advanced, I think it is plain to the meanest capacity, that the woman was in imminent danger; that the indications of the employment of the forceps were surely evident; that the case demanded immediate relief at any risk, and in the most speedy manner possible, while the result has fully borne out my diagnosis, and explained

the symptoms of great constitutional irritation, which presented themselves. Dr. P. declared that he would not agree to the use of the forceps—by which declaration I was placed in a most painful position—destined to see the poor woman suffer, or die on our hands, or to act upon my own responsibility. I was sure I could give her immediate relief, and with little or no inconvenience. I weighed the matter in my own mind, and resolved that the woman should not be without assistance, be the consequences what they would. Dr. P.'s departure at once left me free to act as I judged best.

I may have erred in etiquette to a brother practitioner, but I am sure I fearlessly did my duty to the poor woman. I was sorry the urgency of the case obliged me to take the patient, in any measure, out of his hands. I told him so, and urged him to the only course left for us to pursue, but he would not comply. I am certain that after I had been called in, and saw the grave symptoms which presented themselves, I owed a duty to her which was paramount to every notion of professional etiquette. With her it was life or death, or certain deformity, which is, perhaps, even worse than death itself; agreeable to her speedy delivery or not. No doubt she experienced a great amount of suffering, but I am happy the reparative process has comparatively healed the parts, without opening up the rectum or injuring the bladder or urethra.

Reflecting upon the history of this case, I would ask why should the forceps not be employed at an earlier stage? If they had been used some eight or ten hours sooner, would not the child have been alive? while we are sure the mother would have been saved an enormous amount of suffering. No person in his senses would desire to use the forceps if the head was still descending, but with the os uteri perfectly dilated, and the head pressing upon the perineum—the pains severe—and no advance made in a reasonable time, say an hour or more, surely it would be safer to employ the forceps, than have the mother and child to struggle on without assistance. I would maintain that it was better to use the forceps *too soon*, than by an *unwise delay* to hazard the life of the child, and the safety of the mother. I think such cases are not unlike a recent strangulated hernia, where we delay the operation until mortification has happened, or is about to happen, so that by our timidity, we cast an unjust obloquy upon the operation. In this case ignorance or prejudice may accuse the forceps of the mischief that occurred while, if they had been employed at an earlier stage, such ill consequences would never have happened.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXIV.—*A treatise on Therapeutics and Pharmacology or Materia Medica.*

By GEO. B. WOOD, M.D., late President of the College of Physicians in Philadelphia, Professor of the theory and practice of medicine in the University of Pennsylvania Hospital. One of the authors of the United States Dispensatory, author of a treatise on the practice of medicine, &c., &c. In two vols, p.p. 1741. Philadelphia: J. B. Lippincott & Co. London: Trubner & Co. Montreal: B. Dawson. 1856. Price 40s.

We are indebted to the American press for several works of originality upon materia medica, as instances, may be specified, the treatises of Chapman, Bigelow, Bell, Paine, Harrison, Eberle, Dunglison, Mitchell, Tully, Wood, and Bache,—which, as productions of personal merit, are of a high order and deservedly esteemed. To these another has been added, that, we are persuaded, will not dishonor its forerunners. On the contrary, we predict it will occupy a prominent place in the front rank of excellence, and, therefore, we experience pleasure in entering upon its review.

The history of medicine is signalized by the many controversies that have been waged from *æra* to *æra*, concerning the nature of diseases. Of these the one, most talked of now, was that which subsisted between two contradictory schools. According to one school all diseases were seated in the fluids of the body, while the opponent contended for their residence in the animal solids. The espousers of these respective theories soon became illustrious, those of the first were named humoralists, and the holders of the last were designated solidists. Of course, as in every other *casus belli*, each champion believed himself to be infallibly right, and his adversary egregiously wrong. Both saw their days of fame—both rose and sank. It is not our purpose to dwell further upon them at present; we still have fragmentary evidences of their conception, but happily neither are now upheld with the same illiberalism they once were. Some think pathologists are again taking up exclusively fluid-like notions and returning to the primitive belief of their ancestors, but we believe instead of such a revolutionary system, men of our age are pre-eminently characterized by a tendency to form combinations in their views, and so harmoniously blend together antecedent disagreements. Hence, it is that we hear from the same individual opinions upon one subject that are purely humoral, and others on a different topic which are strictly solidical; and we find the pathology of to-day a double

one, in which is written descriptions not only of the abnormal organs but also of the morbid fluids of the body. Out of the ancient stock of humoralists, and solidists sects sprang up who narrowed down the old ideas to a very small compass. One referred disease in general to the blood, while the other settled it wholly in the nerves. Very interesting, indeed, is it now to learn that the modern opinions, as published, concerning the *modus operandi* of medicines is precisely identical with those just decried in explanation of the nature of diseases. Among pharmacologists there is discoverable a restrictedly humoral, and an exclusively solidical belief. By the first class all medicines are asserted to act by the blood, while from the other we are told that these agents act through the nerves. A few, however, remain who are less dogmatical and more conciliatory than the former, and admit that remedies may act through both channels. Undoubtedly an amalgamation such as this, is to say the least a safe resource, particularly for those who feel, with Sir Roger de Coverly, that a great deal may be said in favor of and against both sides. Dr. Wood is of this class; he inclines to the action by blood, but cautiously concludes his observations on operation through the nerves with these significant remarks: "It is, therefore, I think, premature to reject altogether this mode of medicinal operation, and, indeed, it is not impossible that some substances may operate in both ways, giving rise to an impression through nervous transmission, which may be afterwards strengthened and perhaps modified by the immediate action of the medicine through the circulation."

It has always appeared to us remarkable why these two kinds of action should be considered antagonistic, and, yet more singular that they should have received the attention they have engaged. Antagonistic, they certainly are not, for after an elaborate investigation of the entire discussion what is the honest and simple conclusion that must be forced upon the unbiased mind of a candid inquirer after truth. Why, truly, this, that each theory at most only explains *the channel* by which medicinal substances or influences are transmitted through the system after having been applied to a part. And that even after granting the accident at times of the double action or coalition movement, such as Dr. Wood has stated, or yet further, admitting it in any of its modifications, as in the hypothesis of Morgan and Addison, only differing from Dr. W.'s in a reversal of the order between nerve transmission and circulation:—Even after multiplied concessions, we reiterate, like these the fact is indisputable, that neither theory throws any light upon the *real* *modus operandi*, but each, at furthest, implies that medicines are conveyed to some distant organ, from changes in the normality of which the therapeutical effects proceed, and thence radiate or extend else-

where. The ultimate end, then, of blood-circulation or nerve-propagation is to transmit the substance or influence to a part secondary to that of primary contact. There is unquestionable proof, inasmuch as it is ocular, of the vessels being channels for medicinal substances, and that the latter are absorbed, circulated and eliminated; while there is, morally speaking, just as strong evidence, because it is incontrovertible, of the nerves being channels for medicinal impulses, and that the latter are received, conducted, and extricated. And in receiving these facts, can we reject the obvious inference, proceeding from them, to the effect that the nerves are the media by which actions are transmitted, while the blood is the conduit through which the materials for action are conveyed. From such a *point d'appui* is it not therefore obvious, that the two theories are not antagonistic, since in reality the one must dovetail into the other, and either be subservient to its fellow. Innervation cannot be instituted without circulation, and *vice versa*, circulation is dependent upon innervation. The nerves can only conduct an immaterial principle, in other words an impulse; and the blood is on the other hand a distributor of physical agents, such as are in point, viz. drugs:—To return now to the second opinion we have expressed of these theories. Let us ask, do they merit the importance they have obtained? The negative answer is that which must be pronounced, and it is sustained by what has been previously advanced. Do we get the right understanding of the *modus operandi* of a remedy, by curtly saying it is a blood medicine, or it has induced its action by nerve influence? In such an assertion we cannot discover anything bordering upon a rational intelligence, much less of a lucid interpretation, for as the poet says—

“ In other garb my question I receive,
And take my doubt, the very same I give.”

We can simply apprehend a mystified expression for the fact expressed, and are left as much as ever in the dark about the true causation. It has naturally appeared strange to us to find authors constantly stop short in their inquiries, after deciding with complacent satisfaction whether the humoral or solidical action was the more correct one. And it was with no slight gratification we found Dr. Wood describing the *secondary operation of medicines* or the action manifested subsequently to blood or nerve agency. He describes this operation as producible in 7 ways. 1. By depression following excitement. 2. By the reaction following depression. 3. Through the dependence of function. 4. Through the principle of sympathy or nervous transmission. 5. Through the principle of revulsion or derivation. 6. Through the efforts of nature to repair injuries. 7. Through the removal of the

cause. He enters upon the details of each in the 3rd section of the 1st chapter. Passing onwards Dr. W. proposes the inquiry, "*what her the effects (of medicines) are organic or functional.*" And we think he has offered a happy solution of it. Considering organic effects to imply such as are attended with appreciable change, he believes they may occur under different conditions. In the more intense, as decided transformations of texture, as in the action of chemical agents—or less obviously in an alteration in cell-existence. His words are "now it may be readily conceived that a medicine affecting the secretory function of an organ, shall act simply by increasing or diminishing the rapidity of the cell-action; that in the time required in health for the throwing off and replacing of a certain number of cells twice the number may undergo the same process in the one case, or only half the number in the other," according to which, of course, must be the quantity of blood in, and passing through the organ at a given time, and the amount of product actually secreted. And again, in like manner the *quality* of the secretion may be changed, by assuming the blood or pabulum to be mixed with foreign materials as drugs. These things are examples of organic effects; the fact of functional effects inducible by medicines, separately, from any organic change is not however entertained.

Proceeding forwards, we find our author considering "the modes of therapeutic action." These he arranges under the 12 following heads "1. Depletion; 2. Repletion; 3. Dilution; 4. Elimination; 5. stimulation; 6. Sedation; 7. Revulsion; 8. Supersession; 9. Alteration; 10. Anti-Causation; 11. Chemical action; 12. Mechanical action;" and the whole severally discussed in a clear and comprehensive manner.

The action of medicines is still further continued under the various classes to which they belong, where generic modes are considered as well as under the description of each particular agent, where special differences are particularly portrayed. The classification Dr. W. has adopted is based upon the same principle, as the original Cullenian arrangement, which Murray, Paris, Thomson and others, who have followed the great originator have more or less modified. Dr. W. divides remedies into two great classes of systemic and non-systemic. The systemic "operate upon the system," and the non-systemic "upon extraneous bodies accidentally contained within the system." The systemic are subdivided into general and local. The general, 1st into stimulants, 2nd sedatives, and 3d alteratives. Under the 1st are comprsed, *a.* permanent stimulants, as astringents and tonics; *b.* diffusible stimulants, as the arterial and cerebro-nervous, the latter being either nervous, cerebral or spinal. The 2nd is divided into *a.* arterial; *b.* cerebro-nervous, either nervous or cerebral. The third is undivided. Local reme-

dies are arranged in a tripe way ; into those, 1. affecting the functions, as emetics, cathartics, diuretics, diaphorics, expectorants, cholagogues, emmenagogues, uterine motor-stimulants, sialagogues, errhines. 2. Affecting the organization as rubefacients, epispastics and escharotics. 3. Operating mechanically as stimulants, emollients, demulcents and protectives. Non-systemics are but of two sorts, either antacids or anthelminthics. It were perhaps easy to take exception to this classification, by objections raised not so much against the manner in which it has been effected, as against the principle upon which it has been founded. But this would not then be altogether fair to the author, who, considering the faultiness of the plan by which he worked, has probably elaborated a less objectionable form of arrangement than his predecessors who have built upon the same model, so that we may say of his classification as the learned Dr. Samuel Johnson said of Dr. Watts, "devotional poetry. "It is sufficient for Watts, (Woods) to have done better than others, what no man has done well."

As further instances of Dr. W's mode of treating this important subject, with which we first started, we adduce the following example :— The acting of the class of astringents it is well known has been hazily defined, and hence given rise to much improbable conjecture. In reference to it, Dr. W. remarks, "the following appears to me to be the true explanation of the phenomena, as far as they are at present susceptible of explanation. All the living tissues have a certain degree of vital cohesion essential to the due performance of their functions; and this cohesion probably depends on a property of organic contractility, which is called into action and sustained by the healthy stimulus of the blood and nervous influence. If these fail, the cohesion diminishes and a condition of relaxation takes place. Now astringent substances have the peculiar property of stimulating this organic contractility; and it is this property by which they are characterized as a class of medicines. All that we know upon the subject is, that in consequence of the contact of these substances with the tissues, the contractility of the latter is called into action and they shrink." We admire these passages for, as we take it, their display of medical sense and manly frankness, which are good solid possessions too seldom met with. Of a similar order are the pertinent remarks, on the action of cod liver oil, "the best explanation, I think of its operation is that it possesses the power of directly stimulating the blood-making and nutritive functions, in a manner analogous to that of other tonics, and in certain cases more effectively than they." "It does not simply fatten. It improves the digestive

process, increases the proportion of red corpuscles in the blood, and invigorates the whole nutritive function."

The discussion of the merits of each class of medicines comprises chiefly certain general remarks, mode of operation, effects on the system, indications and therapeutic applications. Upon the conclusion of this, the various members of the class are introduced seriatim and particular references specially had regard to the full statement of the following points relative to every individual substance:—Origin; sensible properties; varieties; active principles; incompatibles; effects on the system; therapeutic application; administration, including preparations. The chief aim of the author has been to produce a work which shall be truly utilitarian in its tendencies and be chiefly suited for the want of practitioners, so that, as he says in his preface, "though aiming at considerable fulness in all that concerns the effects of remedies, the nature of their operation and their therapeutic application, it has no pretension whatever, to be considered as a complete exposition of the materia medica properly so called. Of the natural and commercial history, the sensible and chemical preparations of drugs, the author has endeavored to select such parts as are of direct and immediate interest to the medical practitioner, and without a knowledge of which he can scarcely be said to be prepared to enter upon the duties of his profession."

XXXII.—*Obstetrics: the Science and the Art.* By CHAS. D. MEIGS, M.D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College Philadelphia; lately one of the Physicians to the Lying-in Department of the Pennsylvania Hospital, &c., &c. Third edition revised. With 129 illustrations. Philadelphia: Blanchard and Lea. Montreal: B. Dawson. Quebec: Middleton and Dawson. 1856. Pp. 758. Price 18s. 9d.

The present volume appears to be a complete treatise on the theory and art of obstetrics, and treats with considerable amplitude on the ordinary topics commonly pertaining to this department of science. We believe it is the continuation, or rather a new edition of the work which was published some years ago, under the title of the "Philadelphia Practice of Midwifery," containing, however, numerous improvements upon this, the more primitive issue. Like all the productions of its experienced author it bears upon its pages the decided impress of originality, and no

reader can be without discovering in these writings frequent indications of individual character. These peculiarities are, when properly restricted, significant of the possession by the author of talents of no mean order, for they imply that he is one of the class of vigorous minds who descend from the densely thronged platform of plagiarists to the free field of open inquiry to think and speak for himself. The risk, however, is not infrequently incurred when the "ego" thus takes wing, of the promulgator forgetting both the requirements of humility and those of charity, thereby being rendered as an exhibitor very prone to offend unseemly against his own self as well as his neighbor. And in like manner being induced to pay very little deference to the judgement of others, but to treat his own convictions with an over-weening assurance of their infallibility. This evokes a spirit of dogmatism, and that often ends in actions of absurdity. We have reason to believe such extreme and intolerant bias will not be found to pervade the work; but whether or not the lesser emanations which are sometimes as the immature buds of such a fuller development may be discovered in its pages, we rather than decide, would refer to the investigations of our readers to determine. The following specimen may afford some light in unravelling this question:—referring to Hæmotosis the Dr. lays down the following laws, relative to the subject which we have every reason for believing to be his own, for so far as we know the singular opinions they embrace, are not entertained by any other person than Dr. Meigs.

"3. The only tissue the blood touches is the endangium, which is the lining or interior of the membrane of all blood-vessels. . . . The endangium is the delimitary membrane of the blood. The blood perishes or changes very soon, almost entirely after it escapes from within the endangium. It is converted, or it is coagulated, or it dissolves, or it ceases to be blood upon leaving the cavity of the endangium. 7. Contact with the endangium is essential to that development, since the blood loses its physical character, as soon as it ceases from that contact. *The endangium containing the force that makes the blood.* . . . 8. The endangium is the blood membrane—when it is healthy the blood is so—when it is diseased the blood is diseased. The health of the endangium is as essential to normal hæmotosis as that of the gastro-intestinal mucus membrane, is to the health of the digestive force. . . . 9. Simple diminution in the life force of the endangium produces, the idiopathic forms of anæmia, in which the solid constituents of the blood becomes lessened in quantity, while the aqueous constituent is increased in quantity. 13. The nervous mass acted on by oxygen, gives out the

nerve force, the biotic force, the life force. It does not extricate or give out that force under any other excitor or influence."

XXXIII.—*The History and Statistics of Ovariectomy*, and the circumstances under which the operation may be regarded as safe and expedient; being a dissertation, to which the prize of the Massachusetts Medical Society was awarded, May, 1856. By GEORGE H. LYMAN, M.D., 2-p., 140. Boston: John Wilson & Son. From the Author.

Dr Lyman has entered very fully into the consideration of everything connected with ovarian tumours. His essay exhibits great research, and is well deserving of the prize which it obtained. He gives the following analysis of the results of operation in three hundred cases of ovariectomy:—Of the three hundred cases, the operation was completed, by the removal of the tumour, in 208; which, excluding four not mentioned, gives us $70\frac{27}{100}$. The tumour could not be removed in 78 or one in $3\frac{31}{39}$, or $25\frac{35}{100}$. The tumour was partially removed in 10; or one in $29\frac{3-5}{3-5}$, or $3\frac{37}{100}$. In one case the result is not stated; of the remaining 299 operations, 178 recovered, 120 died; or one in $\frac{59}{120}$, or $40\frac{12}{100}$. Of the 208 cases in which the operation was completed, 119 recovered, or $57\frac{21}{100}$; 89 died, or one in $2\frac{30}{39}$, or $42\frac{78}{100}$. The above gives us, therefore 300 operations for the removal of ovarian disease, of which 119 only were successful in the removal of the disease and the recovery of the patient; or one in $2\frac{162}{119}$, or $39\frac{56}{100}$,—less than two fifths. Of the 78 cases in which the tumour could not be removed, 55 recovered from the operation, or $70\frac{51}{100}$; 22 died, or one in $3\frac{6}{11}$, or $28\frac{20}{100}$; and in one the result is not given. Of the ten cases in which the tumour was partially removed, five died, and five recovered from the operation.

From the facts which he has brought forward, he deduces the following conclusions:—The mortality attendant upon ovariectomy is no greater than it is after other capital operations. The mortality resulting from extensive incisions of the peritoneum is generally over-estimated. Fully developed cystic disease of the ovarium tends rapidly to a fatal result. No method of treatment heretofore devised for it is so successful as extirpation; excepting possibly, that by injection with iodine, of the results from which, we have, as yet, insufficient statistics. The operation is unjustifiable in the early stages of the disease. After active development has commenced, with the supervention of constitutional symptoms, the sooner the operation is performed, the greater the chance

of recovery. No rule can be laid down as to the length of the incision other than the general one,—that, the shorter it is, the less the mortality, and that, therefore, the primary incision should always be small, and extended afterwards as may be necessary, according to the exigencies of each particular case. If, after the operation is commenced, extensive adhesions should be discovered, either the complete abandonment of the intended extirpation, or the attempt to cause suppuration, and gradual contraction of the cyst, by means of a permanent external opening, are to be preferred to the division of the adhesions, and completion of the operation as originally designed.

XXXIV.—*Hand-book of Inorganic Chemistry* for the use of students. By WM. GREGORY, M.D., F.R.S.E., Professor of Chemistry in the University of Edinburgh, and author of “*Hand-book of organic Chemistry.*” Fourth American from the third English edition. To which is added the *Physics of Chemistry*. By J. M. SANDERS, M.D., L.L.D., etc. New York: A. Barnes & Co. 1857.

This well known book, by the eminent Professor of Edinburgh, has lately been issued by Messrs. Barnes & Co. of New York, with valuable addenda, by Dr. Sanders, on the cosmical forces, viz:—light heat, electricity and magnetism. Thus improved it constitutes a concise compendium, for the use of the student in inorganic Chemistry. For in the words of the publishers notice, “Perhaps no person has succeeded so admirably in the accomplishment of condensation, without the sacrifice of perspicuity, and this is what has rendered his work so popular, especially among those whose duty is to teach the science.” The American editor has also been fully aware of these desirable attainments, and in stating his texts has not allowed the wants and capacities of his readers to escape his watchful notice. And lastly, this volume has been brought out in good style, and, typographically, does credit to the press of the publishers.

CLINICAL LECTURE.

(From the *London Medical Circular.*)

On Some Cases of Hernia. By EUSEBIUS LLOYD, Esq., F.R.C.S., Surgeon to St. Bartholomew's Hospital.

GENTLEMEN,—We have had so many cases of hernia in the hospital during the last three weeks, that I will bring some of them under your

notice to-day. You will often hear it said there is never a case of hernia but we may see something new. Now of the cases:—A man, long unwell, aged 49, was admitted the last day of December with hernia on each side, of fourteen years duration; he had previously suffered occasionally from symptoms of strangulation, but the hernia was always reduced. When admitted, he appeared a cadaverous, unhealthy-looking man like one subject to habits of intemperance, and was so at times, on the testimony of his wife. He had tenderness about the abdomen, which was in a tympanitic state, and a large strangulated scrotal hernia, very tender on the right side; he was constipated, and had been vomiting a few hours before. Seeing the condition of the man, with that of the abdomen and of the tumour, I considered there was no time to be lost, and therefore proceeded at once to the operation, and determined, if possible, to reduce the hernia without opening the sac. It appeared to me that if the abdominal cavity were opened, death would most probably be the result. Chloroform was given, and as under its influence the hernia could not be reduced, I made an incision through the integuments, over what felt like a band tightly stretched over the neck of the sac, and appeared to be the stricture. I found it was at the external ring, and divided it, but I could not make any impression on the hernia. I then passed my finger along the inguinal canal, and found a band of fibres constricting the neck of the tumour. This was divided, and that part of the sac being exposed, with some little manipulation the hernia was reduced. He was then sent to bed, and as he had peritonitis and enteritis for some time, I ordered calomel, 3 grains, and one and a half of opium to be taken immediately. I did not want any action on the bowels; the calomel was given to act on the liver, and the opium to tranquilize the circulation to prevent peristaltic action. Next day he was ordered a quarter of a grain of opium, with hydrarg. c. cretā gr. ijss. every six hours. On the 4th of January, he continued his pill every night and morning; but the next day, the 5th, the bowels were open, and from that time to the present, the bowels have acted without any assistance. There was in this case a complication present, always most undesirable in a case of hernia. The patient had long suffered from chronic bronchitis, with constant cough, which would have interfered with the healing up of the wound constituting another reason why I would not open the sac. He had half a grain of opium every six hours for his spasmodic cough. If there had been mucous secretion, I would not have given opium—here there was not. I am always very careful not to give opium to a great extent where there is much mucous secretion. On the 14th the cough was much relieved, and a pectoral mixture ordered, and from that time he got well. He is now only waiting for his truss. He has had almost from the first ale and porter. I have no hesitation in saying that if this case had been treated as cases of scrotal hernia used to be, by an incision through the whole length of the scrotum and sac, he would have died. But the sac was not opened, and he went on well.

On Sunday evening, a woman aged 47, was admitted with a large hernia of the right side. On the Friday evening previous, she had violent sickness and vomiting, which became stercoraceous. The taxis

was employed and castor-oil, &c., administered, all of which she brought up. The hernia extended to the anterior superior spine of the ilium. She had a warm bath on admission, and an attempt was made at reduction without success; this had been previously tried by a surgeon before admission. This was one of the largest cases of femoral hernia I ever observed. It extended towards the internal ring, across the symphysis pubis, and externally to the anterior superior spinous process, occupying a space, perpendicularly, of $3\frac{1}{2}$ inches, in a fat woman. You could hardly have a more unpromising case to deal with, and I determined to see if the reduction could not be effected without opening the sac; the stercoraceous vomiting showed the stricture to be very tight. I made an incision over, as correctly as I could judge in such an abnormal condition of parts, Gimbernat's ligament and cut upwards and inwards, so as to enable my finger to pass freely underneath, I could find no band, and therefore attempted reduction. Now, when we consider the cause of femoral hernia, and see where this tumour made its way, it would appear difficult to determine the course most favorable for reduction; but still I pressed the parts from above downwards, and then upwards, and by gradually continuing this, all the intestine apparently went up, but then I found a good deal of omentum. I did not return a great deal of this, but left some, thinking it better to do that than open the sac. I was sorry I made an attempt even to reduce the omentum, because in a large hernia, when at the time of the operation omentum has been left in the sac, I have found it all disappear in a short time, or if it remained in the sac, occasion no inconvenience. I have sometimes even left a small part of intestine, which has subsequently gone up; it is rather a bold thing to do, but it is sometimes preferable to opening the sac. This operation was done on Sunday evening, and she has gone on as well as we can expect; she had a very little nausea and vomiting subsequently, but nothing else of importance occurred. There has been a little liquid motion, and I have ordered her an injection. At present things are most favourable, but if the sac had been opened it would not, perhaps, have been so. This case subsequently recovered perfectly—the sac in about a week having opened itself, and the omentum sloughed away.

In another case, admitted on Saturday, a woman with femoral hernia, not large but with a narrow neck, and tight stricture, and continually vomiting. As usual, I cut down upon the seat of stricture, and passed my finger to Gimbernat's ligament, which I divided, but the hernia could not be reduced. I then found a band of fibres crossing the neck of the sac, and which when divided, permitted reduction without any difficulty; the whole operation only occupying a minute's time. She had enteritis before the operation, but subsequently continued improving under the use of appropriate remedies.

Another case I operated on died; it is this:—A man was admitted on 24th January, in a state of delirium tremens, having laboured under it the last two or three weeks—a most unfortunate state in a patient about to be operated on for strangulated hernia, because in delirium tremens the vital power is at a low ebb, and the inflammation which kills, from hernia, is itself of a most depressing kind. I have never seen delirium tremens.

come on after the operation for strangulated hernia; nor have such of my colleagues as I have spoken to on the subject in the numerous cases occurring in this hospital for the last forty years; but after other operations it is very common. The patient, Rich. Darcy, aged forty, has had hernia twenty-seven years; not sure whether it may not have existed from birth; he wore a truss four years, and luttely left it off. Bowels open at 3 a.m. on 23rd; pain commenced at 4 p.m. A surgeon was sent for, who applied the taxis for one hour, with a good deal of pain; sickness continued to eight p.m. When we saw him, the parts were much inflamed and distended from effused blood, the effects of the taxis. The hernia was reduced at half-past one a.m. on the Thursday, under chloroform, some fulness remaining in the inner ring after the operation. At nine o'clock on Thursday evening he was again sick; brandy and opium were administered, which he threw up; it was necessary to support him with brandy at the beginning, on account of the delirium tremens. The hernia came down again that night, but was reduced by Mr. Allen, the house surgeon. At three a.m. on the Friday, it came down again, and felt like an empty sac, and I stated it felt as if it was one of those cases where the hernia was contained in another sac in the tunica vaginalis. No bandage was put on, because I was not sure whether this was a piece of empty intestine or a hernial sac. Sickness came on again at seven p.m. and at night he vomited stercoraceous matter. Next morning, on seeing him, I found the hernia again down; it was reduced about three a.m. except that part just mentioned. At nine a.m. stercoraceous vomiting again came on; and, in consultation with my colleagues, it was decided to operate. Mr. Lawrence thought it would be as well to leave the man alone, as there was now some doubt whether there was a hernia or an empty sac; and considering the depressed state of the man, this will show that it was a complicated and difficult case. By the advice, however, of the majority of my colleagues, I proceeded to operate; and my object in operating was to divide the stricture external to the sac, and if I found I could return the hernia easily without opening the sac, I would do so; but all around were desirous the sac should be opened. I tried to return without opening it, but in thinning its neck I gave it a little nick, and it was then opened, and out came a piece of dark red intestine, with a coating of lymph and ecchymosed spots, but not in a state of mortification; there was an emphysematous feel about the parts external to the hernia as well as in the intestine itself, the coats of which were thickened from infiltration. I found some constriction about the external ring, long and narrow. This was divided, but the stricture remained very tight at the internal ring, which was therefore divided. The canal was very narrow but we succeeded in reducing the bowel and omentum. After the operation, five grains of calomel and one and a-half of opium were given, and ther one grain every six hours. The vomiting after this was the effect of the enteritis. On Tuesday morning he became worse, constantly vomiting, with great tenderness, and oppressed breathing. He speedily died. All the parts of the wound had healed by the first intention, and the canal was quite closed. The cause of death was solely the peritonitis and enteritis, but he might have survived had it not been for the deli-

rium tremens. Exhaustion previous to the operation and his intemperate habits, therefore, were the immediate cause of death. You will say, perhaps, that this patient would have had a better chance if he had been operated on earlier; but it is very doubtful whether any human means could have preserved the man's life. He was in a most unfavourable condition for an operation, and it was not to be expected that in such a case reparative processes would have set up, or that the morbid action already existing would be arrested. But as a general principle of action, I cannot too often repeat, never delay an operation for hernia unnecessarily, even for a short time. I would exhort you, likewise, never to open the sac, if the hernia can be reduced with the sac entire, without the employment of undue force. The late Mr. A. Key and myself were for some time the only persons who strongly recommended this operation as a general rule; but subsequently there have been many labourers in the field, especially Luke and Gay. Long after I had been in the habit of thus operating, not a surgeon in our hospital would have recourse to it. But at the present time, as you all know, all our surgeons practice it on all favourable opportunities.

THERAPEUTICAL RECORD.

Remedy for Cramps.—M. Sicre states that he has found very severe and even very obstinate cramps relieved by a very simple procedure. This consists in placing under the bed one or more bars of iron, or a portion of iron of any kind may be placed in the mattress or under the sheet, in such a manner that it gives firm support to the feet.—*Gaz. des Hop.* LXXVII.

Dispersion of Milk.—M. Coutenot has found the expressed oil of hemp-seed an admirable means for the rapid dispersion of the milk, employing it in abundant warm frictions, and then leaving the breast covered with wadding soaked in it. It is of no effect where inflammatory action, consequent upon engorgement, has set in.—*Union Med.*, No. LXXXII.

Vomiting in Retroversio Uteri.—M. Brian draws attention to a case in which the obstinate vomiting of pregnancy seemed to depend upon partial retroversion of the uterus, it ceasing soon after reposition had taken place. Prof. Moreau, who saw the case with him, informed him that he had several times met with similar cases, which were as effectually relieved.—*Bull de Therap.* Tome LI., p. 57.

Sore Nipples.—M. Legroux has found the following treatment very efficacious. Collodion is rendered elastic by the addition of half a part of castor oil and $\frac{1}{4}$ parts of turpentine to 30 of collodion. It is applied by means of a pencil over a radius of some centimetres around but not on the nipple. Over this is applied a piece of gold-beater's skin, having some pin-holes opposite the nipple to allow of the passage of the milk. This, by the drying of the collodion, becomes rapidly agglutinated.

Before suckling, the gold-beater's skin is moistened with a little sugar and water, and becoming soft and supple, easily admits of sucking. If it is cracked it must be replaced.—*Union Medicale*, No. LVII.

Caustic in Navus.—Dr. Macke recommends the following caustic as a highly useful application to *navi materni*, especially in young children. Corrosive subl. ʒ, collodion ʒ 30 parts. It is to be applied by a small brush, and desiccation takes place so rapidly that the action of the caustic does not extend beyond the spots it is applied to. A solid eschar, one or two lines in depth, falls off in from three to six days, and the pain induced is inconsiderable, and of short duration.—*Revue Med.*, 1856, p. 692.

Herniaria Glabra as a diuretic.—Dr. Van Den Braeck states that this substance, frequently employed by Matthioli and Fallopius, but since fallen into disuse, is resorted to with great success at the Mons Hospital; and that often, when reputed diuretics have failed of effect, the following forms a very excellent one:—Infuse 30 parts of the herniaria in 300 of water for an hour, and add nitrate of pot. ʒ, tinct. digit. ʒ 2, and oxymel of squills ʒ 30 parts. Dose: a spoonful.

Iodine in hygroma.—M. Grose has found, in sixteen cases of hygroma, the application of tinct. iodine twice a-day, upon compresses secured by means of a bandage, always attended with success. In very delicate skins the first applications may excite vesication, and then longer intervals may be required, or the iodine may be diluted.—*Moniteur des Hop.* No. LXXII.

PERISCOPE.

Case of Stone in the Bladder—Operation—Difficulty—Recovery. By D. S. Brandon, M. D., of Thomasville, Ga.

On the 5th day of August, 1853, W. B. B., a strong able-bodied farmer, of Thomas county, aged about forty, presented himself at my office for the purpose of having a stone removed from his bladder. The patient's health being sufficiently good to authorize the operation, it was determined upon at once.

The bilateral opening was made into the bladder in about thirty seconds. The stone was seized and an effort made to extract, but without success. Finding the stone a large one, I enlarged the opening with a bistoury, and again attempted to extract. Considerable force was being used when the stone crumbled into fragments. At this I was a little disconcerted, for it was my first operation of the kind. With forceps, fingers and syringe, alternately, for more than two hours, I labored with two of my professional brothers in removing the fragments. At last, to my great gratification and to the infinite joy of my patient, I announced the operation over.

My patient did well until the 12th—some days after the operation—when he got up from his bed, shaved himself, walked over the room

once or twice, and returned to bed. I called to see him soon after, and found him suffering with pain in the right testicle. It continued painful through the night and next day. By the 14th, it was swollen three times the ordinary size and still painful; patient had considerable fever. Treated him with calomel and opium, and cold local applications. On the 18th the other testicle became involved in the inflammation; fever considerable. The urine, which had begun to pass the natural way, returned through the artificial opening again. Calomel and opium in small doses, with cold to the inflamed organ was continued until the 23d, with no abatement of fever, nor of inflammation—pulse ranging from 95 to 110; tongue coated: great thirst. Having improved but little, if any, by the above treatment, I determined to put him upon the use of veratrum viride. The tincture was used sufficiently often to keep the pulse at about 75 to the minute. It caused vomiting but once or twice. The fever and inflammation gave way under its use, with a Dover's powder at night and cold applications; so that on the 27th, my patient was altogether comfortable, the urine passing the natural way, and the wound healing kindly. I discharged him two days afterwards, the wound having healed up to a scab, and his strength being greatly improved.

For two years after the operation he suffered occasionally from inflamed testicles, induced by wet or cold, but at this time I think he enjoys uninterrupted health.

The fragments of stone. (principally phos. lime.) weighed a fraction over three ounces.

Treatment of Neuralgia, by the Valerianate of Ammonia. By Dr. Declat.—We have prepared an abstract of an interesting translation from the *Revue Med. and Etrangere*, which may be found in a late number of the *Medical Examiner*, as it brings to our notice a new remedy, which may be of value in the treatment of a class of diseases increasing in frequency and often times obstinate in their persistency. According to Dr. Declat, such cases will yield to the influence of the valerianate of ammonia; and as proof of his statement, he gives the two following cases:

CASE I.—The marchioness of Fontanelle suffered with facial neuralgia for six years, first appearing as she was cutting a wisdom tooth. Legend and Jobert (de Lamballe) ordered its extraction, which was done, causing agonizing pain. The neuralgia still continued in spite of every effort of such advisers as Sedillot, Velpeau and Jobert. Quinine, opium, belladonna strychnia, iron, gold and quinquina were employed, and external applications, as blisters, opium plasters, dulcamara, chloroform, collodion, aconite, &c. Every thing failed. Jobert applied the actual cautery along the course of the inferior maxillary nerve, and after trying the waters of Plombiere with partial though temporary relief, the Marchioness applies to Dr. Declat.

The first remedy used was Fowler's solution, which was pushed until it produced constitutional symptoms, without success. The patient had

become almost insane from the agony, when an experiment was made with valerianate of ammonia on the 3d of January. A teaspoonful that night relieved partially, and two teaspoonfuls the next day entirely banished pain. The medicine was discontinued May 6th. Occasionally however, Mad. Ferzand has "slight twinges," but resorts to the specific, and always successfully. This lady seems to have hereditary right to neuralgia, her mother having been a great victim to the disease, while her brother, the Earl of Essex, has had the *debourcux* from his youth.

CASE II.—M. Letellier, who had suffered horribly with pain in the head, extending to the neck, and losing itself on the branches of the facial nerve, was at Plombiere's when taken and returned to Paris in great agony. Dr. Louis tried blisters, sage, quinine and morphia, without any effect. He used morphia to such excess as to remain in stupor almost constantly. Dr. Declat administered the valerianate of ammonia in drachm doses twice a day. In five days he was up, and in nine days all pain had passed away. He has since stated that his cure was complete.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DICNITATEM ARTIS MEDICÆ TUERI.

MEDICAL SCHOOLS OF CANADA WEST.

A late number of the "*Hamilton Journal and Express*" has a very well written article, entitled "Our Medical Schools," in which the writer has embodied, in a small compass, much that is interesting, relating to the rise and fall of medical schools in Toronto. He commences by stating that "Toronto, and indeed Upper Canada, may now be said to be without a medical school, if we except Queen's College, Kingston, which has not yet acquired much distinction. Within the last few years there have been no less than three medical schools all more or less efficient, in the neighbouring city, where students might qualify for a license to practice medicine, surgery and midwifery in Canada; now our young aspirants for medical honors must be content with the slender means which Kingston affords, or wander down to Montreal, or to some city in the neighbouring Republic where the necessary instructions can be obtained." We have italicised portions of the above quotation, as they afford a fair indication of the estimation in which Queen's College is held by the public of Upper Canada, as a school of medicine. It is a distinct endorsement of the opinion already expressed by ourselves, which at the time of its enunciation excited the wrath of the Boarnerges of the Medical Faculty

and called forth a pamphlet in reply, distinguished, if our memory serves us aright, more for its inflated style and coarse personalities, than for strength of argument or successful defence of the course of instruction followed at Queen's College. With the members of the Medical Faculty of Queen's College we have no dispute. We are acquainted with some of them, and know them only to respect them. But, while we remain in the position we now occupy, as editors of the *Medical Chronicle*, we are determined to lift our voices against everything which has a tendency to lower the standard of medical education, and cheapen University Medical Degrees in the Province of Canada, even at the risk of incurring the displeasure of interested parties. To return, however, to the history of the Western medical schools, as given by the writer in the *Journal and Express* :—

“In the year 1849, the University of Toronto was wrested from the Anglican Church, and placed on a broad Provincial basis, and the medical school in connexion with it soon became prosperous and efficient. In the session of 1851-2, through the influence of Dr. Rolph, and those who thought with him the endowments were swept away, and the medical department of the University of Toronto soon disappeared, leaving no trace behind, except the power of granting Degrees in medicine.

“Upon its ruins, aided by the *clat* of the then much vaunted self-sustaining system, the Toronto School of Medicine, which had been in existence for some time, with Dr. Rolph for its head, rose to greater public distinction. There being little or no opposition to this school, and, moreover, it being carried on with considerable spirit, its success was marked, although the remuneration to the teachers for the time and trouble bestowed on their lectures was anything but sufficient, still they were determined to establish the self-sustaining system, and they manfully struggled against all the difficulties with which they had to contend. About two years ago the Toronto School of Medicine was merged in the medical department of the Victoria College Cobourg, and it thus obtained the power of granting Degrees of medicine.

“A rival medical school was started about the same year, in connexion with Trinity College, but from its sectarian exclusiveness, its success was not marked, and owing to the same cause it died a natural death in six months, the teachers having resigned in a body because the Bishop would not forego the test system, and allow Doctors to teach youths to study without an adherence to the thirty-nine articles.

“At the commencement of the present month, there was but one medical school in Toronto, viz: that in connexion with Victoria College. Its advertisement showed a goodly list of Professors and Teachers, from the distinguished “Emeritus,” whose name was merely used as a decoy, and who did not work, down to the more humble, but at the same time, more useful “Demonstrator.” Now, this beautiful establishment is *non est*.”

All the Professors have resigned their chairs with the exception of

Dr. Rolph, who is now the sole teacher of Medical science in the Victoria College. The causes that have led to this disruption, may be stated brief as follows:—Dr. Rolph, whose energy and talents are generally known and acknowledged throughout the Province, was appointed, in our opinion justly, Dean of the Medical Faculty of Victoria College, by the Board of Management of that Institution. A more irresponsible Dean, however, never before held place, and in making him *such* a serious evil was committed. The power of managing solely, and without reference to his colleagues, all matters connected with the school, pecuniary or otherwise, was conferred upon him, with the simple proviso that he must submit, whatever he determined on, to the said Board before it could become law. The Medical Faculty “were to do the will of Dr. Rolph, be good boys, in fact, do their work and ask no questions, and at the end of the session they would get what money was coming to them, after the funds had been well drained by expenses of management, by an irresponsible Dean.” Truly, here was a “one-man power,” established in all its purity, and it would not have required great discriminating powers to have prognosticated that the time must come when this power would become so offensive to high spirited men, that a continuation in office under its *régime* would be impossible. It is so natural to man to lord it over his fellows, that that person must possess inestimable qualities who, when invested with irresponsible power, does not feel inclined to indulge in a little tyranny.

“Man, proud man, clothed in a little brief authority
Plays such fantastic tricks before high Heaven
As make the angels weep.”

So said one of the greatest observers of human nature the world ever produced. It need not excite surprise, therefore, that Dr. Rolph should attempt to dictate to the Medical Faculty what the fees of each class were to be, and the hour at which each teacher was to deliver his lectures. Nor can it excite surprise that the attempt was indignantly met by the Faculty, who, like men of spirit, conscious of their own abilities, instantly resigned positions which they could not hold without doing violence to their feelings of manly independence. It is certainly to be regretted that Upper Canada should be deprived of the two excellent schools of medicine that have lately succumbed in Toronto; for, there is no doubt, that better teachers or more effective teaching could not be desired, than were to be found in the Faculties of Medicine of Trinity and Victoria Colleges.

MEETING OF THE BOARD OF GOVERNORS.

Quebec, 14th October, 1856.

The Semi-Annual Meeting of the Board of Governors of the College of Physicians and Surgeons of Lower Canada, was held this day, when were present:—Drs. Frémont, Morrin, Hall, Fowler, Badeau, Marmette, Marsden, Foster, Jones, Gauvreau, Charest, Tétu, Weilbrenner, Turcotte, Munro, Jackson, Boyer, Bibaud, Von Iffland, Glines, Robitaille, Michaud, Fraser, Peltier, Sewell, Sabourin, Russell, Boudreau and Landry.

Dr. Frémont, the President of the College, in the chair.

The Secretary read the minutes of the last semi-annual meeting held in Montreal in May last; also the minutes of the triennial meeting, held in Three Rivers in July last, for the purpose of electing its Board, giving at the same time extracts of said minutes relative to the election of Governors, and to certain amendments proposed to the bye-laws.

The meeting gave its approval of the above.

The President informed the Board that he had submitted the project of those amendments for the approbation of the Governor in Council, but that as yet he had not received any answer.

Walter Thorp, Esq., received his license on the presentation of his diploma from the College of Physicians and Surgeons of Dublin, and after taking the required oath.

Mr. Stevens, a pupil of McGill College, requested the privilege of his license without examination, on the plea that, being ill at the time when it was required to pass his examination and take his diploma at McGill College, and having since, on the 8th inst., passed a satisfactory examination, and obtained, as a proof, a certificate from Dr. Holmes, the President of the Medical Faculty, giving him the right to the diploma at its next convocation. His demand as rejected.

Mr. J. S. Crookshank, having a diploma of the College of Physicians of Glasgow, was allowed to pass an examination solely on the branches which were not on the face of his diploma.

Dr. Peltier, one of the Secretaries, begged to be heard, and spoke at length on the advantages which the medical profession would derive if the Board of Governors, the foremost sentry of the profession, would cease to be but a jury of examiners; if, understanding better its rights and its mission, it were to act energetically, in proposing measures affecting the general interest of the profession, and take, with Government and society, the position which the talent and the respectability of its members entitle them to have.

Dr. Von Iffland spoke also in approval of the above, and proposed the election of a committee whose work would be to attain this end.

Drs. Morrin and Russel followed, and made a few remarks in conformity with Dr. Peltier's observations.

Dr. Marsden proposed, seconded by Dr. Marmette, and it was unanimously resolved—"That two members of this Board be associated with the Vice-Presidents in Quebec and Montreal respectively, to meet and report at the next meeting of the Board, a project by which the College of Physicians and Surgeons may be extended in usefulness and importance to the profession and public health in general, with power to add to their number."

Drs. Morrin, Von Iffland, Peltier, Bibaud, Marsden, and Hall, were, by virtue of this resolution, named to compose the said Committee.

The Board then proceeded to the examination of Candidates.

The following gentlemen, after satisfactory evidence of their abilities, received their License :—

Messrs. Alex. D. Stevens,	Messrs. U. Tétu,
“ Napoléon Lavoie,	“ Moses Mayball,
“ Samuel Rinfret,	“ A. Marien,
“ Isaie Demers,	“ Luc Quintal.
“ L. Forest,	

The following gentlemen, after a satisfactory examination, were admitted to the study of medicine :—

Messrs. Ernest Roy,	Messrs. L. Desrosiers,
“ Ed. Painchaud,	“ L. Turgeon,
“ Emile Dumais,	“ Ad. Mignault,
“ Charles Ouellet,	“ N. Duchesnois,
“ Frs. Langlois,	“ Moise Geoffroy,
“ J. Nestor Chopin,	“ Jean Boudreau.

Dr Jones acquainted the meeting of old standing accounts against the College, previous to his entering on his trust as Treasurer, and for the liquidation thereof he obtained a unanimous assent.

J. E. J. LANDRY, M.D.,
Sec. C. P. and S. for the District of Quebec.

UNIVERSITY MEDICAL STUDENTS' ASSOCIATION.

This association has been re-organized for the present session, 1856-57, and we are happy to know is in a flourishing condition. Its by-laws have been carefully revised, and at a recent meeting of the members, were directed, upon general approval, to be published. Last year, as each week of the winter months rolled by, the association redeemed

the time by giving efficiency to the general plan upon which the organization was modelled; and the recorded proceedings display the accomplishment of much intellectual work, by the officers and members individually, of a character well calculated to be instrumental in securing professional knowledge. From our acquaintance with the diligence and attainments of those who have joined the association this session, we feel that at its end a similar tale of mutual improvement and general usefulness will be repeated as was told during the past season. The names of the office-bearers, are—

Patron—WM. WRIGHT, M.D., Professor of Materia Medica.

President—Mr. Andrew A. Boylan.

Vice-President—Mr. Thomas D. Robertson.

Secretary—Mr. F. W. Campbell.

Assistant Secretary—Mr. Robert T. Howden.

Treasurer—Mr. William Wilson.

Scrutineers—Messrs. James Duncan and Edward Smith.

Appointments in McGill College.—By the changes which recently occurred in the Medical Faculty of McGill College, the Demonstratorship of Anatomy, and the Curatorship of the Museum became vacant. To the former the Faculty have appointed R. Craik, Esq., M.D., a gentleman whose thorough knowledge of Anatomy, joined to the possession of the happy faculty of readily imparting instruction to others; whose powers of persevering application and whose great affability will not only enable him to sustain with distinguished credit the reputation McGill College has already obtained as a school of Anatomy, but will also assuredly and deservedly make him an immense favorite with the students. The latter is now filled by Alex. Long, Esq., M.D., a gentleman whose name will be familiar to, and kindly remembered by, most of our readers. All who have had the pleasure of seeing his inimitable dissections will at once admit that, as Curator to the Museum, "the right man is in the right place." We certainly owe an apology to our friends for being so tardy in noticing their appointments; the oversight, however, was purely accidental.

Honors to Dr. Von Iffland.—It affords us much pleasure to announce to our readers the election of Dr. Von Iffland of Quebec to the distinguished position of a Corresponding Member of the Epidemiological Society of London. The report was mooted last month in the letter of our London Correspondent, and we now are enabled to substantiate it by a more personal confirmation. We are also informed that Dr. Von Iffland

is about being created a Fellow of the Royal College of Surgeons, of which corporation he has been for very many years a member. The latter appointment is pre-eminently *distinguished*, and places our talented collaborateur and esteemed friend upon an eminence of celebrity, enjoyed, we believe, by only one other gentleman in the Province. We are sure these just honors will be as gratifying to the numerous friends of the worthy Doctor upon whom they have been "so thickly showered," as to ourselves.

The late case of poisoning by Croton Oil.—Gallagher, the soldier of the 39th Regiment, who was condemned to death for "administering Croton Oil with intent to murder," and in whose defence we wrote an editorial in our last number, which was approved of and commented on by our *confrères* of the daily Press, has since had his sentence commuted to five years in the Provincial Penitentiary.

TO OUR SUBSCRIBERS.

We would respectfully direct the attention of those of our Subscribers, who have not yet paid for the current year of the *Chronicle*, to the fact that bills were issued under the cover of the October number. Our expenses are considerable, and if each Subscriber were to pay his 10s. promptly, it would save us from some inconvenience. There are some, we are sorry to say, from whom we expected better, who have not paid us either for *the last* or the current year. As we have the vanity to suppose that we give full value for *ten shillings*, we are determined not to send the Journal except to those who pay us regularly.

BOOKS RECEIVED FOR REVIEW.

Meig's Treatise on the Science and the Art of Obstetrics; third edition, revised; 1856. Allen's Practical Anatomist: or Student's Guide in the Dissecting Room; 1856. From Messrs. Blanchard & Lea, Philadelphia.

Gregory's Organic Chemistry; 1856. Fourth American, from the fourth London edition. From Messrs. A. S. Barnes & Co., New York.

CORRESPONDENCE.

LONDON CORRESPONDENCE—No. 8.

LONDON, 31st October, 1856.

The number of new faces at the different hospitals who have come to attend the Winter Session is really most astonishing, and I have learnt that the entries even exceed those of the most prosperous years. This year I heard the Introductory at Guys at 2, and at St. Thomas' at 8, both were good, and different from the ordinary run of this class of Lecture. At Guy's Mr. Thomas Bell opened the Session, he is President of the Linnæan Society, Secretary of the Royal Society, and a man highly distinguished for his scientific attainments. Mr. LeGros Clarke had the agreeable task of officiating at St. Thomas'. The very decided advantage of an opening Lecture in the evening is that it is always followed by a conversazione and refreshments of a character to produce a comfortable feel about the inner man.

It would seem as if the pent up vigour of most of the London Surgeons is reserved for the first week of the Session, as at this time operations begin to be plentiful. Now I cannot do better than to give just *one week's* operations, beginning on Monday the 6th October, and during this eventful week, the number of poor fellows who tumble down in a syncopal state from witnessing their first operation, is really not a small one, reminding me of the time when I saw blood first spilt in the General Hospital at Montreal, on the occasion of two legs being amputated, without chloroform in those days, when my old and highly intelligent friend Sc——*dt tumbled down with others.*

Monday.—At the Royal Free, Mr. Thomas Wakley polished off a new nose for a woman, at which kind of operation he is quite expert and has had much experience of. The patient had a new nose made for her by him 2 or 3 years ago, but in the process of healing, as the end of the original nose had been left intact, a contraction ensued about $\frac{1}{2}$ of an inch above the tip, which presented an appearance as if a string had been tied around it. The old cicatrix was dissected up and the nose pared to the tip, the flap was then pulled downwards and fastened by means of sutures, and the result was really a most capital nose, and by no means a bad looking—a regular smeller. This was followed by the removal of a tumour from the parotidian region of a man by Mr. Grant, and a fatty tumour from the arm of a female by Mr. Weedon Cooke. This day, although not the special field day at Bartholomew's, Mr. McWhinnie performed lithotomy on a young man, who, four years before, let slip into his bladder a pencil of red sealing wax, which he

came bent and formed the nucleus of a stone. He had been a sufferer from gravel, and to relieve the irritation he passed this wax up and down the urethra till it suddenly disappeared.

Tuesday.—Mr. Cock—the veteran Cock as he is called by the students—at Guy's, took off a leg above the knee of a woman, for total disorganization. This is one of the best operations for a student to see the first time, the spilling of the blood produces a very sickening feel on the untutored ones, and there were several faints and turn outs. Mr. Hilton removed a carcinomatous breast, in a terrible state of ulceration, but solely to oblige the poor woman, who was determined to have something done, to afford even a very temporary relief. Mr. Cock then excised another, but in a more suitable case, the breast being in an indurated and painful state, without much external manifestation. This was concluded by what I heard a fellow say next to me, making a poor fellow half a eunuch, which was accomplished by Mr. Cooper Foster, a very rising young man, who was only the other day elected assistant Surgeon. I believe there were one or two others but did not remain to see them.

Wednesday.—Excision of the knee was done by Mr. Henry Thompson, the newly elected Assistant Surgeon, at University College, on a young man, for old dislocation and utter uselessness of the limb. This operation has lately been creating a stir in the minds of Surgeons, from the series of resections which have appeared in the *Mirror of the Lancet*. It is well worthy the consideration of the profession in the Canada. The operation itself is really one of the most simple in surgery; it has been my good fortune to have seen it done now, about 15 times, and it is much less difficult than an amputation. Mr. Erichsen ligatured the internal saphena vein in six different places; 3 above and 3 below the knee, passing a long pin through the skin, under the vein, and then applying the twisted suture over a piece of bougie. In the course of a short time, the vein becomes obliterated, and is divided between the pin by subcutaneous section—4 divisions for the 6 pins. He then removed a small tumour from near the orbit; another in the submaxillary space of a girl the size of a peach, it proved to be glandular. He operated on 2 cases of perineal fistula, one complete in a female with an ischio-rectal abscess. He removed an exfoliation from the skull of an old man. Phymosis in a little boy was then remedied. At St. Mary's, Mr. Baker Brown did his now well-known operation for ruptured perineum. Scrofulous tumours were removed respectively from the neck of a child and an adult by Mr. Ure. For the first time in England,

Mr. Baker Brown operated on a case of vesico-vaginal fistula by means of the plans of Dr. Bozman of Montgomery, Alabama, which very possibly is familiar to your readers, although 'tis quite new in this country. Of all the methods which have ever been seen or tried by Mr. Brown or myself, it promises to be the most successful. Mr. Coulson then performed perineal section in a case of multitudinous fistulæ in perineo from extensive stricture of the urethra, and this was followed by a case of retention of urine, depending upon a tight stricture, which he had not succeeded in relieving by a catheter as he could not get one in. On the operating table, however, under chloroform, he got in Symes director, and performed perineal section, passed a large catheter with ease into the bladder and drew off a very large quantity of urine, something like 2 quarts and a half. These operations were very appropriately concluded by cutting out a testicle of a sweep affected with chimney sweeper's cancer, by Mr. Walton, the same patient having warty excrescences on the eyelids, probably of the same nature, and very rare to find thus co-existent.

Thursday.—Mr. Curling at the London Hospital, performed lithotomy on an elderly man, and removed a flat oval calculus. He next amputated the leg of a little girl with *enchondroma* of the calf, which extended to the deep structures. He commenced the operation with the intention of simply removing the growth, which had been done some years before, in this girl, but the deeper structures were so much involved, that amputation seemed the only course. Phymosis in a very young boy depending on gonorrhœa, was then remedied by a modification of Ricord's recent operation. At St. George's a leg was amputated by Mr. Cæsar Hawkins, an arm by Mr. Cutler, and lithotomy performed on a child by Mr. Tatum. Mr. Pollock operated upon a child with cleft palate successfully, completely closing the fissure. To-day also (altho' Wednesday is the regular operating day) Mr. Quain at University College, performed excision of the knee joint, (now about to become an extremely fashionable operation), on a young man, a sufferer for 3 years, without much apparent disease externally. He then removed a piece of necrosed bone from the head of the tibia in one patient, and a painful cutaneous tumour from the leg of another. And lastly amputated the hand above the wrist for extensive scrofulous disorganization of the carpal and metacarpal bones. At the Middlesex, there were several operations, but I have not learnt what they were.

Friday.—Is not now an operation day, unless at one of the eye hospitals, of which I do not intend here to speak.

Saturday.—Always a regular field day. At King's, Mr. Fergusson performed excision of the elbow upon a girl, making but a single line instead of the H incision and done in his usual, clean nice manner. He then tied a nevus on a child's forehead, operated upon the hare lip of a child; removed by dissecting it completely out, an enlarged bursa the size of an orange from a woman's patella, excised an epulis from the inner side of the left alveolar ridge of a woman's upper jaw, going through the steps, somewhat as for excising the jaw, namely, slitting up the lip at the mesial line, then turning it into the left nostril, and reflecting up the flap to give plenty of room. The epulis was then removed with a pair of bone forceps. Mr. Bowman extirpated the eye of a child for a malignant disease, which protruded about 2 inches, and assumed a grey color not unlike a horn from the drying of the secretion.

The Saturday following Mr. Fergusson tied the external iliac artery in the presence of 300 persons, and excised the knee-joint in another case.

At Barthomew's a fatty tumour was removed from the iliac region of a man by Mr. Stanley, who likewise operated upon 2 cases of strangulated hernia, which happened to come in, one of them strangulated only 5 hours, the other 14 days as it was said. It is becoming a rule in London to operate a very few hours after strangulation has commenced, by which means you will reduce the hernia without opening the sac, that was the result in the 5 hours case. And I saw a similar procedure adopted by Mr. DeMeric at the Royal Free Hospital, where strangulation had existed but 6 hours, the wound being returned without opening the sac. Mr. Lawrence then amputated the thigh of a little boy for disease of the knee-joint; and in the wards Mr. Stanley performed perineal section on a man whose scrotum and abdomen were infiltrated with urine from a rupture of a strictured urethra.

St. Thomas' was inaugurated by lithotomy on a young man by Mr. Simon, and a second case was about to be operated upon by Mr. South, but on careful examination by several of the Surgeons, it was discovered the stone must have vanished of its own account and nothing was done, fortunately for the patient. Mr. Solly treated a case of varicocele by tying the spermatic veins, and straightened a bent and partially ankylosed knee under chloroform. Lastly, Amussat's operation of making an artificial anus in the loins was done by Mr. Selly, upon a man who had obstruction of the lower bowel from cancerous disease; this was the second of the kind done by that Surgeon in 9 months.

At the Westminster I was unable to glean what was done, although I know there were several operations by Mr. Holt, Mr. Holthouse, and

others; one was the removal of almost the entire tibia from a boy, for necrosis; and another, a case of stone in a little girl aged 5 years, which was removed by Mr. Hillman with the aid of a Weiss' dilator and forceps.

At Charing Cross Hospital, Mr. Hancock was commencing amputation of the thigh for most extensive disease of the femur, but he found it extended up to the joint itself, the bone being riddled and soaking in pus almost its entire length, as well as the soft structures in a fearful condition. He therefore had immediate recourse to amputation at the hip-joint, which was speedily and beautifully performed. The man was going on well after it, but the result is doubtful. This is the second case we have seen during the year 1856, the first by Mr. Curling at the London Hospital, in the early part of the year. There were several other unimportant operations here.

Enough is now mentioned to afford your readers an idea of what a man can see here who desires to become a great practical Surgeon, even in the short space of a single week. It has been my peculiar fortune to have witnessed operations that are seen but once in a life-time, which drop in like falling meteors, and leave a lasting impression never to be forgotten. I will instance the tying of the abdominal aorta, just above the bifurcation of the iliacs, a few months back, by Mr. South. The external iliac I have seen tied 6 or 7 times, three times within, I may say, as many months, two out of the three with success. I must bring this long letter to a close and will merely say that, if the recounting of a week's operations has extended to such a length, it will be an impossibility to give you more at any time, than the cream upon the surface, of what is seen by so many in this wonderful metropolis.

I may add that a large hospital called "the Great Northern" has very recently been established close to the Great Northern Railway Terminus, King's Cross. It is intended to accommodate 300 in-patients and will have a regular staff of Medical Officers.

G.

HOSPITAL REPORT.

QUARTERLY REPORT OF THE MONTREAL GENERAL HOSPITAL, ENDING
30th October, 1856.

Patients remaining from last		Died during Quarter.....	11
Quarter.....	64	Now in Hospital.....	55
Admitted present Quarter....	198	Discharged.....	196
	<u>262</u>		<u>262</u>

<i>In-door Patients.</i>		<i>Out-Door Patients.</i>	
Males.....	124	Males.....	366
Females.....	74	Females.....	416
	198		782

Diseases and Accidents.

Diseases.	Died.	Admitted.	Diseases.	Died.	Admitted.	Diseases.	Died.	Admitted.
Abscessus		8	Empyema	1	1	Morbus Cordis	1	1
Ambustio		2	Eneurosis		1	" Coxæ		1
Amenorrhœa		3	Epilepsia		1	Nephritis		1
Amputatio		1	Erysipelas		2	Orchitis		1
Anæmia		1	Favus Confertus		1	Paraplegia		1
Anasarca	1	2	Febris Com. Cont.		10	Parotitis		1
Aneurismus Aortæ		1	" Intermit.		1	Pemphigus		1
Anthrax		1	" Remit.		1	Periostitis		2
Ascites		1	" Typhoid		1	Phagadena		1
Balanitis		1	Fractura	1	3	Phthisis		4
Bronchitis	1	7	Gastritis		1	Pityriasis		2
Bubo		1	Gastrodynia		1	Pleurodynia		1
Caries		3	Gastroenteritis		1	Pneumonia		1
Catarrh		1	Gonorrhœa		5	Prurigo		2
Compressio Cerebri	2	1	Hæmoptisis		1	Pyalism		1
Conjunctivitis		1	Hepatitis		1	Rheumatismus	11	1
Contusio		8	Hernia		1	Scarlatina		1
Debilitas		1	Hydrocele		1	Sciatica		1
Delirium Tremens	2	11	Hysteria		1	Sclerotitis		4
Diabetes Mellitus		2	Icterus		1	Stricture	1	1
Diarrhœa		7	Impetigo		2	Syphilis		11
Dysenteria	1	7	Lumbago		5	Talipes Equinus		1
Dyspepsia		6	Luxatio		1	Ulcus		11
Eczema		2	Lipoma		1	Verminatio		1
Emesis		2	Mania		2	Vulnus		7

OPERATIONS, &C., DURING THE QUARTER.

Major.—Amputation of leg; excision of testicle; amputation of great toe; circumcision; tumour removed; paracentesis thoracis; hydrocele tapped, 2; division of tendo achillis.

Fractures treated.—Indoor, 3; out-door, 4; total, 7.

Dislocations reduced, 2.

Minor.—Venesections, 10; cupping, 38; teeth extracted, 123; abscesses opened and other incisions, 98. Total, 269.

DRS. WRIGHT and MACCALLUM,

Physicians in attendance.

ROBERT CRAIK, M.D.,

House Physician and Surgeon.