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ORIGINAL COMMUNICATIONS.

ART. XXIV.—*Report of Ophthalmic Diseases, continued from last number and concluded.* By S. J. STRATFORD, M.R.C.S., Eng.

Partial Dilatation of the Pupil.

A CHILD was presented that had a partial dilatation of the pupil. Upon looking into the eye, the Iris on the right side was observed to be irregular, towards its outer and inferior surface, a portion appeared removed, or as it were cut out of its tissue of about one eighth of an inch in diameter. The pupil was a circle until it approached the vacant spot, when it suddenly extended to the greater circumference of the Iris, leaving a space in which this membrane was totally deficient. It happened in a child upwards of a year old, and was said to have been caused by a sudden explosion of a gun, close to the infant a few days previous to my seeing it. There was no appearance of inflammation, and the effect was in all probability produced by some paralytic influence upon the ciliary nerve which was deficient going to that portion of the Iris. In the left eye the pupil was perfectly normal, and both the Irides were fully acted on by the natural stimulus of light.

Acute Iritis.

Of the cases of Acute Iritis that were under treatment, two were decidedly of a venereal character, while the others appeared to be irrespective of any observable constitutional influence.

In each eye affected with Iritis, the first symptom which indicated the attack, was a zone of pink vessels around the margin of the cornea, dependent upon the increased amount of red blood carried by the vessels of the sclerotic coat, connected with the circulatory apparatus of the Iris. Due reflection as to the distri-

bution of these vessels serves to guide our diagnosis to the structure primarily affected. In inflammation of the cornea proper we always find a pink zone encircling the inflamed part; here the vessels evidently pass onwards to the diseased structure, while in Iritis, this is plainly not the case, for although the pink zone is present, the red vessels distinctly pass into the eye before they reach the cornea, and so leave a white margin around it—the manner in which this cornea is inserted into the sclerotic coat serves to explain this fact, and points out that the vessels of the cornea proper are uninfluenced by the excitement. When idiopathic inflammation of the membrane of the aqueous humour occurs, this appearance is considerably modified, still we find the zone of pink vessels, and notwithstanding the comparative disappearance of the white margin of Iritis, the blood-vessels do not so distinctly enter the cornea as in inflammation of that structure, but as the diseased part is located directly posterior to it—so its vessels are now intimately connected with the circulatory apparatus of the cornea proper; hence the pink tint has encroached upon the white margin around the cornea. As the Iritis progresses the redness of the sclerotic coat increases, and as the other structures become influenced in the disease, each peculiar circulation participates in the congestion, and may serve to confuse this diagnostic mark, but other symptoms are this present sufficient indications of the true seat of the complaint. A change of colour in the Iris might now be observed; in one case where it was of a light blue tint, it assumed a greenish cast—it always had a thickened muddy appearance and a darker colour, generally approaching to red; a change manifestly dependent upon the increased quantity of red blood sent to the membrane. The pupil now became greatly contracted—the patient complained of pain in the brow, intolerance of light, and more or less obstruction to vision. In the two cases which were evidently of venereal origin, being connected with the papillary eruption, and sore throat; two small yellowish coloured masses, having the appearance of effused lymph, might be seen upon the surface of the iris; these were about the size of split peas, and evidently advanced upon the surface of the Iris; in one of these cases which had been neglected, the substance having all the appearance of matter, fell to the bottom of the anterior chamber, and lay there uninfluenced by the aqueous humour. Almost invariably as the action of the Iris yielded to the influence of the belladonna, the pupil had more or less irregularity; this was caused by the adhesion of the pupillary margin to the capsule of the Iris, and accordingly as the Iritis subsided, these adhesions would be ruptured, and the black trace of the posterior coat of the Iris left attached to the capsule, this was plainly seen upon inspection of the eye; in these instances it was of trifling extent, but I have seen a case, in which the pigment universally adhered to this part, and constituted so complete an

obstruction as to form a black cataract. The pain in the brow was always severe, often attended with an increased exacerbation about midnight, and there was usually considerable constitutional excitement.

In the very acute cases of Iritis, bloodletting both general and topical was freely employed, and in nearly all the employment of mercury, so as to affect the constitution with more or less rapidity, according to the intensity of the symptoms, was made use of. In the severer cases where lymph was evidently effused upon the surface of the Iris, and there was considerable danger of loss of vision, calomel and opium was exhibited, every four hours, so as rapidly to produce the desired effect, but in the milder, or more chronic cases, blue pill and opium was given in alternate doses. The extract of belladonna was invariably applied freely to the brow, and continued as long as there was any danger of a contracted pupil, and in the more severe case, mercurial ointment was mixed with it, and freely rubbed into the forehead—perfect rest to the organ, and the simplest anti-phlogistic diet was recommended. Under this treatment the inflammatory action gradually subsided; the lymph was absorbed, the Iris became brighter in colour, and the pupil was more or less perfectly dilated; the zone of red vessels now slowly vanished, and the eye, in most cases regained perfect vision. In one case, however, the pupil always remained very greatly contracted, but curious to relate, this did not seem very materially to interfere with the use of the organ.

In cases in which from some obvious peculiarity of constitution, the employment of mercury was inadmissible; I have used the hydriodate of potass with decided advantage, and this appeared more applicable to the latter stages of the disease, when after the use of mercury, chronic Iritis still lingered—while in the more acute attacks as evidenced by the effusion of lymph, the employment of spirits of turpentine in drachm doses has been remarkably beneficial.

Cataract.

Of the varieties of cataract presented for treatment, three were congenital, one was hard, and three soft lenticular cataracts—one purely capsular, and the remainder of a capsulo-lenticular character.

The chief symptom in all these cases was more or less opacity of the lens or its capsule, appearing as a whitish opaque body, situated posterior to the Iris, and seen through the pupil, impairing the use of the organ, and in some cases causing complete blindness, by preventing the rays of light from entering into the eye, so as to act upon the expanded nerve of sight.

The several varieties of cataracts presented to observation, evidently bore a great dissimilarity of character, as their several designations would indicate. These differences may however, I

think, be explained by a consideration of the circumstances under which they individually occur, and a just appreciation of the anatomical conformation of the parts. That the crystalline lens is formed from extremely transparent nucleated cells, is I think evidently deducible from the observations of Todd and Bowman; these by elongation and due coalescence, form a series of fibres which are united into laminae by the sinuosities of their edges, which lock into one another. The continued formation of these transparent nucleated cells, which are the organized connecting medium for all the purposes of growth and nutrition, between the lens and its capsule, may be generally seen by a magnifying glass at the soft circumference of the body. The continual formation and coalescence of these cells, cause the concentric arrangement around a centre nucleus; this may be clearly seen in the boiled lens, that of the fish for example. The elongated cells having become arranged in the form of fibres, still evidently preserve a tubular or cellular character, and contain very minute quantities of fluid, which serves to preserve the general transparency of their fibres. This quantity of fluid, or the diameter of the tubes evidently diminish as we proceed from the circumference to the centre, whereby the centre portion of the lens is more dense than the circumference. It is this circumstance that gives the lens so beautiful an achromatic power, and is the cause why it so immeasurably excels all human attempts at imitation. These nucleated cells receive their nourishment by endosmose from the liquor Morgagni, and they may be greatly influenced by its deficiency, its superabundance, or its morbid content.

The capsule surrounding the lens consists of a basement membrane, having epithelium cells on its free surface, as the other serous membranes; this membrane gives out a fluid, (the liquor Morgagni,) which serves as the nourishing material for the nucleated cells of which the lens is formed. The posterior part of the capsule is in connection with the hyaloid membrane, and is supplied with circulating fluid by the arteria centralis retinae; the anterior portion of the capsule has reflected over it, the membrane of the aqueous humour, and derives its nourishment from vessels that take their course between these two textures, supplying the epithelium of both structures.

Contemplating these anatomical characteristics of the part, I think we may be led to the following views of the nature of the diseases of the lens. Thus in old people we find the amber coloured lenticular cataract, the result of want of nourishment, an atrophied condition dependent upon the diminished quantity of the liquor Morgagni, the nutritive material of the cells, whereby we have a closer approximation of all the fibrillae, and consequently a density of the concentric layers, that reflect light instead of transmitting it to the interior of the eye; this is often co-existent with a diminished condition of all the humours of the eye, hence the want

of prominency in the cornea of old people. Again, lenticular cataract may depend upon an increased proportion of albumen, and salts of the blood, introduced into the liquor Morgagni, thus supplying a denser material than in the normal state of this fluid; and which may be taken up by the cells of the lens and introduced into its tubular structure, causing opacity of its previously transparent texture. It is remarkable, that we frequently find this variety of cataract occurring in gouty or rheumatic constitutions, in which the above-mentioned materials would seem to abound. In this variety of cataract we find the lens is enlarged, has in some degree encroached upon the posterior chamber of the aqueous humour, the posterior margin of the iris is slightly everted, and the dark rim of the uvea may commonly be observed surrounding the pupil. Again, under these circumstances, the quantity of normal fluid supplied to this structure, may be increased in quantity and afford an incipient symptom of cataract; but when once too dense, or opaque a material has found its entrance into the cellular, or tubular structure of the lens, it must always remain stationary. Somewhat similar views were originally presented by Sir D. Brewster, to the British Association for the advancement of science in 1837, but seem to have escaped the notice of the profession generally. Capsular cataract is always the product of inflammatory action, the anatomical characteristics of its conformation must render this point sufficiently evident; the deposition of lymph into its transparent texture, may be either partial, or general, tending vastly by its diversity in amount and character, to produce the infinity of cataracts presented to our observation—when it is the product of severe inflammatory action in the capsule, the cataract is of a dense white appearance; while this state of things is progressing the lens also soon participates in the diseased action; as in all cases of inflammatory action, the local vessels carry a more dense material to the diseased structure, so the liquor Morgagni formed at such a period, would convey to the structure of the lens matter incompatible with its transparency; consequently we soon have capsulo-lenticular cataract. That variety of this complaint known as congenital cataract, evidently differs from the preceding, and for the most part bears a marked analogy to those produced by local injury; and I apprehend is the result of somewhat similar causes. In traumatic cataract, or cataract produced by a blow upon the eye, which will occasionally happen without any positive rupture of the capsule of the lens, the result of the injury, would seem to be loss of vitality in the lens, or its peculiar transparent cells, such at all events are the conclusions which I think we are authorised to draw from the progress and result of the injury. In a case of traumatic cataract as above-mentioned, the presence of the altered or diseased lens, produces first an increased secretion of the liquor Morgagni; the lens evidently swells, and becomes somewhat opaque; as this state of things

progresses, it causes irritation of the capsule, inflammatory action is set up, lymph is deposited, the capsule by degrees becomes opaque, after a time the absorbed vessels are called into action, the superabundant liquor Morgagni is at first removed; after which the lens itself is submitted to their influence, and in process of time, (sometimes a considerable period) we find only a fragment of the lens remaining—and eventually nothing but the thickened and opaque capsule is left behind, constituting the hard coriaceous cataract. That such is the progress of traumatic cataract, is confirmed by observation on those cases when the capsule is but slightly wounded; and even when complete dislocation of the lens from its capsule occurs, sufficient testimony or confirmation of these facts may be learned. Any person who has closely watched the progress of congenital cataract, must be convinced of its great analogy, and strict accordance in all its changes with the foregoing events.—The history of the one is the description of the other, differing only as to the period of its occurrence; indeed it is no more or less than traumatic cataract, caused by some pressure or injury to which these delicate parts are submitted during birth. These facts I fully pointed out in my manual of the Anatomy and Diseases of the eye, published in 1828.

There is a variety of congenital cataract that appears to depend upon the partial deposition of lymph upon the capsule previous to birth; this may be central or otherwise diversified, remaining stationary through life, and often causing but trifling inconvenience or deformity. One case of this description presented itself in a woman 25 years of age.

In the treatment of cataract the operation of reclinatio was performed in three cases; in two the success of the operation was complete without any subsequent inflammation, but in one a considerable amount of opacity of the capsule supervened, and required subsequent removal. The two cases that succeeded were soft lenticular cataracts, apparently uninfluenced by any constitutional peculiarity; but in the third case the patient had previously lost one eye from rheumatic inflammation; and although there did not appear any affection of the capsule previous to the operation, this was felt evidently more firm than in the preceding cases; and a subsequent attack of inflammation which produced the capsular opacity was evidently of a rheumatic character. Proper precautions had been taken to treat the constitutional peculiarity prior to any attempt at operation, or undoubtedly the inflammation would have been sufficiently intense to have destroyed the eye. In the cases of congenital cataract, the opaque capsule was freely divided by the needle, and the soft lens cut up; in one case it was necessary to separate the adhering portions of the capsule a second time; the separated parts were however absorbed by degrees, and left the pupil perfectly clear.

In one case of incipient lenticular cataract, which could clearly be perceived as a slight cloud before the eye, not unlike very diluted milk, and was especially proved to be seated in the lens by a catoptric examination. In this instance the patient complained of fulness about the head and eyes, had a quick full pulse, and was evidently of a plethoric habit. Bleeding and active purgatives followed by alteratives were employed, the patient put upon low diet, and forbid the use of the organ for a considerable period.—The cloud before the eye very greatly diminished, and the visible opacity became much less, so that I flattered myself that I had by these means lowered the tone of the system, and diminished the quantity of albumen in the blood, and thereby had succeeded in removing the superabundant production of the liquor Morgagni that might have ended in the absorption of albuminous deposit in the texture of the lens, and have eventually caused confirmed cataract. At all events I think this is a subject well worthy the attentive consideration of the surgeon, and certainly deserves to be tried in cases of incipient lenticular cataract, for we might possibly supersede by timely means the necessity of an operation.

Amaurosis.

The cases of Amaurosis that presented themselves at the Dispensary were for the most part of long standing, in which vision was more or less totally destroyed. A remarkable example of congenital predisposition to this disease happened in the cases of three brothers; which hereditary tendency they seemed to have derived from their mother.

The elder brother first presented himself complaining of loss of vision; he stated that about a year ago, a little saw dust got into his eye which caused slight irritation; this lasted for several days, during which time he frequently observed flashes of light in the eye, and that even in a dark place, which surprised him much; he also experienced a dazzling kind of pain in the eyeballs; a few days after he was at work—hewing some timber, and suddenly observed a mist come before his eyes—felt giddy, and became sick at stomach, so that he was obliged to leave his work; by degrees vision became more indistinct, not in consequence of a haze or cloud before his eyes, but in consequence of the darkness and indistinctness of the objects around him. At the time he asked for assistance, the darkness or deficiency of vision was very great, so that although he managed to go about the streets of Toronto, it was more by his previous knowledge of the localities, than an ability of distinguishing the places by means of vision. He indistinctly saw the windows of the room, but could not see the frames; in a printed book, he could see the lines of words, but could not distinguish the largest letters. He complained that the darkness had a net-like character that seemed to prevent his seeing; the pupil was

moderately dilated, and the eye had all the appearance of health.— The colour of the iris was light blue, and did not appear to have any remarkable deficiency in the black pigment, so as to lead to a supposition, that the confusion of vision was in any way caused by the reflection of the rays of light at the bottom of the eye. Constitutionally he seemed weak and debilitated, and at the present time presented no symptoms of cerebral or constitutional irritation. A seaton to the nape of the neck was employed, and the protiodide of mercury was gradually exhibited until the system was completely under its influence; this was continued for some time, and many of the symptoms gradually diminished, so that he could again distinguish persons when he met them in the street, was enabled to go about his duties with much greater facility, and appeared very thankful for the advantages derived from his improved state of vision.

Two of the brothers presented themselves afterwards with precisely similar symptoms; in one case the complaint immediately followed a severe blow upon the head, but in the other it appeared to happen without any obvious cause. In one there was more pain and other constitutional symptoms, so that bleeding from the arm was practised, and in each of these cases the protiodide of mercury seemed greatly to mitigate the disease, and in the more recent case to restore almost perfect vision. The positive seat of the disease in these cases, appeared to me to depend upon an affection of the retina, in the commencement evidently complicated with cerebral irritation, which however I conceive was but of temporary duration. The net-like deficiency of vision, the flashes of light in the eye, and the dazzling kind of pain complained of, distinctly point to the retina as the part affected, and was particularly contrasted with a case which I suspected to depend upon compression or disease of the optic nerves. Here the individual complained of pain in the forehead from the first; had complete loss of vision, which was perfect darkness without any of the ocular spectra complained of in the preceding cases; the pupil was largely dilated, while the eyes had every appearance of perfect health. Another variety of amaurosis sometimes presents itself, dependent upon disease influencing the origin of the optic nerves, this of course is accompanied with the symptoms of cerebral irritation from the first, and is particularly marked by pain in the head and double vision, at the very onset of the complaint.

Fungus Hæmatodes of the Eye.

This happened in a child about four years of age; it was marked by the premonitory symptoms of the disease, especially the white shining appearance at the bottom of the eye, which by degrees became enlarged, and showed an evident bulging of the fungoid mass as the disease progressed. The eyeball was extirpated, and

when examined, distinctly proved the nature of the complaint, showing a complete disorganization of the internal structure of the eye; this was transformed into a dense brain-like structure, affording scarcely any traces of the normal condition; no re-appearance of the disease occurred in the orbit, but the child died in about twelve months after the operation, apparently from the influence of a similar disease in the brain.

Inversion of the Eyelids.

The inversion of the lids in two cases were very simple in their character, depending upon a slight thickening of the conjunctival lining the lower lid. These were easily cured by the excision of a suitable piece of skin covering the diseased eyelid, the cut surface being brought together by sutures; the disease disappeared as the wound healed. The third was a very protracted and obstinate case; the inversion of the lid had caused considerable irritation, and thickening of the corneal conjunctiva, and even the cornea itself had begun to participate in the disease, and besides the intolerable misery in this case attendant upon the disease, would decidedly have caused blindness. The patient had been previously operated upon at the General Hospital, (and from the obstinate character of the complaint) with but temporary benefit. In this instance it was the upper eyelid that was inverted, and for its relief I performed the operation recommended by Mr. Guthrie, consisting of a complete division of the diseased eyelid at both its angles including the tarsal cartilage,; this was perfectly everted up towards the brow, and confined by three sutures, supported by sticking plaster in that position, until by the gradual healing of the wound, the lid was brought by degrees to its normal position. To assist this operation, a piece of the lax skin of the eyelid was removed, and this greatly tended to preserve the proper direction of the tarsal margin. In many of these obstinate and protracted cases, a vitiated curvature of the tarsal cartilage dependent upon its long continuance in the abnormal state, is the true reason that the more simple and less complicated means are not available. Here however, the disease was completely cured without any other deformity being observable, than the two little notches at the angles of eyelids. In the worst of cases this operation far excels the barbarous method of removing the whole tarsal margin which has been practised by some surgeons, in utter despair of remedying the complaint.

Eversion of the Eyelids.

In both instances of this complaint, it was the result of orbital disease. In one case an abscess had occurred in the areolar tissue of the orbit, apparently from inflammation of the periosteum of the orbital plate of the temporal bone; a sinus was remaining which led

to a piece of dead bone, in the structure above-mentioned, apparently about the centre of the orbital plate. In consequence of the contraction of the areolar tissue, the upper lid was drawn upwards, so that it would not descend sufficiently to cover the globe, which was consequently liable to continual irritation, while the lid was also partially everted which caused some disfigurement. In this case I advised to endeavour the separation of the piece of diseased bone, being careful to watch its progress, and particular to guard against the supervention of disease of the brain, for I considered this untoward result not unlikely to happen—after reflecting on the location and great tenuity of the orbital plate; and was fearful that inflammatory action here, might be attended with as fatal consequences, as often results from caries of the petrious portion of the temporal bone in diseases of the ear. After the disease of the bone had been cured, I suggested that by freely dividing the adhesions within the orbit, and keeping the upper lid forcibly depressed by means of sutures affixed to the cheek with sticking plaster, until the granulations had filled up the deficiency, which would effectually cure the eversion and contraction of the lids.

The other case presented a far greater degree of deformity, a complete eversion of the upper lid, which had been produced by a tumour of the orbit. This tumour, from the woman's description had been of an encysted character, in all probability an hydatid, as she described the discharge as fluid and like water; it had been injudiciously opened by a medical man, and not completely removed as should have been the case. The cyst continued to discharge for some time, but gradually contracting produced great puckering and derangement of the neighbouring parts, that ended in complete eversion of the lid. I proposed to perform an operation for the removal of the deformity, but the old lady has not yet consented.

Diseases of the Lachrymal Apparatus.

I have thought it better to include all the varieties of the diseases that influence these organs under one head, especially as I had hoped ere this to have brought the report to a close. Through the whole I have endeavoured to be as concise as the subject matter would permit, and I had thought that perspicuity was consonant with the comprehension of the subject; but from the unavoidable extent, I shall endeavour to conclude as hastily and as briefly as possible.

The diseases of the lachrymal apparatus admitted for treatment, upon the whole were not very numerous, and although each case presented interesting matter for the consideration of the ophthalmic surgeon, still there is nothing that demanded very special consideration. I might mention that one case of stricture of the lachrymal sac, appeared to be cured by the employment of anal probe, which was passed daily for a considerable time. In ano-

ther instance I was obliged to employ the common style; a tube had been previously used, but was found to become obstructed, and consequently useless, while its presence seemed liable to excite considerable local irritation.

ART. XXV.—*Successful Treatment of a severe Case of Puerperal Convulsions, supervening on Delivery.* By JOHN GEORGE BETHUNE, M.D.

On the 16th of April last, at about six, p. m., I was called in haste to F. L., the wife of a young farmer in this neighbourhood. From the excited manner of the messenger, I was enabled to ascertain but little further in connection with the nature of the case, than that she had been delivered of a living child by a *sage femme*, half an hour previous, and immediately afterwards had fallen into a fit.

On my arrival, I found the patient, a strong stout young woman, stretched upon a palliasso on the floor, evidently in strong epileptic convulsions. Her head was retracted, and hot to the touch; the muscles of the neck rigid; the face livid, swollen and distorted; the mouth drawn to one side; the eyeballs injected and protruded; the pupils dilated, fixed, and insensible to the flame of a candle when approximated to within an inch of the globe of the eye; grinding of the teeth, foaming at the mouth; the respiration laboured, sibilant, mingled at intervals with a snorting sound, resembling the stertor of apoplexy; the fingers blue and strongly contracted into the palms the hands; jactitation of the body, and particularly of the extremities; the pulse full and slow; torpidity of the vessels of the head and neck, evidencing impeded circulation; the uterus strongly contracted, like a hard ball, above the os pubis.

As no time was to be lost in making inquiries as to the nature of the labour she had undergone, I proceed at once to relieve her by abstracting thirty ounces of blood from the right arm. Her hair having been removed from the upper and posterior parts of the head, cloths steeped in cold water were applied to the bared scalp, and constantly renewed; her feet placed in a warm bath, the body having been previously elevated into a semi-recumbent posture. Mustard frictions were applied to the calves of the legs and inner surface of the thighs, and warm cloths to the abdomen. The blood having been abstracted in a full stream, had a powerful effect in relieving the oppressed circulation, and the pressure on the brain. By a persistence in the use of revulsives, and other means conjoined, the convulsive effects gradually subsided, the surface of the became cool and moist, the temperature of the head natural, the pulse quicker and more regular, and the respiration easier. Gradually she returned to consciousness, stared at the persons assem-

bled about her, made some efforts at articulation, sighed and endeavoured to remove the wet cloths from her head, and the bandage from her arm; and on being asked by a relative if she felt better, nodded in the affirmative. In a few moments after she was enabled to articulate distinctly, and enquired for her husband and child. She was then made as comfortable as circumstances would permit, her wet under clothing removed and dry substituted. I then administered a large dose of calomel, to be followed in an hour by a dose of P. Jalapæ; and after remaining with her some time, during which she appeared convalescent, I returned home, previously directing her friends to continue the cold applications, but refrain from giving her anything, or over fatiguing her with idle questions.

It was about ten at night when I returned, and for two hours and a half subsequently my patient did very well, but at about one in the morning, I was again summoned—she had relapsed. She had taken her medicine, but contrary to my injunctions, her friends had engaged her in exciting conversation, and worse than all, had prevailed on her to take a bowl of thick soup, a few minutes after she had swallowed the physic. Nausea and vomiting ensued, causing redetermination to the vessels of the head, and she fell back from the sitting posture in strong convulsions.

On my arrival, finding her in this state, I learned the above particulars. I then reopened the vein in her arm, and relieved her of twenty additional ounces of blood, directed cold affusion to the head, and sinapisms to the soles of the feet, the calves of the legs, and inner aspect of the thighs. Mustard frictions were applied over the whole upper surface of the body, a blister of cantharides to the back of the neck, and a mustard blister applied along the spine, from the vertebra prominens to the lumbar region. Some time elapsed before any visible effect was produced by this active treatment. Convulsions followed convulsions with appalling rapidity, until at length, after having endured fifteen paroxysms in the short space of three quarters of an hour, in each of which I expected to see her expire, exhausted nature gave way, and she went into a semi-comatose state. Dreading the worst, I immediately despatched a messenger for my friend and colleague, Dr. T. A. Dane. On his arrival, Mr. D. entirely approved of the measures I had adopted, and recommended in addition, the re-application of hot cloths to the abdomen, loins and vulva. His advice was immediately acted upon; and after the lapse of four hours, during which time every imaginable means was essayed, we had the inexpressible satisfaction of beholding our patient aroused from her lethargy, a rapid cessation of the worst symptoms ensued, no disposition to a return to the primary ones, and by ten o'clock on the following morning, she was in a fair way of recovery. As her medicine had not up to this time operated, two drops of croton oil were given her,

and in half an hour her bowels were freely acted upon, discharging an immense quantity of fecal matter, comingled with hardened scybala, evidencing the previously neglected state of her intestines, a state by far too common among Canadian females in childbed, and indicating the grossest neglect on their part, of one of the first and simplest indications in nature. From this period our patient may be said to have recovered rapidly, and with the exception of slight pain and weight of head, together with partial deprivation of the functions of sight and hearing, she did remarkably well. Some slight temporary derangements subsequently required particular treatment, but she continued to recover rapidly, and at this time is as well (to use her own words) as she ever was in her life.

REMARKS.—This disease cannot be considered otherwise than as most dangerous. According to RYAN it is a very rare one, and generally fatal, therefore its prognosis is always unfavourable. According to the French authors it is of rare occurrence, and mostly fatal. They say that it only occurred in *sixty-five* out of *forty thousand* cases—(vide Dr. Michael Ryan on *Dystocia Convulsiva*). Convulsions generally occur during, or as a consequence of severe labours; the peculiar habit of body, however, acts as a predisposing cause of the attacks. Ryan distinguishes them under the heads of *Epileptiform* and *Apoplectic* or *Eclampsia*, thus dividing them into *two classes*. He says that this division is useful inasmuch as their treatment is different. When consciousness returns in the intervals between the fits, he styles them *Epileptic*, when *Coma* or *Stertor* supervene *Apoplectic*. *Rigby* also divides them into *two classes*, but his distinction is different. He says that *genuine Puerperal convulsions* are of the *epileptic character*, and are of two species, first, those produced by the irritation arising from the presence of the child in the passages, and secondly, those arising from great collapse, the result of profuse hæmorrhage. He admits, however, a third and milder form of puerperal convulsions in common with *Ryan*, viz.: the "*Hysteria*."

In the case of the female in question, habit of body (plethora) had more to do with the advent of the attack, than the nature of her labour, which was comparatively speaking easy. From her earliest years she had been subject to a determination of blood to the brain, and if we consider puerperal convulsions to be caused by congestion in that organ, we may readily admit that the exciting cause (labour) was all-sufficient to arouse under the circumstances a pre-disposition to that malady. Without doubt had proper attention been paid to the state of her bowels, and she had taken the precaution of getting herself bled some time antecedent to her accouchement, she would have escaped the dread ordeal through which she had been obliged to pass, and avoid the chances of the dangerous game, in which, however unwillingly, she was the principal actor, and in which life or death hung on the cast of the die! I regret

exceedingly that the particulars of this case have not been as accurately furnished as I could have wished ; for, as I unfortunately mislaid the notes I had taken of it, at the time of its occurrence, I have been under the necessity of writing it "memoriter." I am conscious of contributing a mere outline of an interesting subject where minute detail is so necessary, and so universally looked for. Such as it is, however, with all its defects, I offer it for the consideration of my medical brethren in this Province, and if it only serve to put them on their guard against the possible occurrence of so formidable a malady in their practice, I shall consider myself amply rewarded for any trouble I may have taken in detailing it.

ART. XXVI.—*On the effects of Ergot of Rye in certain forms of Menorrhagia.* By A. O. KELLOGG, M.D., Mariposa, C.W.

The influence of Ergot on the impregnated uterus, and its power of exciting contraction of this organ, so as to effect the expulsion of its contents, at any period of utero gestation has been clearly established by repeated observation. Unfortunately, in many instances, this is too well known, for foetuses *conceived in undue time*, have not only been brought into the world before their time, but sent out of it as suddenly. But its use or abuse in these cases do not come within the scope of this article—its power for good or evil is sufficiently known and appreciated by every intelligent and experienced practitioner. It is to its influence on the *unimpregnated* uterus in certain forms of menorrhagia that I propose to direct the attention of my readers. During the last eight or ten years I have made trial of nearly all the remedies recommended in the various forms menorrhagia, (the *cannabis indicus*—I have never been able to procure, and can therefore say nothing of it from my own experience ; but as it is spoken of as an admirable remedy by high authorities, it deserves a fair trial) ; and though I cannot say with Dr. Churchill, that the Ergot is "the only remedy which seems to have the power of controlling the discharge during the menstrual period ;" I can safely say that it is the only scientific *oral* remedy we possess. Astringents, Apium, acetate of lead, decoction of logwood, &c. &c., will *derange* menstrual secretion, as they will all the other secretions of the body ; but these must be restored again before the patient can make any progress towards recovery, and in nine cases out of ten, this returns with the rest, and leaves the patient no better than when we began their administration. Not so, however, with the Ergot, it seems to have a specific influence even upon the unimpregnated uterus, and as far as my observations extend, is perfectly safe in the particular forms of the disease I shall attempt to point out, and free from all the objections which can be urged against the others. The remedy

seems best adapted to those cases which come under the second, and more particularly the third form of the disease as described by Dr. Churchill, occurring in females of a nervous or leuco-phlegmatic temperament, debilitated by frequent child bearing, prolonged nursing or other causes of disease; and when we have no reason to suspect hyperæmia of any organ of the body except the uterus. I have generally commenced the administration of the remedy in these cases two or three days after the accession of the menstrual period, sooner or later according to the extent of the discharge, its influence on the system, &c., always resorting to it however, as soon as clots of blood appear. Administered under these circumstances, the first effect of the remedy is a species of nausea, which short of producing full vomiting, appears to react upon the womb causing contraction of its fibres, as evinced by the obscure pains referred to the region of this organ, followed usually by the expulsion of clots of blood, and afterwards the gradual subsidence of the debilitating discharge. The remedies I have found most useful after the discharge is controlled, and during the interval, have been sponging the surface of the body, particularly about the pelvis and lower limbs with a solution of common salt in water, and iron in the following form:—

R Tinctura Ferri sesq-chloridi, ʒ ii.
 Spr. Ether Nitrosi, ʒ ii.
 Sacchari, ʒ i.
 Aquæ, ʒ v.
 Misce.

Sumantur cochlearia duo magna bis die.

Due attention should be paid to the digestive organs, costiveness, to which there is frequently a tendency, should be obviated, and I have found nothing better for this than the compound rhubarb pill. Perfect mental and bodily quietude for two or three menstrual periods, and the patient if married should live *absque marito*. I subjoin the following cures as illustrative of the foregoing remarks:—

Case I.—Mrs. K., aged 27, of delicate constitution, lax fibre and a predominance of the nervous temperament, has been married five years, has never borne children, but up to May, 1851, has menstruated regularly, though occasionally the discharge has been excessive, yet not sufficiently so to confine her to her bed. May 14th.—At the approach of her usual menstrual period, she experienced unusual physical fatigue in her domestic duties, and mental excitement from the receipt of long expected intelligence of an exciting character. The discharge appeared on the 15th, and on the evening of the same day large clots were passed which caused sudden prostration; the extremities were cold, countenance blanched, sense of weight, throbbing and heat about the pelvis—

feels faint; calls for fresh air, and asks in a low whisper to be fanned; the pulse weak and fluttering. I immediately ordered warmth to the extremities, and cloths wrung out in cold brandy and water to the vulva, and administered powders of opium and acetate of lead, not having the ergot at hand. The discharge was checked in a measure on the morning of the 16th, but she complains of sickness at the stomach, tongue coated with a dark fur, and breath offensive; some slight oozing of blood staining the cloths applied to the vulva, heat and throbbing at the uterine region. The cold applications are grateful, but the powders she thinks disagree with her. When I saw her on the evening of the 16th the discharge had returned as profusely as before, and she was extremely prostrated and faint. Being now provided with a good specimen of the ergot* I immediately commenced its administration in doses of five grains every three hours. Before she had taken the second dose the peculiar nausea caused by the medicine was complained of, and a short time after the second dose she vomited, complained of pains at the uterine region which were followed by the expulsion of large coagula. On the 17th, except slight staining of the cloths there was no discharge, and though greatly prostrated, feels better. No more coagula were discharged, the oozing of blood soon ceased, and was replaced by an offensive leucorrhœal discharge which continued for about a week. She gained strength rapidly under the treatment pointed out above for the interval, and for a week before the next period she appeared, except the weakness incident to the loss of so much blood, to be in the enjoyment of her usual health. The next period occurred at the usual time, and continued natural for several days, when it became dark and extremely foetid, and small clots were observed. I resorted to the Ergot on the third day and soon succeeded in arresting the discharge, which was not followed as before with leucorrhœal, at the end of a week from the accession of the discharge she appeared, except slight weakness and susceptibility to fatigue, to be in the enjoyment of her usual health.

* Much of the uncertainty which has been said to attend the operation of this drug, depends doubtless on the quality of the specimen employed, though there are constitutions undoubtedly which are not susceptible to its action. The same may be said of most other remedies whose action on the system is undoubted. Many circumstances affecting the growth of the substance have a great influence on its medicinal activity.—According to Burritt, the active principle of the Ergot resides in the external covering or diffusent peridium, and the occurrence of heavy rains, when this is soft, washes it away, and leaves the hard nucleus which is wholly inert; therefore, in procuring a specimen, care should be taken to select such as has been matured during a dry autumn, and it should be harvested before the parent crop. These precautions being taken, if kept without pulverizing in a bottle closely corked and covered, to prevent the transmission of light air and moisture, it will retain its activity for years; the best evidence of which is its peculiar odour when pulverized, which I can compare to nothing so well as to that emitted by the secundines following the birth of a healthy child, (a somewhat curious coincidence, seeing this is the only substance known which seems to act specifically on the uterus), of which any one can satisfy himself by directing his attention to it.

The next period occurred at the usual time, and though slightly excessive, was yet natural; continued about five days and subsided without the necessity for interference.

Case II.—Jan. 20, 1851, I was requested to visit Mrs. J. C., æt. about 40, a tall spare woman, nervous temperament, and apparently scrofulous, the mother of several children, the last a large healthy child, has been weaned but a short time; she has been suffering with menorrhagia for several months. The nursing, together with heavy domestic duties, appears to have been the exciting cause of the disease; she is now greatly reduced; countenance sallow, with a yellowish tinge of the conjunctiva and skin; fingers and ears semi-transparent—in short she has the appearance of a woman labouring under chlorosis in its most aggravated form. Palpitations, disturbed rest, and the nervous symptoms peculiar to this disease, with slight œdema of the ankles. In answer to my question as to the length of time the discharge continued after the commencement of the period, she replied, that she was never free from it, but on questioning more closely, I learned that the *colored* discharge continued for ten or twelve days, when it became replaced by leucorrhœa, which lasted until the accession of the next menstrual period. I ordered the following powders to be taken after the regular menstrual discharge had continued for two or three days:—

R Pulv. secal. cornut. ʒ i.
 Plumbi acetat, ʒ Ss.
 Opii. ℥ ss.
 M. ft. pulv., xii.
 Cap. unus ter. in die.

The discharge was checked before half of the powders were taken, and under the treatment pointed out above for the interval she improved rapidly, and for several months has been in the enjoyment of her usual health.

Among my notes of cases taken during the last year, I find two in which the symptoms, treatment, and result were similar to the cases reported above. One of them, Mrs. M'P—n, had been ill for several months, and had been reduced gradually to extreme weakness; in the other, Mrs. S, the discharge came on suddenly, and was so profuse as to cause prolonged syncope, as both yielded to the treatment pursued in the cases I have mentioned, I deem it unnecessary to give them in detail.

ART. XXVII.—*Case of Hypertrophy and Ulceration of the Uterine Neck, Semi-occlusion of the Os Tincæ, accompanied with severe Dyspepsia.*
By GEORGE HOLMES, Surgeon, London, C. W.

Mrs. P., aged twenty-eight, of a leuco-phlegmatic temperament, applied to me for advice in the early part of December last, complaining of the following:—general prostration of strength, anorexia, occasional cephalalgia, dorsal and lumbar pains, difficult micturition, great bearing down, leucorrhœa, and to use her own expression, “she felt something like a sore boil in her inside when she sat down”; and she admitted that sexual intercourse was at times almost intolerable, and always followed by an aggravation of her sufferings; the bowels costive, only being relieved once in three or four days. These symptoms had been gradually increasing for the six months previous to her consulting me. On questioning her, the following history was elicited.

Her girlhood was passed as healthily, as far as she recollects, as most other girls; about the age of fourteen she suffered for the space of three or four months with severe periodic pains in the loins and knees; this was followed by the appearance of the catamenial discharge, which appeared regularly for three successive periods, quite painless; during the last of which, owing to getting her feet wet, she contracted a violent cold, the discharge suddenly ceased, and she suffered from metritis (as far as I can judge from the symptoms described) followed by peripneumonia. Her convalescence was very protracted, and the menses did not reappear for the space of eleven months. She had, however, periodic pains in the head and loins, and a constant vaginal discharge, the exact character of which she could not recollect, only that it was colourless. Her menstrual periods were now attended with much pain; indeed she suffered from Dysmenorrhœa from the above period up to the time of her applying to me. She married at the age of twenty-two, and was never pregnant. She has menstruated with remarkable regularity, although suffering from the distressing symptoms enumerated above. The flow was frequently mixed with clots, and (as she described) something resembling the scrapings of pigs’ intestines, and always accompanied with great pain.

On making a digital examination, the cervix presented itself low down, being within about two inches of the outlet, very much hypertrophied, elongated and indurated, and rather tender to the touch; the os tincæ not at all patent, but rather feeling like a small fissure or dimple. On introducing the glass speculum, the superior surface of the vagina presented a florid and slightly congested appearance, the inferior not so much so; the cervix, which completely filled the speculum, presented a very abnormal state, being much enlarged, covered with a slimy mucot purulent

matter; and the os tinæ, scarcely discernable. With the aid of a sponge, soap and water, I with some difficulty rendered the os visible: it was very small, and surrounded with ulcers, varying from the size of a pigeon-shot to that of a pea; some deep, others mere abrasions of the mucous surface. After two or three attempts, I succeeded in introducing a bougie about No. 4; this caused little or no pain, and on its withdrawal was followed by a slight sanguineous oozing. Having pretty freely applied the argent. nitrat. to the ulcers, and also the lips of the os tinæ, I left her an astringent wash for the vagina, some purgative medicine, and strictly enjoined her to live "absque marito," the necessity of which was fully explained by me to her husband. On my next visit, two days after, she complained that the leucorrhœal discharge was increased. This action of the nitrate, I have generally found; and it is also remarked by Bennett, Tilt, and other obstetric writers, to have this effect; in other respects she was much better; the tenderness on sitting down, gone entirely, micturition very much easier, and the bowels having been freely evacuated, she felt some desire for food. The insertion of the speculum was attended with some difficulty and pain, caused by the astringent injections. It revealed the os much more patent, indeed so much so, that a No. 6 bouge, (besmeared with an ointment composed of Argent. Nit., Ext. Belladonnæ, and adeps) passed readily. This produced much smarting, which very soon subsided. Ordered her to continue the medicines, and keep as quiet as possible. The catamenia appeared the following day, being five days in advance of its right time, and quite free from pain; this frightened her, as she thought it was uterine hæmorrhage, and sent off for me in a hurry. Her fears were soon allayed, and she was not again visited by me until the fifth day, when, on finding the discharge scarcely subsided, the introduction of the speculum was delayed until the day following, when it exhibited a very satisfactory prognosis: the ulcers were nearly all healed, and the os so patent, that a No. 8 passed easily, besmeared as before, but without any inconvenience. This plan of treatment was followed up for ten days, when all abnormal appearances had disappeared, the discharge ceased, and in fact she was in a convalescent state. I should here state, that in conjunction with the manual treatment, tonics and alkalies, as the liquor potassæ, had been administered. Under all circumstances, it was considered advisable to enjoin strictly marital abstinence, and I promised to visit her again about four days before her next catamenial epoch; and in the interim advised her to go into the country, which would afford me more certainty of keeping the uterus in a quiescent state. On her return to home, two days before she expected her courses, I introduced the speculum, and found the cervix completely engorged, of a florid and mottled appearance, not tender to the touch, but accompanied by a severe bearing down pain. Not having any

leeches at hand, the application of which, under similar circumstances, I had found very efficacious, recourse was had to the scarificator, freely used, also the insertion of a No. 8 bougie, which passed readily, the opening being closed by turgescence only, the bleeding was kept up for a quarter of an hour, by means of a piece of sponge and hot water passed down the speculum. On the following morning the catamenia appeared and continued to flow plentifully for three days, unattended with any pain whatever. She was now so much better in every respect, that I determined not to interfere until nearly her next menstrual period, and then to apply the scarificator as before; and in order to avoid any attempt at sexual intercourse, the tampon or plug was called to my aid, saturated with a solution of plumb. super acet., and applied every night, attention to the bowels was enjoined, and a cold hip bath to be used night and morning. On applying the speculum again about the third day before her next expectant period, the cervix appeared very little congested, not more so than ought to be expected; the os quite patent with a little creamy discharge issuing from it. My mind dictated a repetition of both the bougie and the scarificator which was applied as heretofore, and the bleeding kept up by the sponge. This time the menses did not come on until the right time on the 28th day, and also entirely free from pain. I now consider her well: the speculum was introduced three days after the catamenial discharge had ceased; the cervix now appeared of its normal size, and all traces of ulceration were gone, and the walls of the vagina exhibited no unhealthy appearance whatever. Her anxiety to remove to the lower part of the Province, where she was going to reside, now gained my consent; at the same time requesting her to continue some topical and internal remedies which were prescribed, and impressing upon her husband the necessity of extreme moderation in connubial indulgence. She sent a message to me, in the early part of this month (July) through a friend of hers, stating that she has only menstruated once since she left this, in the latter part of February, and that it was unaccompanied by any pain or uneasiness; since which she has seen nothing at all, and has every reason to believe herself pregnant, as all the usual symptoms manifest themselves, especially the morning sickness, which is very troublesome; independently of this, her health is very good.

REMARKS: This case presents many features of interest both in a physiological as well as a pathological point of view; it in a great measure tends to confirm the opinion of the late highly esteemed and much to be lamented Dr. M'Intosh, of Edinburgh, who considered that dysmenorrhœa in a majority of cases resulted in a constriction or semi occlusion of the os uteri; and that these symptoms generally caused sterility; in his practice he used the bougie to enlarge the uterine orifice, and in several cases this treat-

ment removed entirely the dysmenorrhœa, and was followed by pregnancy in a few instances thus treated. His paper published in the London *Lancet* of 1828, mentions his views and mode of treatment. His novel method met with much opposition and scepticism; but later years have proved the truth of his assertions, and yielded a just tribute to his brilliancy of conception and research. In the case above recited, one strong feature is, the series of dyspeptic symptoms accompanying the uterine derangement; this last was overlooked by her former professional attendant, who had treated her solely for dyspepsia, or as she said for diseased liver. That the latter was in reality a secondary affection was clearly proved, by all the symptoms of disordered alimentary functions rapidly subsiding as soon as the uterine action was restored to its normal condition. In tracing the history of this interesting case the following features are worthy of observation:—At the age of fourteen she commenced her menstrual life, the menses appearing regularly for three or four periods *painless*, then the attack of amenorrhœa (subsequent to that of metritis and peripneumonia) which lasted for eleven months, and when the catamenia were restored, their being attended by dysmenorrhœa, from which she suffered up to the period of her applying to me. To those conversant with uterine disease, I need not say, that ulceration of the cervix may exist in a sublatent state for a very long period, merely indicating its presence by leucorrhœal discharge, lumbar and pelvic pains, and functional disorder of the general digestive apparatus. In this case I do not consider that there was much real uterine disease antecedent to her marriage, the excitement attending which, accelerated, aggravated and kept up that inflammatory condition of the genital organs which eventually produced hypertrophy of the cervix and also the ulcerations. In this instance the hypertrophy was purely inflammatory, there being no deep seated chronic induration of its cervical tissues. How often do we not find this inflammatory state of the uterus and genitals in the newly married; although I believe in many cases when advice is sought, the medical attendant either from being perhaps too scrupulous and punctilious to examine into the real secret and cause of ailment, or from false delicacy, or I may add what is worse, from a want of that thorough acquaintance with, and knowledge of, the diseases of females, suffers the germs of disease already sown to take root, and thus lay the foundation for maladies distressing to the patient, and consequences blighting to the prospects of many a one fondly looking forward to the endearing title of parent.

Since my attention has been so much directed to the treatment of female disease, many circumstances have so thoroughly convinced me of the fact, that dyspepsia in married females especially, is so dependant on some derangement of the uterine organs, that my enquiries are most scrupulously directed in that course when any

complaints of the kind are made, and my first endeavours are directed towards that organ, without paying any very marked attention to the dyspeptic symptoms, and this plan of treatment I have invariably found crowned with success.

Another curious and interesting feature in this case, and the last to which any reference will be made in the present paper, is, that after a lapse of six years without any symptom of pregnancy occurring during that period, no sooner is the uterus restored to its normal condition than impregnation immediately follows; for, under all the circumstances detailed to me, not a shadow of doubt dwells in my mind to the contrary. Perhaps the term curious is rather inapplicable, for it is not at all remarkable that a diseased state of the uterus or its appendages should prevent conception, any more than that a mal-condition of the cornea or optic nerve should produce blindness, as physiology teaches us that organs in an unhealthy state cannot perform their proper functions. That dysmenorrhœa is one of the principal causes of sterility, or one of its constant attendants is a fact generally admitted by most writers, and if my professional brethren would turn their attention to this fact, and institute minute enquiries in all cases coming under their observation, they will find my assertion borne out. In another case, the particulars of which I shall reserve for my next communication; a young woman æt 24, three years married, who had been thrice pregnant, and had two children born and living, was seized with acute ovaritis, terminating in suppuration; her infant at the breast, a child of eleven months, was weaned in consequence of lactation ceasing; her recovery was followed by dysmenorrhœa, from which she had never before suffered in the slightest degree, and although her general health was good in every other respect, during a period of thirteen months when she was under my observation, conception never took place. She would not admit of any manual interference for the removal or cure of her difficult menstruation, preferring that to the chance of further increase to her family, although her periodic sufferings were severe.

ART. XXVIII.—*On the effects of Aralia Nudicaulis in Ascites.* By R. W. EVANS, M.D., Richmond, C. W.

I do not remember to have seen any comparison instituted among the medicinal remedies employed in the treatment of ascites.

The whole class of diuretics is uncertain and frequently disappoint the physician's expectation.

Medical practitioners are consequently in search of new remedies possessing those properties, and frequently over-rate the value of such discoveries.

An extensive employment of *small spikenard* in dropsy during a period of five years, has enabled me to speak of its medicinal virtues with confidence. A short description of the plant may not be out of place.

Aralia Nudicaulis, a perennial plant growing in shady woods, &c., in a rich soil from Canada to Georgia; root sometimes many feet long, yellowish brown, cylindrical, of the size of a finger, fragrant, possessing a warm aromatic and sweetish taste.

The range of dose of *small spikenard* is $\frac{z}{3}$ Ss. to $\frac{z}{3}$ i., of the tincture made with $1\frac{1}{2}$ oz., of the root to $\frac{z}{3}$ xvi., of spirits, or an equally efficacious infusion may be procured by digesting, for about twelve hours, a similar quantity of the root in the same proportion of boiling water.

I will give one or two cases from my note book: Mrs. M'C., aged fifty; had been ill for two months with anasarca and ascites. She was first ordered a strong infusion of *pyrola umbellata* to be taken daily without any marked benefit.

Pyrola to be discontinued; was ordered 2 oz., of the infusion of *aralia nudicaulis* three or four times a day; on the second day after the administration of the medicine, "much better, swellings abated, evacuated a *pailful* in *one night*;" continued the medicine about a week when perfectly recovered.

William D., aged thirty-seven consulted me in May last; had anasarca and ascites to a very considerable degree; he was emaciated and weak with a yellow suffusion over the whole skin; his face and back of hands were very much swelled. He had been under the care of a regular physician for some time, who gave him cream of tartar, calomel, digitalis and squills, *pyrola umbellata* and taraxacum, without effect. I ordered him 2 oz. of the tincture of *aralia nudicaulis*, three times a day, with an occasional mercurial purgative; he recovered in a short time. I could give several other cases if necessary, showing the beneficial effects of this medicine in dropsy, but I trust my professional brethren in Canada will give it a fair trial as it is easy to be procured; and should this medicine be found on further trial to act with certainty, it will be a great acquisition, as the dose is small and taste by no means disagreeable, two most important requisites in medicaments of every description; besides its diuretic properties, it also is a useful tonic in a debilitated state of the stomach with loss of appetite.

[The following information derived from a note by Dr. Carson, the American Editor of Pereira's *Materia Medica*, may be read with interest in connection with the foregoing remarks of Dr. Evans. After the description given in the text of his author of the several varieties of *Panax*, better known to eastern nations as the *Ginseng* (*radix ninsj*), and a variety of which is also common in most drug markets as *American Ginseng*, Dr. C. thus describes the "*ARALIA NUDICAULIS*." *False Sarsaparilla*, is an indigenous plant of the United States, where, in addition to the name given, it is called *small spikenard*. The flower, stem,

and leaf, arise together from the root ; the former is naked, terminated by three umbels with small greenish flowers ; the leaf is ternate or quinate, in three divisions, the leaflets are oval and acuminate ; the whole leaf is longer than the flower. The root is officinal ; it is horizontal, creeping, several feet long ; as thick as the little finger ; of a yellowish brown colour externally, having an aromatic odour and a warm sweetish taste. It differs from sarsaparilla in its woody structure and central medulla. In its medicinal properties, it is mildly stimulating and diaphoretic, and is used as a domestic remedy in rheumatism and other chronic diseases. The form of administration is decoction.

From the last edition of the UNITED STATES DISPENSATORY we glean the following information on the same subject :—"False sarsaparilla is a gentle stimulant and diaphoretic, and is thought to exert an alterative influence over the system analogous to that of the root from which it derives its common name. It is used in the same manner and does as well as the genuine sarsaparilla. The root of *aralia racemosa* or *American spikenard*, though not officinal is used for the same purposes as *A. nudicaulis*, which it is said to resemble in medicinal properties. Dr. Peck strongly recommends the root of *aralia hispida*, called in Massachusetts *dwarf elder*, as a diuretic in dropsy. He uses it in the form of decoction, and finds it pleasanter to the taste and more acceptable to the stomach than most other medicines of the same class."]—ED. U. C. J.

Correspondence.

NOTICE TO CORRESPONDENTS.

- MR. GILBERT'S request has been complied with in a more complete manner than could possibly have been done through the pages of this Journal.
- DR. HOLMES (London.) The report alluded to by you was duly received and appreciated, and was made use of in a manner in which it was more efficient than it would have been by publication in the pages of this Journal. We could not have omitted several other documents of a similar nature had yours been published, and to print them all would require greater space than we can afford.
- DR. JONES' (Norval) letter has unfortunately been mislaid. The circumstance that it was not addressed either to Editors or Publisher, may perhaps account for this, and must excuse its non-appearance.
- DR. KEY'S letter received. The omission was not intentional.
- DR. MEWBURN (Stamford) is thanked for his communication. The article accompanying it was received too late for this impression, but shall appear next month. We note his request which shall be complied with.

DR. STRATFORD'S paper has been received.

DR. RAYMOND (St. Catharines.). *The details of the case are startling and curious, but really not sufficiently practical for our pages. The result of the Doctor's ordinary experience, which must have been considerable, would be more valuable.*

DR. RANKIN'S letter is given below. *The Editors exonerate the Publisher from any blame for the inaccuracies complained of. The proof sheets of all the articles printed are carefully compared with the manuscript, and every pains taken to render the impression correct, a course which was carefully followed with the one in question. The author when accessible is always referred to; when distance renders this course impracticable, the Editors feel the importance and irksome nature of their position. This, however, is the first complaint we have received.*

To the Publisher of the U. C. Medical and Physical Journal.

SIR,—In the communication intitled “Case of Spinal Irritation, &c., &c.,” which you did me the favour to publish in the last issue of your Journal, I observe the following inaccuracies, viz., at the end of page 1st, the words “steam and sweating;” here the conjunction should be left out: steam-sweating, a popular phrase, which means sweating excited by hot vapour, is the expression I intended to employ.

On the third page, the sentence, “can lie with ease on the back or right side,” should have been, “He could lie with ease,” &c., &c.; and paragraphs of some length are cut up into short sentences, by the too frequent use of capital letters. As the greater part of the Paper in question was written *currente calamo*, and sent off in haste, the writer probably and not the printer is the party most to blame; still I shall feel much obliged by your giving this a corner in the Journal for August.

I am, Sir, your most obedient Servant,

J. E. RANKIN.

Vaughan, August 1, 1851.

TORONTO, AUGUST 15, 1851.

THE PROGRESS OF THE BILL.

SINCE our last issue this measure has made some advance. Having been referred to a Committee, it was reported on with certain alterations, the most material of which is the reconstruction of the penal clause. In lieu of rendering it penal for any one to practice without license, and prescribing the course of procedure for the punishment of transgressors, the clause as it at present stands prohibits any unlicensed practitioner from suing for or recovering any claim or demand for services in any court, and debars him from granting any certificate required by law; and by the last Coroners' Act, and the practice of Jury Courts, no unlicensed practitioner is allowed to give evidence.

We had hoped that we should have been able to announce the gratifying intelligence of its having passed through the Lower House, but the multiplicity of business before the legislature, renders the progress of any measure exceedingly slow. It is however on the "order of the day" in such a position, that MR. CAMERON, who has again resumed the charge of the bantling, expects that it will come up for the third reading tomorrow. As we do not apprehend that it will meet with serious opposition in the Council, we may anticipate the probability of being in a position to publish the LAW in our next number.

In expectation of this consummation, so devoutly to be wished, we venture to suggest that each licensed practitioner resident in Upper Canada should forward his name, titles, and address to this office, as speedily as possible, in order that as correct a roll may be constructed as circumstances will permit, for the guidance and assistance of the first President, whose duties under the Act will be somewhat complicated and troublesome. Those who are subscribers to this Journal, and can obtain the information required from or of such as are not, are respectfully requested to forward it. The following form will serve to simplify this proceeding:—

A. B., residing in the Town (or Township) of *C. D.*, in the Gore, Riding, or County of *E. F.*, *M. D.*, *Edin.*, *London*, *Dublin*, &c., *M. R. C. S.*, *Eng.*, *Edin.*, or *Dublin*, &c. Date of Provincial License, ———, 18—.

REMUNERATION TO MEDICAL REFERREES.

ALTHOUGH we have distinctly avowed our determination not to admit any original article into the pages of this Journal unsupported by the name of its author, yet we do not conceive ourselves to be debarred from making use of communications so addressed to other publications; and we have less scruple in doing so when such communications contain matter of general information and interest to our professional readers. We copy in this number the substance of a letter addressed to the *Patriot* newspaper, inasmuch as it treats of a subject of considerable importance to the members of our profession—a subject which has been frequently discussed hitherto, with but scanty success as to the end sought for.

To the Medical practitioners in Upper Canada:

BRETHREN,—Notwithstanding there are many subjects which ought to be taken up and discussed amongst us, relative to the position we occupy in this country—a position, I regret to say, which places us very far below the rank which we hold in Great Britain—there is one which I am induced to bring under your notice at present, as the longer our determination is postponed, the more difficulty we shall find in regaining what we never ought to have lost.

The subject of Life Assurance is beginning to assume in this Province, an importance which it has long had in Great Britain, as we may perceive by the numerous Companies, both English, Colonial, and American, which are now becoming candidates for public patronage. You are all aware that the applicant is directed to furnish the name of his "ordinary medical attendant;" and to this "medical attendant" the Company forwards a series of questions relative to the health, constitution, habits, &c., of the applicant, together with "any other circumstance which it is important should be made known to the Company"—and they often further enquire the opinion of the "medical attendant" as to the eligibility of the applicant for assurance. You are also told very gravely, that your communication will be regarded as *strictly confidential*.

Every medical gentleman of ordinary attainments must be aware that to answer most of the questions satisfactorily, requires a large amount of patience, labour and accuracy.

We meet with several cases, in which a comparatively slight examination shews us distinctly that the applicant is really in good health, and of some of our patients whom we are in the habit of seeing frequently, we may have little hesitation in pronouncing a favorable opinion. Even in these cases the careful and accurate exploration of the lungs and heart, by the stethoscope and other means, involves much time and attention,—but where we come to *doubtful* cases, (as for instance where in a nervous habit an increased action of the heart and accelerated respiration are brought on by the mere anticipation of the examination,) a second or even a third examination may become necessary,—and one of these examinations cannot be gone through in less than from three-quarters of an hour to an hour and a half,—when we reflect on the time thus occupied, and in arranging the information we may thus obtain, so as to give it in that systematic, careful, and intelligible form which every educated "medical attendant" feels due to himself, we ought not to be supposed to be *grasping* or avaricious if we expect some remuneration for our trouble.

It will be allowed that these observations are thoroughly applicable to all

cases which come before the Assurance Companies, *whether accepted or not*, but in regard to the latter, there are consequences which very frequently bear hard on the "ordinary medical attendant." His patient may labour under some disease, perhaps in a latent or quiescent state, unknown to himself, or perhaps of such a nature as to be known only to the "medical attendant." In the latter case, should the applicant, from ignorance or dishonesty, conceal his infirmity, and then find his application rejected, he will, of course, attribute his rejection to his medical friend, and in many other cases, if rejected he will blame him, perhaps most unjustly; but as the communications are kept private, the "medical attendant" has no means of rectifying the mistake; while in the former instance, in complying with the dictates of his conscience, he runs the risk of giving irremediable offence to an influential party.

We must further consider that in the great majority of these applications, the testimonial of the "ordinary medical attendant" is an important guide to the official Medical Referee of the Company, and in many forms the basis of the decision ultimately arrived at. Will the Company in any instance take into consideration the peculiar position of the medical attendant? They will not—they *take his statement and opinion and act upon them*, and the physician may and must take the consequences—he may lose his friend no matter how unjustly; hostile influences may be brought to bear against him, and he may lose his practice because he acted honestly; thus saving the Company from accepting an insurance which would have inevitably incurred a positive loss.

Let us now see how medical men are treated under such circumstances?—and enquire how they ought to be treated?

In England, up to a late period, and hitherto in this Province, the Assurance Companies have not hesitated to apply to professional men for information and their *opinion*, without offering any fee or remuneration for their trouble and responsibility!!!

It also happens that applicants refer to their "medical attendants," and then refuse to make them any compensation, looking upon it as a *matter of course*, and being excessively astonished that their Doctor should dream of being entitled to any fee for such a paltry service, as "merely filling up a few answers!" There is hardly a professional man in Toronto who has not been served in this scurvy, paltry way.

Thus both the Company and the applicant avail themselves of the professional services of the "ordinary medical attendant," and leave him the gratification of *having done his duty*.

"Amen! and virtue is its own reward."

Is this honest?

The view we have now put forward has at least been taken up in England, and one Company which has lately established an office in Toronto has already acted upon it. The "New Equitable Life Assurance Company" of London, (of which Sir James Duke, Bart. M. P., James Wyld, Esq., M. P., and William Fergusson, Esq., Professor of Surgery in King's College, London, are the Trustees,) announces in its prospectus—"Legally qualified MEDICAL REFEREES" will be "paid TWO GUINEAS for every Medical Report." The "Church of England Life Assurance Institution," of which an Agency has been lately opened in this City, expressly informs each Medical Attendant that "the usual fee will be paid him *forthwith*." Companies which act in this liberal way, (we use the term only with reference to the former system, for such liberality is mere justice,) ought to receive every encouragement from medical men.

It is our own fault, however, if we permit the old system to continue.— There is nothing to prevent the Profession from assuming their true position if they will. Let the respectable Practitioners unite, and *determine that they will not fill up or sign any Life Assurance paper or certificate, unless a PROPER FEE be guaranteed to them*—and it will be done. Union is strength. We have the power—let us exert it!

I remain, Brethren, your faithful friend.

MEDICUS.

It has frequently been adduced as an argument by Insurance Companies and those connected with them, that forasmuch as the person who seeks to insure his life is the one supposed to be benefited by the opinion of the private medical attendant, viewing this opinion in short as a certificate of health, so the applicant ought to remunerate him for that opinion. This specious pretext would become a good reason, if a medical man's opinion was founded on or proportioned to the value of his fee; if in fact it were a practicable subject for a bribe, a fitting occasion for corruption. But alas! for the frailty of human *bodies*, there are no means of hiding their *vital* infirmities; these will reveal themselves to him who diligently and skilfully seeks for them, and no mere statement of *belief* can overcome the acoustic truth of the stethoscope, blunt the tutored tact, or blind the practised eye of the experienced Physician. We do not presume to aver that medical men are *en masse* immaculate—that there are no black sheep in the fold of Esculapius—but we do implicitly believe that there are few, very few practitioners indeed, who having the least regard for their character as Christians or members of the social compact, would, to say nothing of the higher sacrifice involved, hazard the good opinion of their fellow creatures by a wilful misrepresentation of the condition of an applicant for Life Insurance. Let us, however, suppose that such an instance should occur, that the *private* or “ordinary medical friend” as he is sometimes termed, should so grossly violate every principle of good faith and professional honour, as to give a false opinion, the Company has its own particular adviser, who, in this instance, must we presume be regarded as a public functionary, in the full confidence of his employers, and therefore wholly above suspicion, and *who will or ought to detect the fraud and expose the impostor*, thus at the same time protecting the interests of his constituents and sustaining the integrity of his professional reputation.

But the fact is far otherwise, as the author of the remarks published above has pointed out in his second and sixth paragraphs. The company apply to the “ordinary medical attendant,” for a *bona fide* opinion, to be protected by *inviolable secrecy* on the part of the company, which of course ought to be given irrespective of any consideration but the maintenance of his character for skill and knowledge, and which is *really so received and acted on* by the company and their adviser, and which, if not always certainly in a very

large proportion of cases, determines the acceptance or rejection of the risk under consideration. The private or ordinary medical attendant is therefore entitled to remuneration from the *parties really benefitted* by his opinion. We are very happy to find that the principle has been recognized by some companies, and we have little doubt that the practice commenced by them will ere long be universally adopted by all the others who desire public support.

Apropos of remuneration, we would call attention to the absurdity of the mode of payment adopted by some companies, viz., that of proportioning the amount of fee paid to their *own adviser*, according to the amount of the sum proposed to them for insurance. The trouble of examining an applicant is the same whether he wishes to insure for £100 or for £5000; the responsibility is the same, the same points have to be as clearly established, and the same form of category is employed, therefore the remuneration ought to be the same in all cases. The present practice is a premium on indifference and inattention. Pay *both* men well and compare their opinions—is the advice we offer to these companies, and then you will be secure, as far as human knowledge and judgment can make you so. On the subject of treating the opinions given by either or both medical men, “*with strict confidence*,” we are sorry to remark, that it is a pledge not always observed by the companies’ officials, and hence the evils to which “*Medicus*” alludes in his fifth paragraph. Such a result is destructive of that mutual confidence which ought to exist between all parties, and is a direct breach of good faith, fraught with incalculable mischief to the well-being of society, and most injurious to the personal prosperity and happiness of the individuals composing it.

It must not be supposed that the position we take is *new*. Early in 1849, the same principle was adopted by a large portion of the Profession in Montreal, and a set of resolutions to that effect was signed by *thirty-two* of the most respectable practitioners, viz.: Arnoldi, Crawford, Campbell, Fisher, Fraser, Badgley, Boyer, McDonnell, Leprohon, Arnoldi, D’Eschambault, Howard, Hall, Scott, Schmidt, Gibb, Sutherland, Godfrey, Burns, David, Peltier, McCulloch, Davignon, Nelson, Holmes, Bruneau, Tavernier, Bibault, Regnier, Coderre, Mount, and Morson. The agency of the Colonial Life Assurance Company in Montreal, has recognized the principle that the “ordinary medical attendant” is entitled to a fee, but has *recommended* a method of proceeding which is too complicated to be generally adopted. Besides the Companies named, we find by *Medicus*, it is stated in the Lower Canada Journal of Medical and Physical Science for January 1849, that the following Life Assurance Offices allow a fee to *all* medical referees: The Westminster and General Life Assurance; The Medical Invalid Office, Pall Mall; The Britannia; The Commercial and General Assurance Association.

THE TORONTO UNIVERSITY.

IN connection with the advertisement, which appears on another page, of the Winter Session of the Medical Department of the Toronto University, we have been requested to notice the following changes which have been recently made in the regulations for Degrees in Medicine in that institution.

The only Degree in Medicine conferred in this University is that of M.D., for which the following are the requisites :—

A.—Having taken a Degree in Arts in this University, or in a University or College, the Degrees of which are recognized by this University, or having passed the Matriculation examination.

E.—Having attained the age of twenty-one years.

C.—Having been engaged in Medical Studies not less than four years; having attended not less than two Courses of Lectures, each of six months' duration, on each of the subjects marked Nos. 1, 2, 3 and 4; one six months' Course on each of the subjects marked 5, 6, 8 and 9; and one three months' course on the subject marked 7, in this University, or in an University, College, or School of Medicine recognized by this University.

1. Practical Anatomy with Dissections.
2. Anatomy and Physiology.
3. Principles and Practice of Medicine.
4. Principles and Practice of Surgery.
5. Materia Medica and Pharmacy.
6. Chemistry.
7. Practical Chemistry.
8. Midwifery and Diseases of Women and Children.
9. Medical Jurisprudence.

One year at least must be spent in attending lectures in this University; and certificates for attendance upon more than four, or less than two of the above subjects in one year will not be received.

D.—Having attended the Medical and Surgical Practice of a recognised Hospital for eighteen months, and medical and surgical clinical lectures during six months of the above time.

E.—Having passed examinations in all of the above subjects.

F.—Having performed the appointed exercises, consisting of a thesis on some Medical subject, chosen by the candidate and approved by the Dean of the Faculty, and the performance upon the dead subject of such capital operations as may be required by the examiners.

FEEs.

| | | | |
|---------------------|----|----|---|
| Matriculation | £1 | 5 | 0 |
| M.D. Degree .. | 7 | 10 | 0 |

THE VENDING OF DRUGS.

It is notorious, that throughout the whole of this Province there are to be found men, who being totally ignorant of the nature and qualities of the articles in which they deal, unhesitatingly undertake to recommend and sell, not only the more ordinary crude

materials employed as medicines, but all the pharmacopœial preparations, in any quantity and to any person on demand, without the guarantee which every conscientious apothecary requires, viz. the prescription of a duly recognized practitioner, or the written order of some responsible person. They as rashly and wickedly dispense the most deadly poisons and powerful medicinal compounds, to say nothing of the multitude of patented and quack nostrums sent forth by every speculating vagrant or wholesale manufacturer; and we do not now allude merely to those who do this *as a business*, but to those who combine this practice with the ordinary transactions of retail trade of every kind. It is no uncommon thing to see, in shops of this description, arsenic and sugar weighed in the same scale; whiskey and laudanum standing in close proximity; Godfrey's Cordial and No. 6 doled out with equal liberality; and "Female Medicines" placed in most conspicuous retirement.

That evils of the gravest character do arise from this uncontrolled and dangerous system of traffic, no one can deny. Our pre-occupied space prevents us from entering as fully into the consideration of the subject at present as its importance demands; we however, purpose to resume its discussion in a subsequent number, when we shall be able to give some instances of this evil practice, which will rather startle those of our readers who may not have paid any attention to the subject. We have received several communications from men of high standing in their vocation, which will afford us "food for thought."

PUBLICATIONS RECEIVED.

On the Treatment of Fractures by Splints of a new construction, by WILLIAM KERR, Surgeon.

Observations on the Preparation and Therapeutic use of the Peresquintrate of Iron, by WILLIAM KERR, Surgeon, Hamilton, C. W.

Medical Remarks on Emigrant Ships to North America, by THOMAS STRATTON, M. D., Edin., Surgeon, R. N.

On the Operation for the Removal of Cataract, as performed with a fine sewing needle through the Cornea, by ARTHUR JACOB, M. D., F. R. C. &c.

On Diseases of the Eye, by ARTHUR JACOB, M. D., F. R. C. S., &c.

A Comparative View of the Climate of Western Canada, considered in relation to its influence upon Agriculture, by HENRY YOULE HIND, Esq., Mathematical Master, and Lecturer on Chemistry and Natural Philosophy, at the Provincial Normal School, Toronto.

Copy of Letter, and Report of Committee on Petition of John Coppins, relating to the Provincial Lunatic Asylum.

Copy of a Bill to amend the Charter of the University of Toronto, and to constitute the University of Upper Canada in lieu thereof.

The Dublin Medical Press.

The Northern Lancet, Plattsburgh, U. S.

SELECTED MATTER.

PATHOLOGY.

LUNGS SHOWING THE ARREST OF PHTHISIS IN THE THIRD STAGE OF THE DISEASE.

A female, in May, 1848, when thirteen years of age, was admitted an out-patient at the Brompton Hospital. She was very delicate, had lost flesh, and was suffering from severe cough, shortness of breathing, &c. Her illness had commenced with influenza in the early part of the preceding winter; she had also suffered from an abscess in the right arm. She had been recommended cod-liver oil, but was unable to keep it on her stomach. There was no predisposition to phthisis, and she had not then had hæmoptysis. Since that time a younger sister has shown unequivocal evidence of phthisis, and an older sister has now become delicate. A note taken shortly after her admission, states that "there is extensive consolidation at the apex of the left lung, and some deposition at the apex of the right," shown at the one side "by decided dulness, bronchial breathing, and bronchophony; and at the other side by a feeble inspiratory, and a prolonged louder expiratory murmur."

A mixture, in which a drachm dose of cod-liver oil was diffused by means of liquor potassæ in mucilage, and a syrup composed of mucilage syrup of squilla, and a minute dose of morphia, was prescribed. The oil mixture was taken without disturbing the stomach, and she kept her ground. Examined in August she is stated to have lost four pounds in weight, and crepitation is heard over the left apex; nothing additional at the right apex. Iodine counter-irritation was then applied. In the beginning of September she had profuse hæmoptysis, and subsequently a free puriform expectoration.

An examination, made in the course of this month, when she was able to attend the hospital, showed the existence of a large cavity, where the consolidation and softening had been previously observed. The dose of the oil was subsequently increased, first to a drachm and a half, and then to two drachms, with advantage; for in the end of the following December, it is recorded that "she gains strength and coughs but little." She did not attend during the winter, but received her medicine by her mother, and did well. In April, 1849, she had an attack of influenza, from which she soon rallied.

In the following June the record is, that "she has not lost ground, though she has not gained in weight since her admission a year ago; there is loud pectoriloquy, cavernous breathing, and gurgling at the left apex, and loud expiratory murmur at the right." At the end of July the report is, "she looks well, coughs only in the morning." In August an examination showed "flattening of the chest over the apex of the left lung. The respiration there, though cavernous, is not loud. The pectoriloquy is very distinct. The respiration at the right apex is somewhat puerile. During the winter (1849-50) she continued the remedies. In February her appetite had failed, and a mixture of infusion of gentian and bicarbonate of soda was ordered once a day. From this she derived

so much benefit that it was continued three times daily, and she was able to take the simple aniseed-oil in half-ounce doses. The following June it is noticed that she had an attack of nettle-rash, but is still gaining strength, grows tall, and coughs but little, and only in the morning.

This improvement continued; and it is noted that last October she came to the hospital, having been for some time in the country, looking extremely well. Her weight, which at one time had been as low as four stone two pounds, is now four stone nine pounds. She had scarcely any cough; her appetite is good. She is free from suffering of any kind. Examination of the chest shows remarkable flattening and contraction over the apex of the left lung. There is very evident dullness in this situation, and the mobility here is as 9 to 32 of the opposite side. The respiration is of a sharp whiffing character, with slight crepitus. At the opposite side the respiration is loudly puerile, and percussion shows the right lung extending across the sternum to the left side. At the summit of the left lung posteriorly the respiration is scarcely audible. The dullness here is more decided than in front. The heart is seen and felt to beat distinctly from between the second to the fourth left costal cartilages. The action of the heart in this situation had been a source of some annoyance to her. From this time (October) to the commencement of last March, this improvement continued. Her cough had nearly if not altogether disappeared. She continued the gentian, with soda, and cod-liver oil, and the counter-irritant occasionally. At the beginning of March, during the prevalence of the influenza, she was attacked by the gastric, and not the pulmonary, complication of the disease. It commenced with bilious vomiting, followed by diarrhoea, great prostration, and rapid collapse, from which she died on the fourth day.

The body was well proportioned, and showing a very fair amount of fat in the subcutaneous tissue. The right lung was seen to be very voluminous, and extending across nearly as far as the left margin of the sternum. There was no appearance of the left lung in front, but its place was occupied by the heart and pericardium drawn upwards and to the left side, and the walls of the apex of the chest falling inwards and downwards. The heart was healthy, and rather large for the size of the body. The left lung was found much diminished in size behind it. The lung was adherent more especially at the apex, which was covered posteriorly by a mass of solid fibrinous tissue, corresponding to the seat of dullness and feeble respiration previously mentioned. Very nearly the whole of what had been the upper lobe of this lung was occupied by the remains of a cavity irregularly divided into two by one of the bands so frequently seen in phthisical cavities. The entire cavity was about the size of a large walnut. It contained about half a drachm of thin whey-like fluid, with which were mixed particles of whitish coagula. The walls were formed by condensed pulmonary tissue, varying in thickness from less than a line to a quarter of an inch, and in some points puckered and contracted. The air-cells and small bronchi were distinctly visible, under the microscope, in this tissue, which was separated from the contents of the cavity by a wall or membrane composed of firm filamentous tissue and granular cells. This membrane had much the appearance of a mucous membrane, but it was not examined sufficiently soon after death to be able to trace the presence of an epithelium. The cavity communicated with the left bronchus by an orifice which would admit a crow-quill, situated midway between the top and bottom of the cavity. There was a good deal of healthy respiratory tissue in the lower lobe of this lung; but there were scattered through

its substance six or seven points of condensation, such as are hereafter described existing in the right lung. The right lung was large, and the air-cells partook of its character. In water it displaced a quantity which measured twenty-three ounces, whilst the left displaced but nine ounces. The apex was remarkably puckered; and on cutting through this puckering, the tissue of the lung was found to be traversed by short fibrous bands, between which appeared points of softish pale-yellow tubercle. A little lower down in the centre of the upper lobe a mass of soft tubercle, about the size of a small hazel nut, was found. It was enclosed in a cyst, and consisted almost entirely of fatty granules and cells containing similar particles. In the other lobes several consolidated points were found—the largest smaller than last described, and none so fully formed. They appeared in some places to consist merely of condensed tissue; in two there was an appearance of yellow, firm tubercle; and in two, small calcareous particles. In neither lung was there the least appearance of recent tuberculous deposit. The other organs were healthy; the kidneys were large. There was no disease of the intestine beyond congestion, which in some parts was very distinct.

This case affords additional illustration of the great extent to which the ravages of pulmonary phthisis may proceed, and its progress yet be stayed. Such cases were, happily, now met with more often since cod-liver oil had come into use; still Dr. Quain did not know of any case which afforded, by the evidence of post-mortem examination, so striking a result. This case was also interesting from its throwing light on the nature of the puckerings so constantly seen. Some observers were disposed to regard them as being independent of tuberculous deposit. In this case it was evident that they were due to the previous existence of this deposit, which, in fact, had been recognized there during life, and traced after death.

SURGERY.

A CASE IN WHICH A FIBRO-CELLULAR TUMOUR WAS REMOVED FROM THE HAND.

By Sannel Solly, F.R.S.

A married woman, aged forty-nine, was admitted under Mr. Solly's care, into Queen's Ward, at St. Thomas's Hospital, February 22, 1851, with a tumour on the palm of the left hand, having very much the shape and appearance of a large potato of an oblong shape, the diameter varying from three to five inches, and attached by a broad pedicle. Some patches of ulceration existed, two or three lines deep, having none of the characters of malignant disease.—The surfaces bled easily, and were surrounded by a limited blush of redness.—The tumour was elsewhere of a pale colour, with small tortuous veins ramifying upon it. It had an elastic feel, much like that of encephaloid disease; in some parts giving the idea of fluid; in others, firmer. There had been increase of pain of late, but it was not constant, and depended much upon position. The health had been but little affected. The tumour encroached upon all the fingers, but did not prevent their flexion and extension, and a considerable portion of the skin of the palm remained intact. Much difference of opinion existed as to the nature of the disease, whether malignant or not. Mr. Solly was inclined to consider it as a species of enchondroma. By a grooved needle some jelly-like

stuff was obtained, containing much granular matter with many exudation corpuscles, and some few spindle-shaped cells, with here and there a common epithelial cell. Mr. Solly removed the tumour on March 1, 1851. When examined, it had the appearance of an enchondroma, of a soft kind. There was a firm, white, dense matrix, enclosing glairy fluid. No true cartilage could be found. Portions of the tumour were sent to Mr. Quekett, and also to Mr Birkett. Communications from these gentlemen show that they agree as to the non-malignant character of the disease. A careful report of the actual condition of the tumour after removal, drawn up by Dr. J. L. Bristowe, also tends to the same conclusion. The wound was of a healthy character, and, on the 19th of March, it is reported to have been only one-fourth of its original size, the swelling and tenderness of the fingers diminished, the back of the hand regaining its natural appearance.

Mr. Hodgson said, that there was great reason to believe that the case related was one of enchondroma, in which appearances such as those described were not unfrequently found. He thought the best proof that the growth was not malignant, consisted in the fact that it had existed for thirty years. In the interesting lectures lately delivered by Mr. Paget, a case was related of enchondroma, in which the tumour was situated on the hand, though not on the palm, in which the structures were similar to the one under discussion. The paper was also interesting, as showing that the microscope could not determine whether the tumour was malignant or not.

Mr. Solly had nothing to add to the observations which he had appended to the case, except to repeat that the tumour had been thought, by men of great experience, to be malignant, and that he had operated in opposition to this opinion. The cicatrix continued sound; the woman was in good health, and had none of the peculiar appearance which usually attended malignant disease. However, whatever might be the ultimate result of the case, he would communicate it to the society. The case was interesting from the depth of the parts exposed by the operation.

MIDWIFERY.

SUCCESSFUL CÆSAREAN OPERATION.

M. Bonchacourt, chief surgeon of the Maternity of Lyons, has just published in the *Bulletin de Therapeutique*, the case of a deformed woman, thirty-two years of age, upon whom he performed the Cæsarian section with complete success. The patient's sacropubic diameter was only two inches and two lines; embryotomy had been performed in a former confinement, four years previously, and in October, 1859, she again presented herself on the point of parturition. In about seventeen hours from the beginning of labour the cord and one arm were expelled by very powerful contractions, but the head could evidently not pass. M. Bouchacourt, finding that the heart of the fœtus and the cord pulsated strongly, resolved, after consulting with his colleagues, to perform the Cæsarian operation. Chloroform was used, the child extracted alive, and the operation, with the dressing, did not last over twenty-five minutes. The child died five days afterwards from ordinary causes, and the mother left the hospital twenty-four days after the operation, the wound being completely cicatrized, and all the functions

performed in the most satisfactory manner. The patient was seen in April, 1851, five months and a half after the cæsarian section, and found quite well; the only remains of the operation being a slight and easily reducible hernia, a little distance below the umbilicus.

[In the last *Medical Gazette* there is another case of similar kind related by Dr. Redford, in which Mr. Cluly performed the operation with perfect success, both mother and child surviving.]

INTRA-UTERINE FOLYBUS SPONTANEOUSLY CAST OFF.

By Walter Chapman, Esq., M.R.C.S., Surrey.

M—G—, aged thirty-five, a highly respectable unmarried woman, of very delicate aspect, enjoyed good health until May, 1844. The catamenia appeared when she was between fourteen and fifteen years of age. At the time stated, her illness commenced with more or less leucorrhœa, loss of appetite, emaciation, and debility, the catamenia recurring properly. Thus she continued for three years, during which she was under the care of an experienced and intelligent practitioner, without deriving any decided benefit. In 1847, she submitted to an internal examination, but nothing abnormal was detected. In the following year she began to perceive an augmentation of size in the hypogastric region, and to suffer severe pains, having the character of those of labour, and more particularly at the menstrual periods. In March, 1849, she consulted Dr. Lever, who made a vaginal examination, and pronounced her to have "a polypus in the womb." I first saw her in April of the same year, and found her suffering greatly from inability to void her urine, (rendering it necessary to pass the catheter,) and from an almost constant uterine hæmorrhage, the blood sometimes gushing away, at others slowly draining, she was very much anæmiated and emaciated, there was frequent vomiting, and almost constantly great pain in the back, loins, and uterine region, these pains frequently becoming exceedingly severe, resembling those of parturition, and preventing her from obtaining either rest or sleep, except for very short periods.

On making an external abdominal examination, a large globular moveable tumour could be very distinctly felt in the hypogastrium; its size was about equal to that of the uterus directly after the completion of labour at the full period, and could quite as readily be felt; and it was not very painful or tender to the touch. An internal examination discovered the vagina to be very small, and narrowed superiorly, the os uteri to be so closed as not to admit the tip of the finger, and the uterus itself moveable and large, as if from something in its cavity.

In this sad state she continued till April, 1850, with an aggravation of all her symptoms; and her death seemed quite inevitable, from their combined effects. There was no alteration in the state of the os uteri.

Dr. Lever saw her with me again about this time, and thought her only chance of safety depended upon the uterus being able to expel its contents into the vagina, so as to allow of their being removed from thence by ligature.

One morning, in April, 1850, her mother (who is a very sensible woman) showed me a whitish substance, like a shred of fibrine, which had passed per vaginam; it was very tenacious, and not offensive. From this time, many of these shreds or masses continued to be expelled, some requiring to be extracted from the vagina, till a quantity escaped more than sufficient to fill a pint basin. Three months elapsed before the whole of this mass was voided; two or three

days sometimes passed without any more escaping. As it came away, the tumour proportionately diminished in size, the hæmorrhage ceased, the pains gradually disappeared, and she began to obtain rest, and to recover her appetite and strength; at the end of June, 1850, she was able to walk out of doors. In about three weeks more, the catamina again appeared naturally, and have since continued to do so, without any discharge in the intervals; and at the present time, and for so many months past, she pronounces herself to be quite well, and has the appearance of being in perfect health.

I should mention, that during the last twelve months of her sufferings, in opposition to the earnest entreaties of Dr. Lever and myself, she (thinking her recovery impossible) would not permit any vaginal plug to be used, and refused, almost entirely, to take any kind of remedy, even morphia or opium.

Dr. Lever informed me that he considered this a very rare case, there being only three or four upon record of a similar kind.

MEDICAL JURISPRUDENCE.

POISON—ARSENIC.

[The first part of the Guy's Hospital Reports for 1850, contains an important paper by Mr. Alfred Taylor, relative to cases of poisoning. Many of the points contained in it are of so much consequence, that it would be highly desirable that Practitioners should, if possible, study it for themselves; but as this privilege is debarred to the greater number of the Profession in this Province, it has seemed desirable to make such an abstract of the paper in question as will enable us to lay the chief points of interest before our readers. If some should complain that the cases are not fully enough reported, we must plead in extenuation our want of room. We have endeavoured to select from each case the particular points of instruction it affords, being very careful not to omit anything which is *necessary* to the understanding of each. We must, however, once more remind our readers, that we only give an abstract, and pretend to nothing more.]

The first nine are cases of poisoning by arsenic.

1st.—In the first case about 150 grains of white arsenic were taken on an empty stomach; the symptoms were chiefly of irritation of the mucous membranes of the stomach and intestines, viz., vomiting and purging. She retained her senses throughout, hence the poison seems to have exerted no remote action on the brain; it had, however, a powerful remote action on the heart. In *an hour and a half* after taking the arsenic she was found in a state of collapse, with her pulse imperceptible.

The hydrated oxide of iron was administered freely and the stomach pump employed; during its employment however syncope came on, and the unfortunate patient died in a few minutes.

Death took place in this instance in the *remarkably short space of two hours and a half*. The hydrated oxide of iron, though administered abundantly, was *utterly useless*. We are left in the dark how far injudicious persistence in using the stomach pump might have accelerated death.

"It yet remains to be proved that it (the oxide of iron) possesses any chemical efficacy whatever in arresting the action of arsenic, when the poison has been swallowed in the state of *powder*, * * * * * enough of arsenic may be absorbed in an hour and a half to occasion death."

" * * * The inspection shewed that well marked patches of redness may be produced by arsenic in the lining membrane of the stomach in so short a period as two hours and a half."

2nd.—In this case the quantity of arsenic taken was not known; death took place in five hours. The remarkable part connected with it is, that although she was eight months pregnant, *no indications of uterine action took place*. "It adds another to several instances already recorded, that pregnant females may sometimes suffer severely, and die from the effects of the most powerful irritant poisons, while abortion or premature labour may not be induced."

3rd.—In this case also the quantity of arsenic taken was not known—it must however have been large. It is remarkable for many circumstances,—*pain and diarrhoea* were nearly *quite* absent, with a complete *cessation* of vomiting after the first day. The *remote action* of the poison developed itself on the brain after fourteen hours, being manifested by a dull semi-narcotized condition. There was also a partial suppression of urine, arising probably from a remote action on the kidneys.

"The absence of some of the most strongly-marked symptoms of poisoning by arsenic, and the remission, for two days, of those which had manifested themselves are circumstances deserving the attention of the practitioner. They not only serve to create *caution in diagnosis*, but they suggest the necessity of a *guarded opinion* when a medical practitioner is requested to form a judgment in a *suspected case of poisoning*, from a *description of symptoms* observed by *non-professional witnesses*. Although it is a general rule that, in fatal cases, the symptoms progress in severity until death occurs, yet here we have an instance of a lengthened remission; the occurrence of a similar remission in the case of the Duke de Praslin, who poisoned himself with arsenic in August 1847, misled his chief medical attendant, an excellent pathologist, and induced him to assign the previous symptoms of alvine irritation to natural disease. The analysis of the matter vomited on the several days of illness, *but not then examined*, clearly proved that there had been a mistaken diagnosis, and that the Duke was labouring under the effects of arsenic. A mistake of this kind is not only serious in a medico-legal view, but it prevents the application of proper means of treatment."

"The post mortem appearances were not so well marked as they are usually found to be in cases which are of a more rapidly fatal kind. The mucous membrane of the stomach is described as having a *canary yellow* colour. The stellated capillary injection, so frequently observed in arsenical poisoning, was of very limited extent, and chiefly confined to the pyloric orifice. The appearance which has often been mistaken for a slough of the mucous membrane, here presented itself in a well-marked form. When removed, the patch had the appearance of a blood-stain. It was long since pointed out by Sir B. Brodie, that patches of effused and darkened blood, with softening of the adjacent mucous membrane in cases of arsenical poisoning, had really been mistaken for, and described as sloughs of that structure. Real sloughing or a sphaclated condition of the mucous membrane of the stomach, as an *effect of arsenic*, is *exceedingly rare*."

4th.—In this case, the quantity of arsenic taken was over 200 grains. This was at half-past ten a.m.; vomiting came on in half an hour, and continued till three, p.m., when he was taken to the hospital. Two doses of sulph. zinci (3 ss.) were given at half hour intervals—then the oxide of iron in large and repeated quantities. The patient lived seven days. The secondary action was on the brain, producing drowsiness, &c.—on the heart, the pulse being rapid and fee-

ble—and on the conjunctivæ which were red and suffused. The most remarkable post mortem appearances were,—“the left lung was in a state of very deep, almost apoplectic congestion; its substance was firm * * * * * The bronchical tubes were discoloured, but probably merely from transudation.” “The lower and posterior part of the œsophagus had sloughed for the length of almost three inches and the breadth of half an inch. There was a sloughing ulcer about one inch in diameter, near the pylorus, and indeed a great part of the mucous membrane was ragged with superficial ulcerations. About the posterior part and the lesser curvature, the rugæ were prominent and deeply injected, having in some parts a bright scarlet, and in others a purple colour. The intestines were healthy.” The latter circumstances “are worthy of notice, as unusual appearances, and only likely to be met with in a protracted case of arsenical poisoning. It is also remarkable that the intestines presented no abnormal appearances.”

5th.—The patient died after about nine hours illness. The antopsis was not made for fifteen days. The central portion (of the stomach), the membrane was slightly softened, and it was there covered with a gelatinous-looking mass of mucus, holding a brownish-white powder. Patches of this powder were seen in other parts of the stomach, especially towards the pyloric orifice. Beneath the gelatinous layer, the living membrane was of a deeper red colour than other parts. There was no appearance of ulceration or gangrene on any part of the stomach. There was no appearance of ulceration or gangrene on any part of the stomach.

There was no inflammation in the duodenum or rectum, but the jejunum and ileum presented patches of inflammatory redness on the mucus membrane. Five grains of this white powder (arsenic) were obtained from this “gelatinous layer.” “The contents of the stomach consisted of a bloody-looking liquid mixed with mucus. That the colour was due to hæmatsine, was proved by the effect of heat. When boiled, the usual brown coagulum resulted. When the contents were allowed to stand for two hours, a thick whitish sediment was deposited, consisting of mucus mixed with particles of arsenic. The supernatant liquid was of a red colour; it presented no appearance of arsenic in powder, when examined by a lens; and yet when tried by Reinsch’s process, it readily gave a deposit on copper, proved to be arsenic by the crystals obtained, and the conversion of these crystals to arsenic acid by the action of nitro-muriatic acid.”

“The poison appears to have confined its action to irritation of the alimentary canal. The brain and nervous system did not suffer. It is remarkable that the duodenum and rectum entirely escaped the action of the arsenic.” “The discovery of five grains of powdered arsenic adhering to the stomach after nine hours, during which the vomiting and purging were very urgent, is an additional proof of the difficulty with which arsenic in powder is dislodged from the stomach by the mere act of vomiting. The detection of this quantity in the contents of the stomach, while there was only a slight trace of the poison in the contents of the intestines, has an important bearing on a case recently tried at the *Central Criminal Court*, in which it was alleged, that a difference of this kind indicated an administration of poison recently before death, because when such a difference in quantity existed, it proved that there had not been time for the contents of the stomach holding the poison to pass into the bowels. In this instance, nine hours had elapsed after the dose was taken, and yet the difference in quantity was very striking. The case was intelligible enough, without resort

ing to the hypothesis of a second dose having been given shortly before death. The arsenic had passed from the stomach to the bowels, and had been drained away by purging. Its action on the mucous membrane of the small intestines was evident, through a large part of their course.

"Although fifteen days had elapsed, from the time of death until the analysis was made, there was no mark of putrefaction, and no trace of the conversion of white arsenic to yellow sulphuret. This was probably owing to the low temperature which then prevailed."

The two following notes are important :—

(I) "The girl had died on the 26th of December, and this examination was not made until the 10th of Jan. The delay was owing to the rigorous rules of economy practised by the Surrey magistrates in all medico-legal cases requiring chemical investigation. The coroner is deprived, by them, of the power to order special fees in such cases. The magistrates will not grant permission for any special scientific investigations to be made, and if these be ordered by the coroner he is expected to pay for them himself. If undertaken without such order, the medical analyst is expected to render his services gratuitously, and to take all the responsibility of being bound over as a witness at the subsequent trial, with loss of time, &c. Owing to the necessary correspondence on this subject, the analysis was delayed *fifteen days*, a period of time which, at another season of the year, and in a criminal case, might have destroyed the post-mortem appearances, and have completely defeated the ends of justice! Ultimately, the analysis was made by the order of private individuals residing in the parish in which the girl died: they undertook to be responsible for the necessary expenses. It is only fair to state, that the charge fell entirely upon them; for at the quarter sessions subsequently held, the magistrates refused to allow any fees except those prescribed by the Medical Witnesses' Act. Hence it follows, that cases of suspected poisoning occurring in the County of Surrey, must either remain uninvestigated, and a guess made at the cause of death, or the charges must be defrayed by a tax on private individuals! It is not probable that the latter system will receive much support; and deaths from poison, in Surrey, are, therefore, not likely to become so publicly known as in other counties, where the magistrates consider it a duty to have all suspected cases fully investigated. In the case of the female who was lately found dead at Clapham, as it was alleged from *chloroform*, but according to the verdict, from *fright*, neither the magistrates nor the coroner would cause a proper inquiry to be instituted. The parties who had charge of the stomach applied to the Commissioners of Police, and the Secretary of State, for an allowance of expenses, but without success. The public and profession are well acquainted with the result."

(II) "Unnecessary importance, it appears to me, is often attached, on criminal trials, to this want of power of tracing the possession of poison. Those persons who intend to destroy themselves or others, naturally adopt means to keep the facts concealed as much as possible. It is either purchased at a distance, or in another name, or it is taken from a packet of poison loosely kept in a closet, or on a shelf. In the case here reported, it is probable that it was purchased by another person, who perhaps dreaded the responsibility of coming forward when death had ensued. The case of the Duke de Praslin (1847) presents a singular instance of the mode in which criminals sometimes procure poison. The duke had purchased arsenic some weeks before he murdered the duchess, and had kept the paper containing it in the pocket of a dressing-gown which he occasionally

wore. When arrested he was very strictly searched, and nothing of a deadly kind was found upon him; nevertheless, in order to make sure that he should not poison himself, the police insisted upon his changing his dress, and after only a careless examination, they compelled him to put on the dressing-gown which actually contained the packet of poison! The duke secretly swallowed the arsenic the same evening, and for two days his medical attendants, relying upon the rigour of the *detective* police in preventing access to poison, were completely deceived respecting the cause of his symptoms, and pronounced *him to be labouring under cholera!*"

6th.—The quantity of arsenic taken was unknown. Death took place in ten hours. Arsenic was detected in the stomach and its contents. Five hours after the poison had been swallowed, there was *no pain*; and instead of a sense of burning heat, there was a feeling of *coldness* at the pit of the stomach.

"With the exception of vomiting, the symptoms have but little resemblance to those commonly observed in cases of arsenical poisoning. There was also an absence of thirst; and the feeling of roughness in the throat, which often characterizes this form of poisoning, was wanting. The symptoms indeed were so masked, that there does not appear to have been any suspicion of the real cause in the mind of the medical gentleman who was first called to the case." "The mucous membrane of the stomach was intensely inflamed throughout, which was more marked at the *pyloric* than at the cardiac end. It is somewhat singular, that the duodenum presented no marks of inflammation."

"The state of the large and small intestines, except the duodenum, is not described."

7th and 8th.—These two cases are remarkable as evincing the great advantage of the *early and free exhibition of tartar emetic*, although this treatment has been severely reprobated by Beck. Case 7, was a child of six years old, supposed to have taken 150 grains of arsenic. Vomiting and a tendency to collapse came on rapidly. She got two doses of the tartar emetic, vomiting was freely excited, the bowels were rapidly opened, and she recovered without further symptoms.

No. 8, twenty-two years of age, took 120 grains in hot water, on an empty stomach, causing "violent pain in the region of the stomach, burning heat in the throat, and syncope." In *half an hour* she had "cold extremities, very anxious look, pulse quick and hurried, violent pain in the stomach and bowels, very much augmented by pressure." She got at first some castor oil and milk, and afterwards sulph. zinci, without effect. This was followed by tartar emetic (6 grs. and 3.) which produced free vomiting and purging, leaving her almost well on the third day!

Tartar Emetic possesses great advantages over the sulphate of Zinc, in being given in much smaller doses, and being more certain in its operation, as well as of acting on the bowels as on the stomach.

9th.—The subject of this case was examined after being buried *twelve months*. She had survived the dose, fifteen hours, during which time she had severe vomiting and purging; and yet, *after twelve months' interment*, about three grains of arsenic were found dispersed over the stomach. *No part of it was converted into a sulphuret*, nor was there the slightest appearance of a yellow colour in any part. The mucous membrane of the stomach still retained an inflammatory redness. "This case is deserving of especial notice, because, on a recent trial, a learned judge, guided by the statement of a medical witness,

suggested to the jury, that, as *no yellowness* of the stomach was observed on the examination of an exhumed body, this was to be taken as a medical presumption that arsenic was not present in the body, and had not been the cause of death."

(To be continued.)

THERAPEUTICS.

CHLORURETTED HYDROCHLORIC ETHER, A NEW ANÆSTHETIC AGENT JUST INTRODUCED BY DR. SNOW.

In witnessing some operations performed by Mr. Fergusson, Saturday, June 21, we learned that Dr. Snow was using, with much success, a new anæsthetic agent called chloruretted hydrochloric ether, which Dr. Snow believes had not been administered before, except in an operation in this hospital on the previous day, when Mr. W. Hewett, the house-surgeon, removed some venereal warts from a patient in one of the wards, and applied strong nitric acid to the raw surface.

The substance is called by its discoverer, M. V. Regnault *l'ether hydrochlorique monochloruré*. It is the first of a series of five bodies which he formed by decomposing muriatic ether by means chlorine gas in the sunshine. A liquid which is a mixture of these bodies, has been used for some months in Paris by M. Aran, a very zealous experimentalist, as a local application to relieve and prevent pain. Dr. Snow having procured a quantity of this through the kindness of Mr. Morson, chemist, of London, separated the first and more volatile of the liquids by distillation, and he thinks that it possesses some advantage over chloroform.—*Lancet*.

ON THE USE OF TURPENTINE IN MIDWIFERY.

By John Evelyn Crook, M.R.C.S.E.

The turpentine enema, although frequently used, and with the best results, in abortions, to bring on reflex action of the uterus, and expel the ovum when unduly retained, has, I believe, been rarely, if ever, resorted to in labours under similar circumstances, the ergot of rye being almost exclusively used for that purpose; yet, from the success that has attended the many cases in which I have used it where the uterine action has been deficient, I am convinced that turpentine, when properly applied, is a most valuable remedy. I believe that the stimulant, acting upon the excitor nerves terminating in the rectum, is more sure to bring on the reflex action of the uterus, than when the same is taken into the stomach, and has also the advantage of not causing vomiting. On referring to my book, I might give you a long list of cases where the os uteri has been fully dilated, the head tolerably low down, and the membranes ruptured, yet from the want of the requisite pains (notwithstanding the administration of the ergot,) the woman has remained four, five, and even six hours, much in the same state, the labour making little or no progress; but upon the injection of the turpentine, good pains have come on, and the patient has been quickly delivered. I generally use about three ounces of turpentine, mixed with about the same quantity of mucilage.

Should you think this paper worthy of insertion in your popular journal, I shall feel obliged by your doing so, and I doubt not but those of the profession who make trial of it, will find it save them and their patients many hours of unnecessary anxiety and pain.—*Lancet*.

Latitude 43 deg., 53' 4 min. N. Longitude 73 deg., 51' 15 min. W. Elevation above Sea Level, Crested, 1000 feet.

| Day | Barom. at term of 52 hrs. | | Temperature of air. | | | Thermom. of Venoim. | | | Humidity of Air. | | | Wind. | | | Feet in inches | Weather. | |
|-----|---------------------------|---------|---------------------|---------|---------|---------------------|---------|---------|------------------|---------|---------|--------|--------|---------|----------------|----------|--|
| | 6 A.M. | 10 P.M. | 5 A.M. | 10 P.M. | 10 P.M. | 6 A.M. | 10 P.M. | 10 P.M. | 5 A.M. | 10 P.M. | 10 P.M. | 9 A.M. | 2 P.M. | 10 P.M. | | | |
| 1 | 30.603 | 29.628 | 47.13 | 29.629 | 58.7 | 63.4 | 58.6 | 61.37 | 401 | 321 | 42 | 83 | 88 | 80 | 82 | N | Light clouds in morn; clear p. m. |
| 2 | 30.709 | 29.729 | 47.9 | 29.729 | 58.4 | 63.4 | 58.53 | 61.37 | 379 | 321 | 42 | 83 | 88 | 80 | 82 | N | Dispersed clouds; light clear. |
| 3 | 30.641 | 29.731 | 47.9 | 29.731 | 58.4 | 63.4 | 58.53 | 61.37 | 379 | 321 | 42 | 83 | 88 | 80 | 82 | N | Light rain from 10 a.m. to 11 p.m. |
| 4 | 30.629 | 29.616 | 47.9 | 29.616 | 58.8 | 63.8 | 58.8 | 61.4 | 417 | 352 | 48.2 | 86 | 97 | 80 | 80 | N | Thunder; fine |
| 5 | 30.628 | 29.577 | 47.6 | 29.577 | 52.6 | 74.1 | 63.0 | 65.38 | 334 | 376 | 48.8 | 86 | 89 | 75 | 75 | N | Clear light clouds dispersed. |
| 6 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Clear light clouds dispersed p. m. |
| 7 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Light clouds; dispersed p. m. |
| 8 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast, with thick haze. |
| 9 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Density of clouds; thin, and rain. |
| 10 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 11 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 12 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 13 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 14 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 15 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 16 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 17 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 18 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 19 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 20 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 21 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 22 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 23 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 24 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 25 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 26 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 27 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 28 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 29 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 30 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 31 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 32 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |
| 33 | 30.623 | 29.604 | 47.6 | 29.604 | 52.2 | 67.6 | 62.2 | 62.33 | 417 | 379 | 48.8 | 82 | 88 | 80 | 82 | N | Overcast; rain from 10 a.m. to 11 p.m. |

Mean Max. Therm. 72.41 } Mean daily range, 14.70.
 Mean Min. Therm. 57.71 }
 Greater daily range, 24.2, from 4 p. m. of 4th to a m. of 5th.
 Warmest day... 17th } Mean temperature 73.43 } DMF 15.68.
 Coldest day... 3rd } Do.
 Mean diurnal variation...

Section of true Atmospneric Column in miles, reduced into the level of sea level conditions:
 North. 1172.93 West. 1238.84 South. 830.09 East. 672.91

| Temperature. | | Rain. | | Snow. | |
|--------------|------|--------|-------|--------|-------|
| Max. | Min. | inches | days. | inches | days. |
| 66.30 | 47.0 | 33.3 | 6 | 3.276 | 9 |
| 65.31 | 46.0 | 33.3 | 10 | 4.126 | 9 |
| 64.74 | 45.0 | 33.3 | 4 | 3.626 | 9 |
| 64.26 | 44.0 | 33.3 | 6 | 4.026 | 9 |
| 63.78 | 43.0 | 33.3 | 12 | 2.460 | 0 |
| 63.30 | 42.0 | 33.3 | 7 | 2.356 | 0 |
| 62.82 | 41.0 | 33.3 | 8 | 3.256 | 0 |
| 62.34 | 40.0 | 33.3 | 10 | 1.850 | 0 |
| 61.86 | 39.0 | 33.3 | 12 | 2.270 | 0 |
| 61.38 | 38.0 | 33.3 | 12 | 2.270 | 0 |
| 60.90 | 37.0 | 33.3 | 13 | 3.625 | 0 |