

CANADA MEDICAL JOURNAL

AND

MONTHLY RECORD

OF

MEDICAL AND SURGICAL SCIENCE.

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MONTREAL :

PRINTED FOR THE PROPRIETORS, BY JOHN LOVELL,
AT HIS STEAM-PRINTING ESTABLISHMENT, ST. NICHOLAS STREET.
1852.

B. Dawson, No. 2 Place d'Armes, Agent

Price Three Dollars per Annum—*In Advance.*

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CANADA MEDICAL JOURNAL.

VOL. I.

MONTREAL: OCTOBER, 1852.

No. 8

ORIGINAL COMMUNICATIONS.

ART. XXXVIII.—*Case of Pleuritis and Gangrene of the Lung, caused by a blow on the chest without fracture of the ribs, combined with abscesses of the Brain.* By ALFRED JACKSON, ESQ., L. R. C. S. E., Visiting Physician to the Marine and Emigrant Hospital, Lecturer on Clinical Surgery, Medical School, Quebec, &c., &c.

MARTIN CONNOR, a Sailor on board of the Brig Safeguard, aged 17 years, was admitted to the Marine Hospital on the 3rd August.

States that about ten weeks ago the Brig was discharging coals in Limerick, "I was then in good health, I was in the hold assisting the men to discharge the cargo, when from carelessness in the manner in which it was done, pieces of coal occasionally dropped upon us, exposing us to serious injury. I remonstrated with the mate, who was on deck, who told me to mind my own business; angry words ensued, upon which he came to the hold and struck me with his fist on the head and knocked me down, he then returned to the deck, and I resumed my work, more angry words were then exchanged, and he, the mate, threw a piece of coal the size of the fist (by a witness the size of a hen's egg) at me, which struck me on the left side over the ribs, it did not knock me down, but it hurt me severely, and from that moment, I have continued to feel more or less severe pain in my side; the pain was accompanied by cough and spitting of bloody sputa. After a time, the sputa became still more bloody. The next day after the accident I resumed my work, but after a few days I was obliged to knock off, and was unable to do duty all the passage out, which lasted eight weeks."

Present appearance, August 3,—Much emaciated, face and surface of body pale, anæmic; feels but little pain in the side, and that only in coughing, no ecchymosis of side, pulse small and hard, skin dry, harsh, tongue moist. clean, slightly red at the edges, appetite tolerable, bowels

regular, slight headache, troublesome cough, with most abundant expectoration of viscid mucus, darkly tinged with blood, having a most fetid smell. The matter expectorated amounts to about 12 or 14 ounces a day, respirations 30, decubitus on the back.

Physical signs:—right side of the chest normal. Left side somewhat fuller than right, near the seat of injury; sound on percussion, clear with the exception of a portion of the base of the lung where there is complete dullness, this dullness extends towards the spine and is quite circumscribed, no respiratory murmur heard over dull portion; respiration bronchial over the superior portion of the lung, no egophony, action of the heart natural, all over the left side. *Diagnosis*; pleuritis with limited pleuritic effusion, and probably gangrene of the lung. To have beef tea, and a weak solution of tartar emetic every four hours—4th, much the same; 5th, passed a bad night, bowels loose, does not like the beef tea, discontinue the tartar emetic; to have Calomel, gr. 1, opium gr. $\frac{1}{2}$, Tartar Emetic gr. $\frac{1}{2}$ every four hours, and milk diet. 6th, 7th and 8th, much the same, medicine continued; perspires freely at night, very little or no pain of head, tongue moist, bowels continue loose; expectoration less in quantity but more fetid, so much so, that the rest of the patients complain of the unpleasant odour in the ward, the breath is likewise very offensive, physical signs much the same: no longer any doubt respecting gangrene of the lung. 9th, during the night he was seized with a fit resembling epilepsy which lasted sometime, and left him with partial paralysis of the left side; during the day these fits returned two or three times, and assumed more the appearance of convulsions, he is perfectly sensible during the absence of the fit: never to his knowledge had fits before. On the 10th, the fits were more frequent, but did not last so long, on the 11th, 12th, 13th and 14th, the fits were less frequent but continued a longer time, perfectly sensible during the interval, says that he feels them coming on, and refers the sensation to the left side. Complains that he cannot sleep at night; much weaker. To have a table spoonful of the following mixture every four hours:—camphor mixture four ounces, acetate of morphia gr. 1. On the morning of the 14th, he expectorated or rather vomited about two pints of a greenish sero-purulent fluid, mixed with a whitish curd-like substance, of an extremely fetid odour, this kind of expectoration continued to be discharged pretty abundantly for two or three days. From this moment the fits were less frequent in number, and milder in character, the dullness of chest became less, and more limited in extent; no metallic tinkling could however be perceived. He continued to get weaker from day to day, though he was ordered wine, camphor and chicken broth, until the evening of the 18th when he died, retaining his mental facul-

ties to the last. The two days preceding his death, he had but one fit each day.

In consequence of a deposition made by the patient before the police magistrate, as to the manner in which the injuries were received, the mate of the ship was apprehended, and held to bail pending the termination of the case.

On the 19th of August a coroner's jury was empanelled, and Doctor Blanchet and myself were ordered to examine the body.

Post mortem examination fifteen hours after death.—Body very much reduced, no external marks of violence; on exposing the ribs over the injured side, they appeared natural and healthy. On opening the chest, the pleura pulmonalis and pleura costalis of the left side, were found adherent over the diaphragm; and at the point corresponding to the centre of the sixth and seventh ribs, so firmly, that they could with difficulty be separated; the parts were discolored and the remains of a pleuritic effusion, limited in extent, by other, but less firm, adhesions, surrounded this point. The ribs themselves at the point referred to, were denuded in spots, and rough, as if new bony matter had been deposited, leading one to suppose that fracture had really existed; but upon making a longitudinal section of the diseased portion, it was perceived that this appearance was confined to the surface, the cancellated structure being intact. In that portion of the lung in the immediate vicinity of the adhesions mentioned, there existed a cavity capable of containing fifteen or twenty ounces of fluid; this cavity was partially filled with matter similar to that expectorated, and contained moreover a portion of cellular substance about three inches in length, and one and a half in thickness, evidently a portion of gangrenous lung, the parenchyma so much broken down as to resemble an ordinary slough. The cavity was bounded by well defined walls of softened and discolored lung, and had none of the appearances of *vomicæ* left by softened tuberculous matter; it communicated by a small opening with the pleuritic deposit, and with several of the bronchial tubes, the latter were perfectly healthy; the rest of the lung was slightly condensed, but crepitating throughout. No trace of tubercle could be found. Right lung healthy with the exception of slight adhesions. Heart normal, liver perfectly healthy, but several small spots of a yellowish colour were seen on its peritoneal covering, these spots extended about half a line in depth; stomach, bowels, spleen, kidneys, &c., perfectly normal.

On removing the scalp, an old injury of the frontal bone, an inch in length, was brought into view, it had the appearance as if the external table had been fractured, and filled up by new bony matter; on the scalp, a cicatrix corresponding to the injured bone, evidently of some

standing, was also discovered. On removing the calvarium, pus in small quantity escaped from between the bone and dura mater, the pus seemed to be situated over the right orbital plate; internal portion of frontal bone slightly diseased, dura mater not thickened. On removing dura mater, a discolored spot, the size of half a crown, was seen through the arachnoid (which was healthy and transparent) on the top of the right hemisphere; a similar spot at the base of same hemisphere. On dividing the arachnoid and parts superiorly, an abscess containing several ounces of straw colored pus was found, this abscess occupied the centre of the whole of the middle lobe, communicated with the lateral ventricle of same side, and through it, with another large abscess at the base. A third abscess containing about three ounces of pus, was found in the left hemisphere. Beyond this pus, which seemed to be contained in well defined sacs, the substance of the brain appeared perfectly healthy and of natural colour and consistency. Cerebellum, normal, medula spinalis, do. No purulent matter was found in any other part of the body, although the different textures, including the large joints, veins, &c., were carefully examined.

The evidence given at the inquest went to prove, that the deceased was in tolerable health, but rather pale and weak, previous to the receipt of the injuries mentioned. That he did not bleed, neither was he stunned, when he was struck with the fist on the head. When struck with the coal he was in the hold about fifteen feet from the mate, who was on deck; the piece of coal was about the size of a hen's egg, and thrown with considerable force.

The reader of the above case will no doubt perceive, independently of its many interesting pathological features, its important bearings in a medico-legal point of view, and the difficulty necessarily experienced by the medical witness in arriving at a just conclusion respecting the immediate cause of death. The following highly interesting questions naturally suggest themselves:—Whether in this case the fatal result ought to be attributed to the disease in the chest or to that in the brain, or to the influence of both? Whether the two diseases are separate and distinct, or stand in reference to each other in the relation of cause and effect? To which of the two diseases give precedency?

I have no doubt from post mortem appearances, that the disease in the chest was caused by the blow on the side, but whether this disease was not modified and made more severe in character by previously existing disease in the brain, is I think, questionable.

I am inclined to believe that the disease in the brain existed at a date anterior to that of the receipt of the injury of the side, in this opinion I am supported by the old injury found on the skull, and the disease on

the internal aspect of the frontal bone. In giving my opinion of the cause of death, I did so, guided by these facts, I stated :—that the deceased, Martin Connor, died of protracted disease of the left lung and brain, and that the disease of the left lung was caused by a blow inflicted on the chest ; that in the absence of disease of the brain, I would have no hesitation in stating, that the disease of the left lung was the cause of death, but in view of the disease existing in the brain, I cannot state positively of which disease he died.

Doctor Blanchet differed from me slightly in opinion ; he was under the impression that the abscess of the brain, was consequent upon the affection of the lung ; he stated :—

The deceased, Martin Connor, died from purulent infection of the system, caused by the inflammation of the lung and pleura, accompanied with gangrene of the left lung ; and I am of opinion that the inflammation of the pleura and lung, have been occasioned by a blow inflicted upon the left side of the chest ; but the same cadaveric lesions may be seen in the same disease which might have been occasioned by the ordinary causes of disease.

VERDICT.

We, the undersigned Jurors, are of opinion that the deceased, Martin Connor, came to his death from natural causes, to wit, of inflammation of the lungs and brain.

Signed by fourteen Jurors.

That the deceased Martin Connor, come to his death from disease of the lung caused by injury to the left side.

Signed by two Jurors,

Quebec 19th August, 1852.

ART. XXXIX.—*Quelques observations sur le traitement de la Péritonite Puerpérale par le mercure à haute dose.* J. G. BIBAUD, M. D. Prof. d'Anatomie E. M. M. Médecin de l'Hôtel-Dieu, et Membre du Bureau de Médecine.

MESSIEURS,—Vous engagez les médecins à se prévaloir de votre intéressant journal pour servir les intérêts de leur profession, suivant la nature de leurs études et leur expérience. Pourquoi ne pas profiter de ce moyen qui est presque le seul en ce pays de lui rendre quelque service durable. La science médicale, malgré ses progrès ou plutôt à cause de cela n'a pas dit son dernier mot sur beaucoup de questions que les travaux des hommes instruits de quelque part qu'ils soient, peuvent contribuer à éclaircir. Ainsi on ne peut nier que bien des faits pathologiques, instructifs sous plus d'un rapport, que fournit la

pratique des médecins des campagnes restent perdus pour la science et improfitables à leurs confrères quand il en devrait être autrement. On m'a fait part quelquefois de cas de ce genre qui, s'ils eussent été rapportés sans déguisement ni exagération, mais avec la sincérité et la véracité qui font le vrai mérite des écrits scientifiques et qui assurent la confiance à leurs auteurs, pouvaient devenir d'intéressantes études et portant d'utiles renseignements pour procéder à de nouvelles investigations. Ce genre d'apathie sied mal, ce me semble, au caractère du médecin qui est sensé se dévouer par inclination et par devoir à l'avancement d'une science qui a pour but le bien de nos semblables.

Mais je dois laisser à la rédaction de votre journal le soin d'appuyer sur les motifs qui doivent porter les médecins à écrire; et en venir au sujet de cette communication l'emploi des mercuriaux à haute dose dans la curation des phlegmasies et nommément de la fièvre puerpérale.

Ce fut en 1845 qu'on essaya à Montréal ce nouveau mode et j'eus alors occasion d'en observer les effets à l'hospice de la Maternité attaché à l'École de Médecine. Dans le cours de Matière Médicale que je professai à cette école, cette même année, j'exposai mes vues aux élèves sur cette médication. N'ayant point trouvé de raisons de les modifier depuis j'emploierai ici le même langage.

“ Eu terminant ce que j'avais à vous dire de l'action antiphlogistique-altérante des mercuriaux, je veux attirer votre attention sur une méthode toute récente d'administrer le calomel dans le traitement de la fièvre puerpérale. Cette méthode consiste à le prescrire à la dose énorme de 30 à 40 grs, à des intervalles de 6 à 12 heures, afin que, en peu de temps il y en ait assez d'absorbé pour modifier l'état phlogistique du sang et juguler, comme on dit, l'inflammation péritoniale. Je désire d'autant plus vous induire à réfléchir sérieusement sur ce traitement qu'il a été reçu d'abord avec un empressement et un engouement toujours regrettables lorsqu'ils se rencontrent chez des hommes que leur caractère de gravité devrait prémunir contre le prestige de la nouveauté et que l'expérience a du instruire suffisamment pour leur montrer le danger de la précipitation et de l'enthousiasme.

“ Nous avons vu ailleurs que le caractère du sang dans l'inflammation est d'être plus épais, plus rutilant parcequ'il est devenu plus riche en fibrine et en globules rouges. Or le mercure possède à un fort degré, la propriété de diminuer la rutilance du sang. En d'autres termes, il le rend d'une fluidité d'autant plus grande qu'il s'y mêle en plus grande quantité. C'est pour obtenir cette condition incompatible avec la persistance de l'inflammation qu'on recommande sans crainte la saturation mercurielle. Dès qu'elle a lieu, on voit la fièvre s'abattre,

la douleur diminuer beaucoup et même disparaître, ainsi que la tension du ventre. Mais direz vous, un amendement aussi prompt des symptômes les plus graves n'est pas chose commune par la médication ordinaire. Il explique raisonnablement la confiance et la sécurité qu'inspire, la satisfaction que produit un tel traitement. Oui, s'il était possible du savoir à quelle époque précise suspendre l'administration d'un remède qui, loin d'être indifférent en soi, est de nature au contraire à laisser des traces fâcheuses et durables de sa présence pour peu qu'il dépasse les limites de son influence curative. Mais tel n'est point le cas, et nul médecin n'oserait prétendre lui assigner ces limites sans jamais les dépasser. Or voilà le danger, et le mercure s'éliminant avec lenteur et difficilement plus il se trouvera en excès plus aussi les altérations seront profondes et durables. Ce n'est pas qu'on ne puisse se flatter de succès lorsqu'une amélioration s'annonce, comme je viens de dire, dans une inflammations franche et chez un sujet offrant toutes les conditions favorables, un tempéramment en quelque sorte réfractaire à l'influence mercurielle. Mais je puis assurer que les faits venus à ma connaissance prouvent jusqu'à l'évidence qu'il peut devenir un arme dangereuse et souvent mortelle s'il est appliqué à tous les cas de fièvre puerpérale aigue.

“ L'hiver dernier je fus requis par un confrère d'aller juger par moi-même des heureux résultats qu'on obtenait à la maternité par ce mode de traitement. Je m'y rendis libre de toute prévention ou plutôt favorablement disposé à en devenir partisan car je n'en avais encore entendu que des éloges. Le Dr. M. y faisait alors le service. Trois femmes atteintes de la fièvre puerpérale avaient été mises l'avant-veille au traitement par le calomel. L'une qui me parut d'un tempéramment fort, et peu abattue par la maladie se tenait debout au pied du lit. Je ne sais quelle quantité de mercure elle avait prise, mais on la regardait comme convalescente. Chez les deux autres, dont l'une en était rendue à 140 grains, l'état aigue de l'inflammation avait disparu. Un seul symptôme m'avait laissé des doutes, j'avais observé que l'une d'elles avait la langue épaisse et rembrunie, et je crus un état typhoïde probable. Je ne me trompais pas, seulement les résultats dépassèrent mes prévisions, car deux de ces femmes étaient mortes dès le lendemain de notre visite : celle qu'on disait convalescente et celle que j'avais examinée. Après les changements survenus la veille, l'abatement de la fièvre, le ralentissement du pouls, la mollesse du ventre et son peu de sensibilité à la pression, pouvait-on expliquer l'issue fatale par la marche ordinaire de l'inflammation ; on ne le pouvait pas. La seule conclusion qu'il me paraît possible de tirer de ces tristes conséquences, c'est que la sursaturation du système, l'emprisonnement mercuriel avait

produit une corruption de la crâse du sang tellement profonde que les forces vitales avaient été anéanties.”

“ Ces trois femmes avaient-elles été atteintes de péritonite puerpérale bien caractérisée. On pourrait en douter, raison de plus pour croire à la difficulté d’apprécier les chances plus ou moins incertaines de cette médication. Elle n’est pas même sans danger, suivant moi, dans les cas le plus franchement inflammatoires. Lors même qu’il ne serait pas aussi promptement mortel qu’il le fut chez les patients dont je parle, le mercure modifie trop puissamment les fluides de l’économie pour ne pas craindre encore ces effets lents ou éloignés. Cette médication doit être proportionnée, comme antiphlogistique, à l’intensité de l’inflammation et à la force du tempérament. Il ne peut y avoir de doute pour moi que le mercure poussé plus loin qu’il ne faut pour prévenir les exsudations plastiques produit la dissolution du sang, et le rend impropre à la nutrition. De là un collapse rapide ou tout au moins un état thyphoïde, une cachexie hydrargirique qui aggrave beaucoup le pronostic de la phlegmasie. En outre, l’affaiblissement résultant de l’inflammation elle-même, ne permet pas de compter sur les forces de la malade pour la soutenir jusqu’à ce que le travail d’élimination du mercure soit achevé.”

Le temps ne me permet pas de rien ajouter aujourd’hui à ces remarques. La discussion de cette importante matière pourrait m’engager à y revenir ; j’ajoute seulement que mon opinion est restée la même et que je la crois basée sur une connaissance suffisante des vertus dynamiques et physiologiques des mercuriaux et sur une observation raisonnée des résultats que peuvent produire la méthode en question ou toute autre méthode d’administrer cet utile remède.

ART. XL.—*Cas d’invagination, par le Docteur L. D. LAFONTAINE.*

J’ai eu l’opportunité d’examiner *post mortem* le corps de J. D. de Saint Jacques le Mineur, malade depuis le mois d’août dernier. On croyait dans le voisinage que le défunt avait avalé, soit une grenouille ou un lézard en buvant dans quelques fossés, parcequ’il ressentait des tumeurs dans l’abdomen qui lui paraissaient se mouvoir, cette rumeur était tellement accréditée parmi les gens de la campagne, qu’on s’attendait à chaque instant, pendant l’examen, voir sortir l’animal encore vivant. Le malade avait consulté plusieurs médecins recommandables de la ville et de la campagne, et il y avait eu entre eux diversité d’opinions sur sa maladie ; les uns pensaient qu’il y avait rétrécissement du canal intestinal dans quelques unes de ses parties et d’autres croyaient

qu'il y avait invagination, ce qui était vraiment le cas. Ayant été averti trop tard du consentement de la famille pour me donner le temps de me procurer l'assistance de quelques uns de mes confrères, je me suis rendu mardi matin, 18 du courant, au domicile du défunt, mort le 16 au matin, et j'ai procédé à l'autopsie comme suit : Ayant mis à découvert les viscères thoraciques et abdominaux mon attention s'est portée sur les intestins y découvrant des traces d'inflammations en plusieurs endroits. J'aurais du vous dire que n'ayant jamais visité le malade pendant sa maladie, mais ayant appris qu'il y avait constipation opiniâtre et vomissement presque à chaque fois que le malade avalait quelque chose je m'attendais de trouver ou cancer de l'estomac ou quelques maladies chroniques du foi. Au contraire ayant avec précaution sorti les intestins j'y ai découvert des tumeurs de différentes grosseurs, une surtout qui était aussi grosse qu'un œuf de dinde, elles étaient six en nombre, il n'y avait pas moins de 15 pouces d'intestins invaginés dans cette tumeur, les petits intestins seuls présentaient des traces de maladie, quoique partout le duodenum en fut exempt. Tous les autres viscères étaient remarquables par leur mollesse et leur flaccidité, le foie était ramolli et considérablement atrophié et un peu gros. L'estomac avait une dimension extraordinaire, il était rempli de liquide, sans doute le breuvage qu'on avait donné au malade, les parois, à l'orifice pylorique, étaient au moins épaissies de $\frac{3}{4}$ de pouces, les poumons étaient de couleur violacée, et le ventricule droit du cœur contenait un peu de sang liquide, ses parois étaient assez molles pour permettre de passer le doigt à travers sans difficulté, enfin tout le système présentait l'apparence d'anémie générale.

Si vous croyez que ce cas puisse intéresser quelques uns des membres de la profession, publiez le et ajoutez y les remarques que vous croirez propres.

ART. XLI.—*Reminiscences of the Siamese Twins.* BY A VON IFFLAND, M.D. &c.

On looking over, a few days since, some loose papers, my attention was attracted to one, headed, "condensed observations on the Siamese Twins, now exhibited at Quebec, 1835," but from the length of time which has since elapsed, I cannot bring to my recollection whether this paper originated from my own personal inquiries and examination, at the times of visiting them, or is partly, a mere relation of facts by the gentleman, then in charge of these extraordinary objects of *luis naturæ*. The paper, however, if not novel, may prove not the less interesting to the junior members of the profession, and in that view, I place it at their disposal.

The twin brothers were born of Chinese parents, in 1811, at a small village in Siam, distant about sixty miles from Bangkok, the Capital of the Kingdom. When the intelligence of their birth reached the ears of the King of Siam, he gave orders that they should be destroyed, as portending evil to his government; but he changed his intention, and suffered them to live, on being assured that they were harmless, and would be capable of supporting themselves by their own labour. In 1824, Mr. Robert Hunter, a British merchant resident at Siam, saw them for the first time in a fishing-boat on the river, in the dusk of the evening, and mistook them for some strange animal. It was only in the spring of 1829, that permission could be obtained from the Siamese Government to bring them to England. They were taken to Boston, U. S., where they landed sometime in August, the same year, and six weeks afterwards, embarked for England, and arrived in London in November.

They are both of the same height, namely, five feet two inches; and their united weight is 180 lbs. Their bodies and limbs are well made. The band of union is formed by the prolongation and junction of the ensiform cartilages of each, which meet in the middle of the upper part of the band, and form moveable joints with each other, connected by ligamentous structures. Underneath the cartilages, there appear to be large hernial sacs opening into each abdomen; into which, on coughing, portions of the intestine are propelled as far as the middle of the band; though, in ordinary circumstances, these herniæ are not apparent. The entire band is covered with common integument; and when the boys face each other, its length at the apex is one inch and three quarters, and at the lower edge not quite three inches. Its breadth from above downwards is four inches, and its greatest thickness nearly two inches. In the centre of the lower edge there is a cicatrix of a single navel. It possesses little sensibility, and is of great strength, for upon a rope being fastened to it, the twins may be pulled along without occasioning pain; and when one of them, is lifted from the ground, the other will hang by the band alone, without sensible inconvenience. For the space of about half an inch from the medial line of the band the sensibility of the skin appears to be common to both. A silver tea-spoon being placed on the tongue of one of the twins, and a disk of zinc on the tongue of the other, the moment the two metals were brought into contact, both the boys exclaimed "*sour, sour,*" thus proving that the galvanic influence passed from the one to the other through the connecting band. Another simple but clever experiment, proved that the sanguineous inter-communication was not common to the two.

Their strength and activity are very remarkable. They can throw down with perfect ease a powerful man. They run with great swiftness, bend their bodies in all directions, and in their sports often tumble head over heels without the least difficulty or inconvenience. In all the bodily actions in which the concurrence of both is required, they exhibit a wonderful consent, or agreement, without the appearance of any previous communication of their intention. The intellectual powers of each are nearly equal; and they have both attained the same degree of proficiency in the games of chess, draughts, and whist. They both possess great powers of imitation. In their respective physical constitutions, however, several differences are observable. Chang, as the boy on the left is named, has more vigorous health, and greater regularity of functions, than his brother, whose name is Eng. In general, they take their meals, and obey the calls of nature, at the same time. In their healthy state, their pulses are generally alike, and are easily excited; but that of the one may be accelerated, while that of his brother continues calm.

In their habits, they are very cleanly and delicate; in their disposition, affectionate and grateful for every kindness shewn to them. There exists between them the most perfect harmony. They always fall asleep at the same moment; and it is impossible to wake the one without also waking the other,

Every access is afforded to men of science, for promoting any object of philosophical inquiry.

ART. XII.—*Post Mortem Appearance in a Case of Morbus Cordis.*
By A. VON IFFLAND, M. D., &c.

In the month of August, 1851, I was called by a Coroner's Jury, to investigate by *post mortem examination*, the cause of death in a man, named Jacob, of the Parish of Ange Gardien, a congenital idiot, and also epileptic, aged about 40, and who had been found lying dead in a field, near the beach of the St. Lawrence, on the day previous. The body was extremely emaciated, and had, to all appearance, sunk under inanition. On examining the stomach and intestines, I found them healthy and nearly empty, but the mitral valves of the heart, were so remarkably thickened, that it was a matter of great astonishment to me, how the wretched man could have lived so long; there was also a coagulation in the lungs, and in the heart itself, behind the obstruction. In this case, for some time previous to death, the system must have been supplied with blood, not in a current, but drop by drop, proving

how small an impulse of the heart is sufficient, under ordinary circumstances, to maintain life. And hence, some light may be thrown on the nature of trances. It has already been a subject of reproach, that we are apt to consider the functions of the heart too simply; they should be studied, not only with regard to the peculiar office of the heart, as regulator of the circulation, but with reference to the relation it bears to the lungs and other parts of the system. I believe, I am not singular in entertaining the opinion, that several diseases of the heart may be traced to moral causes, and the influence of the passions; and, if it be true, as some assert, that these diseases, are now more frequently seen than formerly, may they not originate from *suppressed* emotion, or from the necessity of repressing the feelings, in a state of refined society? The members of our profession, as men of high classical attainments, are aware of the many beautiful passages that might be quoted from the poets, Homer, Sophocles, and especially, Shakspeare, descriptive of the effects produced upon the heart by the influence of the passions.

Shakspeare, the graphic delineator of human nature, in all its gradations, it must be admitted, was a perfect physiologist: his descriptions are as sound in fact, as charming in expression, and had he been a Physician, he would have anticipated Harvey. From the effect of moral causes to produce disease, was deduced the wisdom of our ancestors, in assigning to the Physician the best and highest education which could be effected; he ought in fact, not only to be acquainted with physical science, but moral philosophy. Medical study, cannot, indeed, be separated from polite literature, without degrading the Physician and diminishing his abilities. Yet, how fearful, to be obliged to confess, that, of the learned professions, medicine stands pre-eminently distinguished, as the only one, which offers to a *fictitious reputation*, the advantage of usurping the place of the profoundest acquisitions in science. To elicit the truth of this assertion, I might introduce a few sketches of *promient men*, from *my port-folio*, but the time is not opportune.

Beauport, August, 1852.

ART. XLIII.—*Contributions to Clinical Surgery*, by ROBERT L. MACDONNELL, M. D., Surgeon to St. Patrick's Hospital. Lecturer on Surgery, St. Lawrence School of Medicine, &c., &c.

Extensive wound of the forearm—secondary hemorrhage, treated by compression of the Brachial Artery, on Bellingham's principle.

THE following case which occurred in my Hospital practice some years

ago, is not totally devoid of interest, and the principle upon which it was treated may not prove useless, nor do I believe the result was different from what might have been attained in many similar accidents, had the same method of treatment been pursued.

If, by the avoidance of an operation, the safety of a patient and the cure of his disease can be equally as well accomplished, as by its performance, it is considered a great improvement in modern surgery, and he who has discovered a plan by which recourse to the knife is avoided, is justly esteemed a more accomplished surgeon, and a more successful cultivator of our science, then he who, however skillfully he may perform an operation, does not, perhaps, do it with more adroitness than hundreds of others; and in most cases, is but a servile follower of some master-mind who first originated the operation. Hence it is, that the modern system of treating aneurisms by compression, has placed the names of its authors in the foremost ranks of surgical pathologists, and as I believe, that the plan may be advantageously employed in many instances, for the arrest of hemorrhage from wounded arteries, I bring forward the following example, as the most striking I have met with, to illustrate this point of practice.

It has been very much the fashion in some quarters, to depreciate any attempts at the simplifying of surgery, and one distinguished practitioner, for whom no one entertains a higher opinion than I do, whilst he himself has shown the most striking instances of this very improvement, inconsiderately, as I believe, has thrown a slur upon the attempts of others, in furtherance of that object. I allude to Professor Syme's depreciation of Dr. Bellingham's discovery—in expressing which, upon one occasion he declared, that such a procedure as the cure of aneurism by compression, should only be adopted by surgeons who *were not capable of practising the higher departments of their art*. In justice to Mr. Syme, it must be stated, that he considers deligation of the femoral artery for the cure of popliteal aneurism, a much more simple procedure than the treatment by compression, an opinion, in which, few surgeons, either on this, or the old continent, will coincide. Even then at the expense of being charged with having missed an excellent opportunity for tying the brachial artery, I have great pleasure in laying the following case before my readers, for I doubt not, many a brother practitioner, called to severe injuries, so common in our rural districts, will be better pleased to learn how to arrest secondary hemorrhage from the upper extremities, by a simple and easily applied apparatus, than if he were given some new landmark for finding the brachial artery itself: so, without further comment, I shall proceed to the detail of the case.

Thomas Foley, aged 28, a ship carpenter, was admitted into the

Montreal General Hospital, September 7, 1847, under my care. It appeared that a few minutes before admission, he had a quarrel with another man, who made an attempt to stab him in the chest with a bowie knife, and in his effort to ward off the stroke of the knife, it entered and completely transixed the left fore-arm, and reached the chest, inflicting in this latter situation, but a trifling incision. The knife was held in dagger fashion, and the stroke was a back handed one, so that in completing the sweep of the weapon, the muscles on the anterior part of the forearm were divided from the radius and ulna, as far as from the head of the ulna, where the knife entered, down to the wrist. Before admission into the hospital, the arm had been bound up by the bystanders with handkerchiefs and other cloths to staunch the bleeding, which had reduced the patient to a state of extreme collapse. The dressings were carefully removed, a tourniquet having been previously applied over the brachial, as a precautionary measure. On examining the wound, the ulnar nerve was found to be *sliced* in a couple of places but not divided, and a similar injury had been sustained by the ulnar artery, *flute-hole* apertures occurring in three places, from which blood spouted out. Ligatures were placed upon the vessel, both above and below these openings, and it was remarked, that though the most superior incisions of the artery were first attended to, and the bleeding from them was effectually stopped, deligation of the vessel at these points did not seem to arrest, to any extent, the bleeding from those at the distal end of the wound. We were obliged to put on a ligature, wherever a bleeding point showed itself. The edges of the wound were brought together, a bandage carried round the arm from the fingers up to the shoulder, and the usual general treatment prescribed, directions being given to have the hand and forearm supported upon a pillow, and a tourniquet to be kept applied over the brachial and to be tightened on the first appearance of bleeding. *The radial artery did not appear to be divided*, and its pulsations were perceptible when examined in the usual situation.

September 10th. Until last night, every thing proceeded favorably, but about eleven o'clock, the house surgeon Dr. R. P. Howard, was called to the patient's bed side, in consequence of a sudden burst of hemorrhage; the tourniquet was tightened and I was sent for. On my arrival I opened the wound, and found a couple of small arteries from which blood escaped, but it did not appear that all the bleeding proceeded from these vessels, for it continued, after they were tied and seemed to ooze from the general surface of the wound. It now occurred to me to apply *two tourniquets over the brachial, and to regulate the amount of pressure in such a way as to diminish, without completely arresting, the stream of blood, for the radial being untouched, and*

(as proved by the occurrence of the hemorrhage,) the inosculation being free and numerous, we had little to fear from cutting off a portion of the arterial supply. Accordingly one tourniquet was tightened until a perceptible change was detected in the volume of the radial's pulse, and this was found quite sufficient to control the bleeding from the wound, which was then dressed with lint dipped in turpentine, and the arm was as before bandaged up. The patient was desired to alternate the pressure of the tourniquets, so that when one became painful, the other was tightened and the first one relaxed. The instruments were kept applied for nine days, and he left the hospital fourteen days from that of his admission with the perfect use of his arm. Owing to his dread of bleeding, he allowed the upper tourniquet to remain tightened so long upon one occasion, that slight ulceration ensued.

This patient presented himself before the Clinical Class of St. Patrick's Hospital last winter, and gave the following account of his subsequent state. For some months the arm remained weak, though he was able to follow his employment; he suffered from pain along the course of the ulnar nerve, and from contraction of the ring and little fingers which gradually disappeared, on his keeping them extended upon a small splint. The cicatrix of the wound is now *thirteen* inches long, from which circumstance, the reader may form a correct idea of its original dimensions. He now states, (what he kept a secret, whilst in the hospital,) that on one occasion, becoming tired of the pressure of the tourniquet he relaxed it, but hemorrhage came on in a few hours, and he was obliged to resume the pressure, which he carefully kept up until the wound had nearly healed.

The reader will perceive, that the principle upon which the foregoing case was treated, is precisely the same as guides the surgeon in the employment of compression in aneurisms, *the flow of blood was diminished, but not interrupted, and enough for maintaining the nutrition of the arm* was carried on by the radial and its branches, and by the interosseal, for I rather think, the secondary hemorrhage proceeded from the twig's of this latter vessel. Be that as it may, the result of the treatment shows, that in many cases, secondary hemorrhage may be arrested without cutting down upon the primitive trunk, and though the practice may have been adopted by others, I am not aware that any one has preceded me in the application of the Dublin mode of compression, in cases of secondary hemorrhage, and I cannot but conceive it, as one, perhaps not the least important or valuable, of the applications to which that inestimable principle is capable of being adapted.

ART. XLIV.—*Observations on the Sanatory Institutions of the Hebrews as bearing upon Modern Sanatory Regulations.* By the Rev. ABRAHAM DE SOLA, Lecturer on Hebrew Language and Literature in the University M'Gill College, &c.

(Continued from page 340.)

Here we conclude, for the present, our quotations from the treatise "Cholin," having exhibited in them the principal directions and requirements of the Mishna, concerning that part of slaughtering which has reference to the extraction of the animals blood, and which as we have before seen, has so much to do with the healthiness of the meat. We shall have occasion again to refer to this treatise when examining other matters connected with our main subject. And now in accordance with the plan laid down, * we will endeavor to supply a synopsis of those further rabbinical regulations and directions for the avoidance of blood-eating, and state the penalties resulting from infringement or neglect of this sanatory law. The *Yad Hachazakah* of Maimonides contains such a synopsis,† and we will now endeavor briefly to scan it.

Maimonides writes, § 1—He who wilfully eats of blood of [the quantity of] an olive, incurs the penalty of excision, [Lev. vii. 26-27] but if through error, he becomes liable to the bringing of an appointed sin offering. The law explains that he becomes not liable but for all blood of beasts [wild and domestic] and of fowl, whether clean or unclean, as it is said, "And ALL blood shall you NOT eat in all your habitations, whether of fowl or of beast (behemah). Wild animals are included here in the term 'behemah,' for we find it elsewhere said, [Deut. xiv. 4-5] These are the beasts (habehemah) which ye may eat, the ox, &c., the hart and the roebuck &c., but to the blood of fish, locusts, insects and the like, the above law applies not; wherefore the blood of fish locusts, &c., which are clean is permitted. * * * But of those which are unclean it is forbidden, because it forms the main substance of their body, and it is with their flesh as with the fat of the unclean beast. § 2. Human blood is prohibited from the authority of the Scribes; an infringement of this prohibition subjects the offender to the flogging of rebellion‡. § 3. The penalty of excision applies only

*Vide page 336.

†Vide vol. 2, Book 5, ch. 6. *Treatise on Forbidden Food.*

‡As emphatically exhibiting the extreme care and scrupulousness to be employed by Jews in refraining from blood-eating, we might have quoted above, the following words of Maimonides in the same paragraph,—“but to eat the blood from the teeth (gums) is of course not preventible; thus, if he bites into a piece of bread and observes there blood (from the gums) he cuts away that part

to that blood which issues at the time of slaughtering, or drawn while it yet retains its red particles; to that blood which has entered the heart, and to that which results from phlebotomy, and yet issues forth; but that which issues at the beginning of the bleeding, and that which appears when the flow begins to cease, these do not cause the penalty of excision, but are in this respect like the blood of members, since that which flowed through the bleeding, was the vital blood. § 4. The substantial blood and blood of the members, such as of the spleen, kidneys, &c., of eggs, and that found in the heart at the time of slaughtering, as also blood found in the liver, does not create the penalty of excision, and he who eats thereof, even a quantity equal to an olive, incurs according to the divine law the penalty of castigation, for it is said 'ye shall eat *no* blood.' And with reference to the penalty of excision, the text saith, 'for the life of the flesh is in the blood,' implying that excision is only incurred by eating of that blood with

and afterwards eats." Thus writes Maimonides. Another celebrated Jewish Doctor Menasseh Ben Israel, whilst engaged in the days of Cromwell to secure the return of his people to England, in adverting to the ignorant and fanatic prejudice which had been raised against them for "using human blood to make their Passover cakes," says, (*Vindiciæ Judeorum* sec.1. See Samuels, "Jerusalem," by Mendelsohn, vol. 1. p. 5.) "And more than this, if they find one drop of blood in an egg, they (the Jews) cast it away as prohibited; and if in eating a piece of bread, it happens to touch any blood drawn from the teeth or gums, it must be pared and cleansed from the said blood, as it evidently appears from *Shulchan Aruch* and our ritual book, &c.

§ We have seen with as much surprise as regret, that an able writer should descend to treat lightly a question which has had for its supporters so many master minds—advocates as pious and amiable as they were learned; of course we can have but little to say to remarks conceived in such a spirit, but this much we would observe. To select the Canadian *habitants* with whose unrestrained addiction to blood-eating we are sufficiently acquainted, as a proof of the non-injuriousness of the practice, we deem singularly unfortunate, though not for our assertion above made with reference to its effects, mentally. We only speak, as we can only speak, be it remembered, of the testimony afforded by nations after the lapse of a long period of time, say of centuries, and thus it will be perceived that we only speak of blood-eating as being an element—how powerful, who shall say when it is so announced and condemned by inspiration—of decay and destruction in a nation. With individual cases the question has nothing to do—we will not, nor did we ever maintain that with reference to these, the practice is a bad one; but to return. The Canadian *habitants* are doubtless, a worthy, happy, contented, and so far as creature comforts, and perhaps business transactions are concerned, an acute people, yet few would charge them with too much intellectuality, enterprise, or with a too free spirit of inquiry either in matters spiritual or secular. Of course with other nations there may be, and indeed are, other causes and agencies, educational especially, to counteract this serious error in diet; just as it has been shown other dietetic substances may counteract the ill effects of eating blood, in the individual system.

which the life went forth. The blood of a fœtus found in the uterus of any animal is to be accounted as the blood of one born, therefore the blood found in its heart causes the penalty of excision, but the rest of its blood is to be accounted as the blood of members. In § 6 particular directions are laid down for extracting the blood from the heart, which, being so to speak, the blood-pump of the wondrous mansion in which it resides, requires such particular directions. In § 7 are given directions for extracting the blood from the liver, so that it may escape freely and not be retained by anything. In § 9 we find that if the neck of a beast become broken, before it dies the blood becomes unduly absorbed in the members, and then it is prohibited; if, however, in killing (healthy) animals or fowl, no blood issues, they are lawful for food. The following directions are worthy of note, as being now actually observed by the great body of Jews in every part of the world, even by that comparatively small portion of them who do not generally guide themselves by rabbinical teachings, but who yet observe these we are about to mention, as good, proper, and wholesome practices. How far they are calculated to procure to these observers good, wholesome meat, may be decided by reference to Doctor Duncan above quoted, and to other writers. § 10. Meat cannot be considered as free from blood unless it have been duly salted and expressed after the following manner. The blood must first be drawn from the meat, which is then to be carefully salted, and is to remain in salt for a time (not less) than that consumed in walking a mile, [half an hour to an hour is the time observed by Jewish families] afterwards it is to be drained until the water which runs from it is clear, when it is to be placed in water before using. § 11. The salting process should only be carried on in a perforated vessel [cullender,] so that the blood escape, and then with coarse salt, since fine becomes imbibed in the flesh, but does not extract the blood."

Were it consistent with our limits, and necessary to our subject, we might by further quotations shew even more clearly the scrupulousness of the Hebrews in abstaining from blood. We might describe the diligence and care employed by them in purging from their meat, before eating, all veins and arteries, without which process, the meat would be considered as improper for food, and as so much carrion. But we think it enough to inform the reader of these facts, and to refer him to the books already mentioned for further details. For now we would bring our remarks on the prohibition of blood to a close. These few considerations however, we would urge in conclusion—The Hebrew people for thousands of years, even before those glorious days when their great MOSES lived and moved among them,

have been in a most remarkably scrupulous manner observant of this prohibition. They have regarded the eating of blood as an abomination, and as a loathsome practice; as a practice, which, if much indulged in, would cause them to think lightly even of the blood of their fellow-men. And what, to them, have been the results of this *nationally*, and *after so very long a space of time*? for it is only by referring to them as a nation, and to the longest period to which we can look back, that the question ought to refer, and that we ought to judge it. In the remarks we have made upon this sanatory law, as it undoubtedly is of the Hebrews, we have deemed it proper briefly to show that scientific writers of the highest reputation have proved, that the wholesomeness of animal food has much to do with the extraction or non-extraction of the vital stream, and that, as a consequence, our own health is, in no inconsiderable degree, dependant thereupon. Let us now ask, whether their abstinence from blood through ages has at all made the Hebrews physically speaking, a less healthy or favored people than those who do not so abstain, and whether they do not rather present the most powerful and conclusive testimony in support of those writers who contend for the utility and importance of the prohibition—writers whose humble disciple, apart from our peculiar religious convictions, we profess to be. These queries we make without stopping to insist upon their comparative exemption from that class of diseases from which, they ought, as a consequence of their abstinence, to be free, but to which those who unreservedly indulge in such gross indigestible nutriment should be subject; nor do we stop to insist upon the probability of their being less likely to become legitimate objects for the attacks of epidemics, &c., than those who are less careful than they in this regard, and in the general healthiness of their animal food; but we go on to remark, that although our limits as well as our inclination, have caused us to confine the number of our references and authorities, still, we think we have adduced sufficient respectable testimony to show, that blood-eating exercises a decidedly “baneful influence on the disposition” and *minds* of men. Christian writers have uniformly endeavored to show—with what success we need not here inquire, that the rabbinical traditions are but little older than Christianity. Supposing this to be the case, and confining our retrospective view of the mental condition of the Hebrew people to nineteen centuries, let us ask, and let the reader decide in all candor, whether that, by all acknowledged, wondrous activity and elasticity of intellect which has ever characterised them; which has enabled them, under God, to bear up against persecution the most intense, and slaughter the most bloody; to withstand like an impreg-

nable fortress, those destructive causes and events which have swept away nations more numerous, more powerful, and in every way more prosperous than they—have swept them away so that scarcely a vestige remains of them;—let us ask, whether this, and their equally acknowledged exemption from the commission of those fearful deeds of violence and bloodshed, which are but too frequently the result of an artificially-formed brutish organisation and instincts; of a superinduced animalism, which is but too surely the offspring of unrestrained indulgence in matters dietetic; whether these facts prove that the prohibition of blood and other articles of diet has acted injuriously to them, or whether they do not present testimony valuable and conclusive for those advocates of total abstinence from blood-eating who show that the mind, equally with the body, must at least suffer from the practice. We humbly claim for these questions the same indulgent and serious consideration which thinking and good men who are well-wishers of their fellows have very properly extended to that great moral movement—the total abstinence from intoxicating drinks. The perceptive faculties may become clouded, men may “become drunken with blood drinking,” also saith the prophet, and were the ill effects of the latter so immediately perceivable, and its opponents as numerous, and as zealous, as are the advocates of the former movement, then would there doubtless exist in many mens mind the same antipathy of the one usage as for the abuse of the other. But be this as it may, this much appears evident and sure to us with reference to the ideas and sentiments of the people whom the question at present most concerns. We believe it unquestionable that irrespective of the insuperable religious objections they have to blood eating, the conviction is deeply rooted and generally felt among all Israelites, that would they not snap asunder one of the most powerful links in their national union and preservation, but would they maintain the undying vigor of their race—would they exempt their bodies from gross scorbutic humors and affections, and their minds from those passions and tendencies which weaken what is strong, depress what is exalted, degrade what is elevated, and brutalise what is divine,—then they must not lightly esteem, but strictly and religiously observe and respect **THE PROHIBITION OF BLOOD.**

XLV.—*Reply to Dr. Howard's "Review".* By MEDICUS.

It must be disagreeable, I have no doubt, to one's feelings, to have his publications freely and openly commented on. It is, however, the inevitable penalty which all those must pay who would fain occupy the responsible position of instructor of their fellows.

Dr. Howard opens his "Review" in the stereotyped, but exceedingly puerile plan of procedure, usually adopted in similar cases, *viz.*: by impugning the "motives" of his critic. "The above observations," he says, "*professedly written*, &c., though it may be shown to be highly probable that the author of the "Observations" was influenced by *some other motive* besides." Now, as I am always willing to make due allowance for the little weaknesses, to which, naturally, we are all more or less subject, I can assure Dr. Howard, that I do not harbour the slightest feeling of resentment towards him for this ebullition of feeling—this exhibition of restiveness. It is not more than might reasonably be expected under the circumstances.

In the form of a number of interrogatories, Dr. Howard endeavours to make it apparent, that Medicus was wrong in stating, that "the only portion of the first clause of the diagnosis verified by the subsequent *post mortem*, was "no disease of the aortic valves"; and in support of his position, brings forward a paragraph from his "lecture," and demands "why medicus omitted to notice it?"

I recorded the statement and made the omission advisedly.

A diagnosis, according to the present common acceptance of the term, is an opinion arrived at by a Physician concerning the diseased conditions present in any case, from a careful consideration of the history of the disease and all the phenomena presented by it, and based on the knowledge he already possesses of the body and its derangements. It is absolutely necessary, moreover, that this opinion be formed and expressed during the life of the patient. Any conclusion arrived at, therefore, subsequent to the demise of the patient, from information revealed by *post mortem* examination, manifestly cannot be received as "a diagnosis."

A Practitioner accurately noting a case of disease, in which some doubt existed in his mind regarding the correctness of certain points of his already expressed diagnosis, would certainly, whenever his doubts were cleared up, make a record of the fact in his case-book.

Now, in the commencement of his lecture, Dr. Howard gives the history of "Churchill's" case with the general symptoms and physical signs present on the 17th March. Then follows the "*diagnosis*," regularly italicised, and this again is succeeded by *daily notes* of his

condition up to the time of his death, which occurred on the 27th March. The whole apparently being a careful transcription of the entire case from Dr. H's note-book. Not one word, however, appears in this, *the proper place*, indicative of any change having taken place in his views, expressed on the 17th, relative to the morbid conditions present. But towards the latter end of his lecture, which, be it remembered, was delivered after the death of the patient, he thus addresses the student :—"Four days after the commencement of the treatment, some important changes, *you may remember*, were recorded in the physical signs, which threw additional light on the case, &c. And *now*, you can perceive the value of repeated examinations, &c., &c. In harmony with this view, we find that on the 20th, &c., &c. Dr. Howard may have had his "doubts of the 17th removed on the 21st"; but I would respectfully submit that this passage, which he adduces in proof, cannot be accepted as evidence. For were *post mortem* explanations of, and reasoning on, the changes in symptoms, allowed and received, when no evidence exists that the importance of such changes was recognised, noted, and commented on, during the life of the patient, we would rapidly arrive at perfection in diagnosis. Autopsies would soon take precedence of careful and unwearied investigation, and many would trust much to their revelations for clearing up their doubts and correcting their errors.

The two following questions immediately succeed in our review, the passage from his lecture. "Is not the existence of mitral obstruction and softening excluded here? And does not the history of the cadaveric examination confirm this opinion?"

The importance of the "exclusion" is completely invalidated by the fact, that there is no proof of its having been made until after the death of the patient.

What species of "confirmation," I would ask Dr. Howard, does his opinion, which was some days after the autopsy, receive from the "history of the cadaveric examination," which examination was made "four hours post mortem?"

"Again," asks Dr. Howard, "what induces the writer of the Observations," towards their close, to drag forward the *fact*, that "there was an adherent pericardium which was not diagnosed. * * *

Does he mean that the condition in question ought to have been diagnosed under the circumstance of the case?" My inducement in dragging it forward was, simply to place it with other *facts*, tending to show, that the "cadaveric examination" did not "confirm the diagnosis very closely," and that "the amount of positive and accurate information that may be obtained by the application of our present knowledge

of cardiac diagnosis, [even] when assisted and corrected by successive examinations," is sometimes not very "large." That I did not "mean that the condition in question ought to have been diagnosed," is quite evident from what I have already said in my "observations," and which, having apparently escaped the attention of Dr. Howard, I will here transcribe for his benefit. "It has not been my object, in these few remarks to find fault with Dr. Howard for not making a perfect diagnosis. I am too conscious of our present imperfect knowledge of the various morbid conditions of the heart, and their declaratory signs and symptoms, to expect anything of the kind."

Dr. Howard next "refers" me to some "eminent writers on cardiac disease," as his authorities for the employment of the terms "weak heart," "weakness of the heart," &c. It is quite true that, scattered through the works of some modern authors, such vague and indefinite terms as "weak heart," "disturbed heart," "well-nourished heart," &c., are to be found; but they are there employed in a sense widely differing from that in which Dr. Howard employs the term "weakness of the heart" in his lecture. With Walshe, Latham, and others, "weakness of the heart" is expressive of *a condition of the sounds and impulses*, obtaining in various pathological states of the organ: whereas, Dr. Howard introduces it into his "diagnosis," and uses it throughout his lecture, as if it indicated some *definite pathological condition of the heart*; one having peculiar symptoms, and quite cognizable to the observer. It was this that I objected to, and not to the "employment of the term."

While at this part of the answer, I would stop to point out the importance of a passage which occurs in Dr. Howard's lecture, and which places him, in a knowledge of the Semeiology of Cardiac affections, quite in advance of Walshe, the latest writer on heart disease. "A largely dilated heart," says Dr. Howard, "would be equally compatible with *such signs and symptoms*, on the supposition that its walls were weak, or that they were gorged with blood from the obstruction to the pulmonary and general circulations." "*Passive and mechanical congestions of the heart's tissue and membranes*," says Dr. Walshe, "however interesting to the morbid anatomist, are without clinical importance in the present state of knowledge; *there are, in fact, no means of diagnosing these states.*" (p 391.)

My statement, that "fatty degeneration of the heart" is treated of by all modern writers on heart disease in distinct terms, and is never associated, as a cause, with the pathological state, treated of, under the name of "softening," is stigmatised by Dr. Howard as "erroneous," and Dr. Blakiston is brought forward to correct me. Why does Dr.

Howard play upon words? A fatty heart, particularly that form designated "fatty infiltration," in which oil-globules are found within the sarcolemma, is undoubtedly a soft heart, and in this way may be said to cause softening of the walls of the organ. This softening, however, is not "*the pathological state treated of by writers under the name of softening.*" The remarks of Dr. Blakiston, which Dr. Howard refers to, occur among some general observations which he makes "on the principal alterations of the muscular walls of the heart which affected its contractile power" in 155 cases which he noted of diseased heart, and merely amounts to this, that in many instances of softened and flabby walls, fatty degeneration was found.

"The reason why," says our reviewer, "I omitted to notice" "violent and continued vomiting" as a sign of "polypus of the heart of great diagnostic value" is, that I do not regard it in that light. The only modern authority presented to my recollection, who mentions "nausea and vomiting" among the symptoms of polypus is Hope." The only logical inference deducible from the first part of the above quotation is, that the writer was quite familiar with the fact, that "vomiting" had been recorded as a symptom of polypus; but that, as the result of experience, he did not "regard it" as a sign worth mentioning. The value of Dr. Howard's opinion on the matter, might have been correctly estimated, if he had given the number of cases of polypus which has fallen under his observation, with the number in which vomiting was present, as well as the number in which that symptom was absent. As it stands at present, it is a mere gratuitous assertion without the least title to consideration. I mentioned "vomiting" as an important symptom, from having seen two cases of polypi in the Montreal General Hospital, in which it was certainly one of the prominent symptoms present,* and from a knowledge, that different writers on Cardiac disease, had admitted it among the symptoms of polypus of the Heart. As Dr. Howard, however, knows of no author "who mentions nausea and vomiting among the symptoms of polypus of the heart," except Hope, I shall endeavour to supply this deficiency in his knowledge by giving him a few extracts, bearing on the question, from standard authors. Among the most important symptoms of sanguineous concretions recorded by M. Grisolle, are, "*Les battements de l'organe sont tumultueux, irréguliers, précipités, et la matité de la région précordiale est plus étendue; en même temps, il existe de l'angisse, une dyspnée considérable, et même, de l'orthopnée, ainsi que des nausées et des vomissements.*"

* NOTE — Those two cases were under Dr. MacDonnell's care; and one, to my certain knowledge, was diagnosed before death.

† *Traité de pathologie.* Vol. 2, p. 353.

Prof. Duglison mentions, "cold surface and extremities, and a livid countenance, occasionally accompanied by *nausea and vomiting*."

M. Aran says, that with "sudden and great increase of dyspnœa, &c., &c., there is livid colour of the face; *nausea and continued vomitings*, and in some cases, stupor and feeble *convulsive movements*."†

Dr. Copland, to the enumeration of other symptoms, adds, "and occasionally *vomiting*, also indicates the formation of concretions."‡

M. Fabre, gives the following with others. "Le froid glacial des extrémités et de tout le corps, la lividité de la face, *les nausées les vomissements*, etc."§

And lastly, Dr. Joy says that the formation of Cardiac polypi, is marked by coldness of the skin, and *sense of sickishness*.||

I am next accused of uncharitableness, "Medicus attempts to show that the second part of the diagnosis" was incorrect. But had he reflected (not to say read) more, he might have arrived at a more *charitable* explanation of how "dilatation" of the heart could exist, although at the opening of the body, the organ was found closed by rigor mortis"; than that I "felt myself bound by my convictions to assert its presence." When the heart was examined after having been kept a few days in spirits, the dilatation was manifest, and when writing out an accurate statement of its condition, that fact, as well as its weight and dimensions was recorded, with the appearances previously noted at the autopsy." "Had he reflected, (not to say read) more." Surely the reviewer must have been in a very facetious mood, when he penned this line. The solution of a question naturally arising out of it, would, methinks, puzzle even "a learned college" to determine. What amount of reflection—what extent of reading is required, to discover that appearances observed "*a few days*" after death are included with those placed under the heading of "appearances discovered in the body *four hours post mortem*?"

Dr. Howard's explanation of the contradiction which I noticed in my "observations" is unfortunate, as many, who are not acquainted with his undoubted abilities, may be led by it to suppose that he thinks it a matter of small moment how clinical observations should be recorded. "*In cidit in Scyllam qui vult vitare Charybdim*."

* *Practice of Medicine*. Vol. 2, p. 539.

† *Practical Manual of Diseases of the Heart and great vessels*. Amer. Ed. p. 294.

‡ *Medical Dictionary*. Art. *Heart*.

§ *Dictionnaire des Dictionnaires de médecine*. p. 633.

|| *Library of Medicine*. Vol. 3, p. 374.

Notwithstanding the remark, that the "dilatation was manifest," I must still assert that "it admits of serious doubt. For, in addition to what I have already remarked, Dr. Howard's "accurate" measurements go to prove that there could not have been any dilatation. According to Bouil-land, the heart in its transverse diameter, at its base, measures on an average $3\frac{1}{2}$ inches. Deduct from that 9 lines, being the sum of the thick-ness of the walls of the left and right ventricles at their bases, and there remains 2 in 9 lines, for the septum and cavities. Now, it is clear, that dilatation of the ventricles, in separating the walls of the heart at its base, will increase the diameters of the heart, on the supposition that the walls retain their natural thickness. If to dilatation, however, be added hypertrophy, then the diameters attain their maximum.— "Churchill's" heart measured "4 inches in transverse diameter"; thus leaving only 6 lines to be made up by the hypertrophy and dilatation. The walls of the left ventricle, at its base, measured "14 lines" in thickness; those of the right ventricle "8 lines," making a sum of 22 lines. The hypertrophy of the walls alone, therefore, accounts for 1 inch-4 lines, over and above the difference which existed between the transverse measurement of Churchill's and the average natural sized heart. If the transverse diameter had been 5 in 4 lines, it could have been accounted for, without having recourse to the supposition of dilated cavities. As "the right auriculo-ventricular orifice, measured 5 inches in circumference, there is no doubt, but that it was dilated.— But it would appear from what he says in his lecture, that the valves had likewise increased in extent, and were quite capable of perform- ing their functions. The cases mentioned by Blakiston in the note to "Table, 11" are in this respect similar. "In fifteen of these cases, there was also dilatation of the tricuspid orifice, but in twelve of them the valves were so large that they closed the orifice and prevented regur- gitation."

The question of Cardiac Dropsy, and its causes, has been a vexed one. Dr. Blakiston, from the observation of 91 cases, in which drop- sy, tricuspid regurgitation and dilatation of the right cavities of the heart coexisted, arrived at the conclusion, that "dilatation is the main cause of general obstruction, because it is accompanied by incompleteness of the tricuspid valve, in consequence of which, a powerful back current is forced against the blood, returning from the veins of the general circulation."

It was this conclusion, I now believe, Dr. Howard alluded to in his lecture when he said, "as established by Dr. Blakiston,* and corroborated by myself," and not to "enlarged jugular veins as a sign of a dila-

*1 *Blakiston on the Disease of the Chest, Amer. Ed.* p. 218.

ted right cavity." Dr. Howard's "corroboration," of the opinion Dr. Blakiston* came to after the careful examination of *one hundred and fifty-five* cases of heart disease, is to be found in *one* case published by him in the "*British American Medical and Physical Journal*," for May and June, 1850.

Having now answered Dr. Howard's "Review" as fully as my time permitted; and having given my reasons for differing from him, in extension, I purpose allowing the matter to drop here, unless something appears from him on the subject, which I may think calls for a reply.

Montreal, 20th September, 1852.

SCIENTIFIC INTELLIGENCE.

SURGERY.

Observations on a case of complicated Hare-lip, and the method of treating it. BY RICHARD QUAIN, ESQ., F.R.S.

As there were in this case some novel circumstances both in the nature of the malformation and the manner of remedying it, I think it may be worth being recorded.

The child was a female, two years and a half old, large of its age, and not unhealthy looking. The deformity was an example of double hare lip, (according to the incorrect designation in common use,) and of the worst kind. In addition to the ordinary malformation in such cases, the central piece of the lip was out of the line of the lateral pieces. It hung from the septum, near the point of the nose. When the case was shown to me, that fragment of the lip was unsupported behind, but not been originally so. The bone which supported it had been in part removed; of this the remaining bone bore evidence in its roughness, and it wore at the time an unhealthy aspect. This outline of the case gives us not only the most extensive form of hare-lip, but likewise a complication calculated to add materially to the difficulty of the treatment. For while, in the ordinary states of the deformity, whether there be one fissure or two, the several parts serve for the construction of the lip, and they are brought into connexion over a comparatively short space,—in the case before us, the central piece was so placed, that if it were united in the usual way with the lateral pieces, these being drawn forward to its level, the upper lip would be brought into unsightly con-

nexion with the point of the nose, and the nostrils would probably be in a measure obstructed. Again, it was evident (and it was proved in the operation) that the central part of the lip, when carried back to the level of the lateral pieces, would not have had sufficient length to join with these in their natural position. In short, it was necessary to construct the lip from the lateral pieces only; and these, therefore, instead of being drawn inwards to the middle of the corresponding nostril, as in other cases, must have been brought to unite together beneath the septum nasi. If, now, the central tubercle be put out of consideration, and the edges be supposed to be removed from the lateral pieces sufficiently for the purposes of the operation, it will be plain, that the remaining fragments of the lip was very narrow, at the same time that the void they were eventually to cover, and the space over which they must have been drawn so as to be brought into contact, were proportionably very considerable—and it will be equally plain, that something more than the ordinary method of performing the operation was necessary in such circumstances.

It was necessary, first of all, to detach the lip at each side freely from the maxillary bone,—much more freely than is ever required in ordinary cases. This process, in itself, would have probably enabled me to draw the two pieces of the lip together towards the lower, the unattached edge. Not so, however, the upper part: in order to make this sufficiently free, its connexions must have been further separated. For accomplishing this purpose, two plans occurred to me. One of these was, to carry an incision, on each side, straight outwards, on a level with the lower edge of the nose, for half an inch, or thereabouts. The other plan consisted in making short curved incisions upwards, along the outer borders of the *alæ nasi*, (one on each side,) and in removing, at the same time, a narrow slip, in the course of each incision, in order to leave sufficient room for the lodgment of the *ala* when the lip should be moved inwards. Either of these plans would, in my judgment, have allowed of the junction of the parts without undue stretching; but I preferred the latter, believing that the marks of the incisions would probably be the less perceptible, and especially that this plan would allow of the nose being made more symmetrical. It may be added here, that, in the operation, having found that the nares were but little disarranged when the sides of the lip were brought together, after one incision had been made on each side, I did not form grooves for the outer borders of the *alæ* as I had proposed. This part of the plan, however, remained in reserve, if afterwards it should seem to be necessary to resort to it.

The thick fleshy tubercle depending from the nose near its point was disposed of in the following manner:—After being thinned at its back

part, it was turned back to the under surface of the septum. Its point then reached the seam between the side pieces of the lip, but did not pass down between them. The cicatrix of the lip was, therefore, a single straight line, not Y-shaped, as is customary in cases of the so-called double hare-lip.

It is unnecessary for me to enter into the details of the operation, as, in all respects but those already alluded to, it was conducted in the ordinary way.

In managing this case, I derived essential assistance from the supporting spring which has lately come into use. This encircles the head from behind, and the two ends, furnished each with a pad, rest upon the cheeks, which are thereby supported in the position given to them. All dragging or stress upon the sutures is thus prevented; and pressure upon the lip, whether from the bones behind or otherwise, is guarded against.

This object is so important in such cases as that now under consideration, that a few more words respecting it will not be out of place.

Very many years have gone by since the need of support to the cheeks in aid of the suture in treating certain cases of hare-lip was perceived by surgeons, and attempts were made to effect the object. The bandage variously disposed was generally resorted to; but other expedients were likewise used. Several of these are noticed in the "Memoirs of the Academy of Surgery" of France; and in one of the essays in that most valuable publication it will be found, that an able surgeon, Louis, went so far as to put aside the pin as the means of union in hare-lip, substituting for it a systematically arranged, and not a little complicated, "uniting bandage," with, however, a single point of thread suture. This system fell rapidly into disuse, but the bandage was still continued in aid of the twisted suture, especially by continental surgeons. The bandage was made to encircle the head and face, crossing from the occiput alternately upon the lip and forehead, and supporting compresses upon the cheeks. It is well represented *in situ* in Desault's Journal. In one case Dupuytren included the nose likewise in a slit of the band. (Leçons Orales, T. IV., p. 102.) But the bandage is liable to the serious objection, that pressure is made thereby upon the lip, and that discomfort is occasioned by interference with the nose and the mouth. These objections do not apply to the spring; and I may observe, that the advantage of such a means of supporting the parts did not escape our predecessors. More than a century ago (1721) an apparatus of that kind was recommended by a practical surgeon. (See "Verduc Traité des Opérations de Chirurgie," p. 218.) The suggestion in this treatise is to place the spring above the head, with the ends

resting upon the cheeks. The use of this instrument was, however, objected to by several of the leading surgeons of the last century, and it fell at once into disrepute, although the objections appear to have been merely theoretical. (See among others, De la Faye, "Mém. de l'Acad. de Chirurgie," Tome I., and Le Dran, "The Operations of Surgery," Gataker's Translation, p. 345.) Yet the thing itself seems obvious enough. Heretofore, I myself, before I had seen Verduc's proposition, applied to more than one surgeons' instrument maker to construct a spring, with a view to another difficult case; but they did not succeed in making a useful instrument. The original of the spring used in the present case was constructed for his own child a few years ago by an artisan whom you have seen from time to time in the hospital. He had, he it observed, the object to be attained constantly before him, as well as the model for trying the effect of the apparatus; and he succeeded remarkably well, without too, I believe, any suggestion save from his own observation and sagacity. The spring constructed by this ingenious person is useful in most cases, and is of great value wherever the deformity is extensive or complicated.

But to return to our case: its progress was in every way most satisfactory. Direct union took place over every part except at one point at the upper end of the main cicatrix of the lip, close to the septum nasi; and here the granulations (which were little more than the extent of a pin's head) were skinned over in a couple of days.

At first, the lower lip seemed loose, as if too long. This appearance was observed, even when the spring was first applied, two or three days before the operation,—during which time it was kept on in order to accustom the child to its pressure, and to regulate this. In about a week, the appearance adverted to ceased; and now, on close examination, it is observable only that the upper lip is not as loose over the gum as it is in the natural conformation of the parts. It is not in any degree notched; and the improvement effected in the child's appearance is very striking.

PATHOLOGY AND PRACTICE OF MEDICINE.

An inquiry into the proximate cause of Gout and its rational Treatment. BY ANTHONY WHYTE, Esq., M.B., Cambridge, late President of the Royal College of Surgeons of England.

I have for sometime been engaged in preparing a work on Diet, wherein I purpose, among other things, to trace out the connection between sundry constitutional disorders, and the habitual abuses of the digestive organs in childhood as well as in the adult age. I had intended

to embody in that work certain theoretical and practical views, which long experience and reflection have led me to entertain on the subject of gout; but having been strongly solicited by several professional friends not to delay the publication of that portion of my notes, I have here thrown them into the shape of a separate paper.

In venturing to propound a new theory of gout, I do not conceal from myself the hazards I incur. The very announcement of my design must, I am aware, provoke against it a formidable array of prejudice, since it is natural to predict the failure of every fresh adventurer in an enterprise so often and so strenuously essayed, and always essayed in vain. On the other hand, I submit that there is a wide distinction between what is merely improvable and what is impossible, and that, however difficult be the problem I profess to solve, at least, it involves no absolute impracticability. It is safe to reject, *a priori*, the claims of one who shall pretend to have discovered the perpetual motion, or the elixir vitæ, or to have unravelled the impenetrable mysteries of ontology; but an inquiry into the natural history of any given disease belongs to quite another category; nor does there exist any reason why science should ever halt in despair at any unaccomplished point in her proper business, which is in every instance to trace back step by step those trains of phenomena to which, as we regard them in their unvaried order of sequence, we attribute the relationship of cause and effect. In some cases, this kind of research has been prosecuted almost to its last limits, whilst in others it has stopped short at an early stage, and there remained for centuries, in spite of countless efforts to discover the missing clue to the next step. But soon or late the clue will be found, and the further step achieved; for no amount of lost labor can exhaust the persevering energies of science—no lapse of time can subject her powers to bar or proscription. How often—to use the language of Sir John Herschel—how often have “we seen obscurities, which seemed impenetrable, in physical and mathematical science, suddenly dispelled, and the most barren and unpromising fields of inquiry converted, as if by inspiration, into rich and inexhaustible springs of knowledge and power, on a simple change of our point of view, or by merely bringing to bear on them some principle that it had never occurred before to try?”

I believe that, without arrogating to myself any inordinate share of acumen, I may affirm that, through one of those happy accidents adverted to in the foregoing extract, I have been prompted to the true answer to that hitherto unsolved question—What is the proximate cause of gout?

In addition to the ordinary opportunities of a long professional life, my means of becoming intimately acquainted with this disease have

been in part of a peculiar nature, such as falls in an equal degree to the lot of few medical practitioners, and such, I may boldly assert, as no man will be inclined to envy me. Corvisart's classical treatise on diseases of the heart was the work of a man who was himself afflicted with one of those organic maladies he so ably described. The symptoms of ulceration of the stomach were vividly portrayed by Bécford, from his own sad personal experience. The connection between organic disease of the brain, and certain disorders of the sensorial functions was illustrated, as it could never otherwise have been, by Dr. Wollaston's description of his own case, which he studied with the same serene sagacity and precision as characterized every other exertion of his noble intellect. I, too, however unfitted to compare in other respects with those illustrious men, have this, at least, in common with them, that I have learned from my own sufferings some facts likely, as I trust, to prove of considerable importance to medical science.

I am the offspring of parents both of whom were constantly the subject of gout—a disease which was inherited by their four sons. Two of the latter (twins) died at the respective ages of 45 and 46, worn out by reiterated attacks of the malady. For myself, sharing largely in the family predisposition, I very early in life began to exhibit signs of latent gout, shown in the ready conversion of common nutriment into acrid acidity; and among my earliest recollections are my mother's repeated administrations to me of magnesia and alkaline preparations, to remedy the heartburn, with which I was constantly tormented. About the age of sixteen, a fixed aching pain occupied the middle flexor tendon of my right hand near the root of the finger, preventing its flexure. In the course of a week or two, the pain in the finger ceased suddenly, and was almost immediately succeeded by a severe attack of gout in the large joint of the great toe, ushered in by all the usual precursory symptoms. The subsequent visitations of the disease have extended over a period of forty years, during which it has affected every tissue of my body. Hence, I have had abundant opportunity not only to experiment upon the gout in my own person as regard dietetics and therapeutics, but also to study its natural history under the least ambiguous conditions, whenever, as not unfrequently happened, I allowed a paroxysm to run its course, and effect its own cure. It was chiefly by noticing what took place under such circumstances that I was led to entertain those views which I shall presently lay before my reader.

But first, for the sake of clearness, it will be well to define the actual state of our knowledge as to the intimate nature of gout; and this, I think, cannot be better expressed than in the following propositions

wherein Dr. Holland has comprised all that is ascertained, or to be strongly presumed, on the subject :

1. " That there is some part of bodily organization disposing to gout, because it is an hereditary disease.

2. " That there is a *materies morbi*, whatever its nature, capable of accumulation in the system, of change of place within the body, and of removal from it.

3. " That though identity be not hitherto proved, there is a presumable relation between the lithic acid, or its compounds, and the matter of gout ; and a connection through this with other forms of the calculous diathesis.

4. " That the accumulation of this matter of the disease may be presumed to be in the blood ; and its retrocession or change of place, when occurring, to be effected through the same medium.

5. " That an attack of gout, so called, consists in, or tends to produce the removal of this matter from the circulation, either by deposition in the parts affected by the excretions, or in some other less obvious way, through the train of actions forming the paroxysm of the disorder.

6. " That there is an intimate relation between the condition of gouty habit and the functions of the kidneys and liver, both in health and disease.

7. " And that the same state of habit or predisposition which in some persons produces the outward attack of gout, does in others, and particularly in females, testify itself solely by disorder of internal parts, and especially of the digestive organs."

The opinion that hereditary predisposition to gout consists solely in a peculiar character of the ligamentous and other associated textures, is surely untenable, although it has been advocated by some authors of eminence. The disease, however prone to affect the joints chiefly, is incident likewise to all the other fibrous textures of the body without exception. The constitutional disturbance that precedes its attacks, the many functional aberrations of the assimilating, secretory, and excretory organs by which it is accompanied,—its erratic character, and the rapidity of its transitions from one part to another,—are facts tending most strongly to the conclusion that the immediate cause of the malady is not local, but general, and that the vehicle of its diffusion over the whole system can be nothing else than the circulating fluids.

Furthermore, did we suppose that hereditary transmission of gout is identified with a peculiar condition of those solids which are the most frequent seat of gouty inflammation, its active development would then have to be accounted for in one or other of the two following ways :—

Either the transmitted peculiarity in question is an actual *materies*

morbi deposited in the vitiated textures, or it is such a structural peculiarity of the latter as renders them especially liable to the noxious influence of a morbid principle produced in the body by other causes. Either hypothesis leads to the conclusion that gout is a blood disease. The second of the two does this directly and immediately, for it assumes the independent existence of an exciting cause, to be brought in contact with the morbidly predisposed parts through the medium of the circulation; whilst, on the other hypothesis, it is evident that the transmitted *materis morbi* must be taken up into the blood, contaminating its mass, and producing in it effects analogous to those caused by other animal poisons imbibed from without.

But there is another class of solids, namely, those concerned in the functions of organic life, which have paramount claims to attention in every inquiry like the present. It is evident that any inherent vice in one or other of the great chylopoietic viscera, must of necessity induce a proportional depravity in the circulating fluids. Reasoning, then, *à priori*, there is nothing unwarrantable in the conjecture that the real *fons malorum* transmitted by the gouty to their offspring, is an unwholesome blood-making apparatus. Such a conjecture, I repeat, is by no means improbable, and my own observations and reflections are all in favor of its positive truth.

On the whole, then, we may safely admit that hereditary gout is a disposition to generate a certain morbid matter within the body, whether that disposition be the effect of some abnormal organic condition, promoting its formation or impeding its due excretion, or of some transmitted impurity of blood which tends, as usual in such cases, to reproduce and continue itself by vitiating the nutritive functions.

The same disposition, but created by other causes, must obviously exist in those cases in which gout occurs as an idiopathic disease. Its individual or ancestral origin is a circumstance which may influence the intensity of its development and its pertinacity in the system, but in no way affects its intrinsic nature. Whether hereditary or not, it presents the same general characteristics, and is of course attributable to the same material agent.

Setting out, then, from this cardinal principle of a *materies morbi* circulating with the blood, we have next to investigate its nature and its origin. And here we are struck, on the very threshold of the inquiry, by the close affinity between the gouty and the lithic acid diathesis—an affinity so remarkable that a very general disposition prevails among medical writers to consider lithic acid as the true gouty poison, and to impute its presence in the system to the impaired action of the kidneys.

As to this latter notion, the arguments adduced in support of it

appear to me to be based on a singular misapprehension of patent facts. The discharge of lithic acid and its salts in the urine is a salutary process ; and while the kidneys are actively performing such a process, it is strange indeed to charge them with creating the offensive matter they only serve to remove. It is not from the presence of lithic acid sediments in the urine of the gouty, but from their absence, that we should be warranted in ascribing to defective action of the kidneys the accumulation of that excrementitious matter in the system. If the blood was manifestly surcharged with lithic salts or their equivalents, while none such escaped in the urine, then, indeed, we should have reached the end of our inquiry in full assurance that the kidneys were the very matrices of gout. But it is not so in reality ; and the most we can venture to assert is, that the renal functions, in common with others, are secondarily affected by the cause, whatever it be of the gouty diathesis.

I think it the more necessary to insist on this point, as it is one on which so acute and lucid a reasoner as Dr. Holland, appears to have fallen into error. "The kidneys," he says, "are evidently the organs of the body upon the disordered or deficient action of which depend those changes in the circulating fluids which have the closest relation to all the phenomena of gout." He would, I think, have been nearer the truth if he had said that the kidneys are, of all organs, those whose secretions afford the most faithful and the most readily discernable evidence of the changes aforesaid.

However intimate the connection between the gouty and the lithic acid diathesis, evidence is yet wanting to establish their actual identity. If the *materies morbi* we are in search of was nothing else than lithic acid, we should naturally expect to find every considerable development of that product followed by a gouty proxysm. But this is notoriously not the case. It is no uncommon thing to find the urine constantly loaded, during a long period, with lithic acid sediments, without the occurrence of a single gouty symptom. While, on the other hand, it is known that the gouty paroxysm sometimes occurs without the excess of lithic acid in urine. Instances of this kind, occurring in æsthenic forms of the disease, have been mentioned by Dr. Todd in the Croonian Lectures for the year 1843 :—"I have remarked," he says, "a peculiarity belonging to most of the cases of this kind that I have met with, namely, that the urine does not exhibit the abundant precipitate of lithates which so often accompanies the gouty paroxysm. In some instances there was no precipitate at all ; and in others it was very slight. And the specific gravity of the urine was rather below than above the ordinary standard, indicating that no excessive quantity of either urea or lithic acid was held in solution."

The gouty poison, then, is not identical with lithic acid, but is so near akin to it that the chemical and pathological characteristics of the latter may probably yet serve as indices to guide us to the discovery of the former.

“Organic chemistry,” says Dr. Holland, “has taught us how readily the elements out of which all animal matter is formed are displaced from one combination and enters into others; and how very slight, frequently, are the differences, indicated by analysis, between substances eminently noxious to the system, and those indifferent or beneficial to it. We owe, further, to recent experiments the explicit proof of what simple observation had partly shown before—the remarkable effect upon the whole mass of the blood of minute quantities of certain matters brought into the circulation—leading to the inference of analogous effects from an increased proportion of one or other of the principles accumulating or being unduly retained in the body. . . . These circumstances, now familiar to us, do certainly not identify the material cause of gout with any of the animal excretions just named [lithic acid, urea, the lithic or purpuric salts, &c.]; but they tend to concentrate our views towards them, and give a much more specific direction to future research. The assured connection of the gouty with the calculous diathesis,—the chemical nature of the concretions and deposits in the former,—and the evidence that these deposits often become in part a substitute for the more active forms of the disease—all concur in further sanctioning the same general view. If we cannot affirm that urea, the lithic acid, or other animal compounds circulating in the blood, give cause to the phenomena of gout, under the most cautious reasoning, we are at least entitled to assume, with some confidence, that these matters secreted from the kidneys *are the equivalents to gouty matter present in the system*,—that they have a certain proportion of quantity to each other,—and that upon their balance depend all the essential characters of the disease,—its modifications being determined by various causes; some of them topical, some belonging to general functions implicated in the effects of this common cause.”

I particularly invite the reader's attention to the words above printed in italics. They imply that the morbid developments of lithic acid and its salts may be due to the presence of some principle altogether unlike them in sensible properties and chemical composition.

And now we may proceed to deal with the special object of this paper, which aims at determining the primary seat and the essential nature of the disease in question. To this end I shall succinctly narrate the course of induction whereby I arrived at those views which I desire to recommend to the candid examination of my professional brethren.

Having endured innumerable visitations of gout, and having had recourse to a variety of medicaments, some of which were fearfully destructive to my general health, I at last set about watching attentively the method which nature herself adopts for the cure of this disease. Thus it frequently happened, during my forty years' conflict with my hereditary malady, that I submitted to the old plan of patience and flannel, leaving the disorder to run its course and wear itself out by its own violence. On several of these occasions I was attacked with sickness and vomiting, accompanied by acrid bilious discharges from the bowels ; and these evacuations were followed by immediate relief as to every local and constitutional symptom. Sometimes the result was an entire cessation of the paroxysm ; at other times the alleviation was more partial ; but repeated experience convinced me that the degree of relief obtained was always proportionate to the copiousness of the bilious evacuations. Pursuing this hint given me by nature, when the spontaneous diarrhœa has been too scanty I have assisted it with five grains of calomel. These in a few hours produced copious bilious discharges ; the gout departed, and I was well again.

The conclusion forced upon my mind by these facts, recurring again and again during a period of so many years, is, that not to the stomach or the kidneys, or to the impaired functions of any other viscus than the liver, is the cause of gout ascribable.

In corroboration of this view I may appeal to the character of all those medicaments which at various times have been held in estimation as specifics against gout. One property is common to them all—namely, that of strongly stimulating the hepatic functions. The *eau médicinale*, which was introduced into this country about twenty years from France, was a remedy of this class. It was sold in one-drachm bottles (this was the dose), and its effects were certainly very remarkable—frequently removing the most painful attacks of gout in one night. The composition of this potent nostrum long remained a secret ; it was conjectured to contain white hellebore ; and I recollect the physicians of the Wetminster Hospital prescribing a vinous infusion of the latter, in one-drachm doses, with great success, as a substitute for the *eau médicinale*. The revived use of cholchicum or meadow saffron, which I believe to be the essential ingredient in the *eau médicinale*, has put us into possession of an invaluable antidote to gout ; but how does this cholchicum act beneficially ? Assuredly not on the stomach, which it nauseates ; assuredly not on the heart or circulation, which it distresses ; but it acts on the secretions of the liver ; and long personal experience has taught me that until the functions of that organ are called into vigorous play, the cholchicum is worse than useless

Latterly it has been my practice to use cholchicum in combination with other medicines. When I was in the habit of taking it singly, my dose was generally about sixty drops of the wine of the seeds, repeated every six hours. After three or four such doses the bowels were acted on; the evacuations had the odor of cholchicum; deeply tinted scalding bile was passed, and I was well, for I needed no more.

Now, if a spontaneous evacuation of bile operates critically to the relief of the gouty paroxysm; if five grains of calomel produce relief; if just so much cholchicum or other medicine produces relief as is sufficient to cause a copious discharge of bile, then is it demonstrated that the diminished or altered state of the hepatic secretion, which is always a concomitant of gout, is not to be classed among the secondary phenomena of that disease, as pathologists have hitherto invariably supposed.

Let A and B be any two phenomena whatever; and suppose that B is never found except in company with A; then will there be reason for concluding either than one of the two is the cause of the other, A of B, or B of A, or else that both are parallel effects of some third principle. But suppose it be found that, whereas B never presents itself unaccompanied by A, yet A may exist without B, and that, when both are present, the removal of the former is invariably followed by the disappearance of the latter, then it will be manifest that A is the cause of B.

The correctness of this abstract reasoning will, I presume, be admitted without question. To apply it to the subject of our present inquiry we have only to substitute for A and B, the phrases "impaired functions of the liver," and "paroxysm of gout."

No writer that I am aware of has ever propounded, or even surmised, the doctrine that the proximate cause of gout is a functional disorder of the liver; and I cannot overcome the astonishment that possesses me when I think that it should have been reserved for me to make such a discovery. The principle, when once divulged, appears so plain and obvious, that it is wonderful it should have been overlooked so long. Such has been the feeling expressed by several of my professional brethren to whom I have communicated my views. Seldom have my conclusions failed in such instances to receive a prompt and full assent, and to elicit from each of my hearers the exclamation, "How is it possible I never thought of that before." But the history of science is full of examples, showing how inquirers have for ages been shut out by the filmiest barriers from the acquisition of precious truths.

The derangement of the liver which always accompanies the gouty

paroxysm, and manifests itself by unequivocal signs, such, for instance, as the pale color of the faces, is too obvious to have escaped notice. Accordingly, writers on the disease have constantly adverted, more or less prominently, to this pathological fact; but they have all failed to assign to it the position it really occupies in the train of symptoms. The tendency of their speculations has generally been to consider the disorder of the liver as consequent upon that of the stomach, whereas the converse doctrine is far more consonant with observation and with physiological principles. Acidity in the stomach is an unfailing element in the gouty diathesis. Now such a condition of that organ may, undoubtedly, react on the liver, and impede or vitiate its secretions. On the other hand, we know that a very important office performed by bile, is the neutralization of the free acid, which is always developed in the stomach during healthy digestion, and is, therefore, a constant ingredient in chyme; only assuming a morbid character when it is excessive or otherwise abnormal. Hence, given two coexisting facts—acidity of stomach, and deficiency or faulty composition of bile—it will be natural to surmise that the former is the effect of the latter, and nothing less than specific proof could justify our adoption of the opposite conclusion.

It is a fact of great importance to the decision of this question, that, however the administration of antacid medicines may alleviate the heartburn and the other distressing effects of acidity in the primæ viæ, such remedies never rise above the rank of palliatives in the treatment of gout. They have not the least efficacy in restoring the healthy action of the liver; whilst, on the other hand, whatever accomplished that object never fails to remove every other dyspeptic symptom likewise.

The liver, then, is the *officina* in which is elaborated the *materies morbi*, on which the whole train of gouty symptoms are dependent. What may be the precise nature of that poison I do not pretend to determine. That remains an interesting subject for future inquiry, to which I may venture to hope that I have given a fresh impulse and an increased prospect of success, by defining its proper point of departure, and the direction it should take. The one new leading fact which I affirm as demonstrated, is sufficient to indicate very distinctly the mode of treatment which offers the only rational hope of removing the gouty diathesis, and also to explain the success which has partially attended the various empirical methods which have been adopted for the cure of the disease.

The main object to be pursued towards the effectual cure of the gouty paroxysm, by the removal of its immediate cause, is the resto-

ration of the natural functions of the liver, as indicated by a copious discharge of bile through the bowels. This object may be attained, more or less promptly and sufficiently, by the administration, either, of calomel or cholchicum, or of some other potent deobstruent of the hepatic system. But here, as in other instances familiar to the minds of my readers, the principles of combining analogous remedies will be found strikingly advantageous. My own practice has long been to rely exclusively for the cure of gout on the following prescription, the effects of which should be carefully watched by medical attendants :—

R. Hydr. Chlorid.

Ext. Colchici Acet.

Ext. Aloes purificati.

Pulv. Ipecac. aa. gr. j.

M. et fiat pilula quartis horis sumenda.

Two or three of such pills are generally enough to produce a considerable disorgement of the liver, which I then assist with one or two doses of the compound decoction of aloes. By this time the gouty paroxysm has either ceased, or there is a marked subsidence of all its distressing symptoms. The pills may then be administered at longer intervals, varying from eight to twenty-four hours, according to circumstances.

The treatment I have above described possesses the cardinal and paramount requisite of being effectual to the end proposed. In addition to this, it is important to know that the combination of calomel and aloes with cholchicum, while quickening and corroborating the specific action of the latter on the liver, seems also to neutralize all the noxious properties of that hitherto formidable medicine.

In conclusion, I repeat, that what is called a fit of gout, is only a peculiar manifestation of a functional disorder of the liver ; and that whatever brings about a free evacuation of bile, puts an end to the gouty paroxysm.

Having assumed, in the above tract, that the cause of gout is the effect of poison, generated *eventually* in the liver by an imperfect assimilation of food, or indigestion, I cannot refrain borrowing from my highly learned and intellectual friend Dr. Watson, an observation which I take the liberty of quoting from his " Lectures of the practice of Physic," vol. ii., p. 641 :—" I need not remind you of the various ways in which extraneous matters find entrance into the blood. Poisons, under their proper shape and name ; medicines, which, misapplied, become poisons ; our natural food and drink, which the folly of man converts into poison ; the products or dregs of the secondary assimilative process ; these are common sources of impurities, more or less hurtful, which mix and circulate with the vital fluid."

On the Catarrhal Pneumonia and Lobar Pneumonia of Children.

By MM. TROUSSEAU and LASEGUE.

Catharrhal (or lobular) pneumonia is a disease as distinct from simple (lobar) as variola is from erythema. This is seen in their respective mortality. Of twenty children who have been admitted into the hospital clinique suffering from simple pneumonia, in six months all have recovered; of nearly thirty who were attacked with catarrhal pneumonia, not one survived. Most of the first class of cases exhibited an excessive degree of acuteness, which burnt out like a fire of straw; while several of the second, notwithstanding their fatal termination, commenced with very mild symptoms.

Simple pneumonia hardly ever affects a child below two years of age, and rarely those of two or three, but becomes of more and more frequent occurrence as the child approaches adolescence. Its cause and symptoms resemble those of the adult, with some modifications. After twenty-four or thirty-six hours, the soufflé and bronchophony can alone be heard; the crepitant râle, which is often observed in the adult when the patient coughs even when much soufflé is present, is hardly ever heard in the child. So afterwards, from day to day, without the crepitation of resolution, the soufflé disappears, leaving only a feeble respiration. The progress of the disease is also more rapid than in the adult. In the mild form of the disease, recovery takes place rapidly, and in large proportion; but in its grave form, many cases are lost by any mode of treatment. M. Trousseau generally bleeds the child, gives it an emetic of sulphate of copper, and then a mixture containing Kerme's mineral and extract of digitalis.

Catarrhal pneumonia commences with a catarrh, which rapidly extends to the small bronchi, and then we hear numerous and small subcrepitant râles disseminated over both lungs, and especially posteriorly. These râles may persist for four, six, eight, or fifteen days, without any soufflé becoming manifest; but sooner or later we hear a soufflé, the resonance of the cries of the voice, or at least a prolonged respiratory murmur. While these latter sounds, common to simple and catarrhal pneumonia, are thus manifesting themselves, we find by the subcrepitant râles that the capillary catarrh is still persisting in the rest of the lung. The disease has extended from the mucous membrane to the parenchyma of the organ. Febrile action is less than in ordinary pneumonia, being predominant at some portions of the day and entirely ceasing at others; and these alternations of better and worse may continue for fifteen, twenty, or thirty days; the disease being originally a pulmonary catarrh, and partaking of the obstinacy and uncertainty of catarrhal complaints. As more and more of the parenchyma becomes

implicated, the fever becomes more continuous and intense, and the respiration more difficult, until the children die exhausted. In other cases, in which the bronchial phlegmasia was very intense from the first, and the lung became rapidly invaded over a great extent, death takes place with rapidity. The progress of the disease has usually been more rapidly fatal when it has succeeded to measles, chronic disease of the skin, or laryngitis. All means of treatment that have been tried have proved impotent.

These two affections may be compared, *exceptis excipendis*, with erysipelas and phlegmon. Erysipelas traverses the surface, like the catarrh; and when it persists too long, it induces ulcerations of the skin, furuncles, and circumscribed subcutaneous abscess, just as the capillary catarrh induces suppuration of the lobules, little abscesses of the lungs, and circumscribed pneumonias. Simple pneumonia, on the other hand, progresses like simple phlegmon, violent in its febrile reaction, but terminating abruptly and rapidly.

It must not be supposed, from what has been said, that catarrhal pneumonia is almost invariably fatal. Although this is the case amidst the miasmata of an hospital, which exert effects at once so terrible and so difficult to avert, it is not so in private practice. In this, one-half the patients may be cured by repeated vomiting, flying blisters, antimonials, and digitalis; but how terrible are the ravages of a disease which, under the most favourable circumstances, kills one-half its subjects!—*Brit. and For. Med. Chir. Rev. and Dublin Med. Press.*

Leucocythæmia.—Prof. G. B. Wood called the attention of the college to a form of disease described by Dr. Bennett, of Edinburgh, under this name, the leading characteristic of which is an excess of the white corpuscles of the blood. He stated that there was a case of it in the Pennsylvania Hospital. The patient, a male of about seventeen years of age, was admitted, laboring under the symptoms of anæmia, with some anasarca effusions, general debility, and great enlargement of the spleen. The blood was examined by Dr. Adenell Hewson, resident physician of the hospital, who is accustomed to microscopic investigations, and found by him to contain a great excess of white corpuscles. There could be no doubt that it was a case of the leucocythæmia of Dr. Bennett. The patient was put upon the use of iron and quinia, with a good diet. Under this treatment, the dropsical symptoms and enlargement of the spleen rapidly diminished, and the patient soon became restored to a degree of robustness, which was in strong contrast with

the debilitated appearance he presented at his entrance into the institution. The spleen was evidently diminished in bulk ; but at the same time the liver was found to have become enlarged. On examining the blood under the microscope, it still exhibited the same excess of white corpuscles. Dr. Wood supposed that the patient had been overstimulated by the treatment to which he had been subjected. A less invigorating diet was directed, small doses of blue mass were administered, and a blister was applied over the right hypochondriac region. Under this treatment the condition of the liver became improved ; but, as the symptoms of anæmia reappeared, and the spleen began again to enlarge, a blister was applied over the left hypochondrium, and nitro-muriatic acid was substituted for mercury. The visceral disease now rapidly diminished ; but as the anæmia continued, recourse was again had to chalybeates. All the symptoms now improved ; and an examination of the blood showed a very considerable diminution in the number of white corpuscles. When the patient was last seen by Dr. Wood, the spleen was of nearly its natural dimensions, and the anæmic symptoms had almost disappeared ; but the liver still remained somewhat enlarged.

—*Quart. Sum. Trans. Coll. Phys. Philadelphia, Jan. to April.*

On the Habitual Presence of Sugar in the Urine of the Aged.

The *Gazette Médicale* of last month contains an article on this subject, which is suggestive of important reflections on the pathology of diabetes. Our readers will remember the researches of MM. Bernard and Barreswill, which seem to prove that sugar exists normally in the urine, whatever diet be used, and that this saccharine elaboration by that organ is dependent upon the action of the pneumogastric nerve. A further question must, however, be appended to this discovery, viz., what becomes of this sugar after it has gained access to the general circulation ? What is its use, and how is it eliminated ? Although differing in their opinions on some points of this inquiry, most physiologists agree, that it is eliminated by combustion in the lungs, and one M. Reynoso has further sought to establish (*Provincial Journal*, January 7,) the fact, that when the respiratory process is impeded, sugar is excreted with the urine, and has, by experiment ascertained, that sugar may thus be made artificially to appear in the urine. Thus far our information on this interesting subject had reached, when a new element was infused into the inquiry by the researches of M. Dechambre.

It occurred to this pathologist, that if M. Reynoso's theory be correct,

sugar ought to be found in the urine of aged persons, as in them the respiratory functions are notably diminished in activity ; he accordingly undertook some investigations, the result of which has been to induce him to announce, *that sugar is an habitual ingredient in the urine of the aged.*

Lupus Cured by Enormous Quantities of Cod-liver Oil.

L'Union Médicale mentions a case of lupus in which the ulcerations cicatrized under the influence, or during the administration of Cod-liver oil. The patient was a young man, aged 23, residing in the country, and was admitted into the hospital of Ghent on the 6th of December, 1850. The disease had manifested itself in various parts of the face and chest, and was of old standing. After purging and rest, half a pound of oil was given in the day, two equal halves being taken morning and evening ; the daily dose was gradually carried to three pounds, with occasional interruptions when the appetite failed, or diarrhœa came on. The patient was in the mean time well fed, had wine and beer, and the ulcerated spots were successively touched with tincture of iodine, lemon-juice, and nitrate of silver. In the space of about seven months the cure was complete, all the lupoid ulcerations, to the number of three or four, were completely cicatrized, and the patient had purchased this result by swallowing during that period 265 pounds of cod-liver oil !

[We have long entertained the conviction that lupus is a disease of scrofulous nature, and like other manifestations of that cachexia, is more benefitted by cod-liver oil than by any other medicine. We have thus treated several cases successfully, but never found it requisite to administer more than a table-spoonful thrice in the day.—ED. P. J.]

Cauterization of the Glottis in Whooping Cough.

M. Joubert has published the results of his experience of this mode of treating whooping cough. He has treated in all 98 cases in this manner, but he excludes 30 of these as not being worthy of reliance. The remaining 68 cases he divided into three series, according to the period at which the treatment was commenced. Of these the general results were, that in 40 the cure was rapidly effected, in 21 a marked relief was experienced, and in seven cases only the treatment failed altogether.

MATERIA MEDICA.

Indian hemp as an oxytomic. By JOHN GRIGOR, M. D., Nairn.

At the meeting of the Edinburgh Obstetrical Society, July 1850, Dr. Simpson stated that "he had been induced to try the effects, if any, of Indian hemp, during labour, in consequence of Dr. Churchill stating that it possessed powers similar to those of ergot of rye in arresting hæmorrhage, when dependent upon congested states of the unimpregnated uterus. In the few cases of labour in which it was tried, parturient action seemed to be very markedly and directly increased after the exhibition of the hemp, but that far more extensive and careful experiments would be required, before a definite opinion could be arrived at relative to its possession of oxytomic powers, and their amount."

In the last August number of the *Monthly Journal of Medical Science*, there is an article, by Dr. A. Christison, on the parturient effects of Indian hemp, being a continuation of a previous one on the natural history, &c., of that medicine. These remarks are, so far as I know, the first and last that have been given birth to on that peculiar, and as I think uncertain, effect of the *Cannabis Indica*. I could have wished that these observations had been made on a more extended scale, and the effects more particularly and individually noticed, yet I will hope that my evidence may induce some others of my brethren to try it and note its effects, so that from step to step we may at length attain a full and correct knowledge of its powers and defects as a promoter of the labour pain.

Since reading Dr. Christison's seven cases, conducted at the Maternity Hospital of Edinburgh, I have used the Tinct. *Cannabis Indicæ* (24 grs. ext. to ℥j.) in sixteen cases. In nine of these, though given to the extent of ℥ij. ss. in separate doses of 25 and 35 drops at a time—in some in quick succession, in others at longer intervals—I could not perceive any increased uterine action, nor the slightest physiological change in any one way during labour or afterwards, with the exception of one instance of sleep (much required at the time) in a lady, far from strong, confined of her third child, and much exhausted by inefficient throes, in whom the third ℥ss. dose completely arrested the pains and induced sleep, which continued for an hour, when she awakened refreshed. Labour then set in in earnest, chloroform was given, and the child was speedily born. These nine cases made good recoveries.

In the seven cases in which the tincture of hemp succeeded so well with me, five were cases of first confinement, of satisfactory though very slow labour, and phlegmatic temperament. I have noticed the contractions acquire great increase of strength frequently immediately

on swallowing the drug, and have seen four or five minutes elapse ere the effect ensued; and if none was induced within the latter space of time, I have not observed its effects at all afterwards, notwithstanding repeated doses. In these few cases, I had opportunities of giving it from the time when the os uteri would admit the point of my finger till the expulsion of the child. Judging from experience, I believe that, in appropriate cases for the use of this stimulant, and when effectual, it is capable of bringing the labour to a happy conclusion, considerably within a half of the time that would otherwise have been required, thus saving protracted suffering to the patient, and the time of the practitioner.

I have not observed it to possess any anæsthetic effects. I have used it in two cases along with the inhalation of chloroform, and did not observe that that agent interfered in any way with its action. When the effects of the hemp were subsiding, I have been able to recal and keep up the "good pains", by the addition of ten drops, given from time to time. I consider the expulsive action of the cannabis to be stronger than that of the ergot, but less certain in its effect; and it has the advantage over the ergot, of usefulness in the early stage of parturition. I believe that the previous ineffectual administration of the hemp does not interfere with the after-exhibition and full working of the ergot.

Such are my brief observations on the new and interesting use to which Bang, or the Hachisch of India, has been put. In the few cases in which I thought its administration safe, and not counter-indicated by malformation, &c., you have given the result of those in which this effect was, and was not displayed. I cannot conclude these remarks without entering my dissent against the use of uterine medicinal stimuli in general, on account of the frequent difficulty of accurate conception of relative dimensions of parts, &c. Yet all obstetricians must acknowledge that, in many cases, such stimuli are indispensable; and to be possessed of one capable of so early application, is decidedly a matter of much importance. I would also notice that in labour, whether the cannabis shows its peculiar effect on the uterine contractions or not, there seems, as in tetanus, &c., to be a very great tolerance of the drug—nor have unpleasant consequences, so far as I have seen, appeared afterwards; and whilst it is acknowledged as a powerful controller of inordinate muscular spasm, it is equally, in many cases, a powerful stimulant of the uterine muscular fibre in labour, if not in the unimpregnated.—*Monthly Jour.—Dublin Med. Press.*

OPHTHALMIC SURGERY.

On congenital and hereditary epicanthus. By Dr. SICHEL.

CONGENITAL epicanthus is noticed by Dr. Sichel to frequently accompany that abnormal configuration, which is characterised by flattened and wide nasal bones. In these cases, the integument, instead of being stretched, evenly between the root of the nose and the inner commissure of eyelids, form a semilunar fold directed from above downwards, with the concavity looking outwards and towards the eyeball. It sometimes extends from the inner third of the upper eyelid to the junction of the inner with the middle third of the lower one, covering in the caruncula lachrymalis, and a great part of the sclerotica; sometimes it commences less superficially, at a greater distance from the eyebrow, yet so that it is not shorter, but only narrower. In the latter case it may be readily overlooked. The effects vary according to the degree. The fully developed form gives rise to a peculiar disagreeable expression of countenance reminding one of the Mongolian race. There is difficulty in opening the eyelids; and lateral vision is much impeded, the eye being often partially covered when the patient looks inwards. The puncta lachrymalia generally occupy their normal position.

The deformity is congenital, and is usually present on both sides. Dr. Sichel regards it as resulting from a development of the integument, disproportionate to the size of the nasal bones which support it. He has arrived at the conclusion that it is connected with flattened nasal bones, and that it may be considered as transitional between the Caucasian and Mongolian races, from an examination of the Iowa Indian, some time ago exhibited in Paris. The following points connected with the subject are interesting, but require to be determined by accurate data. 1. Does epicanthus become more frequent as we advance eastward: *i.e.* among the Mongolians than among the Caucasians? 2. The more aquiline the nose is, the less likely is epicanthus to occur; and Dr. Sichel has never found it in persons of the Jewish race. 3. It decreases from north to south; especially in Spain, where the European and the Asiatic blood of the Caucasian race has been intermixed.

The deformity may be hereditary. Dr. Sichel saw a gentlemen, with epicanthus, who had five sons and one daughter all similarly affected, while one son and four daughters were free from the deformity. One of the sons had a daughter, who also had epicanthus.

Epicanthus is sometimes imperfect, there being a mere trace of it on one or both sides. It is not of much importance, not impeding the motion of the eyelids, nor producing deformity properly so called. Single epicanthus is very rare, and may be regarded rather as a species of im-

perfect double epicanthus, the rudimentary form of the disease being present on the other side, and the nasal bones possessing the peculiar conformation.

The treatment consists in raising a pinch of skin at the root of the nose, and excising it. The edges of the wound are brought together, and by these means the folds are obliterated. The most common complications of epicanthus are ptosis and convergent strabismus; erosion of the abnormal fold from the tears and irritating secretion may also occur, and a kind entropium may sometimes attend the deformity.—*Lond. Jour. of Med.*

This is a natural defect, amounting to such deformity that it may often be called a congenital malformation; yet were it not from its peculiar effect on the countenance, it might pass observation, as many queer features do. We are somewhat sceptical as to the uniform success of an operation.—*Ed Dublin Med. Press.*

The formation of central pyramidal cataract. By DR. VON AMMON.

DR. VON AMMON describes the case of an unhealthy child, two years and a half old, the subject of frequent general convulsions. It held the head with the chin resting on the sternum; the eyes rotated violently; the eyelids would suddenly be opened wide, and then convulsively closed; and with this sometimes alternated a rotatory motion of the head. The iris was brown; the pupil small and eccentric, but circular. The cornea was rather lengthened, and the limit between it and the sclerotica was not well defined. Both were very white; viewed laterally, the cornea was somewhat conical. Through the narrow pupils, there projected a clear white pyramidal body into the anterior chamber. On dilating the pupils with belladonna, the projection appeared conical; the apex was very white, the base less so, and it appeared to be seated on the lens and its capsule. The child having died of convulsions, an examination of the eyes was made.

The eyes were of a more globular form than natural. At the junction of the sclerotica with the cornea, the sclerotica formed a projection, giving rise to the appearance of a circular channel. From the side, the projection through the pupil into the anterior chamber was seen; it was closely surrounded by the iris, so that the transparent part of the crystalline lens could not be seen through the pupil. Viewed from behind, the lens and capsule appeared normal; and through it were seen two dark circles, produced by the base of the pyramidal projection. The sclerotica was thicker than usual; the iris was brown; the

cornea moderately thick; Descemet's membrane was clear, without folds. The pupils were not in the centre of the iris. The ciliary ligaments were broad; the ciliary bodies not quite circular; the ciliary processes were normal; the *corona ciliaris* was imperfect. The retina, rather thick, presented on its inner surface a great number of projections, some round, others long, which collapsed on being pricked with a cataract needle, and some gave exit to a clear glutinous fluid. The central vessels were normally developed on the retina and vitreous body. The yellow spot and the fold were largely developed. The crystalline lenses were rather oblong, but of normal colour, and quite transparent. Between the capsule and the edge of the lens there was, in one eye, a yellow clear ring, apparently formed by the *liquor Morgagni*; this disappeared when the capsule was opened. Somewhat off the centre of the lens were found the white, opaque, pyramidal bodies, which were very easily detached. These bodies resembled mushrooms, pointed at the top. Where each had lain on the lens, there was a slight depression; and a deeper one in the centre, where the stem of the mushroom-like body had been inserted. At this point, the capsule of the lens was absent; but whether from absorption, or from close union with the pyramidal bodies, could not be ascertained. The pyramids were composed of layers, some of which were thick, others thin, some clear, others darker. Under the microscope, a thin section of them appeared amorphous.

Dr. Von Ammon has traced the commencement of this affection in several cases, both in the fœtus and in the child after birth, as a depression in the lens, arising probably from defective development. The anterior wall of the capsule is prolonged into this depression; and the cataract is probably formed by gradual deposition from the aqueous humour.—*Lond. Jour. of Med.*

This was evidently one of the cases of congenital central opacity of the capsule of the lens called *cataracta centralis* by the Germans, occurring in an oscillating eye, such as often accompanies congenital cataract. There was nothing unusual in it, and the elaborate report of the dissection only tell that the eye was otherwise free from defect.—*Ed. Dublin Med. Press.*

Treatment of Ophthalmia by occlusion of the eyelids.

M. FORGET, after passing in review the different means used in the treatment of ophthalmia, directs particular attention to the use of cold applications, and occlusion of the eyelids. The use of cold water he

believes to be beneficial in almost all cases of ophthalmia. The application must be permanent, frequently renewed, and continued until the symptoms have completely disappeared. The addition of vinegar, acetate of lead, alum, &c., is almost useless. He has seen good effects result from this treatment in cases of simple injection, in severe inflammation, pain, photophobia, and even in ophthalmic blennorrhœa. Even in cases where topical applications are ill borne—in ophthalmia with relaxation of the tissues—the employment of cold water may still be useful. This remedy necessitates occlusion of the eyelids; and M. Forget doubts whether the benefit is not really owing to this circumstance. In many cases simple occlusion is sufficient, but cold applications are a useful adjunct where there is much redness, heat, pain, and swelling. The advantages of occlusion are, that the organ is kept in a state of repose, protected not only from light, but from the air and from foreign bodies; that the eye is maintained in a state of equable moist heat; and that the eyelids are made to exercise a mild, equal, permanent, *natural* compression on the inflamed parts. M. Forget relates some cases of severe ophthalmia, in which occlusion was tried with marked benefit, sometimes after the usual remedies had been employed without effects. It is sufficient to keep only the affected eye closed; a bandage is the best means. In cases of rheumatic, scrofulous, or other specific forms of ophthalmia, other means may also be necessary. When there is much muco-purulent secretion, it will be necessary to cleanse the eye carefully.—*Lond. Jr. of Med.*

This is the treatment so generally adopted by old women and young surgeons of the blue-stone and green-shade school in Ireland, and which blinds so many poor children. It is scarcely necessary to warn our readers to avoid carefully every approach to such mischievous and absurd practice.—ED. DUBLIN MED. PRESS.

MISCELLANEOUS.

Trial for defamation.—LIZARS *versus* SYME.

This action arose on account of certain terms used by Mr. Syme, when speaking of Mr. Lizars, in a letter addressed to the Editor of the *London Medical Gazette*, in which periodical it was originally published in an incomplete form, and afterwards in full in the *Monthly Journal of Medical Science*. The trial, which had for some time been looked forward to with no little interest, took place on Monday, the 26th instant, before the Lord President and a jury. It commenced at ten o'clock,

a.m. and did not terminate till seven p.m. During the whole period the Court-room was crowded, and very many members of the Medical Profession in Edinburgh and its vicinity were present for longer or shorter periods. Damages were laid at 1000*l*. The Counsel for Mr. Lizars were Mr. Deas and Mr. Macfarlane; his agents were Messrs. Inglis and Leslie. Mr. Syme's Counsel were the Solicitor-General, Neaves, and Mr. Patton; his agents, Messrs. Smith and Kinnear.

Mr. Macfarlane opened the case for the pursuer, Mr. Lizars. In the number of the *London Medical Gazette* for July 4th, 1851, there had appeared the following letter from Mr. Syme:—

“ Sir,—I have only to-day happened to see your Journal of May 16th which contains some statements that certainly should not have remained so long unnoticed if they had been known to me sooner. You say, ‘ A fierce paper war has arisen between the two Edinburgh Professors, Syme and Lizars,’ but must, or at least ought to know, that I have not addressed a single word upon the subject in question to the so-called ‘ Professor.’ Within the last eight months, I have performed this operation nine times in the Royal Infirmary of Edinburgh, in the presence of the largest class of surgical clinical students in Her Majesty's dominions. These gentlemen can testify, that in no instance has there been bleeding, extravasation of urine, or any other unpleasant consequence, and that all the patients speedily and completely obtained the relief which they desired. As you say that ‘ something more than the guarantee of Mr. Syme's reputation is wanting to assure the surgeon that he would be justified in having recourse to the proposed operation,’ I beg to inquire if you think the evidence thus afforded sufficient, and if not, what further proof you deem requisite to establish the safety and efficiency of my operation.

“ I am, Sir, your obedient Servant,

“ JAMES SYME.

“ Edinburgh, June 26, 1851.”

In this letter, the passages marked within inverted commas are taken from a review of Mr. Lizars' work on “ Stricture of the Urethra,” published in the Number of the *Medical Gazette* for the 16th of May, 1851.

The following editorial note followed Mr. Syme's letter:—

“ * * * Certain parts of this letter, which would fall under the English law of libel, have been omitted. We give Mr. Syme the benefit of stating publicly, that a paper war has not been carried on between the two Professors, although we have had quite enough of controversial writing on the subject in the journals and independent publications. We have no doubt that the evidence referred to by Mr. Syme will be sufficient to justify those who approve of the operation of stricture by incision to

adopt Mr. Syme's practice." Subsequently to the publication of the above in the *Medical Gazette*, Mr. Syme's letter had appeared in full in the *Monthly Journal* for August, 1851; the passages omitted in the former periodical being,—“Regarding him as long placed beyond the pale of professional respect and courtesy;” and, “In estimating the value of my operation, you proceed upon the supposition, that the allegations of Mr. Lizars and his assistant, Dr. Muller, are well founded; but in fairness to your readers, if not to myself, should have mentioned, that the statements of these persons, in so far as they attribute bad effects to the operations which I have performed, for the remedy of stricture by division, have been declared by me to be all utterly devoid of truth.” The following remarks preceded the letter, as inserted in the *Monthly Journal*:—“The *London Medical Gazette*.—One of the conductors of this Journal (*Monthly*) lately felt it necessary to address a letter of remonstrance to the Editor of the *London Medical Gazette*, who published it in an imperfect form, under the pretext, that the matter excluded would have been subject to the English law of libel. Two results have followed: in the first place, the letter is rendered meaningless; and, secondly, the author is made to appear to have used libellous language. In order that our readers may judge how far this conduct was warranted, we now place before them the letter in its original form—the omitted portion being enclosed within brackets.” In these passages the counsel submitted a libel was contained, and that its publication was capable of injuring Mr. Lizars, in his professional character, and in the estimation of his professional brethren. The following witnesses were examined for the pursuer, Mr. Lizars:—

1st. Dr. Taylor, of London, who, as Editor of the *London Medical Gazette*, had struck out the passages alluded to from Mr. Syme's letter before its publication in his Journal, believing these passages to contain a libel, and who thought that the meaning they conveyed was, that Mr. Lizars was a disreputable character.

2nd. Mr. Kesteven, of Upper Holloway, who was author of the review of Mr. Lizars' work on Stricture, in the *Medical Gazette*, and who attached the same meaning to the omitted passages as did Dr. Taylor. On cross-examination, this gentleman admitted, that he had no very correct foundation for the assertion, in the commencement of the second division of his review, that a fierce paper war had arisen between the two Edinburgh Professors.

3rd. Dr. Renton, of Dalkeith: Knew Mr. Lizars well; often consulted him. Read the *Monthly Journal*, and believed that that journal was read a good deal. [Here two of the conductors, who were present were, seemingly, greatly pleased.] Had formed the opinion, on read-

ing Mr. Syme's letter in the *Monthly Journal*, that the statements it contained were capable of injuring Mr. Lizars in the estimation of those who did not know him well.

4th. Mr. Sanderson, of Musselburgh, Surgeon R.N. : Impression derived from perusal of the letter was, that, in some way or other, Mr. Lizars had misbehaved himself. Knows Mr. Lizars well, and has consulted him, though he generally performs his own operations.

5th. Dr. Sibbald, of Edinburgh : Thinks that the general impression on the minds of those who read Mr. Syme's letter in the *Monthly Journal* must have been, that the terms used were capable of injuring Mr. Lizars. Is not a subscriber to the *Monthly Journal*, but reads it. Is asked to name the conductors ; which he does correctly, with this exception—that he only *thinks* Dr. Bennett is a professor in the University.—On cross-examination : In a case of life and death, he (Dr. Sibbald) would be inclined to throw courtesy aside. There have been many eminent men in the Medical Profession who have had no great amount of courtesy : the late celebrated Mr. Liston might be taken as an example.

To Dr. Sibbald, Mr. Macfarlane put the following question : Would you be surprised that Mr. Syme should show a little want of courtesy to any medical man in Edinburgh ? the question was disallowed.

6th. Professor Miller, of the University of Edinburgh : Looked upon Mr. Syme's words as applied to Mr. Lizars, as meaning something disreputable.

7th. Mr. Highley, jun., bookseller and publisher, London : Heard several medical men in London speak in regard to Mr. Syme's letter, and the expressions used towards Mr. Lizars. Was shown Mr. Lizars' work on Stricture, which was published by his firm. Had read it ; and seemed to acquiesce in statement of the Solicitor-General, that the book was a very amusing one.

At this stage, Mr. Highley was removed from the witness-box, (he did not return to it,) an objection having been raised by Mr. Deas to the reference made by the Solicitor-General to passages in Mr. Lizars' work on Stricture. This reference had been made with the view of showing the state of the parties at the time of its publication, and as further throwing light on the meaning of words in Mr. Syme's letter. After considerable discussion, reference to the work was disallowed and (Mr. Bowie, of the Philosophical Institution, Edinburgh, having deposed that the *Monthly Journal* lay on the table of the Institution, and was much read) the evidence for the pursuer was closed. In opening the case for the defender (Mr. Syme), Mr. Patton contended, that, in using the terms, " regarding him as long placed beyond the pale of professional

respect and courtesy," Mr. Syme merely expressed his own individual opinion of the position he (Mr. Syme) was necessitated to occupy towards Mr. Lizars;—the "long" had reference to certain circumstances which had previously occurred, and had determined Mr. Syme in the course he had taken. In support of the view, that Mr. Syme's statement was only of individual application, and was not intended, and could not be supposed to indicate the position in which Mr. Lizars stood towards the Profession generally, all the witnesses examined for the defender gave evidence. These were—1. Professor Christison; 2. Professor Simpson; 3. Dr. Scott, of Dumfries; 4. Dr. Johnston, of Berwick; 5. Dr. Combe, President of the Royal College of Surgeons, Edinburgh; 6. Dr. Carpenter, of London; 7. Dr. Robertson, Editor of *Monthly Journal*.

Professors Christison, Simpson, and Carpenter underwent a cross-examination by Mr. Deas, as to their reasons for limiting the meaning of the words, "placed beyond the pale of professional respect and courtesy," to the position in which Mr. Lizars stood to Mr. Syme individually. These reasons appeared to be chiefly because the word "I" preceded the libelled words, because it could not be otherwise, being, according to Dr. Christison, notoriously known, that Mr. Lizars did not stand without the pale of professional respect and courtesy, except as regarded Mr. Syme. Dr. Christison, for example, had met Mr. Lizars in consultation, and that fact was known to Mr. Syme; and, lastly, because it was not said that he (Mr. Lizars) had placed himself without the pale of the respect of the Profession.

In finally addressing the jury, and in praying for a verdict for the pursuer (Mr. Lizars), Mr. Deas contended, that it was absurd to limit the statement libelled as the individual opinion of Mr. Syme regarding Mr. Lizars; if it were so limited, the meaning meant to be conveyed might have been very easily expressed. But no man has a right to publish to the world his individual opinion of a professional brother, in the way Mr. Syme had done; and it was all the more crushing, as being in this case the opinion of a man greatly respected, and whose sentiments were sure to carry weight. He contended, that the statements were injurious to Mr. Lizars, and were liable to make parties, unacquainted with the mutual position of the two Professors, believe Mr. Lizars so to have damaged himself as to have placed himself beyond the respect and courtesy of the Medical Profession.

The Solicitor-General, in craving a verdict for the defender (Mr. Syme) pointed out errors in the way in which the libel had been drawn up, whereby it was intended to give to words a meaning and force they could not be conceived to possess. He believed, that in writing of Mr. Lizars in the way he had done, Mr. Syme merely wished to indicate to

the readers of the *Monthly Journal* the position in which Mr. Lizars and he mutually stood, owing to the way in which he (Mr. Syme) had been attacked from time to time by Mr. Lizars.

After an address from the Lord President, the jury retired, and, after an absence of about fifteen minutes, returned into Court, having found that Mr. Syme did not intend to injure the character or professional standing of Mr. Lizars, and therefore giving a verdict for the defender (Mr. Syme.)

MYSTERIES OF MINCING LANE.

There are few persons who have not in the course of their lives swallowed certain nauseous doses of bark, colocynth, aloes, or castor oil ; who have not indulged in the luxury of otto of rose, or musk ; who have not had some dealings with the colourman, or the dyer ; and yet I feel tolerably certain that not one hundredth portion of those same readers know anything of where such articles come from, how they arrive here, and through what channel they are finally distributed. It will not occur to them that those costly drugs and dyes, and perfumes arrive in this country from all parts of the world in huge packages ; that, in fact, ship loads of them come at a time ; that the bales and cases which contain them fill enormous piles of warehouses in three or four docks ; that several hundred merchants and brokers obtain a handsome living, many realizing fortunes, by their sale ; and that some millions sterling are embarked in the trade.

These things form a little known world of their own. They thrive mostly in Mincing Lane London.

Even the omniscient Times knows nothing about them. The thunder is powerless between the drug circle. Search its acres of advertisements but it will be in vain ; nothing is to be found there of the dye and drug sales which are to be held on Thursday next at Garraway's. These mysteries are only to be learnt at the "Jerusalem," in Mincing Lane, London, at the "Baltic," or from the columns of the Public Ledger, a daily periodical, devoted to all such matters, and known only to the initiated. In its columns you will find a motley list of all the vile materials of the Pharmacopoeia ; and in such quantities as to justify a belief in the existence of some enormous conspiracy to poison all living creatures.

Mincing Lane is like no other lane, and Mincing Lane men are like no other men.

Any Thursday morning, between the hours of ten and eleven, and at every alternate doorway, may be observed catalogues of various

drugs and dyes that are to be on sale at noon, gibbeted against the door-posts. Mincing Lane men will be seen rushing madly along the pavement, as if a fire had just broken out, and they were in quest of the engines, jamming innocent lookers on against gateways, wagon-wheels and lamp-posts.

It was into one of these obscure passages that I turned with a companion groping our slow way up a narrow staircase, at the risk of constant concussions with frantic Mincing lane men. We found ourselves in a broker's office, and thence in his sample room. This was a large square apartment, with wide counters extending round the four sides, and several tables and stands across the centre.

On these lay papers containing various old-looking, unpleasant-smelling substances. My attention was chiefly attracted by a number of rows of pretty looking bottles containing some pale bright liquid, which several of the "Lane men" were busily sipping, smacking their lips after each taste, with uncommon relish. I inquired if the thin-looking bottles contained Johannesburg or Tokay? "No," I was answered, "castor-oil!" After that, I was prepared to find the "Lane men" hoban-nobbing laudanum or nibbling lumps of jalap or aloes.

The time appointed for the sale approached, and leaving the dark broker's office, we did our best to reach Garraway's where the auction of these articles takes place. Scores of clerks and principals were proceeding from the Lane towards the same spot. We hurried along Fenchurch street, across Gracechurch street, and up a part of Lombard street, following close in the rear of a rather portly broker, who cleared a way for us in quite an easy off-hand manner, that was very pleasant to us; but not so agreeable to the six men who were offering toasting-forks and wash-leather bags for sale at the corner of Birchin Lane.

I never could account for the extraordinary demand existing for those two articles in that neighborhood; unless it be that bankers' clerks indulge freely in toast and water, and carry their dinners to office in the leather bags.

Out of Birchin Lane, down one narrow passage to the left, and round another straight forward, and there was Garraway's. We soon lost sight of the pictures in frames for sale outside, and turned to study the pictures out of frames inside. In the dark heavy-looking coffee-room, there were assembled some of the mightiest City potentates,—the Alexanders, Nimrods and Cæsars of the drug and dye world. I drew in my breath while I viewed that knot of stout, well-favored persons, congregated at the foot of the old-fashioned staircase leading to the public sale room above.

I trod those stairs lightly, half in veneration, and laid my hand gently

and respectfully on the banisters that I knew must have been pressed of old by mighty men of commerce. Down those wide sweeping stairs many had oftentimes tripped lightly homewards, after a day of golden labor, laden with the fruit of the fabled garden; sometimes, too, with gloomy brows, and feverish, flushed faces.

What a strange scene presented itself in the sale-room, when, by dint of scuffling and squeezing, we managed to force our way in.

There could not have been a man left in all Mincing Lane, to say nothing of Fenchurch Street. The fog had come up the stairs and choked up the gas-lights, as effectually as though all the Lane men had been smoking like double Dutchmen. The queer little pulpit was shrouded with a yellow haze. The windows were completely curtained, half with cobwebs, half with fog. The sale was about to commence, and the din and war of words got to be bewildering; whilst hundreds of pens were plunging madly into inkstands and scratching imaginary sentences and figures upon myriads of catalogues.

Suddenly a cry burst upon my ear so dolefully and shrilly, that I fancied somebody had fallen down the old-fashioned staircase. It was only the "house-crier," proclaiming in a painful distracted sort of voice, that the sales were "on." Every man to his place, if he can find one! Old musty brokers, of the last century, with large watch seals, white cravats, and double chins, grouped together in one dark corner: youthful brokers, with very new hats, zephyr ties and well-trimmed whiskers, hovered about the front of the auctioneer's pulpit: rising brokers, with inky hands, upturned sleeves and dusty coats, and an infinity of papers protruding from every pocket, were in all parts of the room ready to bid for anything. Ranged against the walls on either sides were scores of incipient brokers—the lads of the Lane. Hundreds of pens began to scratch upon catalogues; hundreds of voices were hushed to a low grumbling whisper.

The first seller (every vender is an auctioneer at Garraway's) mounted the tribune, and the curious work began. My former experience had shown salesmen to be anxious to make the most of everything, and strive, and puff, and coax, and dally, until they felt convinced the utmost farthing had been bid; and then and not until then, did the "going, going," merge into the "gone," and the coquetting hammer fell. But those were evidently old fashioned, disreputable sales. They don't stand any nonsense at Garraway's. There is no time to consider. The biddings fly about like lightning. Buying and selling at Garraway's is done like conjuring—the lots are dispersed of by hocus-pocus. So rapidly does the little nubbly hammer fall on the desk, that one might imagine himself near an undertaker's shop with a very lively business.

I said that the first "seller" was one of the rising men, with dark bushy whiskers, a sharp twinkling eye that was everywhere at once, and a strong piercing voice. He let off his words in sharp cracks like detonating balls. By way of starting pleasantly, he flung himself into an attitude that looked like one of stark defiance, scowling with his dark eyes on the assembled buyers, as though they were plotting together to poison him with his own drugs. Up went the first lots: a pleasant assortment of nine hundred cases of castor oil, two hundred chests of rhubarb, and three hundred and fifty, "serons," of yellow bark. The rising broker stormed and raved as bid after bid, piercing the murmuring din with sharp expletives.

One, two, three, four—the nine hundred cases were disposed of in no time by some miraculous process of short-hand-auctioneering, known only at Garraway's. I thought the broker would have gone absolutely mad, as the bids went rapidly on: some slow man of inferior intellect would have given the buyers time to overbid each other; he seemed to take delight in perplexing the whole room, and as quickly as a voice cried out "Hep!" the bidding interjection of Garraway's so instantaneously fell the everlasting little hammer; and as surely did the seller scowl harder than ever, as much as to say, "I should just like to catch any body else in time for that lot" In this fashion above three hundred lots were sold in less time than many people in the last century would have taken to count them up.

The "rising" broker was followed by one of the old school, a pleasant looking, easy going man, the very reverse of his predecessor. He consumed as much time in wiping and adjusting his spectacles, as had sufficed just before to knock down a score of lots. He couldn't find a pen that didn't splutter, and he couldn't make his catalogue lie flat on the desk; and at last the impatience of the "rising" men, and the Lane lads—Young Mincing Lane—was manifested by a sharp rapping of boot-heels on the floor, which soon swelled to a storm. The quiet broker was not to be hurried; he looked mildly around over his glasses, and rebuked rebellion with "Boys, boys! nonsense" The bids went smoothly along; potent drugs, rich dyes, and costly spices fell before the calculating hammer; but, each time, ere it descended, the bland seller gazed inquiringly and I almost fancied imploringly at the bidder, lest he had made a mistake, and might wish to retract his rash "Hep!"

The broker who followed, dealt largely in flowing language, as well as drugs and dyes. He assured the company present—and looked very hard at me, as though I was perfectly aware of the fact, and was ready to back him—that he intended to give all his lots away; he was deter-

mined to get rid of them and he really would not allow his friends to leave the room without distributig his goods among them. Considering his liberal spirit, I thought his friends evinced very little thankfulness ; for the lots moved as slowly as presents could be supposed to do.— There was one nice little parcel—about twenty cases of aloes—that he was determined on giving away to a very musty old dealer, who however, shook his ancient head, and declined the bitter bargain.

There were a few score tons of some mysterious article, with an unintelligible name, that hung somewhat heavily at two pence three farthings per pound.

It was amusing to see how politely anxious the broker was to work the figure up to threepence ; not that he wanted the extra farthing ; he'd rather have flung it into the sea than have felt such a paltry desire ; but he just wanted to see the thing go at even money : it would look so much better in the Price Current, and would make the total so much more easy to cast in the account sales. His winning eloquence was fruitless ; the unpronounceable drug was knocked down at twopence three farthings. When I expressed my astonishment that men of such undoubted substance as I saw there, should condescend to haggle, like any hucksters, at an odd farthing, I was told that trifling as the difference appeared by the single pound weight, the aggregate of the extra farthing upon the quantity offered for sale that day, would amount to some thousands of pounds sterling ; and that, at certain seasons, some paltry odd farthing had realized or lost fortunes.

There were a few more unintelligible things—Mincing Lane jargon—that required interpretation. What “overtakers” could mean, I was at a loss to know ; but I learnt that they were certain extra packages required to re-pack goods, after they had been opened out in the dock warehouses. One small looking seller astonished me by putting up what he termed a lot of “good handy sweeps !”—not climbing boys, but the sweepings of the warehouses.

When the day's work was over ; when the last lot of “sweeps” was disposed of, and buyers and sellers, Lane men and Lane lads, once more mingled in Babel discord ; the dense green fog in the narrow alley peeped in at the sooty windows ; the hazy gas-light over the pulpit, winked at the murkey fog through the glass, flickered, struggled, waned, and went out ; we turned towards the old staircase, slowly merging into the general crowd, and I again heard the names of strange chemicals, and gums, and substances, spoken of in kindly sympathising brotherhood.—Cream of tartar, had, no doubt, felt rather poorly a short time since, for it was said to be “decidedly improving.”

Opium must have been in an undecided and vacillating mood

during a long period, as I heard it reported to be "showing a little firmness at last." Scammony was said to be "drooping;" as for castor-oil, there was not the slightest hope of its "recovering." It was curious to hear those articles destined for the cure of human maladies, or the ease of human sufferings, thus intimately linked in their own capacities with worldly ailings and earthly infirmities. I almost expected to hear that some of the dyes had got the measles or that whooping-cough had made its appearance in the younger branches of the drug family.

A better estimate of the actual amount of patent medicine which the human family, somehow or other, contrives to imbibe, can scarcely be arrived at, than by an attendance or two at these sales.

Twice in every month—on each alternate Thursday—whole fleet loads of deadly narcotics, drastic aperients, and nauseous tonics and febrifuge, are disposed of as sheer matter of course. At each of these auctions, as much castor-oil is sold as would suffice to float a first-rate frigate. In the course of about three hours, what with drugs, dyes, and perfumery, full fifty thousand pounds worth of property is disposed of, and that, too, of articles which the world at large have no conception of, except as distributed by chemists and others in twopenny packets or sixpenny phials. Vast, indeed, must be the amount of mortal suffering and affluent luxury that can thus absorb, week by week, these gigantic cargoes of physic and fragrance. From east and west the freighted ships arrive. Every nook and corner, every mountain and desert place, is secured for contributions to our Pharmacopœia.

Let any new disease make its appearance among us, and immediately the busy hand of science is at work, and in some remote corner of this wondrous world, some root or seed, or oozing gum is found to battle with the newly-found enemy. Cost is of little moment, so that the remedy be efficacious. It was not many months since "Koussou," a new and valuable medicine from Abyssinia, was introduced. It was immediately bought up at a guinea an ounce, and that amount drew such abundant supplies to this country, that the same article is now selling at two shillings the ounce.

It may be truly observed that every nation under the sun is busily occupied in collecting products for our dispensaries and hospitals, in China, Tartary, Egypt, America, in the southern isle of the South Pacific, on the loftiest peak of the mighty Andes, in the most pestilential bunds of India, men are toiling for the inmates of the sick-room to aid that high and holy art whose noble aim is to win our bodies from penalty and pain.—*Household Words.*

Canada Medical Journal.

MONTREAL: OCTOBER, 1852.

Notice to Subscribers.—With this, the eight number, we issue accounts to all our subscribers who have not as yet paid for this volume of our Journal, and we earnestly hope that the amounts due, will be promptly remitted to us, as it is only by punctual payments that any publication can be kept up.

Since our last number was published, we have ascertained the views of many of the profession, in both Provinces, and the general opinion, appears to be in favour of *one* Licensing Board for both Provinces, a project which we have reason to believe will be strongly advocated by our Upper Canada contemporary. It is true, that such a plan as that now alluded to, for counteracting the mischief of so many universities in such a young country, will meet with opposition from some of those institutions that have held out to students the allurements of getting over an examination before the board, by the easy process of passing one before their own teachers, who of course attach most importance to those branches of science which they have lectured upon, and particularly to those departments of it to which they have directed the student's attention during the period of his pupilage. The notes of the *perennial* lectures, repeated some three or four times, *without any variety or addition* together with the assistance of an expert *grinder*, will get most students through the fiery ordeal. But if we have but one Licensing Board, it matters not how many institutions, granting Diplomas or Degrees we may have, the truly qualified and practically educated student, has nothing to fear, but he that has been crammed with the favorite points of his examiners, and who, in many cases, knows nothing else, will find it difficult to pass muster. Will any one tell us that the rejection of such a student will be an injury to the public, or will it be said that the discontinuance of such a method of medical instruction, is not a blessing. We shall not then have examples of M. D's, who have never bled a patient or who do not know how to tie a ligature upon an artery, because they had never seen either done whilst students. Moreover we shall have uniformity of Education throughout the Province, and this

seems impossible to attain under the present system. One university advertises its lectures for less than one half the amount demanded by another: in self defence, that other will lower the standard of examination and open its doors to the half educated student, or it will exercise its discretionary powers and dispense now and then, with the full measure of its requirements for the degree, or, as has been done, it will connive at the imperfect method of instruction adopted at some sympathising School, which acts as a feeder to it, and recognize tickets for lectures on three or four different branches of education delivered by one and the same person. It is in this way, that every emergency will be met, and there is no remedy for this and many other abuses, we have not now space to enumerate, but the establishment of *one Licensing Board and uniformity of Medical Education.*

MARINE HOSPITAL AT QUEBEC.

We have received a pamphlet from Dr. Marsden of Quebec, containing many charges of a serious nature against the management of the Marine Hospital at Quebec, and since its receipt, we notice that Messrs. Dunscombe of the Inspector General's Office, and Parent, the Assistant Secretary for Lower Canada, have been appointed Commissioners to investigate these charges. We are ignorant of the Medical qualifications of these gentlemen, and cannot be persuaded that they are the fittest persons to inquire into such charges as the following, which we quote from Dr. Marsden's pamphlet:—

“ I had occasion as long ago as the 1st of March, 1851, to complain to the Commissioners for the second time, that a patient (a servant of my brother-in-law,) had died in the Hospital *from improper treatment*, and stated that I was prepared to prove my charges whenever the Commissioners chose to call upon me; but from that day to this, the only result, as far as my charges were concerned, has been an *ex parte examination* of the *guilty parties*, (not their accusers) and the publication of a disgusting and false report, that would, from any other source than Parliament, have been treated as a libel. Whenever the portals of the Institution are opened to an impartial investigation, either by Parliament, or by an independent Commission, I shall be able and prepared to expose a few more of the professional delinquencies that have disgraced the management of the Institution for some time past, such as unnecessary operations, followed almost by immediate death!—death from improper treatment, and ignorance!! attempting dangerous and unnecessary operations, threatening life, by ignorant and unskilful persons!!!—commencing operations, which the operator was unable to complete; and rendering the sufferer worse than before!!!—scald-

ing to death by hot baths, so that the skin has slipped off the body on lifting the living corpse out of the boiling water!!!!—Dreadful and incredible as these things seem, **THEY ARE FACTS.** They have been reported to some of the Commissioners, who pretended not to believe them, but, *they have not dared to investigate them*, nor to call upon the parties who make these statements, (of whom I am one) for a confirmation of them.”

Prof. Valentine Mott, of New York, has recently been honored by an election, unanimously, as an Honorary Fellow of King's and Queen's College of Physicians, in Dublin, Ireland. This is a great honor—of which Prof. Mott is the twenty-seventh recipient since it was founded in 1667. He is the only American among the Honorary Fellows of that College. We rejoice at the honor conferred upon Professor Mott, by the King and Queen's College.

The Medical Profession of Dublin, including both physicians and surgeons, entertained Dr. Simpson, President of the College of Physicians, and Professor of Midwifery in the University of Edinburgh, at Salt-hill Hotel, on Friday last, the 20th of August, at a public dinner, when upwards of 40 of their body were present. Sir. Phillip Crampton, as senior member of the profession, occupied the chair, and Dr. Montgomery, as President of the King and Queen's College of Physicians, acted as vice-chairman. Dr. Retzies, Professor of Midwifery in Stockholm, and Dr. Lindwurm, of Munich, who were at the time visiting the Medical Institutions of Dublin, were invited guests on the occasion. This was, we believe, the first instance in which so high an honor was paid to any individual by the two branches of the profession conjointly, and by no one was it more merited. The discoverer of chloroform, so inestimable a boon to suffering humanity—a skilled physician, especially in that branch of the profession to which he has particularly devoted himself—an author, whose contributions to the science and practice of medicine are deservedly prized throughout the world—and a highly accomplished man of letters—Professor Simpson has earned for himself the friendship of those who know him, and the admiration of all. The members of the Medical Profession of Dublin have, we think, done well in showing that they know how to appreciate talent and devotion to the interests of their science, and, we think, that in the present instance they have done honor, not alone to Dr. Simpson, but to themselves.—*Saunders's News Letter.*

[We hope that this generous acknowledgment of his high attainments, will have the effect of smoothing down some of the severe remarks the

Professor has been in the habit of indulging in, when speaking of the contributions of the Dublin School of Obstetricians, and that his colleagues when speaking of Irish Surgeons and their scientific labours, will give them credit for recognizing real talent, and forgetting severe personalities, where an opportunity presents itself for paying a tribute of respect to the highly educated and accomplished practitioner.]

Dr. Mount.—Amongst the many blanks left in our Canadian Society by the attractions of the Australian *El Dorado*, few will be felt more keenly than that caused by the emigration of the above named gentleman. Dr. Mount has been long and favorably known to the community as a distinguished physician, a perfect gentleman in manners and habits, and a warm and sincere friend; uniting to an extensive acquaintance with his profession, those qualities which endear him to the social circle. We wish him every success in the Colony to which he proceeds, and congratulate the society amongst which he may settle, upon acquiring an experienced practitioner, and (from our own knowledge,) an eminently successful accoucheur.

REVIEW DEPARTMENT.—Owing to the great variety of Original Articles, we have had no room for Reviews in this number: we purpose in our next laying before our readers, our opinion of some excellent works that have recently been published.

The Atmospheric Breast Pump.—We have received from Messrs. S. J. Lyman & Co., a specimen of this very useful article, with the properties of which we have been for some time acquainted, having used one presented to a patient of ours, some months ago. It is the best, most easily worked, and cheapest, article of the kind yet invented, and we strongly recommend it to our country, as well as our city, brethren.

Notice to our French Canadian Subscribers.—We have to apologise for not having inserted any articles in the French Language in the Scientific Department of the last few numbers. This omission has been caused by the difficulty of making the proper postal arrangements to get our Foreign Exchanges. We have now, however, made such arrangements with our New York and London Agents, as will, in future, enable us to receive them regularly. We wish our Canadian Confrères would allow us to place their labors more frequently before the country in our pages—it is not our fault that more original articles in the French Language do not appear.

Dr. Swett's New Medical Work.

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us. We should be guilty of an unpardonable omission, did we not notice the admirable manner in which the work has been got up.”—*Canada Medical Journal*.

“ We will here conclude for the present our notice of Dr. Swett's work, leaving untouched that part of it which treats of diseases of the heart. To this we may on some future occasion recur. From the extracts we have made, and from our remarks on the work, our readers will readily form a favorable opinion of it. We undoubtedly have done so in reading it. We have differed on some points, others we have criticized ; but we regard the work on the whole (notwithstanding a certain off-hand way of dealing with certain subjects, incidental, probably, to the mode in which it was first put together), as very valuable, one which we would be glad to see in the hands of the profession generally.”—*Charleston Medical Journal*.

“ The lectures contained in this volume were published in the *New-York Lancet* about ten years ago, but they now include much new matter derived from a register of the author's public and private practice since that period. Dr. Swett is well known as one of the first who introduced into New-York the method of physical exploration, which he had learned in the schools of Paris ; he has continued to maintain a high character for skill and accuracy in the diagnosis of thoracic diseases, and enjoyed opportunities surpassed by none others for perfecting himself in this department of medicine. Such vouchers for capacity and knowledge in the author inspire a degree of confidence in his work which a study of it will not diminish. The work of Dr. Swett, taken as a whole, will be found useful to the learner, to whom it seems particularly addressed, because it presents its subject in a plain, intelligible and accurate manner. The practitioner will value the illustrations drawn from the author's personal experience, and appreciate the simplicity and good sense which mark its precepts.”—*American Journal of the Medical Sciences*.

SUBSCRIPTIONS HAVE BEEN RECEIVED FROM

Dr. Bardy, St. Pie.
 Dr. Couillard St. Marie C. Baucé.
 Dr. Wilson, Perth.
 Dr. Valois, Pointe Claire.
 Dr. Monroe, Lanark.
 Dr. Hubert, St. Gervais.

Dr. Craig, Centrecoeur.
 Dr. Leslie, Montreal.
 Dr. H. Howard, "
 R. M'Kay, Esq., "
 Dr. Ryall, Hamilton.

COLLEGE OF PHYSICIANS AND SURGEONS OF LOWER CANADA.

THE SEMI-ANNUAL MEETING of the BOARD OF GOVERNORS of the COLLEGE OF PHYSICIANS and SURGEONS, for the purpose of EXAMINATION, will be held at the Town Hall, St. Louis Street, in the City of Quebec, on TUESDAY, the 12th day of October next, at TEN o'clock A. M.

Candidates are required to deposit their Credentials with either of the Secretaries, at least ten days before the meeting, and to fill up a Schedule of their education—forms for which can be obtained on application to the Secretaries; and they are also required to deposit, at the same times, the amount of Fees which would become due in the event of successful examination.

A. H. DAVID, M. D.

P. M. BARDY, M. D.

Secretaries.

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Quebec, September, 1852

COLLEGE OF PHYSICIANS AND SURGEONS OF THE UNIVERSITY OF THE STATE OF NEW YORK.

The Forty-Sixth Session of the College will be commenced on Monday, 11th of October, 1852, and continued until March 10, 1853, (commencement day.)

ALEXANDER H. STEVENS, M.D., L.L.D., President of the College and Emeritus Professor of Clinical Surgery.

JOSEPH M. SMITH, M.D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M.D., L.L.D., Professor of Botany and Chemistry.

ROBERT WATTS, M.D., Professor of Anatomy.

WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M.D., Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M.D., Professor of Physiology and Pathology (including Microscopy.)

ELISHA BARTLET, M.D., Professor of Materia Medica and Medical Jurisprudence.

CHARLES E. ISAAOS, M.D., Demonstrator of Anatomy.

FEES.—Matriculation Fee, \$5; Fees for the full Course of Lectures, \$105; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New York Hospital daily, by the Medical Officers, (Professor Smith being one of them,) fee \$8 per annum; at the Bellevue Hospital twice a week, without fee, (Professor Parker and Clark belonging to the Medical Staff;) at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective department.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until the 10th October.

This Course will be free.

R. WATTS, M.D., Secretary to the Faculty.

College of Physicians and Surgeons, }
 67 Crosby street, New York. }

ST. PATRICK'S HOSPITAL, MONTREAL.

THE Clinical Courses of Lectures at this Hospital will commence on **WEDNESDAY**, the 3rd of November next.

Clinical Surgery,.....DR. MACDONNELL.
Clinical Medicine,.....DR. DAVID.
Clinical Ophthalmic and Aural Surgery.....DR. H. HOWARD.

Students requiring six months of either Clinical Surgery or Clinical Medicine to complete their Curriculum, can obtain them by attending these courses, as they are of six months duration.

A. H. DAVID, M. D.
Secretary

ST. LAWRENCE SCHOOL OF MEDICINE OF MONTREAL.

INCORPORATED BY ACT OF THE PROVINCIAL PARLIAMENT.

THE ensuing Winter Course of Lectures at this School will commence on **TUESDAY**, the 2nd of NOVEMBER next, and will be continued uninterruptedly (with the exception of the Christmas Vacation,) till the last week in April, forming a Session of six months.

Midwifery and the Diseases of Women and Children.....F. C. T. ARNOLDI, M. D., 9 o'clock A. M.
Institutes of Medicine (Physiology, Pathology and Therapeutics).....G. D. GIBB, M. D. 10 A. M.
Materia Medica and Pharmacy.....G. E. FENWICK, M. D., 11 o'clock A. M.
Anatomy (Descriptive and Surgical).....T. W. JONES, M. D. 2 " P. M.
Theory and Practice of Medicine.....A. H. DAVID, M. D., 3 " P. M.
Theory and Practice of Surgery.....R. L. MACDONNELL M. D. 4 " P. M.
Ophthalmic and Aural Surgery.....H. HOWARD, M. R. C. S. L. 5 " P. M.
Chemistry.....R. P. HOWARD, M. D., 7 " P. M.

Clinical Surgery.... } At the Montreal General Hospital by Dr. Arnoldi.
 } At St. Patrick's Hospital by Dr. MacDonnell.
Clinical Medicine.. } At the Montreal General Hospital by Dr. R. P. Howard.
 } At St. Patrick's Hospital by Dr. David.
Clinical Ophthalmic and Aural Surgery.. } At St. Patrick's Hospital by Dr. H. Howard.

Five Lectures are delivered weekly throughout the Session on each branch (excepting Clinical Medicine, Clinical Surgery, and Ophthalmic and Aural Surgery, each of which will be a three months course), in conformity with the Rules of the College of Physicians and Surgeons of Lower Canada, they will be illustrated by numerous preparations—a large collection of *Plates, Drawings, Models and Casts*, and the recent discoveries in Physiology and Pathology will be practically taught by means of Achromatic Microscopes by the Lecturers on these branches.

Special care will be devoted to the cultivation of Anatomy, and every facility will be afforded the pupils by dissections and demonstrations, and the services of a highly competent Demonstrator have been secured, who will be in constant attendance to superintend and instruct the pupils, and the rooms which are lighted with gas, will be open from 6 A. M., till 11 P. M., daily.

Ample opportunities for midwifery practice will be afforded to the senior students in that branch, under the immediate superintendence of the Lecturers.

Students attending the Lectures on Ophthalmic and Aural Surgery will have the privilege of witnessing the practice of the Montreal Eye and Ear Institution during the whole Session.

The certificates of this School being recognised by all the principal Universities and Colleges in Great Britain and the United States, it will be to the advantage of students intending to complete their Professional Education in either of those countries, to attend this School.

A. H. DAVID, M. D.,
Secretary.

Montreal, September, 1852.