

Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

Continuous pagination.

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

THE MEDICAL CHRONICLE.

VOL. II.]

JULY, 1854.

[No. 2.

ORIGINAL COMMUNICATIONS.

ART. VI.—*Pneumonia, Atrophy and Softening of the Heart, Rupture of the Anterior Coronary Artery, Hemorrhage into the Pericardium, Pericarditis, Death, Autopsy.* By Dr. Voss, Ordnance Medical Department.

A. S.—Ordnance Cooper, aged 41 years, who had been two weeks ill, became an out-patient of the Royal Ordnance Hospital on November the 5th, 1853, for severe cough, slight dyspnoea, and pain of the chest.

On percussing the chest I found it somewhat dull, especially on the right side corresponding with the inferior lobes of the lung.—The Stethoscope detected small crepitations throughout both lungs, but this pneumonic stage too was most marked in the region indicated by the evidence of percussion.

At first the cough was dry but shortly rusty sputa, characteristic of pneumonia, appeared.—He was at once treated by small doses of calomel, tartar emetic and opium. For a few days the inflammation progressed and bronchial respiration could be readily heard both anteriorly and posteriorly. As the gums were now very tender, medicines, with the exception of an occasional aperient, were interdicted.

The daily examination of the chest, owing to the comparative strength of the patient and his willingness to please, proved highly instructive;—indeed I do not remember when the stages of disease and convalescence were so easily distinguished.

The gums were kept tender until the normal respiratory murmur was re-established;—and as there remained considerable aphonia a blister was applied to the throat and the iodide of potassium was given internally, which soon restored the voice.

December 1st.—I should now have pronounced my patient convalescent had he not complained of restless nights, cramps in the legs,

and occasional shooting pains across the upper part of the chest, and had he not stated that he "fancied if he were to sleep he would die, as he felt a suffocating sensation in the throat and chest when about to doze."

These symptoms naturally led me to make a closer examination of the heart. I detected nothing abnormal with the exception that its contractions were unusually loud upwards and towards its base, more particularly in a line to the right across the upper portion of the sternum. The respiratory murmur might be heard in front and to the left of the organ. The pulse in the right arm was natural though feeble, that in the left could not be felt at all.

From the subsequent history of this case I presume that the absence of arterial pulse in the left arm existed for some time, and I fear must have been overlooked by my not adopting the ordinary wise routine of feeling both pulses.

I ordered him to take *pil. saponis e opio gr. v* at night and to continue the Port wine.

Dec. 2. He did not sleep last night.

3rd. He passed another restless night and complained much of the suffocating sensation in the throat,—ordered to take *morph. hydrochl. gr. i.* at 8 p. m., and again at midnight if sleep did not supervene.

Dec. 4. He slept a little last night.—He seems depressed and low-spirited.—To take a draught of *liq. opii sedat. spirit. æth. sulph. co* with camphor mixture every 4th hour.

Dec. 5. He has had 6 to 8 hours sleep during the last evening.—He seems cheerful and says he is much refreshed.

Staff Assist. Surg. Dr. Barrett kindly accompanied me to make another examination of the chest. On percussing the left mammary region we elicited the clear natural sound. Dr. Barrett too considered that the heart's action was preternaturally audible to the right and behind the sternum, but in other respects he believed the heart to be healthy.—We carefully examined the principal arteries, viz:—the carotids on either side, the subclavian, axillary, radial and external iliac arteries.—We found the arterial power of the left side of the system unequal to that of the right: and the inequality was chiefly manifest in the left carotid and left radial arteries;—indeed the pulsation in the latter vessel had until this day been absent, and now was scarcely appreciable. We were induced, in the absence of any ascertainable cardiac disease to refer his symptoms to an aneurism or other tumour in the neighborhood of the arch of the aorta. (Dr. Douglass, 26th Cameronians, who examined the chest in the afternoon, concurred in the opinion.) We directed him to continue the sedative draught at night, if necessary, and to take a larger allowance of Port wine.

Dec. 6. I again entertained hopes of his recovery, when suddenly he was seized with fainting fits, and no sooner did he rally from one fit of syncope than he fell into another,—these fits continued, at intervals, through day and night for two days. I ordered the port wine to be omitted, and brandy with yolk of egg to be given occasionally, and strong beef tea frequently.

These dangerous symptoms did not recur for 4 or 5 days, during which period he had gained strength, but the circulation remained feeble and unequal. There was a persistent irregularity and intermission of circulation in the left radial artery, and I may add an almost persistent peculiarity, for I repeatedly counted fifteen beats in the first fifteen seconds, two or three in the second fifteen seconds, fifteen in the third fifteen seconds, and again, only two or three in the fourth fifteen seconds, and so on.

Dec. 12. By my request the family sent for further medical aid, as his life was again in jeopardy from attacks of syncope. I had the pleasure of meeting Dr. Crawford, of this town, in consultation.

Dr. Crawford having examined the chest in conjunction with Dr. Howard, kindly furnished me with the following notes:—

“The patient appeared very weak and scarcely able to move in bed, without assistance, the surface, especially of the feet and hands, was bathed with perspiration. There was aphonia, which was present for some time. The pulse in the left wrist, and indeed throughout the arterial system, was thready, fluttering, and scarcely perceptible, it was also irregular and intermittent. Many of the ventricular contractions failing to produce a perceptible movement in the artery,—it was rather stronger in the brachial, but possessed the same character—that of the right wrist somewhat more perceptible.

“The jugular veins were much distended, especially the right; no pulsation or refluxation however, no prominence of the præcordia, the superficial cardiac dullness, measured transversely, about 3 inches, extending slightly beyond the right end of the sternum, and vertically about 3½ inches, its position otherwise pretty normal; impulse scarcely perceptible; both sounds, though very weakly evolved, are distinctly audible, and unaccompanied by any bruit; they are equally loud at mid sternum and left apex. No bruit in abdominal aorta.

“Resonance of thorax on percussion good, but less so over the left than the right side; no decided dullness, however, present in that side, although the inspiration is feeble and more prolonged, and the expansive movement more limited over it than over its fellow.

“From the above facts, we are unable to give a positive opinion of the exact nature of the case; the extreme weakness of the heart involves

almost necessarily the absence of bruit and thrill, although the physical conditions necessary for their production may be present. It is likely a tumor of some kind, (probably aneurismal) implicates the arch of the aorta, the recurrent nerve, and left bronchus, and thus produces the aphonia, the unequal force of the pulse in opposite radials, the weak inspiration, &c., &c., in the left lung; the bruit, which ought to be present on such a supposition, being absent, as before stated, from weakness of the impelling organ. We are unable to suggest any improvement in your mode of treatment."

For the next five days, life was sustained by stimulants, jellies, beef tea, &c. A day or two before his death, on the 17th instant, Dr. Barrett and myself detected extensive dullness over the cardiac region, and upper part of the left side of the thorax, which, with other signs, induced us to diagnose effusion into the pericardium; the weakness of the patient, however, rendered a complete and accurate examination impracticable.

Sectio cadaveris 36 hours after death.—Present: Drs. Crawford, Howard, Barrett and myself.

The head was not opened.

Chest.—On opening this cavity the right lung was found healthy and free; the left was also healthy but hidden and compressed by a greatly distended pericardium; the left pleural cavity was obliterated by firm adhesions. The pericardium contained about three quarts of blood which had separated into clot and serum, and the whole of its serous lining was covered with recent deposits of lymph, mingled with coagula:—The muscular structure of the heart was pale, soft and flabby, and extremely attenuated—indeed the atrophy of the walls of the ventricles, was sufficient to induce me to attribute their non-rupture to a conservative layer of fibrine and coagulum, which enveloped the whole heart, and at some points blended with its fibres, presenting a uniform thick covering averaging, in depth, half an inch.—Both coronary arteries had degenerated greatly from the natural standard, and in the left or anterior coronary a small aperture was visible, and to which source the hemorrhage must be ascribed, as no rent could be detected in the auricles or ventricles.—The latter cavities were filled more or less with coagulum, their orifices and valves were healthy, with the exception of slight thickening of the mitral and tricuspid valves.—The aorta and its valves were healthy likewise, excepting a few small opaque spots on the interior of its arch.

A hard tumour, the size of a pigeon's egg was situated between, and adhered closely to, the opposing surfaces of the arch of the aorta, and the bifurcations of the trachea, and over which the left recurrent nerve courses. I regret my inability to describe minutely this tumour, as it

and a portion of the heart, were destroyed during the temporary absence of Dr. Howard, who had generously undertaken to examine them microscopically.—Dr. Howard's opinion of the tumour is, that it was an enlarged bronchial gland, undergoing fatty degeneration.

Abdomen.—The viscera in this cavity were sound with the exception of the kidneys which presented one or two small cysts and isolated fatty deposits.

REMARKS.

I believe the suffocating sensation about the larynx resulted from pressure on the tumour on the left recurrent nerve, and by its communications affected the superior laryngeal nerve, and other portions of the sympathetic system.

It is impossible to determine the priority of birth, or age of either the tumour or the atrophy. The nearest indication of their existence I could ascertain was, that during last spring and summer, "he suffered occasionally, from giddiness of the head, and fluttering in the chest if he stooped or drank a glass of spirits, after his day's work; and that he once had a fit of an obscure nature, in which he became dizzy, and staggered as it drunk, his sight failed, and he fell down." He did not at this or any other time suffer from headache or sensation of fulness about the head;—but had felt latterly the ascent of a stair and fancied his occupation of shipping powder in the magazine too arduous for him,—he also stated that he had sometimes during the attacks of weakness felt his pulse, and that he could not count it at the left wrist.

In looking for the source of the atrophy, we must point to the diseased condition of the coronary arteries. It has been suggested that their abnormal state depended "on the general impairment of nutrition throughout the system."—I incline rather to the belief that "the general impairment of the system" was secondary to that of degeneration in these vessels; and think Mr. Paget's description of atrophy, highly applicable to this case.—"The principal character" (Mr. Paget says) "which all these cases seem to present, is that they who labour under this disease, are fit enough for all the ordinary events of calm and quiet life, but are wholly unable to resist the storm of a sickness, an accident, or an operation."

I think the attacks of syncope exceedingly interesting as marking the periods of hemorrhage from the coronary artery and in thus prolonging the life of the patient by affording a condition for coagulation and plugging of the vessel which could not otherwise have occurred in a vessel so near the centre of circulation. It is evident that the blood within the pericardium excited some amount of pericarditis from the

extent and pathological arrangement of the fibrine deposited over its internal surface.

The "shooting pains" complained of in the first instance, and subsequently, denoted what is called the angina pectoris.

I consider the inadequate circulation of blood in the brain will fully explain the rationale of the patient's wakeful and restless nights, and which inadequacy is accounted for by :

1st. The left carotid failing to supply its quo'um of blood.

2d. The impoverished condition of the blood.

3rd. The heart, from its debility, being unable to sustain a corresponding and equable circulation in the head.

The 2nd and 3rd of these causes are already manifested, and the 1st I explain with the same manner that I do the inequality and intermission of pulsation in the left carotid artery, viz:—that the tumour from its position size and pressure must have narrowed and flattened considerably the calibre of the aorta, and consequently the volume of blood would take the more easy and direct course (the arteria innominata) rather than the less easy and direct one (the left subclavian and left carotid) especially when propelled by an enfeebled heart.

I am aware that my proposition does not reconcile the want of relative force in the external iliac arteries but this disparity was so slight that I conceive it may have been natural or accidental.

ART. VII.—*Contributions to Clinical Medicine* by J. CRAWFORD, M.D., Professor of Clinical Medicine, McGill College, and Physician to the Montreal General Hospital.

II. *Case of Idiopathic Tetanus.*

Mary Murphy, aged 17, a healthy, plump young woman, had been employed for two days washing clothes, during which time, she was much exposed to sudden and great changes of temperature, by going overheated from the wash-tub, into the yard, to hang out the clothes during very cold weather, in November; previously to which time, she had been in the enjoyment of very good health. Her catamenia had appeared for the first time, about six months ago, since which period, she had been "regular," and had been menstruating for two days, at the time of her present attack, when the flow was suddenly arrested, which she attributed to the exposure to cold, and she soon after experienced an uncomfortable sensation of tightness and rigidity in the muscles of the front of the chest, extending to the shoulders and back. The spasm was permanent, although liable to exacerbations. In this state she was admitted

into the Montreal General Hospital, on the 14th Nov. 1853. Shortly after admission, the muscles of the jaw became involved, and she found some difficulty in protruding her tongue, the rigidity of the muscles of the back, necessarily produced a tension in those of the abdomen; which in other respects, did not appear affected. There was a slight interscapular spinal pain, elicited by pressure, which extended to the anterior part of the chest; any movement of the body, aggravated the tetanic condition of the muscles, she had neither headache, nor other pain, except that of the spine, already noticed, the limbs and diaphragm were free from spasm, deglutition very slightly impeded,—pulse 96. On her admission, she was ordered a purgative, of oleum ricini an ounce, spiritus terebinthinae $\frac{1}{2}$ an ounce, which acted freely, and before I saw her, Dr. Reddy, the House Physician, had administered a few doses of the tincture of cannabis indica, but not observing any effect from it, concluded that the medicine was not very genuine, or efficacious; she was also put under the influence of chloroform, which produced for the moment, relaxation of the spasm; on my seeing her, the next day, I found her much as described above, the spasms having become more severe and extensive than they were on her admission. My first hope was, that the tetanic state might depend on an hysterical condition, arising from the interruption of her catamenia, and the plan that suggested itself, was to act on the uterine system, and endeavour to restore the interrupted function. She was therefore ordered to be cupped on the spine, to have a warm bath, and to repeat the purgative; these remedies did not appear to produce any influence on the spasm, which rather increased, the jaws becoming more locked, and the opisthotonos more manifest, the respiration although restrained from the involvement of the thoracic muscles, was tolerably easy, the diaphragm appearing not to be affected by the spasm, the limbs still flexible, color of the face and general surface, dark and dusky, restlessness and asomnia distressed her much. She was ordered enemata of assafœtida camphor and tincture of opium, to be repeated occasionally; for some time the symptoms appeared to be stationary, although no evident amelioration could be perceived. Towards the evening of the 16th, the symptoms all appeared on the increase, the brows frowning, the angles of the mouth drawn back, the general appearance of the countenance much altered, the tension and curvature of the spine very manifest, deglutition occasionally difficult, the limbs and diaphragm still unaffected. She was again ordered to be cupped on the spine, and to be put under the influence of chloroform, at intervals during the day. While she was under the influence of this powerful remedy, there was always an evident relaxation of the spasm, but its salutary effects were very transient, disappearing immediately

with the soporose state; in addition to the anodyne and anti-spasmodic enemata, the acetate of morphia was given, in doses of $\frac{1}{4}$ grain every half hour, after a few doses the pharynx appeared to be involved, either by the general spasm, or from the action of the chloroform, and the medicine was several times ejected, on the attempt to swallow being made. The acetate of opium (or black drop) was substituted for the morphine, and after a perseverance in $\frac{1}{4}$ grain doses every half hour for some hours, sleep was induced and some slight degree of relaxation of the spasm was observed; in this manner she passed a tolerable night, but the tetanic condition appeared in no degree lessened on her awakening, the spasms coming on with great violence on any movement of the body—the curving of the spine, frowning of the brow, and risus sardonicus being very marked. The limbs too appeared now to become slightly rigid, a considerable secretion of saliva and mucus caused much discomfort and constant hawking, there however was no mucus rale in the bronchi, the heart's action was strong and regular, accompanied by a slight systolic soufflet. She never had rheumatism, nor cardiac affection, that she is aware of.—The cupping glasses were again applied to the spine, and about 10 oz. of blood taken, a blister placed on the sternum,—croton oil liniment rubbed on the back, and her bowels being torpid, oleum crotonis gtt. iij. and ol. ricini ʒ ij. were ordered, to be aided by purgative enema, if required; these remedies produced no beneficial effect on the spasm, which gradually became more violent, accompanied by frequent and sudden jerking, aggravating her suffering, any movement of the body, even swallowing, appeared to increase the spasm. The case seemed hopeless, the acetate of opium was continued every half hour, under the superintendence of a pupil, and brandy and water as much as she would drink, which was very limited; during the night of the 19th she again had some sleep, and whilst in her narcotized state, hummed some airs, and appeared somewhat easier, the rigidity of the muscles however did not relax; she gradually sank without any apparent increase of suffering, and died in the night of the 19th, the 6th of her attack.

The idiopathic nature of the attack, and its probable hysterical origin at first gave hopes, that the case might have a more favorable issue, it nevertheless held on its fatal course, very little influenced by the various powerful remedies, so perseveringly persisted in. Cases of successful treatment of tetanus are occasionally recorded, under the influence of some of the above remedies, but it is to be feared that if all the cases of tetanus were on record, the successful ones would be in a very great minority. The influence of chloroform was very evident, but was

equally transient, and only apparent during the soporose state. The narcotic effects of opium, afforded but a brief period of ease.

Autopsy.—There was very little of pathological change discovered, to account for the excited nervous condition, a very slight tinge, or blush was perceived on part of the spinal meninges, but nothing remarkable, and which would have escaped notice, if not particularly sought after. There was a slight degree of roughening perceived on the mitral and semilunar valves, which might in like manner have escaped observation. The uterus and appendages were healthy; a few small cysts were detected on the convex surface of the ovaries.

ART. VIII.—*Empoisonnement par l'Exterminateur des rats de Dubois composé de Phosphore. Histoire, symptômes et traitement, rétablissement à la santé, par L. BOYER, M.D., Professeur de Médecine Légale dans l'École de Médecine à Montréal; Médecin de l'Hôtel-Dieu, &c.*

A. B., jeune homme de 17 ans, commis-marchand, acheta une boîte d'exterminateur des rats, mercredi le 26 avril dans l'après-midi, chez un apothecaire, rue McGill.

Jeudi le lendemain à 7 heures A. M., il fit sept prises de l'exterminateur, enveloppées dans du papier, recouvertes d'écorces d'orange et les avala successivement.

Trois heures après je fus requis par un de ses parents de venir le voir on l'avait transporté dans mon service à l'Hôtel-Dieu. A mon arrivée je trouvai le patient dans l'état suivant—assis sur son lit, pâleur de la face, yeux hagards, angoisses, peau et sueurs froides, brulement dans la région épigastriques, pouls petit et rapide

Traitement—10 grs, de tartrate d'antimoine dissous dans 4 oz. d'eau tiède, à prendre un tiers toutes les 10 minutes—à la 2^e dose vomissement glaireux et jaunâtre—administration à la suite du vomissement, un mélange de lait et d'eau, et de magnésie tiède en abondance—Après la 3^eme dose, vomissement deluents seuls,—sulph de zinc 20 grs., vomissement de poudres enveloppées dans du papier et écorces d'oranges. Le malade fit alors confession d'avoir avalé sept papiers comme les deux que nous venions de trouver: 20 grs. de sulp. de zinc furent de nouveau administrés, avec les diluents, lait et magnésie—vomissements copieux dans lesquels nous trouvons les cinq autres prises, dont deux avaient l'enveloppe brisée—aussi plusieurs évacuations alvines. Les vomissements

et les déjections alvines donnaient une fumée blanchâtre et une odeur aliacée très forte et perçue par les personnes qui se trouvaient près du lit—à midi presc. lait and magnésie.

A 2 P. M., plusieurs évacuations alvines, coliques et douleurs brûlantes dans l'abdomen, et crampes—céphalalgie, peau froide et pouls 160—presc. cont. la solution, avec fomentations sur l'abdomen et bouteilles d'eau chaude aux jambes—à 5 P. M., accompagné de Mr. le Dr. Wright, nous avons trouvé le malade assis sur son lit, se plaignant de légers brûlements d'estomac, d'agitation et de malaise. Prescription, cont. fomentation et 2 grs. d'opium

Le lendemain convalescence.

Remarques.—L'empoisonnement par cette substance est intéressante à la profession, premièrement en ce qu'il est déjà arrivé en Canada, deux fois dans le Bas-Canada, tout récemment, le 1er dans le faubourg Québec de Montréal, chez un enfant qui avait pris ce poison pour des confitures, et qui en est mort trois heures après l'autre qui a été le sujet d'un procès à la cour criminelle de Kamouraska, dans l'affaire Bérubé qui a été condamné à une réclusion perpétuelle au pénitencier pour avoir empoisonné sa femme.

2d. La composition de cette substance est inconnue et variée dans sa composition.—D'après nos informations d'un apothécaire de Montréal, qui a vendu la boîte qui contenait la substance vénéneuse de cet empoisonnement. Cette marchandise est vendue par les villes et les campagnes par les *American*s de la République voisine. Il en ignorait la composition. Il nous dit qu'il se vend trois espèces de mort aux rats, connus sous le nom de Smith's exterminator, de Smith, de Parson et de Dubois, c'est du dernier que le malade avait pris, de couleur blanche, tandis que les autres sont rouges. A part du rapport des médecins dans l'affaire Bérubé, nous ne connaissons aucun renseignements publiés sur la composition de ce mélange. Le phosphore et l'arsenic sont les substances mentionnées dans ce rapport. D'après ces informations, pour notre satisfaction, nous avons procédé à l'analyse chimique des poudres vomies, des vomissements et du reste du contenu de la boîte qui contenait la substance vénéneuse qui m'avait été envoyée.

Expertise chimique.—Assisté de Mr. le Dr. Wright, je procédai à examiner la substance qu'on nous présentait comme étant la cause de l'empoisonnement; et les matières vomies.

Soupçonnant l'arsenic, nous avons expérimenté par le procédé de Reinsch, avec l'appareil de Marsh, le sulphate de cuivre ammoniacal, et le nitrate d'argent ammoniacal, avec tous ces réactifs nous avons obtenu des résultats négatifs pour constater l'arsenic.

Les réactifs pour le sublimé corrosif ont été essayés aussi avec des résultats négatifs.

Assurés qu'il n'y avait ni arsenic, ni sublimé corrosif, nous avons procédé à rechercher le phosphore qu'une odeur aliacée très remarquable, sa prompte décomposition à l'air libre donnant des vapeurs blanches épaisses et d'une couleur verdâtre dans l'obscurité, nous avaient presque convaincu de sa présence.

Une partie de la substance suscepte étendue sur une plaque de fer chauffée, brûla avec une flamme jaune accompagnée d'une fumée blanche, et au milieu on apercevait des points lumineux.

Un mélange avec le nitrate d'argent liquide passa d'abord à une couleur rouge et ensuite au noir.

ART. IX.—*Medical Institutions of Paris.* By W. HALES HINGTON M.D., L.R.C.S.E. Member of the German Society of Naturalists and Physicians. Société Médicale Allamande de Paris, &c.

Women usually remain in the Maternité 12 days, at the end of which, they leave, carrying the infant with them. If it be the offspring of an unhallowed passion, it is placed either by its mother, or the institution she has just left, in

L'Hospice des enfants trouvés et orphelins.

Hospitals for foundlings are decidedly of ecclesiastical origin, and to a Bishop of Paris is due the credit (according to some) or discredit (according to others) of having founded an establishment for the protection of the innocent (according to the former) or for the encouragement of crime (according to the latter).

It was long ago the custom to place a large basket or cradle in the cathedral of Paris, in which were laid the children of unknown parents, whose helpless condition was well calculated to appeal to the charity of the faithful—hence the name “the poor foundlings of Notre Dame.” They were afterwards confided to the care of persons who discharged the duties of mother and nurse, neither, it is to be believed, efficiently, for they were frequently *relet* to others, and in many cases actually *sold* to nurses who having had the care of children had lost them, and thus the child of shame has, there are grounds for believing, been introduced into the halls of the opulent and the proud to share their honor and to bear their name. Many, on the other hand, were sold to mountebanks and others of that caste, who, by mutilating and otherwise disfiguring

them, made them serve to the amazement of the crowd. A child usually brought 18s to 20s of this currency. At the time I am now writing about, when in the vicinity of the *porte St. Victor*, the number of children for admission was so great, and the pecuniary aid so unequal and insufficient, that a certain number were picked out by lottery to be nursed, &c., the remainder were left to their fate. The institution is now on a secure footing, and is situated in *Rue de l'Enfer*. Children are either sent to nurse in the country, or placed under special care in town, and as an inducement to be kind to their charge the nurse or guardian receives 18 francs if she can furnish proof that the infant had been treated with care and attention. In like manner 50 francs are given to those who have reared their infant to the age of 12 without accident.

Before it became a rule that all children should be examined &c., the number of deaths was truly enormous, even yet the proportion is by far too great. 3rd year of the Republic admitted 3,933, died 3,150. Now the mortality averages 1 in 7.7; whereas in private 1 in 14 is the average.

Children are admitted into the foundling hospital from birth till the age of 10 years. When received the hour of its arrival is correctly noted by a sister of charity, and a number is attached to its right arm; it is then carried to a large room where it is fed with milk along with the rest of the children. A wet nurse is immediately provided, and the child is sent with her to the country, where it remains until the age of 12 years—its whereabouts, however, being kept secret; it is then sent to the Orphelins. If, at any time, the mother should appear, to reclaim her child, she requires to deposit 30 francs, of which 10 are retained for search in case of the child's death, and 20 for defraying expenses of education if living. If reclaimed it remains under the care of the administration until it has attained its majority. The number of children received is upwards of 5,000 per annum.

The following are the statistics for 1850:—

	Foundlings.	Orphans.	En Depot.
Boys,.....	1,822	219	667
Girls,.....	1,769	142	591
	<hr/>	<hr/>	<hr/>
	3,491	361	1,258

There were in the country belonging to the

hospital in question on the 1st January,	Boys.	Girls.
1850,.....	6,474	6,580
Entered during the year.....	8,437	8,475

Left	do	do	881	923
Deaths	do	do	792	757
Remaining on 31st December,			6,764	6,795
Children reclaimed during 1850.....				13	5

In accordance with a law passed in 1850, children are educated after having reached their sixth year. A branch of their education might with propriety be neglected, namely, the looking for gratuities from visitors. Inspectors are appointed who see that the children placed in the hand of nurses in the country and in the city perform their duties with honesty.

The physician in attendance is M. Roger, an observant writer, whose works on the diseases of children and on auscultation and percussion are extensively perused. M. Morel Lavallee is the surgeon.

HOPITAL DES ENFANTS MALADES, situated near the Neckar Hospital in Rue de Sevre, for sick children between the ages of 2 and 15 years, contains 600 beds. Although as clean as any other Parisian hospital, and attended with equal assiduity by the medical staff as well as by the nurses, phthisis here makes dreadful ravages—much, no doubt, depends on the sombre, cheerless appearance of the hospital. Mortality was never under 1 in 6—but 1 in 4.8 is the general average. Trousseau was connected with this institution previous to his recent translation to the Hotel Dieu. The most popular of the staff is *Guersant*, a somewhat prosy lecturer, but good surgeon, eminently practical and a favorite with the profession, who have elected him President of the “*Société de Chirurgie*.”

HOTEL-DIEU.—The oldest hospital of the French capital, whose foundation dates as far back as the year 600; was at first a sort of lodging house for the poor and indigent. The number of inmates increasing much more rapidly than the accommodation for them, it degenerated into a “pest house” and serious intentions were entertained of the propriety of destroying it altogether. At one period of its existence mortality was *two* to nine and this as late as the 18th century, when it might be supposed, the broad principles of hygiene should have been more clearly understood

Four, five and six occupied the same bed—small pox, venereal, fever patients, &c., were huddled together; the pregnant, and those in labour with the prostitute and the *accouchée*.—Operations were performed in the same ward in which were those already operated upon, and those whose turn it was next, to suffer. Indeed when we read the report of the commissioners appointed to visit the Hotel-Dieu, (of which Lavoisier was one), we wonder that the mortality (2 in 9) was not greater; or that out

of nine there could escape two. But this state of things did not continue after the revolution; hospitals were constructed in the different *arrondissements*; for the small pox, the venereal, the affected with calculus, the pregnant, &c., special hospitals were provided, and the Hotel Dieu disgorged herself of her superabundance.

Every patient has now a separate bed, of which there are 1260. About 13,000 receive medical and surgical aid during the year, of which upwards of 1400 die. Mortality is 1 in 7.39 in the service of medicine, and 1 in 22.50 in that of surgery; and 1 in 9.06 when conjoined. The hospital occupies both banks of the Seine, connected together by a covered bridge; it is built entirely of stone—stone walls, stone ceilings, stone floors. To some of the wards we descend as if into the ground, and into which the light penetrates but feebly. Many of them resemble dungeons—nor are iron bars wanting to improve the comparison. They are all, however, kept scrupulously clean. The bedsteads are of iron, with curtains of blue cotton. Louis, Martin Solon, Guerard, Chome], Piedagnel, Horteloup, Réquin, and Trousscau are the physicians.

Louis never took much trouble with those visiting the hospital. He prefers holding communion with the medical world through the medium of the pen, rather than *viva voce*. Of the remainder, Trousscau's is the most numerously attended medical clinique in Paris. He is very popular as a lecturer, and dwells at great length on the doses and properties of medicines. He lectures with wonderful facility, and is possessed of the rare faculty of making listeners believe that what he is talking about is unquestionably the most important matter he has ever submitted to their consideration. Thus, one morning's lecture was occupied with *veratria*, and its employment in acute rheumatism. It was (so he told us) to supersede all other remedies. Borax and honey in croup and hooping cough formed the subject of another morning's lecture, and if his listeners did not feel disposed to place as much reliance in those remedies as he did, (which they certainly could not but do after his frequent reiterations of *je l'asserte, je l'affirme, c'est moi qui le dit, &c.*) they were unanimous in their admiration of his eloquence, and of the ingenuity with which he manufactured mountains out of molehills. Yet to be candid, I know of no medical clinic where students can receive more instruction. He prescribes no medicine without explaining its action on the economy, and the results he wishes to obtain. He is very popular with the students, and deservedly so, for they are always treated by him with gentleness and kindness.

The surgeons are (1853), Roux, Boyer, and Jobert de Lamballe. Roux is now so old that, when operating, he makes a series of cuts where one

was necessary. The tying of arteries is quickly managed by his assistants, who supply, in a great measure his imperfect vision. His memory is fast failing, and this is painfully apparent in his constant repetition of the same matter, clothed frequently in the same words.*

Jobert de Lamballe has gained considerable reputation by his *chirurgie plastique*, and his treatment of vesico vaginal fistules; yet the rudeness of his manner renders him unpopular, and his clinic very thinly attended. A number, however, collect once a week in the aisle adjoining one of the female wards to see him operating on diseased wombs. It was on one of those occasions that I first saw him, enveloped completely in smoke, which, with the stench arising from the application of the actual cantery to diseased mouths and necks, was almost intolerable. Seven or eight women are generally operated upon in a morning. A three bladed speculum is introduced up to the os, and through it the red hot iron is applied to the diseased structure. No pain whatever is experienced. Those manipulations necessarily indelicate, are rendered still more repugnant to their feelings, by the rude and disgusting manner in which they are performed. Their persons are uncovered even to their waists, and exposed to the gaze of the assembled: while "*Je suis une femme modeste, Monsieur,*" from them, is met by a severe retort from Jobert. One word of comfort or encouragement I have never heard to escape his lips. He still adheres to the old practice of enveloping recently cut stumps with lint, linen, *plu masseau*, &c. Is a very indifferent lecturer, but manages to fill up the hour, with administering, *entre autre choses*, rebukes to his assistants.

HOPITAL STE. MARGUERITE, now a permanent establishment, although founded in 1840 for the purpose of receiving the sick and wounded, for whom there were no vacancies in the Hotel Dieu. It is a very pretty hospital, in a cheerful part of the city (Rue du Faubourg St. Antoine), surrounded by pretty walks. Upwards of 5000 are here attended during the year, in which the mortality is as 1 in 12.27 in medicine, and 1 in 45.25 in surgery. One of the physicians to this hospital (M. Tessier), is a homeopathist.

HOPITAL DE LA PITIE, founded in 1612. This hospital, formerly received poor children and foundlings, but since the establishment of special houses for that purpose, has become a general hospital. It is a well constructed building, is divided into a number of houses, separated from each other by courts and avenues. Many of the wards look into the Jardin des Plantes, near which it is situated.

* Roux has since vacated the chair as *doyen*, and laid aside the knife for ever. He expired on 23rd March, 1854. He was distinguished from the commencement of his professional career, and died beloved even by his conferees.

Gendrin, Nonat, Serres, Clement and Valloix are the physicians in attendance. The cliniques of Gendrin and Valloix are well attended. The former on diseases of the heart, the latter on those of the uterus and nervous diseases. Michon has a surgical clinique, and few Parisian surgeons are more eminently practical. Laugier occupies the official chair in surgery. The hospital contains 624 beds. Nearly 12,000 receive professional assistance during the year; the mortality among which for medicine is 1 in 14.76 and 1 in 27.97 for surgery.

HOPITAL COCHIN, founded in 1779, by Jean Denis Cochin, a curé of the Parish (St. Jacques) in which it now stands, and for this purpose he alienated his fortune, although it did not bear his name until after his death. About 5,000 patients are admitted during the year, and the mortality is 1 in 15.4 in the medical wards, and 1 in 14.2 in the surgery. *Beau* and *Maisonneuve* are the physician and surgeon. The latter practices the *coup sur coup* dilatation of the urethra for stricture, and judging from the shrieks of those operated upon, amputation of the penis would, I am certain, be a luxury in comparison. *Maisonneuve* operates well, but is too meddlesome in his treatment, trusting more, seemingly, to the resources of art than to those of nature.

(To be continued.)

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

III.—*On Rheumatism, Rhumatic Gout, Sciatica, their pathology, symptoms and treatment.* By HENRY WILLIAM FULLER, M. D., Cantab. Fellow of the Royal College of Physicians, London; Assistant Physician to St. George's Hospital, &c. &c. Pp. 322. New York: Samuel S. and William Wood. Montreal: B Dawson.

Having followed many of the leading Physicians of Europe, and carefully observed their various systems of clinical instruction in the different public hospitals with which they are connected, it has become a settled conviction in our mind, that the system adopted by each, embodies a radical defect. The teacher of the present day, almost without exception, loses sight of the fact, that the majority of his hearers are young men just entering on the study of medicine, to whom everything relating to the practical part of the profession is new and strange; and to whom the simplest phenomena of disease are matters hard to be understood. He gives a prominence to obscure and disputed points in pathology—

seeks out and follows with close and unremitting attention rare and, so-called, "interesting" forms of disease—spends hours investigating anomalous physical signs, and delivers lectures which can only be appreciated by the student far advanced in a knowledge of the theory and practice of medicine. Whilst the beds filled with those affected by diseases of common occurrence, and which the young practitioner will be first called upon to treat, are passed by hurriedly, without scarcely a word of explanation or comment. To the foreign visitor who may have completed his preliminary studies, this is doubtless all very agreeable and highly instructive, but to the first or second year's student, eager to acquire knowledge, it must, of necessity, be tedious and disheartening. Eventually, however, the student assimilates in his views to the professor. We have heard, times and again, the older students say one to the other as they passed through the wards "Oh, that is *only* a case of ulcer—that is *only* a case of simple rheumatism, &c.;" and they have hurried forward to examine a patient the subject of internal aneurism, incurable heart affection, or some form of malignant disease. The consequences of this erroneous estimate of what ought to be paramount in clinical instruction are, that when the young physician enters on practice, he finds himself hampered on every side through his ignorance of some of the more common diseases which affect mankind, and he has to commence, with few facilities, the study of subjects which he was too apt to regard as scarcely worth attention during his novitiate, but an intimate acquaintance with which, he now discovers, is absolutely necessary to his becoming an accomplished and successful practitioner.

Whether we consider rheumatism as to the frequency of its occurrence the great pain by which it is accompanied, or the sad, irretrievable and sometimes immediately fatal complications which are liable to make their appearance at any time during its course, it is a disease which demands the earnest study of all who practice the healing art. Although unnoticed by the ancients, it has attracted considerable attention amongst the moderns, and a great diversity of opinion has existed, and still exists, regarding its nature and treatment. Baynard, who was one of the earliest writers on rheumatism, attributed it to a *materies morbi* existing in the blood; and this matter, he believed, consisted of an accumulation of certain ingredients which should have been eliminated from the system, by the kidneys and skin. Boerhaave and Van Swieten held a similar opinion. Stoll looked upon it as an inflammation of the vessels, through which circulated colourless blood. Sir C. Scudamore conceived "the morbid action to be seated in the ligaments, the tendons, the aponeurotic membranes, and the bursæ, but in the ligaments most

frequently." Dr. Todd, in his Croonian lectures, has adopted the theory first propounded by Baynard. The latter writer did not venture an opinion as to the nature of the morbid matter which gives rise to the phenomena of rheumatism. He merely stated, in general terms, that the disease was caused by the non-elimination from the circulating fluid of elements which were destined to be thrown off. The former, however, enlarging upon an idea of Dr. Prout's, has fixed upon lactic acid as the ingredient which, by undue development and retention in the system, produces the rheumatic diathesis and fever. "If," says he, "we take into account the most frequent causes of the rheumatic diathesis and paroxysm, we shall obtain a further clue to the determination of the problem. These causes must be admitted to be imperfect assimilation and vicissitudes of temperature—and here the ill-clad and badly-fed children of the poor are the most numerous victims of rheumatism. If now we remember that the skin is the great emunctory of lactic acid and that bad food, or too little food, may give rise to its undue development, as well as too much food, it is no wonder that, as lactic acid is imperfectly secreted, through its natural channel, in consequence of the influence of cold in checking perspirations, and is too freely developed in the alimentary canal, it should accumulate in the blood and become eliminated at every point. Moreover, the long continuance of the causes which produce the defective cutaneous secretion, and the deranged gastric one, will give rise to the undue development of the lactic acid, in the secondary destructive assimilating processes; thus infecting the blood from every source, and tending to perpetuate the diathesis." Dr. Fuller agrees with Dr. Todd in regarding it as a morbid poison contained in the blood. "Now, although the poison which gives rise to rheumatism has not hitherto received actual demonstration, yet many facts, conduce to a belief in its identity with some natural excretion of the skin." (p. 30.) He considers it probable, therefore, "as the skin is the peculiar emunctory of lactic acid, that in it we have discovered the actual materies morbi."

Our author has taken a great deal of trouble to prove that cold is not the proximate or essential cause of rheumatism. More trouble, we should imagine, than is necessary, as there are few in the profession who look upon cold in its relations to an attack of rheumatism, other than as an exciting cause. Rheumatism, he asserts, is more prevalent in warm than in cold climates. Now, Canada may differ in this respect from other cold climates, but certain it is, that the proportion of cases of rheumatism to those of all other diseases admitted into the General Hospitals of Montreal and Quebec, is much higher than in any warm climate. In

the Cape of Good Hope, 59 out of every 1000 admitted into the military hospital are rheumatic, and in Great Britain 50. In Montreal, however, the proportion, as exhibited by the reports of the Montreal General Hospital is 60, and in Quebec it is as high as 114.

Dr. Fuller, while he admits but one disease of rheumatism, recognizes distinct modifications. "1st. Acute rheumatism, or rheumatic fever. 2nd. Rheumatic gout. 3rd. Chronic rheumatism. 4th. Neuralgic rheumatism. The second variety presents characters of gout more or less blended with rheumatism. It is not accompanied by the profuse sweating of rheumatism, very seldom involves the heart or its membrane, but not unfrequently attacks the eye, the stomach and the lungs. The articular inflammation is usually confined to one or two joints, very generally affects the smaller joints, is almost wholly within the capsule, is much less migrating than in true rheumatism, is marked by less extended redness, and is accompanied by less active symptoms of fever. But it is more obstinate in its continuance, more apt, when in an acute state, to induce disorganization of the joints; more prone, even in a less active form, to give rise to permanent thickening and enlargement, and often to frightful and irremediable distortion." (P. 55.)

Whenever conflicting ideas exist among writers as to the nature of any disease, no one plan of treatment will find general favor. The treatment in each case must accord with the pathological views of the author. The number and diversity of remedies, therefore, recommended for a malady, may be taken as safe criteria of our knowledge of such malady. If we were, by this simple way, to estimate what we know of rheumatism, we would almost feel obliged to confess our utter ignorance of the disease, as few affections have had a greater number of medicaments recommended for its cure. The peculiarity of the treatment pursued by Dr. Fuller for acute rheumatism is, he does not employ any one medicine in particular, but includes all that have ever been employed, and administers them at different times according to certain indications. As he inclines to the view of the materies morbi being lactic acid, he gives alkalis freely, with neutral salts, for the purpose of diminishing the irritant properties and promoting the elimination of the poison; "and these objects may be further advanced by the administration of purgatives, sudorifics, and diuretics, to act upon the various excretions. With the view of checking the further formation of the poison, and of restoring that healthy state of assimilation, which, at the outset of the disease is interrupted or arrested, colchicum, mercurials, and alteratives may be given, and, as the febrile symptoms begin to subside, may be combined with or followed by the use of quina, or some other tonic. In allaying

the general irritability of the system, and more particularly the irritability of the heart, opium, conium and nitre, together with the cautious administration of antimony, are remedies of the greatest value, and, if vascular action be excessive, and secretion sluggish, blood letting may sometimes be beneficially employed." (P. 73.) His favorite alkaline remedy is the potassio-tartrate of soda administered in doses of two or three drachms every four or six hours, combined with potassæ nitras, potassæ citras, liquor potassæ, vinum colchici, vinum antimonii, tinctura opii, &c. &c., as he perceives there are indications. After having tried all the local applications usually employed, he finds the following by far the most powerful in allaying the pain of rheumatic inflammation. "R Potassæ carb. ℥i. ; liq. opii sedativi ℥vi. ; aquæ rosæ, ℥ix. Thin flannel soaked in this mixture should be applied to the inflamed parts, and the whole should then be wrapped up in gutta percha. Markwick's epithem forms a tolerably efficient substitute for the flannel and gutta percha." (P. 101.)

The treatment of that modification of rheumatism, to which our author has given the name of rheumatic gout, is essentially the same as that of rheumatic fever. As in this form of the disease, however, there is great danger of the joints becoming permanently injured, prompt measures must be had recourse to, should it exhibit a disposition to remain seated in any of the articulations; perfect quietude of the part should be enforced, and local depletion, by cupping or leeches, followed by blisters, should be repeated until all signs of mischief have disappeared.

In sciatica, produced by effusion within the sheath of the nerve, from inflammation of the neurilemma, acupuncture is a treatment which has been very successful. It is performed in the following manner:—"Whilst the patient is lying flat on his stomach, six or eight pairs of needles, specially adapted for the purpose, are carefully inserted into the thigh along the course of the sciatic nerve. The operation, if conducted slowly, causes little pain or inconvenience, is altogether devoid of danger, and deserves a trial in obstinate cases." (P. 304.) Sciatica depending upon this cause is diagnosed from others by the intensity of the initiatory symptoms—by the great febrile disturbance and acute pain; these being followed by more or less inability to move the limb, the patient complaining at the same time of "*a dull, aching and benumbing pain in the limb, causing it to feel swollen.*"

Of all the complications which may arise during the course of an attack of rheumatism, inflammation of the membranes of the heart, is by far the most important. Not so much from any immediate danger to

the life of the patient, but from its extreme frequency, and the certainty of its leaving, in the majority of instances, pathological changes in the heart and pericardium which are sure to eventuate in his death. He, to all appearance, recovers completely; but palpitations and dyspnoea shortly warn him that the central organ of the circulation has not escaped unscathed, and that he must prepare for a number of sequences each adding its quota to swell up the aggregate of his misery, until at length death comes a welcome visitor and releases him from all suffering. The heart affection was long looked upon as a metastasis of the rheumatic inflammation. This view, however, is now generally discarded; for, to be a true metastatic change, the inflammation ought to disappear from those parts where it first made its appearance, which we find seldom if ever occurs in rheumatism. Exocardial and endocardial inflammation, moreover, have been known to precede inflammation of the joints in rheumatic fever. It is now regarded as a condition dependant, alike with inflammation of the external parts, upon a materies morbi contained in the blood. The treatment, consequently, which is best adapted for eliminating the poison from the system is the one indicated in this complication. As, however, mercury has a powerful effect in controlling adhesive inflammation, and causing the absorption of lymph when effused, it should be administered in combination with opium, alkalis and other remedies.

Dr. Fuller has collected some very interesting and valuable statistics, bearing on the frequency of heart disease in rheumatism. From his investigations he finds "that those who have paid the closest attention to the subject agree very nearly in fixing on one-half as about the proportion of cases in which cardiac affection ordinarily *arises* in the course of *acute* rheumatism. It occurred in about this proportion (110 to 246) amongst the patients admitted into St George's Hospital. Dr. W. Budd met with it in about one-half (21 in 43) of the cases which fell under his observation, and M. Bouillaud discovered it in about the same proportion (65 in 114)" (p. 211). The cases reported by Drs Latham and Taylor of Huddersfield agree in establishing the relative proportion to be about one-half.

A practical question of great import is:—In what class of persons is cardiac inflammation likely to make its appearance, and can anything be done to ward off the attack? Statistics prove that women and young persons are more liable than men to this complication. And good observers have noticed that nervous, irritable patients, or those debilitated from any cause, are more apt to suffer than the phlegmatic and robust. These facts admit of easy explanation. "It is notorious that, in youth,

the heart's action is not only quicker than in more advanced life, but that it is also much more readily accelerated. In women, in like manner, the heart is acted on more readily than in men, or, in other words, is more irritable, and more easily excited. In those persons, again, who have been weakened by illness, or by large and repeated bleedings, and in those peculiar states of system which are marked by a deficiency of red globules in the blood, the heart's irritability is much increased, and palpitation is readily induced" (p. 124). Now, the treatment which tends to allay the irritability of the heart, is that which must be pursued if we would save our patient from an attack of cardiac inflammation. All bodily and mental stimuli must be strictly prohibited, and such medicines administered as have a sedative influence over the heart's action.

Dr Fuller's treatise contains a fund of important practical information, more of which we regret we cannot lay before our readers, on one of the most common of the diseases that flesh is heir to.

IV.—*Annual Report of the Normal, Model, and Common Schools of Upper Canada, for the year 1852, with an appendix.* By the Chief Superintendent of Schools. Printed by order of the Legislative Assembly.

This is a very lengthy and elaborate document of 310 pages. The report proper includes 66 pages only, the remaining 244 being absorbed by a voluminous appendix, containing statements from Local Superintendent's reports, circulars to trustees, county clerks, town reeves, &c.; speeches made at the ceremony of opening the new buildings of the Normal and Model Schools, and sundry addresses on educational matters delivered at various times by the Chief Superintendent of Education for Canada West. No one will deny that Dr. Ryerson is eminently fitted for the position which he occupies—that he not only knows in what his duties consist, but is indefatigable in the discharge of those duties. We must, however, decidedly object to the publication, at the expense of the country, of his letters and essays. If he were desirous, moreover, of laying before the public "the means which he has employed to promote the improvement and extension of the schools, and the establishment of public libraries," he might have done so in few words, without illustrating them by copious extracts. We give the following interesting particulars from the report:—The number of schools reported is 3,010—being 9 more than the number reported the preceding year. The whole number of children between the ages of 5 and 16 years reported for 1852 was 262,-

755—being only 4,148 more than the number reported for 1851. The whole number of pupils reported for 1852 was 179,587—being 9,333 more than the number reported for 1851. There is thus a difference of 83,168 between the number of children of school age reported, and the number of children reported as attending school; and after the most liberal allowance for the number of children attending private and other schools, there is still the painful and startling fact of more than 60,000 children in Upper Canada not attending any school in 1852. The whole number of teachers employed during the year was 3,388—being 111 more than the number employed during a longer or shorter period of the preceding year. Of this number, 2,541 were males, being a decrease of 10; and 847 were females—being an increase of 121. The whole number of school houses reported was 3,003, of which 127 were brick, 160 stone, 1,249 frame, 1,427 log, and 45 not reported. The total number of libraries of different kinds reported was 1,045—increase 175; total number of volumes, 164,147—increase, 33,213.

V.—*The transactions of the Iowa State Medical and Chirurgical Society.*
Pp. 48.

Some few years back Iowa was a wild uncultivated territory. Now it is one of the flourishing states of Western America. It has a medical college at Keokuk, the faculty of which publish a medical journal. It has a state medical and chirurgical society who publish a volume of transactions yearly. The energy displayed by the Iowa physicians is certainly to be commended, and ought to put older communities to the blush. Where, we would ask, are the published transactions of the College of Physicians and Surgeons for Canada East? What has this body done to elevate Canadian medicine, and make the profession known and esteemed abroad?

In the above pamphlet there are two excellent addresses—one delivered by Prof. D. L. McGugin, the other by Dr. J. D. Elbert, and there are reports from committees on Surgery, and on Obstetrics and diseases of women.

CLINICAL LECTURE.

Clinical Lecture on Strangulated Inguinal Hernia complicated with Internal Strangulation. By J. Adams, Esq., Surgeon to the London Hospital.

(From the *Lancet*.)

GENTLEMEN,—I shall briefly narrate to you the circumstances of this case, and endeavour to offer an explanation of a phenomenon connected with internal strangulation, a subject of considerable interest, and one presenting very great difficulties, in whatever point of view we regard it.

A young man, about twenty years of age, was admitted on Friday, Oct. 22nd, 1853, with symptoms of acute strangulation of the intestine. His history is this: He had been the subject of hernia for twelve years, and had always worn a truss until nine months ago, when he left it off under the impression that his rupture was cured. It never reappeared until the morning of the 21st, when, on attempting to lift a heavy weight, it descended, and he began to complain of severe pain in the part extending over the abdomen. He was sick immediately, and the sickness continued until this morning, when it ceased on his refusing to take either fluids or solids. His bowels had not been open since the descent of the gut. When admitted, he presented a very anxious appearance, and complained of great pain in the belly, the pain extending over the lower part of the abdomen; his pulse was small and thready, indicative of great internal irritation. He had been put in the warm bath when I first saw him. There was an elastic swelling in the upper part of the scrotum, about the size of a walnut; this was protruding through the outer ring; it was tense, but not altogether incompressible, and there was a distinct impulse on coughing; handling it gave great pain. The taxis produced no change in the tumour, and I therefore advised the operation.

The sac was opened, after its neck had been freed by dissection, as no stricture could be felt as far as the finger could reach, and about an ounce of dark bloody fluid escaped; no gut was visible, but on carrying the finger within the sac towards the abdomen, a considerable coil of intestine could be felt, tense, and evidently begirt by the contracted neck of the sac. The stricture was so high up that a curved bistoury would not reach it, owing to the curve of the instrument and the small size of the outer wound. I therefore with my finger broke down a part of the constricting neck, and with very little difficulty pushed the gut back into the abdomen. The patient was ordered to be kept quiet, without medicine, until the evening, seven or eight hours from the operation, when he had an injection, and took a dose of calomel.

On the following morning he was in every respect worse; there had not been the slightest relief in any one symptom, and he died about twenty-two hours after the operation, with obscure symptoms of strangulation.

The body was examined, and the following were the appearances found:—No gut was found in the hernial sac, but within the abdomen at least two feet of the small intestine (ilium) was found strangulated through a slender ring of membrane connected with two points of the mesentery. This gut was as black as a coal, and evidently all but gangrenous.

It is to that latter condition that I wish to direct your attention especially. I need scarcely say that I was much vexed at the issue of the case, and, as everything appears to have been favourable at the time of the operation, I was more solicitous to see the reason of its failure. The post-mortem relieved my mind at once.

The complication of an internal strangulation with hernia I have frequently remarked. There is a preparation in the museum of a case of this description. A man was brought into the hospital with a large scrotal hernia, and with all the symptoms of strangulation. The hernia was reduced without much difficulty; but the symptoms continued, and increased in urgency, and in a short time the man sank unrelieved. I examined the body, and found an internal strangulation, to the extent of ten or twelve inches, of small intestine, which had passed through a ring of membrane connected with the mesentery. Now this was the case in the subject before us; but there is this difference, however, that in the latter example there was a portion of the intestine in the hernial sac, obviously strangulated, and requiring an operation for its relief; whereas in the former case the gut was readily reduced by the taxis.

Let me, however, direct your attention to what is supposed to be the true explanation of this phenomenon; and I believe it to be this: Many of you are aware that in the early periods of embryotic existence there are some vessels which, springing from the mesentery, take their course towards the umbilicus, whence they pass out, and having reached a small sac on the outside of the amnion, they distribute themselves around it. The sac itself is called the *vesicula alba*, or the umbilical vesicle, and is the analogue of the yolk of the egg of the bird. It is supposed even in man to communicate by a slender duct with the small intestine near its termination, and the vessels have been traced along it. Müller has given an excellent description of this. The true arrangement and connexion of these vessels and the duct of the *vesicula alba* cannot be well understood without a very accurate knowledge of the anatomy of the embryo, and into this it is not for me to enter in this place. I must refer you to Müller's Physiology, where you will find a full description of this in a note by the translator, at page 1581 of the second volume. Suffice it for me to observe to you that two slender threads, enclosing a piece of intestine, pass from the mesentery towards the umbilicus in the embryo, of about one inch and a half in length.

Now, under ordinary circumstances, all traces of these structures have long since disappeared at birth; but presuming that some arrest has occurred of the process of obliteration, a ring of membrane remains, enclosing a piece of intestine, through which a coil of gut can pass, as is known not unfrequently to occur under the influence of extraordinary exertion, or from some irregular action of the bowels. I don't think, therefore, that I am far out in stating that the disease in question depends on an arrest of development.

In such a case can anything be done? If there were any positive signs by which this condition could be made out, it is our duty to cut into the abdomen, and, by dividing the ring, disengage the intestine. I admit the subject is one of difficulty, as the means of diagnosis are obscure, and most, if not all the operations undertaken with the view to relieve such cases have failed; but I do not despair of success at some period or other. I was called

some time since to see a youth suspected to be dying of this disease. It was supposed that this complaint had gone too far to admit of relief by operation; the post-mortem revealed to me the decided impression that the operation would have succeeded. Now, if you think yourselves justified, in a case of obstruction supposed to be of this character, to cut into the abdomen, I need not remark to you that you should select in preference the right inferior region of the abdomen, as the seat of this form of strangulation must, from anatomical reasons, be there found. You must, however, bear this in mind before you determine on the propriety, that there are many cases of internal obstruction independent of that I am now considering, and I candidly own that I know of no positive diagnostic signs of it. Some of you, I dare say, remember a case of this sort which was in the hospital last year, and in which an operation was performed; the case turned out to be one of the character now referred to, and I doubt not that a vast number of fatal cases of obstruction come under the same category.

THERAPEUTICAL RECORD.

(From the *British and Foreign Medical Chirurgical Review*.)

Diabetes Mellitus.—Dr. Barham has tried permanganate of potass in doses of gr. x three times daily without any beneficial result. He has employed alkaline treatment with advantage.

Fever continued.—Dr. Brinton recommends at the commencement of fever an emetic of ℥i of ipecacuanha wine; afterwards a stimulant plan of treatment, consisting of the administration of small quantities of brandy, beef tea, &c. In great abdominal pain and tympanitis turpentine stupes and enemas are used.

Quinine in Typhoid Fever.—After an extensive trial of *large* doses of the remedy Mr. Magade concludes that it is eminently useful when the fever assumes the remittent form, that it is also useful but less so when there are less regular remissions; that it is seldom useful and often hurtful in typhoid fever of continued type.

Gout.—Carbonate of soda, an old remedy, is being again revived. A drachm is to be mixed with hot bread poultices applied over the joint.

Menorrhagia.—In cases of abundant menstrual flow without physical uterine lesion, Dr. Tanner speaks highly of the effect of tinct cinnamon in ʒi doses in cinnamon water every six hours.

Pityriasis capitis.—Dr. May (*Lancet*, Sept.) recommends a lotion of biborate of soda (ʒ ss), camphor (ʒ ij) and water (ʒ xxx ij), twice a week the scalp is gently wiped with a soft flannel saturated with the solution.

Mr Duplex (*Lancet*, Oct.) advises the nitrate of mercury ointment, mixed with a little olive oil, to make it more manageable.

Mr O'Connor (*ibid*), who has tried the biborate soda without effect, recom-

mends washing the head in cold water, and the administration by the mouth of the sesquicarbonate of soda in some bitter infusion.

Mr Winger (*ibid*) speaks highly of the following lotion:—Fresh sulphuret of potassium (ʒ i.), water (ʒ iii.), to be used daily.

Priapism.—Dr Debout (*Gaz. des Hop.*) calls attention to the efficacy of the tincture of hops in priapism. The effect seems heightened by combining sugar with it.

Ptyalism.—Dr Erpenbach relates a case of severe mercurial salivation arrested by the internal use of belladonna. The salivation returned when the remedy was discontinued, and was again checked by it.

Sciatica.—Mr Hancock believes that most cases of sciatica are caused by pressure on the nerve within the pelvis, either by accumulation in cæcum and colon or by tumors. He recommends croton oil internally to remove fecal accumulations, in doses of half a drop, combined with blue pill. Quinine is to be given after the croton oil has fully operated.

Spleen, Tumor of.—In a case of splenic tumor Dr Gartae has employed the sulphate of manganese with good effect, in doses of one to one and a half grains, twice a-day, in the form of pill.

Tape Worm.—Dr Mackinnon recommends a remedy called in Northern India "Kamuyla;" it is better than turpentine or Koussou. Dose of powder two or three drachms. Price moderate.

Lead Poisoning.—Dr Goolden (*Lancet*, Dec.) records a case of lead-palsy successfully treated by the iodide of potassium and by galvanism. After the commencement of the treatment the urine was examined for lead by Dr. Gladstone, who believes that lead was present, though the examination was not perfectly decisive.

PERISCOPE.

ENGLISH.

New Modification of Syme's Amputation, invented by Professor Pirozoff of St. Petersburg.—This operation, which is described in one of the volumes of the "Zeitschrift für Wiener Aertzte," by Professor Schuh, who has performed it frequently with excellent results, is stated in the "Medical Times" for May 6th, to have been practised successfully on two cases in the Dantzic Hospital. It differs from Mr. Syme's operation in preserving the posterior portion of the os calcis which is left to fill up the heel flap. The incisions are made exactly as directed by Mr. Syme: after performing the first from one malleolus across to the other, the operator need only prepare the integuments about a line or two backwards from the inferior surface of the os calcis; he then proceeds to the execution of the second incision across the front of the joint; the astragalus is next exarticulated, and the os calcis divided with the saw behind the posterior extremity of the astragalus, the

posterior extremity of the os calcis being preserved in this proceeding, and the heel flap thus completely filled out by the bone. The saw then is applied to separate the malleoli, and a thin slice of the articular surface of the tibia, and the cut surface of the last named bone being brought into apposition with the cut surface of the os calcis, the skin flaps are accurately united by ligature. The advantages of this operation are stated to be: 1st, we obtain a longer stump than by Mr. Syme's method, and its extremity is firmer and better adapted for bearing pressure; 2ndly, the healing process takes place quicker than in Mr. Syme's operation, the cavity of the heel being filled by the bone; 3rdly, there is no danger of the heel flap being deprived of the necessary supply of blood, as it is easy to avoid dividing the posterior tibial artery high up in the wound. Of course this operation implies the necessity of the os calcis being perfectly healthy, at least in its posterior part.—*Dub. Hosp. Gaz.*

To Destroy the Bitter Taste of Quinine.—Dr. W. H. Edwards, of Surry, VA., says:—The extreme bitter taste produced by the exhibition of quinine frequently puts it out of the power of the sick to retain enough to answer the desired purpose: particularly by children of irritable stomachs this medicine is often rejected. To my medical brethren I would say the taste of quinine may be completely destroyed, and its virtues retained by the mucilage of slippery elm bark. Provide a mug or tumbler of cool water, into which immerse a few pieces of the inner bark of slippery elm, say four or five inches long; after standing a short time, take out the pieces of bark, and with the thumb and forefinger scrape or draw off enough of the thick mucilage which attaches itself to the bark, to fill a common tablespoon.

This done, the dose of quinine may be dropped in the middle of the mucilage and with a straw or the point of a knife gently stir so as to envelope it fully in the mucilage, minding at the same time not to let the quinine touch the sides of the spoon.

Thus prepared, the quinine with the mucilage may be swallowed, tasting nothing but the mucilage; and so perfectly is the taste destroyed, that were you not to admit the fact, it would never be known that quinine was taken.—*Stethoscope.*

GERMAN.

On the difference between Phthisis and Tuberculosis.—The opinions of pathologists in regard to the nature of tubercle may be divided into two classes. Rokitanski* and his disciples consider it a specific exudation; Virchow and others regard it as a mere retrograde metamorphosis.

Lebert claims to have discovered a tubercle-corpuscle which characterizes the specific exudation of tuberculosis, and Dr. Donaldson, of Baltimore, and

* Handbuch der Allgemeinen Path. Anat. p. 413.

other good microscopists in this country confirm this view, which places tubercle in the same anatomical category with cancer.

Virchow, on the other hand, considers tubercle as co-ordinate with the waxy and fatty metamorphoses, (see Würzburg Verhandl., band ii., p. 72,) calcification, atheromatous degeneration, etc., but altogether different from cancer, suppuration, the results of inflammation or serous effusion. Tubercle, according to this author, is composed of dead tissues, which have perished in consequence of the accumulation of cells amid their vessels, by which circulation was impeded and nutrition ultimately abolished. When tuberculous metamorphosis takes place in the lungs, Virchow states that the first step consists in an increased epithelial growth in the air-cells. Subsequently these cells fall to pieces, leaving a glandular detritus, in which the shrivelled nuclei arising from the remains of cells can be observed as irregular opaque bodies.

Virchow says that these nuclei constitute the tubercle-corpuscles described by Gluge and Lebert. The tuberculous metamorphosis may effect either physiological tissues or pathological tissues, as cancers, sarcoma, the products of glanders, typhus, etc., it is everywhere produced by the accumulation in the tissues of cells of the most varied kinds, these cells usually breaking up; so that there is no peculiar element of tubercle.

We have thought it necessary to recapitulate the above views, before giving a brief notice of a later paper by Virchow on the same subject, in which the learned author insists on a difference between pulmonary tuberculosis and pulmonary phthisis.

The expression tuberculous metamorphosis by which he has previously designated the morbid modification by which tubercle is everywhere produced at the expense of the organized elements of our tissues, is now considered inappropriate by Virchow, and he proposes to substitute the term *caseous metamorphosis* (*kasige metamorphose*) as more characteristic.

It is wrong to regard tubercle and phthisis as identical. The cheese-like exudation of the pulmonary parenchyma, whether derived from true tubercle or from a thickening of the morbid bronchial secretion, is not a necessary condition of phthisis. Virchow seems to incline to adopt Morton's definition of phthisis:

"Phthisis pulmonalis est consumptio totius corporis cum febre, a mala affectione et ab ulceratione pulmonum tandem originem ducens. Quæ quidem est phthisis maxima farinosa et præstantia dicta, de qua auctores tractare solent, tanquam nulla esset alia phthisicos species. Hæc phthisis pulmonaris est vel originaria, quæ a mala diatesi et ulceratione pulmonum primo instante dependet, vel secundaria et symptomata, quoties scilicet pulmones a morbis præcedentibus jam altius afficiuntur."

The lung may be ulcerated, and cheesy matter present, and there may be no tubercle after all, the case being ulceration of the bronchi, and the caseous matter only concrete pus. Reinhardt, who sees in tubercle only the results of repeated inflammations, and Carswell, have demonstrated that very many of the lesions of the lungs which are attributed to tubercular disease are only the results of suppurative pneumonia. The cheesy-looking masses which these authors have found in the bronchi and alveoli of the lungs, and which they have proved to consist of thickened pus, do not merit the name of tubercle, for we find in these very masses the true tubercle precisely like what

is seen in tubercular meningitis. Acute tuberculosis of the lung is as distinct from suppuration as chronic tuberculosis; in both cases the softened tuberculous mass is derived from a grey, cellular structure, remarkable for the friability of its cells, and the great number of their nuclei, which can be nowhere better distinguished and examined than in the mucous membrane of the bronchi. This is, then, a tubercular bronchitis, in which the bronchial walls secrete pus and contain tubercles, as, in meningitis, we find purulent infiltrations beside the characteristic tuberculous granulations.

Virchow, then, would have us separate tubercle from phthisis. The questions concerning the antagonism between phthisis and certain diseases or certain regions, will be rendered less obscure by adopting this course. The etiology of the two affections can also be more properly investigated. Accustomed as we are to regard tubercle as a product of dyscrasia, as a specific exudation which necessarily involves a specific alteration in the blood, we are induced to consider pulmonary phthisis as the local expression of a peculiar dyscrasia, dependent oftentimes on hereditary predisposition, and therefore the more hopelessly incurable. — *Verhandlungen der Phy. Med. Gesellschaft in Wurtzburg*, Band. III., p. 98. — *Virg. Med. & Surg. Jour.*

FRENCH.

Canchalagua (Lebœuf.—Le canchalagua est une plante de la famille des gentianées et du genre *chironia*; le père Feuillée est le premier botaniste qui l'ait décrite sous le nom de *centaurium minus, purpureum patulum*, vulgo *cachen*: Molina lui a donné le nom de *gentiana cachanlahuen*, unissant ainsi le nom chilien à celui de la famille naturelle; Persoon l'a appelée *erythraea chilensis*; Lemark, *gentiana peruviana*, et enfin la dénomination de *chironia chilensis*, appliquée par Willdenow, a prévalu dans les dernières classifications botaniques.

Cette chirone, originaire du Chili, se rencontre également sur les côtes du Pérou. Appelée par les naturels du pays *cachan-lahuan* ou *cachen-laguen*, son nom s'est altéré en passant dans d'autres langues; ainsi Valmont de Bomare la désigne sous le nom de *chancelagua*, déjà précédemment imprimé dans les Mémoires de l'Académie royale des sciences; Lesson sous celui de *cachalouai*; mais le nom de *canchalagua*, consacré par la pharmacopée espagnole, ayant été adopté en Amérique et en Espagne, sera le terme vulgaire que nous devons lui conserver.

Le *canchalagua* semble réunir les principes actifs des gentianées portés à leur plus haut degré de puissance; ses propriétés ont paru si remarquables aux voyageurs et aux hommes de science, que tous s'accordent à le signaler comme un des agents thérapeutiques les plus recommandables.

Les propriétés et le mode d'administration du *canchalagua* sont décrits par Ruiz ainsi qu'il suit: On fait au Pérou et au Chili un fréquent usage de cette plante, dans le but de tempérer, d'atténuer et de purifier le sang, ainsi que pour relever les forces de l'estomac et pour couper les fièvres intermittentes. On le regarde, en raison de ses propriétés sudo-

rifiques, comme spécialement utile contre les douleurs latérales sans fièvre ; on l'a vanté contre l'angine, la goutte ; la méthode la plus usitée au Chili et au Pérou pour son administration consiste à faire infuser quelques plantes dans l'eau froide pendant plusieurs heures et prendre à jeun 4 à 8 onces de cette infusion ; quelques personnes en prennent deux ou trois doses par jour de 4 onces chaque fois.

On prescrit rarement le canchalagua en décoction, car son principe amer se dissout avec facilité et promptitude dans l'eau froide. Cependant on voit quelques personnes le prendre en infusion théiforme avec du sucre et remplacer ainsi l'herbe du Paraguay [cassine perragua, Linn.] appelée maté dans cette partie de l'Amérique. Il y a même des médecins qui recommandent de le faire bouillir légèrement, persuadés qu'il cède ainsi plus facilement ses principes médicamenteux.

La dose du canchalagua sec peut s'élever, d'après mes observations, depuis 2 gram. jusqu'à 4 gram., en retranchant de ce poids la racine, qui est presque insipide et plus lourde que les autres parties de la plante. Le cachalagua frais peut se donner à la dose de 4 à 12 grammes. Je dois ajouter que j'ai employé le canchalagua comme un excellent tonique contre les gastralgies et la goutte.

Opiat antiblemnorrhagique.—Formule publiée par le docteur J. Beyrand, médecin de l'Hôpital impérial de Tersané, à Constantinople.

Copahu	420 gram.
Magnésie calcinée	30 —
Alun	40 —
Cachou	60 —
Cubèbe	360 —
Camphre	10 —
Opium brut	3 —
Essence de rose ou de menthe	20 goutt.
F. s. a. un opiat	

Une expérience de plusieurs années, et surtout celle de ma pratique générale dans deux hôpitaux comme chef de service, m'a démontré l'efficacité de ce composé dans plusieurs cas d'hypersécrétion des membranes muqueuses et surtout dans les blennorrhagies subaiguës ou chroniques sans rétrécissement urétral.

La dose de cet opiat est d'une à deux cuillerées à café par jour ; on l'administre enveloppée dans du pain azyme humecté deux heures avant et trois au moins avant le repas.

Dans le plus grand nombre de cas, j'ai employé cet opiat dès le début de la blennorrhagie, qu'elle soit inflammatoire ou non, et sans préparation préalable par les antiphlogistiques ; le résultat de cette pratique fut toujours couronné de succès.

Dans les premiers jours de ce traitement l'écoulement restait stationnaire ; il diminuait ensuite et disparaissait enfin dans l'espace de trois à sept jours, quelquefois pourtant de sept à quinze et six cas ont duré de vingt à trente-deux jours, et cela sans injections astringentes. C'est

ainsi, et avec le même succès, que j'ai traité les érections douloureuses, les rougeurs du méat urinaire et les suintements muqueux si fréquents après la cessation de la blennorrhagie.

Thérapeutique comparée de La fièvre typhoïde (Secrétain).—1° L'expectation pure et simple a fait le fond du traitement; avec elle M. Secrétain a perdu 2 malades sur 18, dont 8 légers, 8 moyens, 2 graves. A envisager le chiffre brut, cela peut paraître un beau succès; à ses yeux, c'est un déplorable malheur, car sur deux cas graves, les deux malades sont morts.

2° Il a mis en usage ce que l'on est convenu d'appeler la médecine des symptômes: sur 61 cas ainsi traités, parmi lesquels 26 graves; 24 moyens, 10 légers, il a subi 16 décès, plus de moitié des cas graves.

3° La rémittence des symptômes l'a induit à l'administration du sulfate de quinine; sur 42 cas, dont 14 graves, 22 moyens, 6 légers, il a eu 6 décès. Encore, ou à très peu près, la moitié des cas graves.

4° La méthode évacuante n'a pas eu de plus encourageants résultats; sur 12 cas, dont 9 graves, elle compte 8 décès.

5° Sept malades, dont 5 graves, 1 moyen et 1 léger, ont été traités exclusivement par l'eau froide, intus et extrâ; aucun n'a succombé.

6° Enfin la méthode antiphlogistique a eu sa part aussi dans l'œuvre entreprise. Sur 7 cas, dont 6 graves et 1 léger, il y a eu 6 morts. M. Secrétain en conclut que si c'était abus de proscrire toujours une telle méthode en matière d'épidémie, il est rationnel au moins de s'inspirer un peu du génie qui la domine. Nous devons ajouter toutefois que, dans la même épidémie, M. Giraudet, partisan exclusif de cette méthode, n'a perdu que 4 malades sur 15.—(*Annuaire de Thérapeutique.*)

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

EXAMINATIONS AT THE LICENSING BOARDS.

A correspondent in an Upper Canada newspaper, while indulging in some strictures on the Medical Board of Canada West, has made a few assertions that, as defenders of truth, we cannot allow to pass uncontradicted. He openly states that some students who are doubtful of success, or who have been rejected, find it easier to pass through the hands of the Medical Board of Lower Canada than those of Upper Canada; thereby drawing an invidious comparison between the respective licensing

boards of the Province, and imputing to one a higher standard of medical requirements than can be claimed by the other. This is bold effrontery, but it is preceded by bolder. For he has ventured on an unqualified declaration that this board [C. W.] has the reputation of being the strictest as regards qualification, &c., on this continent; thus insidiously implying that in this particular it exceeds all other boards of examiners than the licensing, as those of universities, &c.; and that this is evidently his meaning, appears from some gratuitous remarks about Trinity University. So that we have two assertions for consideration. 1st, The *relative* superiority of the licensing board in Canada West; and 2d, Its *acknowledged* superiority over every examining board in America.

Concerning the 1st, we would observe, that possibly the writer has been deceived by a notorious fact that many Upper Canadian practitioners hold the Lower Canada license. But to construe this into a demonstration that they were or would have been rejected in Canada West is to give currency to a gross calumny impeaching alike the honesty of the examiners, and the proficiency of the examined. The truth is, many students come from the upper province, year after year, to attend lectures in this city, and at the end of the session, having responded to the proper tests, leave with a license *ad practicandum*. And what is the interpretation? It cannot be merely that they wished to pass; for, were that the only motive, they could be spared the expense of residing for one or more winters in a city away from their friends. No the object is that they may also prosecute their studies; since they believe that here the course of education is better, the teaching superior and the qualifications higher. Who can therefore censure them for their preference? Who cannot also understand that naturally they select the board in the city where they have been matured, and at the termination of the sessions when they are best prepared for examination? They never attempt to procure a license immediately upon arrival and we defy the correspondent to bring forward an example of a student plucked at Toronto who immediately after passed at Montreal. Another reason for the choice is, we believe, that more *eclat* is supposed to be attached to the license of the Lower Canada board, and correctly so; for, with a right it also confers the honor of membership of the College of Physicians and Surgeons L. C. Of the young practitioners settled throughout U. C., the large majority proudly possess the diploma, and on inquiry it will be ascertained that they pursued their studies in Montreal during one or more winter sessions of their pupilage.

Considering the parties that compose the Toronto board, the bitter feelings animating the partizans, and the contentions of the teachers of

one school with the students of another we are astonished that so large a number, as do, submit to its ordeal. There, it would seem, the student may be rejected simply because he had the misfortune to get into the wrong hands,—into the fangs of the opposition. Be he ever so brilliant his fate may be doomed when it is whispered that he did not attend “our” school, and his examination cannot be begun without first discovering whose classes he followed. Rolph men sitting in judgment on the Trinity youths and the Trinity men on the Rolph youths. The ex-professors of Toronto University struggling against both parties, or joining either one as the diversion seemeth most delightful. That we have not overdrawn the subject we quote from the correspondent “no candidate is examined by his own teachers but by some of the other members present, who are chiefly connected with rival institutions.” How much abuse of authority and over-riding of judgment, by feeling, lay concealed beneath this guise of impartiality we dare not estimate,—it is enough for us to inquire: Will any one after learning this be surprized that gentlemen should shun both schools and examiners, and seek refuge in Montreal to be educated and privileged—where among manifold advantages, justice stands preeminent? It appears that even those who witnessed the late examinations at Toronto, were of the unanimous opinion that they were very unfair and regretted to observe the proceedings occasionally characterized by much unpleasant feeling and the absence of harmony. And as a grand finale two thirds of those who presented themselves were rejected. This, however, is no proof of superiority in the board, nor of ignorance in the candidates, for the most expert student may be puzzled by the least talented examiner, if the latter be sufficiently dishonest to ask crabbed questions on uncommon subjects, and prime himself from authors only read by practitioners. But an act like this, paltry and discreditable though it be, defeats the very object sought to be gained, since thereby neither competency nor inefficiency can be determined.

The only unexceptionable manner in which the fact of relative superiority could be tested is obviously not practicable. It being impossible to ascertain the comparative ability of examiners, and of the functions they discharge. The results of the two boards would also be fallacious, from the working of corruption in the one, and the freedom from it in the other. Relying, however, upon information ascertained from a large number of gentlemen, we have no hesitation in assigning the superiority to the College of Physicians and Surgeons, L. C. We have known students who, after passing at Toronto, came to Montreal for further study, and at the end of the session be only *then* as well qualified

as others who were presenting themselves before the College of Physicians and Surgeons, L. C., and in some instances but very little better than those who had been rejected by this tribunal. Nor would it be surprising that students, after having been rejected at Montreal, should go to Toronto and pass their examinations before the board of that city with credit. And we have been repeatedly assured by parties wholly disinterested that any comparison instituted between the two boards must end in favor of the Eastern.

After this admission, the second assertion might be dismissed unnoticed, for if the examinations be more elevated at the College of Physicians and Surgeons, what must they be at the other Faculties which are well known to be its superiors? Any of the Canadian Universities, having a medical department, would illustrate this. Take, for instance, McGill College as the most flourishing. There the student, besides undergoing a longer trial than at any board which merely grants a license, is examined on additional subjects in medicine, so that he may possess a higher standard of professional excellence. It is, therefore, no wonder not a session ends but offers examples of students who pass easily at the board after being deemed wholly unqualified by the University. Nor is it singular that a high price should be set on the degree by its owners. How false, then, is the assertion of the acknowledged superiority of the Toronto Board over every examining board—how reckless its fabricator!

THE CZAR'S MADNESS.

The autocrat of all the Russias, whose submission the allied powers of Europe have undertaken to secure, has lately been made the subject of a psychological disquisition in Winslow's Journal.

It is attempted to shew that the Emperor is mad, a bona fide lunatic whose mind for some time back has been non compos—that his disorder has been gradually forming, and has lately become fearfully aggravated. The plot of occupying the Moldo-Wallachian principalities, and perspective Constantinople, is the device of a disordered brain, and the military movements now made proceed from a similar source. His delusion is of a religious cast, so that he is heard to enlarge upon the holy character of the war, and his being under the special protection of the Deity. All of which features should, it is thought, warrant any clever surgeon in certifying his fitness for an asylum or straight jacket. The climax, however, of the whole is the supposition that had a few leeches and blisters been applied to the Imperial head and his Majesty subjected to a course of purgation, warm bathing, and the application of the donche,

the great calamity of a European war would have, in all probability, been averted. A wise physician consequently could have done the state more service than the wildest diplomatist. We do not believe however, in any such arrant vagary, as well might we believe he is the amiable creature represented by Mr Pease or the young Nick of great promise parentally claimed by the Prince of Darkness. There is no evidence before us of the insanity of the Czar. His health latterly has been much shattered by different attacks of illness, but none ever reached his brain. His memory continues unimpaired. No weakening of his mental faculties has been noticed, and although of old age he exhibits no sign of imbecility. His moral nature has suffered no change; at most it can only be said he is rather more sober and morose than is his wont. He still is and always has been very prone to fits of violent anger, but these are not morbid in one of a despotic and irritable tendency involved in perplexity and embroiled in calamity—subject to a perpetual recurrence of cares and vexations in public and private so that his ears are never out of a hornet's nest. The only wonder is that he is not driven mad. We have been chiefly induced to notice the above as another proof of the present desire to refer every atrocious villany to a diseased mind.

Health of the City.—The anticipations so long entertained concerning the invasion of this city by cholera, have at length been realized. The ruthless destroyer was imported here by some German emigrants, who were brought from Liverpool in the ship John Howell. Further cases broke out among the passengers by the Adler. Four days after the admission of the first case into the General Hospital, evidence of the pestilence having reached the citizens, was furnished by the occurrence of, among others, two remarkably severe cases, which speedily proved fatal, in spite of a fair trial of the orthodox treatment. We regret we are so far unable to give any statistical information of a sufficiently comprehensive kind to be worthy of publication. We hope that the means for furnishing such matter will not be long postponed.

Cholera in Quebec.—We have just room to add, that we have been notified of the presence of cholera in Quebec. The first death occurred on the 21st June; and the disease was first seen among the passengers of the John Howell and the Glenmanna.

Statistics of the Montreal General Hospital.—From the report of the Governors for the year ending 21st April 1854, as furnished by the Secretary, Dr. R. P. Howard, it appears that 1062 in-door patients and 2472 out-door patients were treated during the 12 months. Of the in-door patients there have been discharged cured, 914; dead, 70; and remaining, 78. 1012 were admitted since the last annual return was made, and comprised 735 males, and 377 females. The number of in-door patients is greater than that of the preceding year by 178; and that of the out-door by 131. The expenditure during the year amounted to £2,024 4s 2d. Of the receipts £1,000 was granted by Government; £174 3s 11d furnished by pay-patients; and £45 paid by students for tickets of attendance. The balance in the hands of the Treasurer is £151 18s 11d. The expenses exceed those of last year by about £300. This noble Institution is entering upon the 33rd year of its existence.

Trinity College, Toronto.—Pass List.—At the close of the last winter session, Mr. Wm. Gilmour passed his final examination, and the following gentlemen the first examination for the degree of Bachelor of Medicine:—W. Herriman; E. Goodman; W. Bettridge, B.A.; J. Ryall; D. E. Brudett; and P. R. Lewis.

Medical Board, C. W.—The following gentlemen were admitted to practice Medicine, Surgery, and Midwifery, at the last meeting of this Board:—Wm. R. Smith, of Waterford; Edwry Ogden, of Cookville; D. R. Williams, of Matilda, J. R. Graham, of Simcoe, and Henry McNaughton, of Caledon. The licence to practice Surgery only was granted to Daniel Cline, of Aylmer. Two of these gentlemen pursued their studies at Trinity College, the remainder at the Toronto School of Medicine. Twelve gentlemen were remanded for further study.

BOOKS RECEIVED FOR REVIEW.

Erichsen on the Science and Art of Surgery, 1854. Abel and B'oxam's Hand Book of Chemistry, 1854. Meigs' Woman, her diseases and remedies; third edition revised and enlarged, 1854. Griffith's Universal Formulary; a new edition carefully revised and much extended by Robert P. Thomas, M.D., 1854. From Messrs. Blanchard & Lea, Philadelphia.

Thompson's Clinical Lectures on Pulmonary Consumption, 1854. From Messrs. Lindsay & Blakiston, Philadelphia.

The Transactions of the Iowa State Medical and Chirurgical Society.

HOSPITAL REPORTS.

MONTREAL DISPENSARY—SEMI-ANNUAL REPORT.

From 1 November 1853 to 1 May 1854.

Patients admitted—110 ; discharged cured, 68 ; relieved, 39 ; as unfit patients, 3 ; died, 1 ; remaining, 6.—

12 were attended at their own residences.—

Ages—Under 2, 10 ; from 2 to 8, 16 ; from 8 to 20, 22 ; from 20 to 40, 39 ; from 40 to 60, 31 ; over 60, 12.

DISEASES AND ACCIDENTS.

Febris Com. Cont. 1	Dentitio. 2	Cophosis. 1
“ Gastro-ent. 1	Diarrhœa. 2	Lep. Chron. 1
“ Intermitt. 1	Dysentaria. 4	Psoriasis. 1
“ Remitt. 1	Dyspepsia. 3	Erythema. 1
Scarlatina Ang. 1	Gastritis Ch. 2	Phlegmas Dol. 1
Varicella. 1	Hypochondriasis. 1	Periostitis. 1
Rheumatismus. 4	Tonsillitis. 3	Ostitis. 2
Pleurodynia. 1	Tympanitis. 1	Arctus Coarct. 1
Marasmus. 2	Verminatio. 3	Arthritis Chr. 1
Scrofulosis. 3	Eclampsia. 1	Distort Carpi. 1
Anasarca. 1	Hysteria. 2	Hydrarthus. 1
Morbus Cordis. 2	Melancholia. 1	Synovitis Acut. 1
Palpitatio. 1	Mimosia. 1	Abscessus. 3
Bronchitis Acute. 4	Amenorrhœa. 1	Ambustio. 1
“ Chron. 4	Cystalgia. 1	Contusio. 1
Catarrhus. 4	Dysuria. 1	Fractura. 3
“ Senil. 4	Gonorrhœa. 2	Œcus. 6
Influenza. 1	Syphi cachex. 1	Vulnus. 2
Pleuritis. 1	Varicocele. 1	Tumor. 1
Phthisis. 2	Varix. 1	
Cont. patio. 3	Ophthalmia. 1	

Disease proving fatal—Eclampsia.—Attending Physicians—November and February, Drs. Peltier & Jones: December and March, Drs. Fenwick & R. P. Howard: January and April, Drs. Boyer & Wright.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec
from the 29th April to 1st June, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	15	8	0	23
Since admitted,	100	18	6	124
	<hr/>	<hr/>	<hr/>	<hr/>
	115	26	6	147
Discharged,	32	10	2	44
Died,	3	0	1	4
Remaining,	80	16	3	99

Fever,	17	Ulcers,	8
Inflammation of Lungs,	10	Wounds,	2
Inflammation of Liver,	2	Contusions,	10
Inflammation of Bowels,	2	Burns and Scalds,	5
Rheumatism,	6	Pregnancy,	4
Dysentery,	6	Febricula,	6
Small Pox,	1	Feb. Intermittens	3
Dropsy,	1	Disease of the Heart,	1
Diseases of Skin,	3	Diarrhœa,	1
Inflammation of Testicle,	1	Delirium Tremens,	1
Syphilis,	16	Periostitis,	1
Fractures,	6	Fissura Ani,	1
Concussion of Brain,	3	Hemorrhoides,	1
Abscess,	8		

C. E. LEMIEUX, House Surgeon.

MONTREAL GENERAL HOSPITAL.

General Paralysis.—Incomplete.—(Reported by Mr Nelson Loverin.)

Robert Candle, labourer, aged 39, admitted under Dr. Fraser May 8th, 1854, with general paralysis of a month's standing.

It came on about five weeks before admission, by a severe pain between the shoulders and in the loins, attended, after a day or two, with stiffness and loss of power in the muscles of the lower extremities, shoulders, and arms, and subsequently by severe pain.

When admitted, he was totally unable to walk, or even to turn in bed, and had that stupid expressionless appearance so often formed in chronic disorders of the nervous centres. The tongue was thickly furred, the skin hot and dry, the pulse 130, strong and full, the urine scanty and high-coloured, but voided freely, and the bowels regular. Any attempt at moving the limbs caused acute pain, and he had not slept for the three previous nights. He was ordered a dose of calomel and Dover's powder, to be followed in the morning by a cathartic draught.

On the 19th, his skin had become moist, and the pain considerably relieved, though he was still unable to move his limbs. He was ordered one ounce of the following mixture three times a day:—

℞ vin. colch. ʒ ss. ; potas. iodid. ʒ i. ; potas. nit. ʒ ij. ; liq. pot. ʒ i. ; tr. digitalis ʒ ij. aq. ʒ xi. ; m. ft. mist; and the following pill at bedtime:—℞ cal. gr. ij. ; pulv. opii. pulv. ipecac. an. gr. j. ft. pil.

On the 11th, he could walk with great exertion and a little assistance, but there seemed to be a remarkable want of power to direct the muscular movements. The treatment was continued, with the addition of dry cupping to the spine, and sinapisms to the extremities.

On the 12th, he could walk a few steps without assistance, but was in constant danger of falling, from being still unable to command the action of his muscles. He was cupped between the shoulders to the extent of five or six ounces, and the cupping directed to be continued along the spine from day to day.

Under this treatment, which was continued (with slight intermissions, owing to the supervention of diarrhœa) until the 28th, he so far reco-

vered, that, at that date, he could walk firmly and steadily, though his limbs were still somewhat stiff. The pills and the colchicum mixture were then discontinued, his gums having been slightly touched, and the following mixture was substituted:—*℞* potas. iodid. ʒ ss.; *tr.* gentiana co ʒ i.; *aq.* ʒ v.; *m.* coch. ampl. *ter* in die. This mixture was continued until the 9th of June, when he was discharged perfectly cured.

Remarks.—The lesion in this case was probably confined chiefly to the meninges of the spinal cord and base of the brain, including the cerebellum, the function of which, (according to modern physiologists muscular co-ordination), was deranged. It was apparently of a rheumatic character. Cupping along the spine seemed to be the most effectual of the remedies employed. The colchicum, digitalis and potash mixture increased his urine in quantity, removed the heavy deposits of lithates, and, at the same time, tranquilized the vascular excitement. The precaution was taken of touching his gums with the mercurial, lest any effusion should cause abiding pressure on the cord or central origin of the nerves proceeding from it.

MEDICAL NEWS.

M. Roux, the celebrated surgeon of Paris, who had performed more operations than any other man, living or dead, has lately died of apoplexy, at the age of 74, after having been engaged for half a century in private practice, public instruction, and in hospital attendance. Shortly before death, he said, that "he felt himself good for twenty years service with the knife yet." He was struck down while correcting the proofs of a work which he intended shortly to publish, entitled, "Forty Years of Surgery." The volumes were sufficiently advanced not to suffer materially by his death.—In Versailles, between the hours of 9 P.M. and 9 A.M., from 1801 to 1840, there were 16,860 infants born, and from 9 A.M. to 9 P.M., only 13,738, or about 123 to 100.—In France there are 11,277 physicians, 7,221 *officiers de sante*, and 5,175 pharmacutists, and yet there are 591 communes, with a population of over 2,000 souls, in which there are neither physicians, health officers, or pharmacutists.—The heirs of a Parisian dentist have recently brought suit for the recovery of \$4,000, for 12 sets of artificial teeth, furnished from 1841 to 1852, to a countess, famous at the restoration for her wit and beauty; 15 or 20 *paying* patrons of this kind would constitute quite a desirable acquisition to the practice of our Montreal friends.—A tooth key is on exhibition in Boston, said to have been used by Dr. Snowden on board the *Mayflower* in 1492.—The demand for nitrate of silver, in making hair dye, is said to be large.—The Turkish army at Natolu is in a complete state of demoralization, typhus fever is committing great ravages among them there, and the *Bashi-Bazouks*, or Turkish irregulars, are committing great atrocities, burning whole villages and towns, and murdering the Christian population; hospitals are so crowded that private houses have to be used for the sick.—Up to the 8th April, the total number of cases of cholera treated in Paris was 1204; discharged cured, 582; dead, 574.—On 2nd April, a cold breeze sprang up in the Baltic, and became so intense as to severely affect the crew of a boat out on a watering excursion: 4 were paralysed, 1 died, and the remainder had barely strength enough to take the boat to the nearest ship in the fleet.—A physician in Alabama has had to pay the sum of \$10,000 for seducing the daughter of a patient.—Some cases of erysipelas, of unusual severity, have been noticed lately in New England.—A prospectus is out of a new medical journal, to be published monthly in San Francisco, California.—A new Medical College is to be established at Atlanta, Georgia. The trustees invite applications from men of eminence for the professorship.—A young man in Nashua, N. H., lost his life last week in consequence of drinking a portion of bed bug poison, mistaking it for *bitters*.—The Baltic hospital ship left England the first week in May for the Sound. She is fitted with 160 hospital beds for wounded, 118 on the lower deck, 38 on the orlop, and 4 in the amputation room. 10 cabins are appropriated to wounded officers.—From some recent returns, it appears that a hundred millions of pounds of chicory are now consumed in Europe. In Germany, it is mixed with turnips, which makes it sweeter; it is also mixed with ground acorns, and it is then recommended for its wholesome effect upon the blood of scrofulous persons.